



ANNUAL STATEMENT

For the Year Ended December 31, 2019
of the Condition and Affairs of the

Provident American Life and Health Insurance
Company

NAIC Group Code.....0901, 0901 (Current Period) (Prior Period)	NAIC Company Code..... 67903	Employer's ID Number..... 23-1335885
Organized under the Laws of OH	State of Domicile or Port of Entry OH	Country of Domicile US
Licensed as Business Type:	Life, Accident & Health	
Incorporated/Organized..... April 6, 1949	Commenced Business..... September 30, 1949	
Statutory Home Office	1300 East Ninth Street .. Cleveland .. OH .. US .. 44114 (Street and Number) (City or Town, State, Country and Zip Code)	
Main Administrative Office	11200 Lakeline Blvd Ste 100 .. Austin .. TX .. US .. 78717 (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	CignaSupplementalBenefits.com	
Statutory Statement Contact	Renee Wilkins Feldman (Name) CSBFinRpt@cigna.com (E-Mail Address)	(512) 531-1465 (Area Code) (Telephone Number) (Extension) 512-467-1399 (Fax Number)

OFFICERS

Name	Title	Name	Title
1. Stephen Burnett Jones	President	2. Byron Keith Buescher	Treasurer & Chief Accounting Officer
3. Anna Krishtul	Secretary	4. Mohammed Umar Gilani #	Appointed Actuary

OTHER

Gregory John Czar	Executive Vice President and Chief Financial Officer	Timothy Andrew Bulat	Vice President and Chief Actuary
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 & Chief Accounting Officer	3. (Printed Name) Secretary
(Title)	(Title)	(Title)

Subscribed and sworn to before me	a. Is this an original filing?	Yes [X] No []
This _____ day of February 2020	b. If no	
	1. State the amendment number	_____
	2. Date filed	_____
	3. Number of pages attached	_____

Provident American Life and Health Insurance Company



DIRECT BUSINESS IN THE STATE OF ALASKA DURING THE YEAR
NAIC Group Code....0901 NAIC Company Code....67903

LIFE INSURANCE

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

DETAILS OF WRITE-INS

1301.					0
1302.					0
1303.					0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

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

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

ACCIDENT AND HEALTH INSURANCE

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

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

Provident American Life and Health Insurance Company



DIRECT BUSINESS IN THE STATE OF ALABAMA DURING THE YEAR

NAIC Group Code....0901

NAIC Company Code....67903

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....			12,629		12,629
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	0	0	12,629	0	12,629
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....					0
10. Matured endowments.....					0
11. Annuity benefits.....					0
12. Surrender values and withdrawals for life contracts.....					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	0	0	0	0	0

DETAILS OF WRITE-INS

1301.					0
1302.					0
1303.					0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

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

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies/certificates (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	2,370	2,384		2,255	1,954
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	2,370	2,384	0	2,255	1,954
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	2,370	2,384	0	2,255	1,954

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

Provident American Life and Health Insurance Company



DIRECT BUSINESS IN THE STATE OF ARKANSAS DURING THE YEAR

NAIC Group Code....0901

NAIC Company Code....67903

LIFE INSURANCE

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

DETAILS OF WRITE-INS

1301.					0
1302.					0
1303.					0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

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

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies/certificates (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	18,651	18,569		10,099	9,761
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....	18,651	18,569	0	10,099	9,761
25.6 Totals (Sum of Lines 25.1 to 25.5).....	18,651	18,569	0	10,099	9,761
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	18,651	18,569	0	10,099	9,761

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



DIRECT BUSINESS IN THE STATE OF ARIZONA DURING THE YEAR

NAIC Group Code....0901

NAIC Company Code....67903

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	1,449				1,449
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	1,449	0	0	0	1,449
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....					0
10. Matured endowments.....					0
11. Annuity benefits.....					0
12. Surrender values and withdrawals for life contracts.....					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	0	0	0	0	0

DETAILS OF WRITE-INS

1301.					0
1302.					0
1303.					0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....									0	0
Settled during current year:										
18.1 By payment in full.....									0	0
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	2	12,000	(a)						2	12,000
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	2	12,000							2	12,000
23. In force December 31 of current year.....	4	24,000	0	(a) 0	0	0	0	0	4	24,000

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies/certificates (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	20,131	19,306		5,686	5,767
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	20,131	19,306	0	5,686	5,767
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	20,131	19,306	0	5,686	5,767

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

Provident American Life and Health Insurance Company



DIRECT BUSINESS IN THE STATE OF CALIFORNIA DURING THE YEAR

NAIC Group Code....0901

NAIC Company Code....67903

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	2,118				2,118
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	2,118	0	0	0	2,118
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....					0
10. Matured endowments.....					0
11. Annuity benefits.....					0
12. Surrender values and withdrawals for life contracts.....					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	0	0	0	0	0

DETAILS OF WRITE-INS

1301.					0
1302.					0
1303.					0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....									0	0
Settled during current year:										
18.1 By payment in full.....									0	0
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	1	7,000	(a).....						1	7,000
21. Issued during year.....									0	0
22. Other changes to in force (Net).....		18,000							0	18,000
23. In force December 31 of current year.....	1	25,000	0 (a).....	0	0	0	0	0	1	25,000

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies/certificates (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	10,668	10,648		9,110	9,697
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....	10,668	10,648	0	9,110	9,697
25.6 Totals (Sum of Lines 25.1 to 25.5).....	10,668	10,648	0	9,110	9,697
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	10,668	10,648	0	9,110	9,697

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



DIRECT BUSINESS IN THE STATE OF COLORADO DURING THE YEAR

NAIC Group Code....0901

NAIC Company Code....67903

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	840				840
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	840	0	0	0	840
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	10,036				10,036
10. Matured endowments.....					0
11. Annuity benefits.....					0
12. Surrender values and withdrawals for life contracts.....					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	10,036	0	0	0	10,036

DETAILS OF WRITE-INS

1301.					0
1302.					0
1303.					0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

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

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies/certificates (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	53,379	53,447		40,464	39,924
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	53,379	53,447	0	40,464	39,924
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	53,379	53,447	0	40,464	39,924

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

Provident American Life and Health Insurance Company



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

DIRECT BUSINESS IN THE STATE OF CONNECTICUT DURING THE YEAR

NAIC Group Code....0901

NAIC Company Code....67903

LIFE INSURANCE

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

DETAILS OF WRITE-INS

1301.					0
1302.					0
1303.					0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

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

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

ACCIDENT AND HEALTH INSURANCE

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

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

Provident American Life and Health Insurance Company



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

NAIC Group Code....0901

NAIC Company Code....67903

LIFE INSURANCE

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

DETAILS OF WRITE-INS

1301.					0
1302.					0
1303.					0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

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

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

ACCIDENT AND HEALTH INSURANCE

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

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

Provident American Life and Health Insurance Company



DIRECT BUSINESS IN THE STATE OF DELAWARE DURING THE YEAR

NAIC Group Code....0901

NAIC Company Code....67903

LIFE INSURANCE

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

NONE

DETAILS OF WRITE-INS					
1301.					0
1302.					0
1303.					0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

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

NONE

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies/certificates (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....		12		(1)	(255)
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	0	12	0	(1)	(255)
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	0	12	0	(1)	(255)

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



DIRECT BUSINESS IN THE STATE OF FLORIDA DURING THE YEAR

NAIC Group Code....0901

NAIC Company Code....67903

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	794				794
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	794	0	0	0	794
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....					0
10. Matured endowments.....					0
11. Annuity benefits.....					0
12. Surrender values and withdrawals for life contracts.....					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	0	0	0	0	0

DETAILS OF WRITE-INS

1301.					0
1302.					0
1303.					0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

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

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies/certificates (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	37,379	36,212		43,282	44,604
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	37,379	36,212	0	43,282	44,604
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	37,379	36,212	0	43,282	44,604

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



DIRECT BUSINESS IN THE STATE OF GEORGIA DURING THE YEAR

NAIC Group Code....0901

NAIC Company Code....67903

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....			346		346
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	0	0	346	0	346
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....					0
10. Matured endowments.....					0
11. Annuity benefits.....					0
12. Surrender values and withdrawals for life contracts.....					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	0	0	0	0	0

DETAILS OF WRITE-INS

1301.					0
1302.					0
1303.					0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

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

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies/certificates (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	41,316	41,291		20,479	20,736
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	41,316	41,291	0	20,479	20,736
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	41,316	41,291	0	20,479	20,736

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

Provident American Life and Health Insurance Company



DIRECT BUSINESS IN GRAND TOTAL DURING THE YEAR
NAIC Group Code....0901 NAIC Company Code....67903

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	519,737		45,934		565,671
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	519,737	0	45,934	0	565,671
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	457,929		20,000		477,929
10. Matured endowments.....					0
11. Annuity benefits.....					0
12. Surrender values and withdrawals for life contracts.....	62,233				62,233
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	520,161	0	20,000	0	540,161

DETAILS OF WRITE-INS

1301.					0
1302.					0
1303.					0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	10	52,000							10	52,000
17. Incurred during current year.....	78	485,426			2	20,000			80	505,426
Settled during current year:										
18.1 By payment in full.....	74	452,624							74	452,624
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	74	452,624	0	0	0	0	0	0	74	452,624
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....					2	20,000			2	20,000
18.6 Total settlements.....	74	452,624	0	0	2	20,000	0	0	76	472,624
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	14	84,802	0	0	0	0	0	0	14	84,802
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	1,025	7,342,863		(a).....	44	2,162,000			1,069	9,504,863
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(108)	(670,473)							(108)	(670,473)
23. In force December 31 of current year.....	917	6,672,390	0	(a).....0	44	2,162,000	0	0	961	8,834,390

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies/certificates (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	6,096,060	6,144,285		4,338,779	4,316,935
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	6,096,060	6,144,285	0	4,338,779	4,316,935
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	6,096,060	6,144,285	0	4,338,779	4,316,935

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

Provident American Life and Health Insurance Company



DIRECT BUSINESS IN THE STATE OF HAWAII DURING THE YEAR

NAIC Group Code....0901

NAIC Company Code....67903

LIFE INSURANCE

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

DETAILS OF WRITE-INS

1301.					0
1302.					0
1303.					0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



DIRECT BUSINESS IN THE STATE OF IOWA DURING THE YEAR
NAIC Group Code....0901 NAIC Company Code....67903

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	7,837				7,837
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	7,837	0	0	0	7,837
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	5,039				5,039
10. Matured endowments.....					0
11. Annuity benefits.....					0
12. Surrender values and withdrawals for life contracts.....	3,073				3,073
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	8,112	0	0	0	8,112

DETAILS OF WRITE-INS

1301.					0
1302.					0
1303.					0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....	1	5,000							1	5,000
Settled during current year:										
18.1 By payment in full.....	1	5,000							1	5,000
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	1	5,000	0	0	0	0	0	0	1	5,000
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	1	5,000	0	0	0	0	0	0	1	5,000
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	10	76,000		(a).....					10	76,000
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(2)	(15,000)							(2)	(15,000)
23. In force December 31 of current year.....	8	61,000	0	(a).....0	0	0	0	0	8	61,000

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies/certificates (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	269,810	271,375		305,256	303,627
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	269,810	271,375	0	305,256	303,627
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	269,810	271,375	0	305,256	303,627

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

Provident American Life and Health Insurance Company



DIRECT BUSINESS IN THE STATE OF IDAHO DURING THE YEAR
NAIC Group Code....0901 NAIC Company Code....67903

LIFE INSURANCE

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

DETAILS OF WRITE-INS

1301.					0
1302.					0
1303.					0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

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

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies/certificates (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	28,563	28,275		13,116	12,842
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	28,563	28,275	0	13,116	12,842
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	28,563	28,275	0	13,116	12,842

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

Provident American Life and Health Insurance Company



DIRECT BUSINESS IN THE STATE OF ILLINOIS DURING THE YEAR
NAIC Group Code....0901 NAIC Company Code....67903

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	15,679				15,679
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	15,679	0	0	0	15,679
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	15,052				15,052
10. Matured endowments.....					0
11. Annuity benefits.....					0
12. Surrender values and withdrawals for life contracts.....	4,165				4,165
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	19,217	0	0	0	19,217

DETAILS OF WRITE-INS

1301.					0
1302.					0
1303.					0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....	3	15,000							3	15,000
Settled during current year:										
18.1 By payment in full.....	3	15,000							3	15,000
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	3	15,000	0	0	0	0	0	0	3	15,000
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	3	15,000	0	0	0	0	0	0	3	15,000
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	29	229,313	(a)						29	229,313
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(4)	(19,000)							(4)	(19,000)
23. In force December 31 of current year.....	25	210,313	0	(a)	0	0	0	0	25	210,313

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies/certificates (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	135,478	136,008		66,949	65,685
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....	135,478	136,008	0	66,949	65,685
25.6 Totals (Sum of Lines 25.1 to 25.5).....	135,478	136,008	0	66,949	65,685
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	135,478	136,008	0	66,949	65,685

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

Provident American Life and Health Insurance Company



DIRECT BUSINESS IN THE STATE OF INDIANA DURING THE YEAR

NAIC Group Code....0901

NAIC Company Code....67903

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	1,281				1,281
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	1,281	0	0	0	1,281
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	7,591				7,591
10. Matured endowments.....					0
11. Annuity benefits.....					0
12. Surrender values and withdrawals for life contracts.....					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	7,591	0	0	0	7,591

DETAILS OF WRITE-INS					
1301.					0
1302.					0
1303.					0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

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

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies/certificates (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	69,979	69,953		53,873	52,061
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....	69,979	69,953	0	53,873	52,061
25.6 Totals (Sum of Lines 25.1 to 25.5).....	69,979	69,953	0	53,873	52,061
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	69,979	69,953	0	53,873	52,061

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

Provident American Life and Health Insurance Company



DIRECT BUSINESS IN THE STATE OF KANSAS DURING THE YEAR
NAIC Group Code....0901 NAIC Company Code....67903

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	65				65
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	65	0	0	0	65
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....					0
10. Matured endowments.....					0
11. Annuity benefits.....					0
12. Surrender values and withdrawals for life contracts.....					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	0	0	0	0	0

DETAILS OF WRITE-INS

1301.					0
1302.					0
1303.					0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

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

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies/certificates (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	16,973	15,894		6,105	6,306
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....	16,973	15,894	0	6,105	6,306
25.6 Totals (Sum of Lines 25.1 to 25.5).....	16,973	15,894	0	6,105	6,306
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	16,973	15,894	0	6,105	6,306

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

Provident American Life and Health Insurance Company



DIRECT BUSINESS IN THE STATE OF KENTUCKY DURING THE YEAR

NAIC Group Code....0901

NAIC Company Code....67903

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	10,307				10,307
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	10,307	0	0	0	10,307
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	26,104				26,104
10. Matured endowments.....					0
11. Annuity benefits.....					0
12. Surrender values and withdrawals for life contracts.....					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	26,104	0	0	0	26,104

DETAILS OF WRITE-INS

1301.					0
1302.					0
1303.					0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....	5	29,802							5	29,802
Settled during current year:										
18.1 By payment in full.....	4	26,000							4	26,000
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	4	26,000	0	0	0	0	0	0	4	26,000
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	4	26,000	0	0	0	0	0	0	4	26,000
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	1	3,802	0	0	0	0	0	0	1	3,802
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	22	188,065	(a)						22	188,065
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(5)	(28,500)							(5)	(28,500)
23. In force December 31 of current year.....	17	159,565	0	0	0	0	0	0	17	159,565

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies/certificates (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	57,678	57,651		34,406	33,192
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	57,678	57,651	0	34,406	33,192
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	57,678	57,651	0	34,406	33,192

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

Provident American Life and Health Insurance Company



DIRECT BUSINESS IN THE STATE OF LOUISIANA DURING THE YEAR
NAIC Group Code....0901 NAIC Company Code....67903

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	4,073				4,073
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	4,073	0	0	0	4,073
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....					0
10. Matured endowments.....					0
11. Annuity benefits.....					0
12. Surrender values and withdrawals for life contracts.....	1,331				1,331
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	1,331	0	0	0	1,331

DETAILS OF WRITE-INS

1301.					0
1302.					0
1303.					0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....	1	5,000							1	5,000
Settled during current year:										
18.1 By payment in full.....									0	0
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	1	5,000	0	0	0	0	0	0	1	5,000
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	7	47,312	(a)						7	47,312
21. Issued during year.....									0	0
22. Other changes to in force (Net).....									0	0
23. In force December 31 of current year.....	7	47,312	0	(a) 0	0	0	0	0	7	47,312

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies/certificates (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	62,961	65,722		49,808	48,256
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....	62,961	65,722			
25.6 Totals (Sum of Lines 25.1 to 25.5).....	62,961	65,722	0	49,808	48,256
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	62,961	65,722	0	49,808	48,256

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

Provident American Life and Health Insurance Company



DIRECT BUSINESS IN THE STATE OF MASSACHUSETTS DURING THE YEAR
NAIC Group Code....0901 NAIC Company Code....67903

LIFE INSURANCE

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

DETAILS OF WRITE-INS

1301.					0
1302.					0
1303.					0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

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

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies/certificates (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	4,000	4,000		13,683	13,683
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	4,000	4,000	0	13,683	13,683
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	4,000	4,000	0	13,683	13,683

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

Provident American Life and Health Insurance Company



DIRECT BUSINESS IN THE STATE OF MARYLAND DURING THE YEAR

NAIC Group Code....0901

NAIC Company Code....67903

LIFE INSURANCE

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

DETAILS OF WRITE-INS

1301.					0
1302.					0
1303.					0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

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

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

ACCIDENT AND HEALTH INSURANCE

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

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

Provident American Life and Health Insurance Company



DIRECT BUSINESS IN THE STATE OF MAINE DURING THE YEAR
NAIC Group Code....0901 NAIC Company Code....67903

LIFE INSURANCE

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

DETAILS OF WRITE-INS

1301.					0
1302.					0
1303.					0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

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

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

ACCIDENT AND HEALTH INSURANCE

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

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

Provident American Life and Health Insurance Company



DIRECT BUSINESS IN THE STATE OF MICHIGAN DURING THE YEAR
NAIC Group Code....0901 NAIC Company Code....67903

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	684				684
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	684	0	0	0	684
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....					0
10. Matured endowments.....					0
11. Annuity benefits.....					0
12. Surrender values and withdrawals for life contracts.....					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	0	0	0	0	0

DETAILS OF WRITE-INS

1301.					0
1302.					0
1303.					0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

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

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies/certificates (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	5,196	5,195		1,901	1,990
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	5,196	5,195	0	1,901	1,990
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	5,196	5,195	0	1,901	1,990

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

Provident American Life and Health Insurance Company



DIRECT BUSINESS IN THE STATE OF MINNESOTA DURING THE YEAR

NAIC Group Code....0901

NAIC Company Code....67903

LIFE INSURANCE

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

DETAILS OF WRITE-INS

1301.					0
1302.					0
1303.					0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

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

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies/certificates (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	4,655	4,654		29,839	29,918
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....	4,655	4,654	0	29,839	29,918
25.6 Totals (Sum of Lines 25.1 to 25.5).....	4,655	4,654	0	29,839	29,918
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	4,655	4,654	0	29,839	29,918

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

Provident American Life and Health Insurance Company



DIRECT BUSINESS IN THE STATE OF MISSOURI DURING THE YEAR
NAIC Group Code....0901 NAIC Company Code....67903

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	6,704				6,704
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	6,704	0	0	0	6,704
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....					0
10. Matured endowments.....					0
11. Annuity benefits.....					0
12. Surrender values and withdrawals for life contracts.....					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	0	0	0	0	0

DETAILS OF WRITE-INS

1301.					0
1302.					0
1303.					0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....									0	0
Settled during current year:										
18.1 By payment in full.....									0	0
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	12	88,000	(a)						12	88,000
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(1)	(5,000)							(1)	(5,000)
23. In force December 31 of current year.....	11	83,000	0	0	0	0	0	0	11	83,000

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies/certificates (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	37,799	37,213		30,833	30,049
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	37,799	37,213	0	30,833	30,049
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	37,799	37,213	0	30,833	30,049

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

Provident American Life and Health Insurance Company



DIRECT BUSINESS IN THE STATE OF MISSISSIPPI DURING THE YEAR

NAIC Group Code....0901

NAIC Company Code....67903

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	13,459				13,459
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	13,459	0	0	0	13,459
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	12,626				12,626
10. Matured endowments.....					0
11. Annuity benefits.....					0
12. Surrender values and withdrawals for life contracts.....					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	12,626	0	0	0	12,626

DETAILS OF WRITE-INS

1301.					0
1302.					0
1303.					0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	1	2,500							1	2,500
17. Incurred during current year.....	1	10,000							1	10,000
Settled during current year:										
18.1 By payment in full.....	2	12,500							2	12,500
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	2	12,500	0	0	0	0	0	0	2	12,500
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	2	12,500	0	0	0	0	0	0	2	12,500
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	24	161,230		(a).....					24	161,230
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(2)	(12,500)							(2)	(12,500)
23. In force December 31 of current year.....	22	148,730	0	(a).....0	0	0	0	0	22	148,730

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies/certificates (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	176,337	176,213		107,232	108,993
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	176,337	176,213	0	107,232	108,993
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	176,337	176,213	0	107,232	108,993

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

Provident American Life and Health Insurance Company



DIRECT BUSINESS IN THE STATE OF MONTANA DURING THE YEAR
NAIC Group Code....0901 NAIC Company Code....67903

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	1,697				1,697
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	1,697	0	0	0	1,697
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	10,048				10,048
10. Matured endowments.....					0
11. Annuity benefits.....					0
12. Surrender values and withdrawals for life contracts.....					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	10,048	0	0	0	10,048

DETAILS OF WRITE-INS

1301.					0
1302.					0
1303.					0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....	1	10,000							1	10,000
Settled during current year:										
18.1 By payment in full.....	1	10,000							1	10,000
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	1	10,000	0	0	0	0	0	0	1	10,000
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	1	10,000	0	0	0	0	0	0	1	10,000
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	2	35,000	(a)						2	35,000
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(1)	(10,000)							(1)	(10,000)
23. In force December 31 of current year.....	1	25,000	0	0	0	0	0	0	1	25,000

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies/certificates (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	112,841	120,615		101,934	101,134
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....	112,841	120,615	0	101,934	101,134
25.6 Totals (Sum of Lines 25.1 to 25.5).....	112,841	120,615	0	101,934	101,134
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	112,841	120,615	0	101,934	101,134

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

Provident American Life and Health Insurance Company



DIRECT BUSINESS IN THE STATE OF NORTH CAROLINA DURING THE YEAR
NAIC Group Code....0901 NAIC Company Code....67903

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	2,649				2,649
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	2,649	0	0	0	2,649
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....					0
10. Matured endowments.....					0
11. Annuity benefits.....					0
12. Surrender values and withdrawals for life contracts.....					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	0	0	0	0	0

DETAILS OF WRITE-INS

1301.					0
1302.					0
1303.					0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....									0	0
Settled during current year:										
18.1 By payment in full.....									0	0
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	5	95,000	(a)						5	95,000
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(2)	(50,000)							(2)	(50,000)
23. In force December 31 of current year.....	3	45,000	0	(a)	0	0	0	0	3	45,000

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies/certificates (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	13,499	13,525		3,992	3,358
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	13,499	13,525	0	3,992	3,358
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	13,499	13,525	0	3,992	3,358

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

Provident American Life and Health Insurance Company



DIRECT BUSINESS IN THE STATE OF NORTH DAKOTA DURING THE YEAR

NAIC Group Code....0901

NAIC Company Code....67903

LIFE INSURANCE

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

DETAILS OF WRITE-INS

1301.					0
1302.					0
1303.					0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

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

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

ACCIDENT AND HEALTH INSURANCE

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

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

Provident American Life and Health Insurance Company



DIRECT BUSINESS IN THE STATE OF NEBRASKA DURING THE YEAR
NAIC Group Code....0901 NAIC Company Code....67903

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	2,304				2,304
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	2,304	0	0	0	2,304
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....					0
10. Matured endowments.....					0
11. Annuity benefits.....					0
12. Surrender values and withdrawals for life contracts.....					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	0	0	0	0	0

DETAILS OF WRITE-INS

1301.					0
1302.					0
1303.					0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....									0	0
Settled during current year:										
18.1 By payment in full.....									0	0
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	5	47,500		(a).....					5	47,500
21. Issued during year.....									0	0
22. Other changes to in force (Net).....									0	0
23. In force December 31 of current year.....	5	47,500	0	(a).....0	0	0	0	0	5	47,500

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies/certificates (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	102,998	108,172		79,179	77,203
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	102,998	108,172	0	79,179	77,203
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	102,998	108,172	0	79,179	77,203

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

Provident American Life and Health Insurance Company



DIRECT BUSINESS IN THE STATE OF NEW HAMPSHIRE DURING THE YEAR

NAIC Group Code....0901

NAIC Company Code....67903

LIFE INSURANCE

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

DETAILS OF WRITE-INS

1301.					0
1302.					0
1303.					0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

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

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

ACCIDENT AND HEALTH INSURANCE

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

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

Provident American Life and Health Insurance Company



DIRECT BUSINESS IN THE STATE OF NEW JERSEY DURING THE YEAR
NAIC Group Code....0901 NAIC Company Code....67903

LIFE INSURANCE

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

DETAILS OF WRITE-INS

1301.					0
1302.					0
1303.					0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

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

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies/certificates (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	3,571	3,594		364	(133)
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....	3,571	3,594	0	364	(133)
25.6 Totals (Sum of Lines 25.1 to 25.5).....	3,571	3,594	0	364	(133)
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	3,571	3,594	0	364	(133)

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

Provident American Life and Health Insurance Company



DIRECT BUSINESS IN THE STATE OF NEW MEXICO DURING THE YEAR

NAIC Group Code....0901

NAIC Company Code....67903

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	128				128
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	128	0	0	0	128
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....					0
10. Matured endowments.....					0
11. Annuity benefits.....					0
12. Surrender values and withdrawals for life contracts.....					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	0	0	0	0	0

DETAILS OF WRITE-INS

1301.					0
1302.					0
1303.					0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

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

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies/certificates (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	11,887	11,884		1,345	1,528
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	11,887	11,884	0	1,345	1,528
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	11,887	11,884	0	1,345	1,528

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

Provident American Life and Health Insurance Company



DIRECT BUSINESS IN THE STATE OF NEVADA DURING THE YEAR
NAIC Group Code....0901 NAIC Company Code....67903

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	561				561
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	561	0	0	0	561
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....					0
10. Matured endowments.....					0
11. Annuity benefits.....					0
12. Surrender values and withdrawals for life contracts.....					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	0	0	0	0	0

DETAILS OF WRITE-INS

1301.					0
1302.					0
1303.					0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....									0	0
Settled during current year:										
18.1 By payment in full.....									0	0
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	1	1,138	(a).....						1	1,138
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	1	7,500							1	7,500
23. In force December 31 of current year.....	2	8,638	0 (a).....	0	0	0	0	0	2	8,638

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies/certificates (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	8,275	8,285		3,149	3,020
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....	8,275	8,285			
25.6 Totals (Sum of Lines 25.1 to 25.5).....	8,275	8,285	0	3,149	3,020
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	8,275	8,285	0	3,149	3,020

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

Provident American Life and Health Insurance Company



DIRECT BUSINESS IN THE STATE OF NEW YORK DURING THE YEAR

NAIC Group Code....0901

NAIC Company Code....67903

LIFE INSURANCE

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

DETAILS OF WRITE-INS

1301.					0
1302.					0
1303.					0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

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

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies/certificates (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	5,144	5,143		1,200	1,290
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	5,144	5,143	0	1,200	1,290
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	5,144	5,143	0	1,200	1,290

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

Provident American Life and Health Insurance Company



DIRECT BUSINESS IN THE STATE OF OHIO DURING THE YEAR
NAIC Group Code....0901 NAIC Company Code....67903

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	12,683				12,683
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	12,683	0	0	0	12,683
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	12,536				12,536
10. Matured endowments.....					0
11. Annuity benefits.....					0
12. Surrender values and withdrawals for life contracts.....	5,854				5,854
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	18,391	0	0	0	18,391

DETAILS OF WRITE-INS

1301.					0
1302.					0
1303.					0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....	2	12,500							2	12,500
Settled during current year:										
18.1 By payment in full.....	2	12,500							2	12,500
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	2	12,500	0	0	0	0	0	0	2	12,500
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	2	12,500	0	0	0	0	0	0	2	12,500
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	21	133,500	(a)		14	336,000			35	469,500
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(3)	(22,500)							(3)	(22,500)
23. In force December 31 of current year.....	18	111,000	0	(a)	14	336,000	0	0	32	447,000

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies/certificates (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	121,584	126,663		37,540	33,787
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	121,584	126,663	0	37,540	33,787
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	121,584	126,663	0	37,540	33,787

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

Provident American Life and Health Insurance Company



DIRECT BUSINESS IN THE STATE OF OKLAHOMA DURING THE YEAR

NAIC Group Code....0901

NAIC Company Code....67903

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	20,253				20,253
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	20,253	0	0	0	20,253
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	38,710				38,710
10. Matured endowments.....					0
11. Annuity benefits.....					0
12. Surrender values and withdrawals for life contracts.....					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	38,710	0	0	0	38,710

DETAILS OF WRITE-INS

1301.					0
1302.					0
1303.					0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	2	20,000							2	20,000
17. Incurred during current year.....	3	17,500							3	17,500
Settled during current year:										
18.1 By payment in full.....	5	37,500							5	37,500
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	5	37,500	0	0	0	0	0	0	5	37,500
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	5	37,500	0	0	0	0	0	0	5	37,500
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	42	373,834		(a).....					42	373,834
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(9)	(105,152)							(9)	(105,152)
23. In force December 31 of current year.....	33	268,682	0	(a).....0	0	0	0	0	33	268,682

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies/certificates (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	231,253	231,228		121,613	120,227
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	231,253	231,228	0	121,613	120,227
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	231,253	231,228	0	121,613	120,227

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

Provident American Life and Health Insurance Company



DIRECT BUSINESS IN THE STATE OF OREGON DURING THE YEAR

NAIC Group Code....0901

NAIC Company Code....67903

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	20,714				20,714
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	20,714	0	0	0	20,714
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	27,668				27,668
10. Matured endowments.....					0
11. Annuity benefits.....					0
12. Surrender values and withdrawals for life contracts.....					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	27,668	0	0	0	27,668

DETAILS OF WRITE-INS

1301.					0
1302.					0
1303.					0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	2	10,000							2	10,000
17. Incurred during current year.....	3	17,500							3	17,500
Settled during current year:										
18.1 By payment in full.....	5	27,500							5	27,500
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	5	27,500	0	0	0	0	0	0	5	27,500
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	5	27,500	0	0	0	0	0	0	5	27,500
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	43	270,499	(a)						43	270,499
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(3)	(7,500)							(3)	(7,500)
23. In force December 31 of current year.....	40	262,999	0	(a)	0	0	0	0	40	262,999

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies/certificates (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	280,874	276,892		200,769	202,757
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	280,874	276,892	0	200,769	202,757
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	280,874	276,892	0	200,769	202,757

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

Provident American Life and Health Insurance Company



DIRECT BUSINESS IN THE STATE OF PENNSYLVANIA DURING THE YEAR

NAIC Group Code....0901

NAIC Company Code....67903

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	2,648		33,033		35,681
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	2,648	0	33,033	0	35,681
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	25,450		20,000		45,450
10. Matured endowments.....					0
11. Annuity benefits.....					0
12. Surrender values and withdrawals for life contracts.....					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	25,450	0	20,000	0	45,450

DETAILS OF WRITE-INS

1301.					0
1302.					0
1303.					0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....	2	25,000			2	20,000			4	45,000
Settled during current year:										
18.1 By payment in full.....	2	25,000							2	25,000
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	2	25,000	0	0	0	0	0	0	2	25,000
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....					2	20,000			2	20,000
18.6 Total settlements.....	2	25,000	0	0	2	20,000	0	0	4	45,000
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	10	62,500	(a)		40	1,669,500			50	1,732,000
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(3)	(30,000)							(3)	(30,000)
23. In force December 31 of current year.....	7	32,500	0	(a)	40	1,669,500	0	0	47	1,702,000

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies/certificates (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	26,927	27,309		10,751	5,600
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	26,927	27,309	0	10,751	5,600
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	26,927	27,309	0	10,751	5,600

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



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

DIRECT BUSINESS IN THE STATE OF RHODE ISLAND DURING THE YEAR

NAIC Group Code....0901

NAIC Company Code....67903

LIFE INSURANCE

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

DETAILS OF WRITE-INS

1301.					0
1302.					0
1303.					0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

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

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

ACCIDENT AND HEALTH INSURANCE

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

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

Provident American Life and Health Insurance Company



DIRECT BUSINESS IN THE STATE OF SOUTH CAROLINA DURING THE YEAR
NAIC Group Code....0901 NAIC Company Code....67903

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	70,332				70,332
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	70,332	0	0	0	70,332
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	51,648				51,648
10. Matured endowments.....					0
11. Annuity benefits.....					0
12. Surrender values and withdrawals for life contracts.....	1,659				1,659
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	53,307	0	0	0	53,307

DETAILS OF WRITE-INS

1301.					0
1302.					0
1303.					0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	1	4,000							1	4,000
17. Incurred during current year.....	8	50,500							8	50,500
Settled during current year:										
18.1 By payment in full.....	8	50,500							8	50,500
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	8	50,500	0	0	0	0	0	0	8	50,500
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	8	50,500	0	0	0	0	0	0	8	50,500
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	1	4,000	0	0	0	0	0	0	1	4,000
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	110	1,078,971		(a).....					110	1,078,971
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(7)	(3,000)							(7)	(3,000)
23. In force December 31 of current year.....	103	1,075,971	0	(a).....0	0	0	0	0	103	1,075,971

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies/certificates (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	532,859	537,090		322,047	321,300
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....	532,859	537,090	0	322,047	321,300
25.6 Totals (Sum of Lines 25.1 to 25.5).....	532,859	537,090	0	322,047	321,300
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	532,859	537,090	0	322,047	321,300

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

Provident American Life and Health Insurance Company



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

DIRECT BUSINESS IN THE STATE OF SOUTH DAKOTA DURING THE YEAR

NAIC Group Code....0901

NAIC Company Code....67903

LIFE INSURANCE

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

DETAILS OF WRITE-INS

1301.					0
1302.					0
1303.					0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

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

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies/certificates (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	3,862	3,862		2,302	2,256
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....	3,862	3,862			
25.6 Totals (Sum of Lines 25.1 to 25.5).....	3,862	3,862	0	2,302	2,256
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	3,862	3,862	0	2,302	2,256

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

Provident American Life and Health Insurance Company



DIRECT BUSINESS IN THE STATE OF TENNESSEE DURING THE YEAR

NAIC Group Code....0901

NAIC Company Code....67903

LIFE INSURANCE

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

DETAILS OF WRITE-INS

1301.					0
1302.					0
1303.					0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

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

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies/certificates (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	25,561	19,852		16,518	16,381
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....	25,561				
25.6 Totals (Sum of Lines 25.1 to 25.5).....	25,561	19,852	0	16,518	16,381
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	25,561	19,852	0	16,518	16,381

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

Provident American Life and Health Insurance Company



DIRECT BUSINESS IN THE STATE OF TEXAS DURING THE YEAR

NAIC Group Code....0901

NAIC Company Code....67903

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	297,072		(74)		296,998
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	297,072	0	(74)	0	296,998
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	194,380				194,380
10. Matured endowments.....					0
11. Annuity benefits.....					0
12. Surrender values and withdrawals for life contracts.....	46,151				46,151
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	240,531	0	0	0	240,531

DETAILS OF WRITE-INS

1301.					0
1302.					0
1303.					0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	4	15,500							4	15,500
17. Incurred during current year.....	44	249,124							44	249,124
Settled during current year:										
18.1 By payment in full.....	37	192,624							37	192,624
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	37	192,624	0	0	0	0	0	0	37	192,624
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	37	192,624	0	0	0	0	0	0	37	192,624
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	11	72,000	0	0	0	0	0	0	11	72,000
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	634	4,048,499		(a)					634	4,048,499
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(68)	(368,821)							(68)	(368,821)
23. In force December 31 of current year.....	566	3,679,678	0	(a)	0	0	0	0	566	3,679,678

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies/certificates (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	3,458,480	3,486,373		2,505,486	2,505,015
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	3,458,480	3,486,373	0	2,505,486	2,505,015
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	3,458,480	3,486,373	0	2,505,486	2,505,015

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

Provident American Life and Health Insurance Company



DIRECT BUSINESS IN THE STATE OF UTAH DURING THE YEAR
NAIC Group Code....0901 NAIC Company Code....67903

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	11,653				11,653
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	11,653	0	0	0	11,653
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	21,041				21,041
10. Matured endowments.....					0
11. Annuity benefits.....					0
12. Surrender values and withdrawals for life contracts.....					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	21,041	0	0	0	21,041

DETAILS OF WRITE-INS

1301.					0
1302.					0
1303.					0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....	2	21,000							2	21,000
Settled during current year:										
18.1 By payment in full.....	2	21,000							2	21,000
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	2	21,000	0	0	0	0	0	0	2	21,000
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	2	21,000	0	0	0	0	0	0	2	21,000
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	15	162,000		(a).....					15	162,000
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(2)	(21,000)							(2)	(21,000)
23. In force December 31 of current year.....	13	141,000	0	(a).....0	0	0	0	0	13	141,000

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies/certificates (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	21,308	23,917		19,087	18,007
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	21,308	23,917	0	19,087	18,007
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	21,308	23,917	0	19,087	18,007

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

Provident American Life and Health Insurance Company



DIRECT BUSINESS IN THE STATE OF VIRGINIA DURING THE YEAR

NAIC Group Code....0901

NAIC Company Code....67903

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	1,094				1,094
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	1,094	0	0	0	1,094
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....					0
10. Matured endowments.....					0
11. Annuity benefits.....					0
12. Surrender values and withdrawals for life contracts.....					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	0	0	0	0	0

DETAILS OF WRITE-INS

1301.					0
1302.					0
1303.					0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

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

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies/certificates (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	12,153	12,128		4,240	4,324
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	12,153	12,128	0	4,240	4,324
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	12,153	12,128	0	4,240	4,324

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

Provident American Life and Health Insurance Company



DIRECT BUSINESS IN THE STATE OF VERMONT DURING THE YEAR
NAIC Group Code....0901 NAIC Company Code....67903

LIFE INSURANCE

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

DETAILS OF WRITE-INS

1301.					0
1302.					0
1303.					0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

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

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

ACCIDENT AND HEALTH INSURANCE

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

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

Provident American Life and Health Insurance Company



DIRECT BUSINESS IN THE STATE OF WASHINGTON DURING THE YEAR

NAIC Group Code....0901

NAIC Company Code....67903

LIFE INSURANCE

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

DETAILS OF WRITE-INS

1301.					0
1302.					0
1303.					0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

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

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies/certificates (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	20,073	25,792		11,938	11,628
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	20,073	25,792	0	11,938	11,628
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	20,073	25,792	0	11,938	11,628

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

Provident American Life and Health Insurance Company



DIRECT BUSINESS IN THE STATE OF WISCONSIN DURING THE YEAR

NAIC Group Code....0901

NAIC Company Code....67903

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	3,051				3,051
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	3,051	0	0	0	3,051
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....					0
10. Matured endowments.....					0
11. Annuity benefits.....					0
12. Surrender values and withdrawals for life contracts.....					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	0	0	0	0	0

DETAILS OF WRITE-INS

1301.					0
1302.					0
1303.					0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....									0	0
Settled during current year:										
18.1 By payment in full.....									0	0
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	5	41,001	(a)						5	41,001
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(1)	(10,000)							(1)	(10,000)
23. In force December 31 of current year.....	4	31,001	0	(a)	0	0	0	0	4	31,001

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies/certificates (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....		(1,232)		(291)	(729)
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	0	(1,232)	0	(291)	(729)
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	0	(1,232)	0	(291)	(729)

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



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

DIRECT BUSINESS IN THE STATE OF WEST VIRGINIA DURING THE YEAR

NAIC Group Code....0901

NAIC Company Code....67903

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	6,501				6,501
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	6,501	0	0	0	6,501
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....					0
10. Matured endowments.....					0
11. Annuity benefits.....					0
12. Surrender values and withdrawals for life contracts.....					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	0	0	0	0	0

DETAILS OF WRITE-INS

1301.					0
1302.					0
1303.					0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....									0	0
Settled during current year:										
18.1 By payment in full.....									0	0
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	11	91,000	(a)		1	32,500			12	123,500
21. Issued during year.....									0	0
22. Other changes to in force (Net).....									0	0
23. In force December 31 of current year.....	11	91,000	0	(a) 0	1	32,500	0	0	12	123,500

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies/certificates (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	41,540	41,281		49,990	48,837
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	41,540	41,281	0	49,990	48,837
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	41,540	41,281	0	49,990	48,837

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

Provident American Life and Health Insurance Company



DIRECT BUSINESS IN THE STATE OF WYOMING DURING THE YEAR
NAIC Group Code....0901 NAIC Company Code....67903

LIFE INSURANCE

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

DETAILS OF WRITE-INS

1301.					0
1302.					0
1303.					0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

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

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies/certificates (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	8,048	7,890		1,251	1,355
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	8,048	7,890	0	1,251	1,355
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	8,048	7,890	0	1,251	1,355

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

Provident American Life and Health Insurance Company
FORM FOR CALCULATING THE INTEREST MAINTENANCE RESERVE

Interest Maintenance Reserve

	1 Amount
1. Reserve as of December 31, prior year.....	(33,092)
2. Current year's realized pre-tax capital gains/(losses) of \$.....0 transferred into the reserve net of taxes of \$.....0.....	0
3. Adjustment for current year's liability gains/(losses) released from the reserve.....	0
4. Balance before reduction for amount transferred to Summary of Operations (Line 1 + Line 2 + Line 3).....	(33,092)
5. Current year's amortization released to Summary of Operations (Amortization, Line 1, Column 4).....	34,422
6. Reserve as of December 31, current year (Line 4 minus Line 5).....	(67,514)

Amortization

Year of Amortization	1 Reserve as of December 31, Prior Year	2 Current Year's Realized Capital Gains/(Losses) Transferred into the Reserve Net of Taxes	3 Adjustment for Current Year's Liability Gains/(Losses) Released from the Reserve	4 Balance Before Reduction for the Current Year's Amortization (Cols. 1 + 2 + 3)
1. 2019.....	34,422	.....	.....	.....34,422
2. 2020.....	26,411	.....	.....	.....26,411
3. 2021.....	16,872	.....	.....	.....16,872
4. 2022.....	6,611	.....	.....	.....6,611
5. 2023.....	(686)	.....	.....	.....(686)
6. 2024.....	(3,726)	.....	.....	.....(3,726)
7. 2025.....	(5,597)	.....	.....	.....(5,597)
8. 2026.....	(7,316)	.....	.....	.....(7,316)
9. 2027.....	(9,132)	.....	.....	.....(9,132)
10. 2028.....	(10,417)	.....	.....	.....(10,417)
11. 2029.....	(10,818)	.....	.....	.....(10,818)
12. 2030.....	(11,419)	.....	.....	.....(11,419)
13. 2031.....	(12,020)	.....	.....	.....(12,020)
14. 2032.....	(12,621)	.....	.....	.....(12,621)
15. 2033.....	(11,820)	.....	.....	.....(11,820)
16. 2034.....	(9,416)	.....	.....	.....(9,416)
17. 2035.....	(6,811)	.....	.....	.....(6,811)
18. 2036.....	(4,207)	.....	.....	.....(4,207)
19. 2037.....	(1,402)	.....	.....	.....(1,402)
20. 2038.....	.....	.....	.....	.....0
21. 2039.....	.....	.....	.....	.....0
22. 2040.....	.....	.....	.....	.....0
23. 2041.....	.....	.....	.....	.....0
24. 2042.....	.....	.....	.....	.....0
25. 2043.....	.....	.....	.....	.....0
26. 2044.....	.....	.....	.....	.....0
27. 2045.....	.....	.....	.....	.....0
28. 2046.....	.....	.....	.....	.....0
29. 2047.....	.....	.....	.....	.....0
30. 2048.....	.....	.....	.....	.....0
31. 2049 and Later.....	.....	.....	.....	.....0
32. Total (Lines 1 to 31).....	(33,092)	0	0	(33,092)

ASSET VALUATION RESERVE

	Default Component			Equity Component			7 Total Amount (Cols. 3 + 6)
	1 Other Than Mortgage Loans	2 Mortgage Loans	3 Total (Cols. 1 + 2)	4 Common Stock	5 Real Estate and Other Invested Assets	6 Total (Cols. 4 + 5)	
1. Reserve as of December 31, prior year.....	2,179		2,179			.0	2,179
2. Realized capital gains/(losses) net of taxes - General Account.....			0			.0	0
3. Realized capital gains/(losses) net of taxes - Separate Accounts.....			0			.0	0
4. Unrealized capital gains/(losses) - net of deferred taxes - General Account.....			0			.0	0
5. Unrealized capital gains/(losses) - net of deferred taxes - Separate Accounts.....			0			.0	0
6. Capital gains credited/(losses charged) to contract benefits, payments or reserves.....			0			.0	0
7. Basic contribution.....	.831		.831			.0	.831
8. Accumulated balances (Lines 1 through 5, minus 6 plus 7).....	3,010	0	3,010	0	0	.0	3,010
9. Maximum reserve.....	5,490		5,490			.0	5,490
10. Reserve objective.....	2,662		2,662			.0	2,662
11. 20% of (Line 10 minus Line 8).....	(70)	0	(70)	0	0	.0	(70)
12. Balance before transfers (Lines 8 + 11).....	2,941	0	2,941	0	0	.0	2,941
13. Transfers.....			0			.0	0
14. Voluntary contribution.....			0			.0	0
15. Adjustment down to maximum/up to zero.....			0			.0	0
16. Reserve as of December 31, current year (Lines 12 + 13 + 14 + 15).....	2,941	0	2,941	0	0	.0	2,941

ASSET VALUATION RESERVE

Basic Contribution, Reserve Objective and Maximum Reserve Calculations

Default Component

Line Number	NAIC Designation	Description	1	2	3	4	Basic Contribution		Reserve Objective		Maximum Reserve	
			Book/Adjusted Carrying Value	Reclassify Related Party Encumbrances	Add Third Party Encumbrances	Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	5	6	7	8	9	10
							Factor	Amount (Cols. 4 x 5)	Factor	Amount (Cols. 4 x 7)	Factor	Amount (Cols. 4 x 9)
		LONG-TERM BONDS										
1		Exempt obligations.....	2,815,043	.XXX.	XXX.....	2,815,043	0.0000	0	0.0000	0	0.0000	0
2	1	Highest quality.....	726,632	.XXX.	XXX.....	726,632	0.0005	363	0.0016	1,163	0.0033	2,398
3	2	High quality.....		.XXX.	XXX.....	0	0.0021	0	0.0064	0	0.0106	0
4	3	Medium quality.....		.XXX.	XXX.....	0	0.0099	0	0.0263	0	0.0376	0
5	4	Low quality.....		.XXX.	XXX.....	0	0.0245	0	0.0572	0	0.0817	0
6	5	Lower quality.....		.XXX.	XXX.....	0	0.0630	0	0.1128	0	0.1880	0
7	6	In or near default.....		.XXX.	XXX.....	0	0.0000	0	0.2370	0	0.2370	0
8		Total unrated multi-class securities acquired by conversion.....		.XXX.	XXX.....	0	.XXX.		.XXX.		.XXX.	
9		Total long-term bonds (sum of Lines 1 through 8).....	3,541,675	.XXX.	XXX.....	3,541,675	.XXX.	363	.XXX.	1,163	.XXX.	2,398
		PREFERRED STOCKS										
10	1	Highest quality.....		.XXX.	XXX.....	0	0.0005	0	0.0016	0	0.0033	0
11	2	High quality.....		.XXX.	XXX.....	0	0.0021	0	0.0064	0	0.0106	0
12	3	Medium quality.....		.XXX.	XXX.....	0	0.0099	0	0.0263	0	0.0376	0
13	4	Low quality.....		.XXX.	XXX.....	0	0.0245	0	0.0572	0	0.0817	0
14	5	Lower quality.....		.XXX.	XXX.....	0	0.0630	0	0.1128	0	0.1880	0
15	6	In or near default.....		.XXX.	XXX.....	0	0.0000	0	0.2370	0	0.2370	0
16		Affiliated life with AVR.....		.XXX.	XXX.....	0	0.0000	0	0.0000	0	0.0000	0
17		Total preferred stocks (sum of Lines 10 through 16).....	0	.XXX.	XXX.....	0	.XXX.	0	.XXX.	0	.XXX.	0
		SHORT-TERM BONDS										
18		Exempt obligations.....		.XXX.	XXX.....	0	0.0000	0	0.0000	0	0.0000	0
19	1	Highest quality.....	936,991	.XXX.	XXX.....	936,991	0.0005	468	0.0016	1,499	0.0033	3,092
20	2	High quality.....		.XXX.	XXX.....	0	0.0021	0	0.0064	0	0.0106	0
21	3	Medium quality.....		.XXX.	XXX.....	0	0.0099	0	0.0263	0	0.0376	0
22	4	Low quality.....		.XXX.	XXX.....	0	0.0245	0	0.0572	0	0.0817	0
23	5	Lower quality.....		.XXX.	XXX.....	0	0.0630	0	0.1128	0	0.1880	0
24	6	In or near default.....		.XXX.	XXX.....	0	0.0000	0	0.2370	0	0.2370	0
25		Total short-term bonds (sum of Lines 18 through 24).....	936,991	.XXX.	XXX.....	936,991	.XXX.	468	.XXX.	1,499	.XXX.	3,092
		DERIVATIVE INSTRUMENTS										
26		Exchange traded.....		.XXX.	XXX.....	0	0.0005	0	0.0016	0	0.0033	0
27	1	Highest quality.....		.XXX.	XXX.....	0	0.0005	0	0.0016	0	0.0033	0
28	2	High quality.....		.XXX.	XXX.....	0	0.0021	0	0.0064	0	0.0106	0
29	3	Medium quality.....		.XXX.	XXX.....	0	0.0099	0	0.0263	0	0.0376	0
30	4	Low quality.....		.XXX.	XXX.....	0	0.0245	0	0.0572	0	0.0817	0
31	5	Lower quality.....		.XXX.	XXX.....	0	0.0630	0	0.1128	0	0.1880	0
32	6	In or near default.....		.XXX.	XXX.....	0	0.0000	0	0.2370	0	0.2370	0
33		Total derivative instruments.....	0	.XXX.	XXX.....	0	.XXX.	0	.XXX.	0	.XXX.	0
34		Total (Lines 9 + 17 + 25 + 33).....	4,478,666	.XXX.	XXX.....	4,478,666	.XXX.	832	.XXX.	2,662	.XXX.	5,490

ASSET VALUATION RESERVE (continued)

Basic Contribution, Reserve Objective and Maximum Reserve Calculations

Default Component

Line Number	NAIC Desig- nation	Description	1	2	3	4	Basic Contribution		Reserve Objective		Maximum Reserve	
			Book/Adjusted Carrying Value	Reclassify Related Party Encumbrances	Add Third Party Encumbrances	Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	5	6	7	8	9	10
							Factor	Amount (Cols. 4 x 5)	Factor	Amount (Cols. 4 x 7)	Factor	Amount (Cols. 4 x 9)
		MORTGAGE LOANS										
		In good standing:										
35		Farm mortgages - CM1 - highest quality.....			XXX.....	0	0.0011	0	0.0057	0	0.0074	0
36		Farm mortgages - CM2 - high quality.....			XXX.....	0	0.0040	0	0.0114	0	0.0149	0
37		Farm mortgages - CM3 - medium quality.....			XXX.....	0	0.0069	0	0.0200	0	0.0257	0
38		Farm mortgages - CM4 - low medium quality.....			XXX.....	0	0.0120	0	0.0343	0	0.0428	0
39		Farm mortgages - CM5 - low quality.....			XXX.....	0	0.0183	0	0.0486	0	0.0628	0
40		Residential mortgages-insured or guaranteed.....			XXX.....	0	0.0003	0	0.0007	0	0.0011	0
41		Residential mortgages-all other.....			XXX.....	0	0.0015	0	0.0034	0	0.0046	0
42		Commercial mortgages-insured or guaranteed.....			XXX.....	0	0.0003	0	0.0007	0	0.0011	0
43		Commercial mortgages-all other - CM1 - highest quality.....			XXX.....	0	0.0011	0	0.0057	0	0.0074	0
44		Commercial mortgages-all other - CM2 - high quality.....			XXX.....	0	0.0040	0	0.0114	0	0.0149	0
45		Commercial mortgages-all other - CM3 - medium quality.....			XXX.....	0	0.0069	0	0.0200	0	0.0257	0
46		Commercial mortgages-all other - CM4 - low medium quality.....			XXX.....	0	0.0120	0	0.0343	0	0.0428	0
47		Commercial mortgages-all other - CM5 - low quality.....			XXX.....	0	0.0183	0	0.0486	0	0.0628	0
		Overdue, not in process:										
48		Farm mortgages.....			XXX.....	0	0.0480	0	0.0868	0	0.1371	0
49		Residential mortgages-insured or guaranteed.....			XXX.....	0	0.0006	0	0.0014	0	0.0023	0
50		Residential mortgages-all other.....			XXX.....	0	0.0029	0	0.0066	0	0.0103	0
51		Commercial mortgages-insured or guaranteed.....			XXX.....	0	0.0006	0	0.0014	0	0.0023	0
52		Commercial mortgages-all other.....			XXX.....	0	0.0480	0	0.0868	0	0.1371	0
		In process of foreclosure:										
53		Farm mortgages.....			XXX.....	0	0.0000	0	0.1942	0	0.1942	0
54		Residential mortgages-insured or guaranteed.....			XXX.....	0	0.0000	0	0.0046	0	0.0046	0
55		Residential mortgages-all other.....			XXX.....	0	0.0000	0	0.0149	0	0.0149	0
56		Commercial mortgages-insured or guaranteed.....			XXX.....	0	0.0000	0	0.0046	0	0.0046	0
57		Commercial mortgages-all other.....			XXX.....	0	0.0000	0	0.1942	0	0.1942	0
58		Total Schedule B mortgages (sum of Lines 35 through 57).....	0	0	XXX.....	0	XXX.....	0	XXX.....	0	XXX.....	0
59		Schedule DA mortgages.....			XXX.....	0	0.0034	0	0.0114	0	0.0149	0
60		Total mortgage loans on real estate (Lines 58 + 59).....	0	0	XXX.....	0	XXX.....	0	XXX.....	0	XXX.....	0

ASSET VALUATION RESERVE

Basic Contribution, Reserve Objective and Maximum Reserve Calculations

Equity and Other Invested Asset Component

Line Number	NAIC Desig- nation	Description	1	2	3	4	Basic Contribution		Reserve Objective		Maximum Reserve	
			Book/Adjusted Carrying Value	Reclassify Related Party Encumbrances	Add Third Party Encumbrances	Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	5	6	7	8	9	10
							Factor	Amount (Cols. 4 x 5)	Factor	Amount (Cols. 4 x 7)	Factor	Amount (Cols. 4 x 9)
		COMMON STOCK										
1		Unaffiliated public.....		XXX.....	XXX.....	0	0.0000	0	(a).....	0	(a).....	0
2		Unaffiliated private.....		XXX.....	XXX.....	0	0.0000	0	0.1945	0	0.1945	0
3		Federal Home Loan Bank.....		XXX.....	XXX.....	0	0.0000	0	0.0061	0	0.0097	0
4		Affiliated life with AVR.....	3,074,570	XXX.....	XXX.....	3,074,570	0.0000	0	0.0000	0	0.0000	0
		Affiliated Investment Subsidiary:										
5		Fixed income exempt obligations.....				0	XXX.....		XXX.....		XXX.....	
6		Fixed income highest quality.....				0	XXX.....		XXX.....		XXX.....	
7		Fixed income high quality.....				0	XXX.....		XXX.....		XXX.....	
8		Fixed income medium quality.....				0	XXX.....		XXX.....		XXX.....	
9		Fixed income low quality.....				0	XXX.....		XXX.....		XXX.....	
10		Fixed income lower quality.....				0	XXX.....		XXX.....		XXX.....	
11		Fixed income in or near default.....				0	XXX.....		XXX.....		XXX.....	
12		Unaffiliated common stock public.....				0	0.0000	0	(a).....	0	(a).....	0
13		Unaffiliated common stock private.....				0	0.0000	0	0.1945	0	0.1945	0
14		Real estate.....				0	(b).....	0	(b).....	0	(b).....	0
15		Affiliated - certain other (see SVO Purposes and Procedures Manual).....		XXX.....	XXX.....	0	0.0000	0	0.1580	0	0.1580	0
16		Affiliated - all other.....		XXX.....	XXX.....	0	0.0000	0	0.1945	0	0.1945	0
17		Total common stock (sum of Lines 1 through 16).....	3,074,570	0	0	3,074,570	XXX.....	0	XXX.....	0	XXX.....	0
		REAL ESTATE										
18		Home office property (General Account only).....				0	0.0000	0	0.0912	0	0.0912	0
19		Investment properties.....				0	0.0000	0	0.0912	0	0.0912	0
20		Properties acquired in satisfaction of debt.....				0	0.0000	0	0.1337	0	0.1337	0
21		Total real estate (sum of Lines 18 through 20).....	0	0	0	0	XXX.....	0	XXX.....	0	XXX.....	0
		OTHER INVESTED ASSETS										
		INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF BONDS										
22		Exempt obligations.....		XXX.....	XXX.....	0	0.0000	0	0.0000	0	0.0000	0
23	1	Highest quality.....		XXX.....	XXX.....	0	0.0005	0	0.0016	0	0.0033	0
24	2	High quality.....		XXX.....	XXX.....	0	0.0021	0	0.0064	0	0.0106	0
25	3	Medium quality.....		XXX.....	XXX.....	0	0.0099	0	0.0263	0	0.0376	0
26	4	Low quality.....		XXX.....	XXX.....	0	0.0245	0	0.0572	0	0.0817	0
27	5	Lower quality.....		XXX.....	XXX.....	0	0.0630	0	0.1128	0	0.1880	0
28	6	In or near default.....		XXX.....	XXX.....	0	0.0000	0	0.2370	0	0.2370	0
29		Total with bond characteristics (sum of Lines 22 through 28).....	0	XXX.....	XXX.....	0	XXX.....	0	XXX.....	0	XXX.....	0

Asset Valuation Reserve - Equity
NONE

Asset Valuation Reserve - Equity
NONE

Asset Valuation Reserve - Replications (Synthetic) Assets
NONE

Sch. F - Claims
NONE

SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT

			Total		Group Accident and Health		Credit A&H (Group and Individual)		Collectively Renewable		Other Individual Contracts									
											Non-Cancelable		Guaranteed Renewable		Non-Renewable for Stated Reasons Only		Other Accident Only		All Other	
			1 Amount	2 %	3 Amount	4 %	5 Amount	6 %	7 Amount	8 %	9 Amount	10 %	11 Amount	12 %	13 Amount	14 %	15 Amount	16 %	17 Amount	18 %
PART 1 - ANALYSIS OF UNDERWRITING OPERATIONS																				
1.	Premiums written.....	5,545,495	XXX		XXX		XXX		XXX		XXX		5,545,495	XXX		XXX		XXX		XXX
2.	Premiums earned.....	5,587,097	XXX		XXX		XXX		XXX		XXX		5,587,097	XXX		XXX		XXX		XXX
3.	Incurred claims.....	3,928,283	70.3	0	0.0	0	0.0	0	0.0	0	0.0	0	3,928,283	70.3	0	0.0	0	0.0	0	0.0
4.	Cost containment expenses.....	27,621	0.5		0.0		0.0		0.0		0.0		27,621	0.5		0.0		0.0		0.0
5.	Incurred claims and cost containment expenses (Lines 3 and 4).....	3,955,904	70.8	0	0.0	0	0.0	0	0.0	0	0.0	0	3,955,904	70.8	0	0.0	0	0.0	0	0.0
6.	Increase in contract reserves.....	(3,392)	(0.1)	0	0.0	0	0.0	0	0.0	0	0.0	0	(3,392)	(0.1)	0	0.0	0	0.0	0	0.0
7.	Commissions (a).....	44,000	0.8		0.0		0.0		0.0		0.0		44,000	0.8		0.0		0.0		0.0
8.	Other general insurance expenses.....	342,714	6.1		0.0		0.0		0.0		0.0		342,714	6.1		0.0		0.0		0.0
9.	Taxes, licenses and fees.....	216,782	3.9		0.0		0.0		0.0		0.0		216,782	3.9		0.0		0.0		0.0
10.	Total other expenses incurred.....	603,496	10.8	0	0.0	0	0.0	0	0.0	0	0.0	0	603,496	10.8	0	0.0	0	0.0	0	0.0
11.	Aggregate write-ins for deductions.....	4,363	0.1	0	0.0	0	0.0	0	0.0	0	0.0	0	4,363	0.1	0	0.0	0	0.0	0	0.0
12.	Gain from underwriting before dividends or refunds.....	1,026,726	18.4	0	0.0	0	0.0	0	0.0	0	0.0	0	1,026,726	18.4	0	0.0	0	0.0	0	0.0
13.	Dividends or refunds.....	0	0.0		0.0		0.0		0.0		0.0		0	0.0		0.0		0.0		0.0
14.	Gain from underwriting after dividends or refunds.....	1,026,726	18.4	0	0.0	0	0.0	0	0.0	0	0.0	0	1,026,726	18.4	0	0.0	0	0.0	0	0.0
DETAILS OF WRITE-INS																				
1101.	Increase in Loading.....	4,209	0.1		0.0		0.0		0.0		0.0		4,209	0.1		0.0		0.0		0.0
1102.	Penalties.....	115	0.0		0.0		0.0		0.0		0.0		115	0.0		0.0		0.0		0.0
1103.	Express Script Rebates.....	39	0.0		0.0		0.0		0.0		0.0		39	0.0		0.0		0.0		0.0
1198.	Summary of remaining write-ins for Line 11 from overflow page.....	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0	0.0	0	0.0	0	0.0	0	0.0
1199.	Total (Lines 1101 through 1103 plus 1198) (Line 11 above).	4,363	0.1	0	0.0	0	0.0	0	0.0	0	0.0	0	4,363	0.1	0	0.0	0	0.0	0	0.0

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

SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT (continued)

	1	2	3	4	Other Individual Contracts				
					5	6	7	8	9
	Total	Group Accident and Health	Credit A&H (Group and Individual)	Collectively Renewable	Non-Cancelable	Guaranteed Renewable	Non-Renewable for Stated Reasons Only	Other Accident Only	All Other
PART 2 - RESERVES AND LIABILITIES									
A. Premium Reserves:									
1. Unearned premiums.....	311,003					311,003			
2. Advance premiums.....	67,552					67,552			
3. Reserve for rate credits.....	0								
4. Total premium reserves, current year.....	378,555	0	0	0	0	378,555	0	0	0
5. Total premium reserves, prior year.....	405,828					405,828			
6. Increase in total premium reserves.....	(27,273)	0	0	0	0	(27,273)	0	0	0
B. Contract Reserves:									
1. Additional reserves (a).....	22,464					22,464			
2. Reserve for future contingent benefits.....	0								
3. Total contract reserves, current year.....	22,464	0	0	0	0	22,464	0	0	0
4. Total contract reserves, prior year.....	25,856					25,856			
5. Increase in contract reserves.....	(3,392)	0	0	0	0	(3,392)	0	0	0
C. Claim Reserves and Liabilities:									
1. Total current year.....	382,740	0	0	0	0	382,740	0	0	0
2. Total prior year.....	389,214					389,214			
3. Increase.....	(6,474)	0	0	0	0	(6,474)	0	0	0

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

1. Claims Paid During the Year:									
1.1 On claims incurred prior to current year.....	412,644					412,644			
1.2 On claims incurred during current year.....	3,522,113					3,522,113			
2. Claim Reserves and Liabilities, December 31, current year:									
2.1 On claims incurred prior to current year.....	1,629					1,629			
2.2 On claims incurred during current year.....	381,111					381,111			
3. Test:									
3.1 Lines 1.1 and 2.1.....	414,273	0	0	0	0	414,273	0	0	0
3.2 Claim reserves and liabilities, December 31, prior year.....	389,214					389,214			
3.3 Line 3.1 minus Line 3.2.....	25,059	0	0	0	0	25,059	0	0	0

PART 4 - REINSURANCE

A. Reinsurance Assumed:									
1. Premiums written.....	0								
2. Premiums earned.....	0								
3. Incurred claims.....	0								
4. Commissions.....	0								
B. Reinsurance Ceded:									
1. Premiums written.....	552,788					552,788			
2. Premiums earned.....	557,089					557,089			
3. Incurred claims.....	381,614					381,614			
4. Commissions.....	44,606					44,606			

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

Provident American Life and Health Insurance Company
SCHEDULE H - PART 5 - HEALTH CLAIMS

	1 Medical	2 Dental	3 Other	4 Total
A. Direct:				
1. Incurred claims.....	13,683		4,303,252	4,316,935
2. Beginning claim reserves and liabilities.....			449,351	449,351
3. Ending claim reserves and liabilities.....			427,507	427,507
4. Claims paid.....	13,683	0	4,325,096	4,338,779
B. Assumed Reinsurance:				
5. Incurred claims.....				0
6. Beginning claim reserves and liabilities.....				0
7. Ending claim reserves and liabilities.....				0
8. Claims paid.....	0	0	0	0
C. Ceded Reinsurance:				
9. Incurred claims.....	13,683		374,968	388,651
10. Beginning claim reserves and liabilities.....			136,338	136,338
11. Ending claim reserves and liabilities.....			128,006	128,006
12. Claims paid.....	13,683	0	383,300	396,983
D. Net:				
13. Incurred claims.....	0	0	3,928,284	3,928,284
14. Beginning claim reserves and liabilities.....	0	0	313,013	313,013
15. Ending claim reserves and liabilities.....	0	0	299,501	299,501
16. Claims paid.....	0	0	3,941,796	3,941,796
E. Net Incurred Claims and Cost Containment Expenses:				
17. Incurred claims and cost containment expenses.....			3,955,904	3,955,904
18. Beginning reserves and liabilities.....			315,757	315,757
19. Ending reserves and liabilities.....			304,012	304,012
20. Paid claims and cost containment expenses.....	0	0	3,967,649	3,967,649

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

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

SCHEDULE S - PART 2

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

1	2	3	4	5	6	7
NAIC Company Code	ID Number	Effective Date	Name of Company	Domiciliary Jurisdiction	Paid Losses	Unpaid Losses
Life and Annuity - Non-Affiliates - U.S. Non-Affiliates						
63312.....	13-1935920....	01/01/2007	Great American Life Insurance.....	OH.....		89,006
0899999.	Total - Life and Annuity Non-Affiliates - U.S. Non-Affiliates.....				0	89,006
1099999.	Total - Life and Annuity Non-Affiliates.....				0	89,006
1199999.	Total - Life and Annuity.....				0	89,006
Accident and Health - Non-Affiliates - U.S. Non-Affiliates						
88340.....	59-2859797....	08/01/2006	Hannover Life Reassurance Company of America.....	FL.....	83,239	44,766
1999999.	Total - Accident and Health Non-Affiliates - U.S. Non-Affiliates.....				83,239	44,766
2199999.	Total - Accident and Health Non-Affiliates.....				83,239	44,766
2299999.	Total - Accident and Health.....				83,239	44,766
2399999.	Total U.S.....				83,239	133,772
9999999.	Total.....				83,239	133,772

Provident American Life and Health Insurance Company

SCHEDULE S - PART 3 - SECTION 1

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

1	2	3	4	5	6	7	8	Reserve Credit Taken		11	Outstanding Surplus Relief		14	15
								9	10		12	13		
NAIC Company Code	ID Number	Effective Date	Name of Company	Domiciliary Jurisdiction	Type of Reinsurance Ceded	Type of Business Ceded	Amount in Force at End of Year	Current Year	Prior Year	Premiums	Current Year	Prior Year	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates														
88340.....	59-2859797....	08/01/2006	Hannover Life Reassurance Company of America.....	FL.....	OTH/I.....	OL.....	58,750	24,886	23,102	3,912	.....	.....	.....	.....
63312.....	13-1935920....	08/31/2012	Great American Life Insurance Company.....	OH.....	CO/I.....	OL.....	8,775,638	2,523,323	2,563,841	543,704	.....	.....	.....	.....
0899999.	Total - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates.....						8,834,388	2,548,209	2,586,943	547,616	0	0	0	0
1099999.	Total - General Account - Authorized - Non-Affiliates.....						8,834,388	2,548,209	2,586,943	547,616	0	0	0	0
1199999.	Total - General Account - Authorized.....						8,834,388	2,548,209	2,586,943	547,616	0	0	0	0
3499999.	Total - General Account - Authorized, Unauthorized and Certified.....						8,834,388	2,548,209	2,586,943	547,616	0	0	0	0
6999999.	Total U.S.....						8,834,388	2,548,209	2,586,943	547,616	0	0	0	0
9999999.	Total.....						8,834,388	2,548,209	2,586,943	547,616	0	0	0	0

SCHEDULE S - PART 3 - SECTION 2

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Premiums	9 Unearned Premiums (Estimated)	10 Reserve Credit Taken Other Than for Unearned Premiums	Outstanding Surplus Relief		13 Modified Coinsurance Reserve	14 Funds Withheld Under Coinsurance
										11 Current Year	12 Prior Year		
General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates													
88340.....	59-2859797....	.08/01/2006	Hannover Life Reassurance Company of America.....	FL.....	OTH/I.....	MS.....	548,779	31,860	11,800	.....	.....	.....	.....
60836.....	42-0113630....	.08/01/2006	American Republic Insurance Co.....	IA.....	OTH/I.....	CMM.....	5,008	11	.....	.....	.....	.....	.....
0899999.	Total - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates.....						553,787	31,871	11,800	0	0	0	0
General Account - Authorized - Non-Affiliates - Non-U.S. Non-Affiliates													
00000.....	AA-1122000...	.07/01/2019	Lloyds of London.....	GBR.....	CAT/G.....	OM.....	53	.....	.....	.....	.....	.....	.....
00000.....	AA-1122000...	.07/01/2019	Lloyds of London.....	GBR.....	CAT/G.....	A.....	47	.....	.....	.....	.....	.....	.....
0999999.	Total - General Account - Authorized - Non-Affiliates - Non-U.S. Non-Affiliates.....						100	0	0	0	0	0	0
1099999.	Total - General Account - Authorized - Non-Affiliates.....						553,887	31,871	11,800	0	0	0	0
1199999.	Total - General Account - Authorized.....						553,887	31,871	11,800	0	0	0	0
3499999.	Total - General Account - Authorized, Unauthorized and Certified.....						553,887	31,871	11,800	0	0	0	0
6999999.	Total - U.S.....						553,787	31,871	11,800	0	0	0	0
7099999.	Total - Non-U.S.....						100	0	0	0	0	0	0
9999999.	Total.....						553,887	31,871	11,800	0	0	0	0

Sch. S - Pt. 4
NONE

Sch. S - Pt. 5
NONE

SCHEDULE S - PART 6

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

		1	2	3	4	5
		2019	2018	2017	2016	2015
A.	OPERATIONS ITEMS					
1.	Premiums and annuity considerations for life and accident and health contracts.....	1,102	1,244	1,426	1,708	1,985
2.	Commissions and reinsurance expense allowances.....	63	82	112	145	178
3.	Contract claims.....	943	875	1,027	1,182	1,451
4.	Surrender benefits and withdrawals for life contracts.....					
5.	Dividends to policyholders and refunds to members.....					
6.	Reserve adjustments on reinsurance ceded.....					
7.	Increase in aggregate reserves for life and accident and health contracts.....					
B.	BALANCE SHEET ITEMS					
8.	Premiums and annuity considerations for life and accident and health contracts deferred and uncollected.....	294	332	386	454	510
9.	Aggregate reserves for life and accident and health contracts.....	2,592	2,636	2,695	2,676	2,586
10.	Liability for deposit-type contracts.....					
11.	Contract claims unpaid.....	134	117	119	216	135
12.	Amounts recoverable on reinsurance.....	83	86	117	202	188
13.	Experience rating refunds due or unpaid.....					
14.	Policyholders' dividends and refunds to members (not included in Line 10).....					
15.	Commissions and reinsurance expense allowances due.....					
16.	Unauthorized reinsurance offset.....					
17.	Offset for reinsurance with certified reinsurers.....					
C.	UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
18.	Funds deposited by and withheld from (F).....					
19.	Letters of credit (L).....					
20.	Trust agreements (T).....					
21.	Other (O).....					
D.	REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
22.	Multiple beneficiary trust.....					
23.	Funds deposited by and withheld from (F).....					
24.	Letters of credit (L).....					
25.	Trust agreements (T).....					
26.	Other (O).....					

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit for Ceded Reinsurance

	1	2	3
	As Reported (Net of Ceded)	Restatement Adjustments	Restated (Gross of Ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12).....	7,881,106		7,881,106
2. Reinsurance (Line 16).....	101,118		101,118
3. Premiums and considerations (Line 15).....	(118,647)	293,596	174,949
4. Net credit for ceded reinsurance.....	XXX	2,432,056	2,432,056
5. All other admitted assets (balance).....	943,057		943,057
6. Total assets excluding Separate Accounts (Line 26).....	8,806,634	2,725,652	11,532,286
7. Separate Account assets (Line 27).....			0
8. Total assets (Line 28).....	8,806,634	2,725,652	11,532,286
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
9. Contract reserves (Lines 1 and 2).....	333,467	2,591,880	2,925,347
10. Liability for deposit-type contracts (Line 3).....	-		0
11. Claim reserves (Line 4).....	382,741	133,772	516,513
12. Policyholder dividends/member refunds/reserves (Lines 5 through 7).....			0
13. Premium & annuity considerations received in advance (Line 8).....	67,552		67,552
14. Other contract liabilities (Line 9).....	6,368		6,368
15. Reinsurance in unauthorized companies (Line 24.02 minus inset amount).....			0
16. Funds held under reinsurance treaties with unauthorized reinsurers (Line 24.03 minus inset amount).....			0
17. Reinsurance with certified reinsurers (Line 24.02 inset amount).....			0
18. Funds held under reinsurance treaties with certified reinsurers (Line 24.03 inset amount).....			0
19. All other liabilities (balance).....	266,328		266,328
20. Total liabilities excluding Separate Accounts (Line 26).....	1,056,456	2,725,652	3,782,108
21. Separate Account liabilities (Line 27).....			0
22. Total liabilities (Line 28).....	1,056,456	2,725,652	3,782,108
23. Capital & surplus (Line 38).....	7,750,178	XXX	7,750,178
24. Total liabilities, capital & surplus (Line 39).....	8,806,634	2,725,652	11,532,286
NET CREDIT FOR CEDED REINSURANCE			
25. Contract reserves.....	2,591,880		
26. Claim reserves.....	133,772		
27. Policyholder dividends/reserves.....	0		
28. Premium & annuity considerations received in advance.....	0		
29. Liability for deposit-type contracts.....	0		
30. Other contract liabilities.....	0		
31. Reinsurance ceded assets.....	0		
32. Other ceded reinsurance recoverables.....	0		
33. Total ceded reinsurance recoverables.....	2,725,652		
34. Premiums and considerations.....	293,596		
35. Reinsurance in unauthorized companies.....	0		
36. Funds held under reinsurance treaties with unauthorized reinsurers.....	0		
37. Reinsurance with certified reinsurers.....	0		
38. Funds held under reinsurance treaties with certified reinsurers.....	0		
39. Other ceded reinsurance payables/offsets.....	0		
40. Total ceded reinsurance payables/offsets.....	293,596		
41. Total net credit for ceded reinsurance.....	2,432,056		

SCHEDULE T - PART 2

INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

States, Etc.			Direct Business Only				6
			1	2	3	4	
			Life (Group and Individual)	Annuities (Group and Individual)	Disability Income (Group and Individual)	Long-Term Care (Group and Individual)	Deposit-Type Contracts
							Totals
1.	Alabama.....	AL	12,629				12,629
2.	Alaska.....	AK	-				0
3.	Arizona.....	AZ	1,449				1,449
4.	Arkansas.....	AR	-				0
5.	California.....	CA	2,118				2,118
6.	Colorado.....	CO	840				840
7.	Connecticut.....	CT	-				0
8.	Delaware.....	DE	-				0
9.	District of Columbia.....	DC	-				0
10.	Florida.....	FL	794				794
11.	Georgia.....	GA	346				346
12.	Hawaii.....	HI	-				0
13.	Idaho.....	ID	795				795
14.	Illinois.....	IL	15,679				15,679
15.	Indiana.....	IN	1,281				1,281
16.	Iowa.....	IA	7,837				7,837
17.	Kansas.....	KS	65				65
18.	Kentucky.....	KY	10,307				10,307
19.	Louisiana.....	LA	4,073				4,073
20.	Maine.....	ME	-				0
21.	Maryland.....	MD	-				0
22.	Massachusetts.....	MA	-				0
23.	Michigan.....	MI	684				684
24.	Minnesota.....	MN	-				0
25.	Mississippi.....	MS	13,459				13,459
26.	Missouri.....	MO	6,704				6,704
27.	Montana.....	MT	1,697				1,697
28.	Nebraska.....	NE	2,304				2,304
29.	Nevada.....	NV	561				561
30.	New Hampshire.....	NH	-				0
31.	New Jersey.....	NJ	-				0
32.	New Mexico.....	NM	128				128
33.	New York.....	NY	-				0
34.	North Carolina.....	NC	2,649				2,649
35.	North Dakota.....	ND	-				0
36.	Ohio.....	OH	12,683				12,683
37.	Oklahoma.....	OK	20,253				20,253
38.	Oregon.....	OR	20,714				20,714
39.	Pennsylvania.....	PA	35,681				35,681
40.	Rhode Island.....	RI	-				0
41.	South Carolina.....	SC	70,332				70,332
42.	South Dakota.....	SD	-				0
43.	Tennessee.....	TN	-				0
44.	Texas.....	TX	296,997				296,997
45.	Utah.....	UT	11,653				11,653
46.	Vermont.....	VT	-				0
47.	Virginia.....	VA	1,094				1,094
48.	Washington.....	WA	312				312
49.	West Virginia.....	WV	6,501				6,501
50.	Wisconsin.....	WI	3,051				3,051
51.	Wyoming.....	WY	-				0
52.	American Samoa.....	AS					0
53.	Guam.....	GU					0
54.	Puerto Rico.....	PR					0
55.	US Virgin Islands.....	VI					0
56.	Northern Mariana Islands.....	MP					0
57.	Canada.....	CAN					0
58.	Aggregate Other Alien.....	OT					0
59.	Totals.....		565,670	0	0	0	565,670

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
Members															
0901	Cigna Group.....	.....	00-0000000..	.....	.....	.....	222 Main Street CARING GP LLC.....	DE.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC.	Ownership.....	...100.000	Cigna Corporation.....	...N.....	.....
0901	Cigna Group.....	.....	46-4671745..	.....	.....	.....	222 Main Street Investors LP.....	DE.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC.	Ownership.....	...90.000	Cigna Corporation.....	...N.....	.....
0901	Cigna Group.....	.....	46-4926192..	.....	.....	.....	3601 North Fairfax Drive Associates, LLC.....	DE.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC.	Ownership.....	...90.000	Cigna Corporation.....	...N.....	.....
0901	Cigna Group.....	.....	00-0000000..	.....	.....	.....	680 Investors LLC.....	CA.....	NIA.....	SB-SNH LLC.....	Ownership.....	...85.000	Cigna Corporation.....	...N.....	.....
0901	Cigna Group.....	.....	00-0000000..	.....	.....	.....	685 New Hampshire LLC.....	CA.....	NIA.....	SB-SNH LLC.....	Ownership.....	...85.000	Cigna Corporation.....	...N.....	.....
0901	Cigna Group.....	.....	82-4794800..	.....	.....	.....	9171 Wilshire CPI-CII LLC.....	DE.....	NIA.....	CPI-CII 9171 Wilshire JV LLC.....	Ownership.....	...90.000	Cigna Corporation.....	...N.....	.....
0901	Cigna Group.....	.....	11-3358535..	.....	.....	.....	Accredo Health Group, Inc.	DE.....	NIA.....	Accredo Health, Incorporated	Ownership.....	...100.000	Cigna Corporation.....	...N.....	.....
0901	Cigna Group.....	.....	55-0894449..	.....	.....	.....	Accredo Health, Incorporated	DE.....	NIA.....	Medco Health Solutions, Inc.	Ownership.....	...100.000	Cigna Corporation.....	...N.....	.....
0901	Cigna Group.....	.....	30-0939067..	.....	.....	.....	Affiliated Hotel Subsidiary LLC.....	DE.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC.	Ownership.....	...100.000	Cigna Corporation.....	...N.....	.....
0901	Cigna Group.....	.....	13-3888838..	.....	.....	.....	AHG of New York, Inc.....	NY.....	NIA.....	Accredo Health, Incorporated	Ownership.....	...100.000	Cigna Corporation.....	...N.....	.....
0901	Cigna Group.....	.....	75-3040465..	.....	.....	.....	Airport Holdings, LLC.....	NJ.....	NIA.....	Express Scripts, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	...N.....	.....
0901	Cigna Group.....	.....	35-2562415..	.....	.....	.....	Alegis Care Services, LLC.....	DE.....	NIA.....	Home Physicians Management, LLC.....	Ownership.....	...100.000	Cigna Corporation.....	...N.....	.....
0901	Cigna Group.....	.....	81-0400550..	.....	.....	.....	Allegiance Benefit Plan Management, Inc.....	MT.....	NIA.....	Benefit Management Corp.....	Ownership.....	...100.000	Cigna Corporation.....	...N.....	.....
0901	Cigna Group.....	.....	03-0507057..	.....	.....	.....	Allegiance Care Management, LLC.....	MT.....	NIA.....	Benefit Management Corp.....	Ownership.....	...100.000	Cigna Corporation.....	...N.....	.....
0901	Cigna Group.....	.....	71-0916514..	.....	.....	.....	Allegiance COBRA Services, Inc.	MT.....	NIA.....	Benefit Management Corp.....	Ownership.....	...100.000	Cigna Corporation.....	...N.....	.....
0901	Cigna Group.....	12814..	20-4433475..	.....	.....	.....	Allegiance Life & Health Insurance Company...	MT.....	IA.....	Benefit Management Corp.....	Ownership.....	...95.000	Cigna Corporation.....	...N.....	.....
0901	Cigna Group.....	.....	26-2201582..	.....	.....	.....	Allegiance Provider Direct, LLC.....	MT.....	NIA.....	Benefit Management Corp.....	Ownership.....	...100.000	Cigna Corporation.....	...N.....	.....
0901	Cigna Group.....	.....	20-3851464..	.....	.....	.....	Allegiance Re, Inc.....	MT.....	IA.....	Benefit Management Corp.....	Ownership.....	...100.000	Cigna Corporation.....	...N.....	.....
0901	Cigna Group.....	88366..	59-2760189..	.....	.....	.....	American Retirement Life Insurance Company..	OH.....	IA.....	Loyal American Life Insurance Company.....	Ownership.....	...100.000	Cigna Corporation.....	...N.....	.....
0901	Cigna Group.....	.....	82-3315524..	.....	.....	.....	Arbor Heights Venture LLC.....	DE.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC.	Ownership.....	...90.000	Cigna Corporation.....	...N.....	.....
0901	Cigna Group.....	.....	86-3581583..	.....	.....	.....	Arizona Health Plan, Inc.....	AZ.....	NIA.....	Healthsource, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	...N.....	.....
0901	Cigna Group.....	.....	46-1543748..	.....	.....	.....	AS Acquisition Corp.....	SC.....	NIA.....	eviCore healthcare MSI, LLC.....	Ownership.....	...100.000	Cigna Corporation.....	...N.....	.....
0901	Cigna Group.....	.....	00-0000000..	.....	.....	.....	Ascent Health Services LLC.....	DE.....	NIA.....	Cigna Spruce Holdings GmbH.....	Ownership.....	...80.000	Cigna Corporation.....	...N.....	.....
0901	Cigna Group.....	.....	81-0585518..	.....	.....	.....	Benefit Management Corp.....	MT.....	NIA.....	Connecticut General Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	...N.....	.....
0901	Cigna Group.....	.....	81-2650133..	.....	.....	.....	Berewick Apartments LLC.....	DE.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC.	Ownership.....	...85.000	Cigna Corporation.....	...N.....	.....
0901	Cigna Group.....	.....	43-1815573..	.....	.....	.....	Biopartners in Care, Inc.	MO.....	NIA.....	Accredo Health, Incorporated	Ownership.....	...100.000	Cigna Corporation.....	...N.....	.....
0901	Cigna Group.....	.....	06-1522976..	.....	.....	.....	Blodget & Hazard Limited.....	GBR.....	NIA.....	Cigna Re Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	...N.....	.....
0901	Cigna Group.....	10095..	52-2259087..	.....	.....	.....	Bravo Health Mid-Atlantic, Inc.....	MD.....	IA.....	NewQuest Management Northeast, LLC.....	Ownership.....	...100.000	Cigna Corporation.....	...N.....	.....
0901	Cigna Group.....	11524..	52-2363406..	.....	.....	.....	Bravo Health Pennsylvania, Inc.....	PA.....	IA.....	NewQuest Management Northeast, LLC.....	Ownership.....	...100.000	Cigna Corporation.....	...N.....	.....
0901	Cigna Group.....	.....	27-1713977..	.....	.....	.....	Brighter, Inc.....	DE.....	NIA.....	Connecticut General Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	...N.....	.....
0901	Cigna Group.....	.....	61-1162797..	.....	.....	.....	Care Continuum, Inc.....	KY.....	NIA.....	SpectraCare Health Care Ventures, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	...N.....	.....
0901	Cigna Group.....	.....	26-0180898..	.....	.....	.....	CareAllies, Inc.....	DE.....	NIA.....	Cigna Holdings, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	...N.....	.....
0901	Cigna Group.....	.....	81-2760646..	.....	.....	.....	CareAllies, LLC.....	DE.....	NIA.....	Connecticut General Life Insurance Company.	Ownership.....	...100.000	Cigna Corporation.....	...N.....	.....
0901	Cigna Group.....	.....	14-1831391..	.....	.....	.....	CareCore National, LLC.....	NY.....	NIA.....	eviCore 1, LLC.....	Ownership.....	...100.000	Cigna Corporation.....	...N.....	.....
0901	Cigna Group.....	10144..	20-1089572..	.....	.....	.....	CareCore NJ, LLC.....	NJ.....	IA.....	eviCore healthcare MSI, LLC.....	Ownership.....	...100.000	Cigna Corporation.....	...N.....	.....
0901	Cigna Group.....	.....	27-3845847..	.....	.....	.....	CareNext Managed Care, LLC.....	NY.....	NIA.....	CareNext Post-Acute, LLC.....	Ownership.....	...100.000	Cigna Corporation.....	...N.....	.....

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

52.1

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
0901	Cigna Group.....		47-2873703..				CareNext Post-Acute, LLC.....	DE.....	NIA.....	CareCore National, LLC.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		45-2681649..				CarePlexus, LLC.....	DE.....	NIA.....	Cigna Health and Life Insurance Company.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		83-1400586..				CARING 18th & Salmon Investor LLC.....	DE.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC.	Ownership.....	...100.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		83-2562994..				CARING 500 Ygnacio Investor LLC.....	DE.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC.	Ownership.....	...100.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		84-1960231..				CARING 3130 Investor LLC.....	DE.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC.	Ownership.....	...100.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		83-2318410..				CARING 9171 Wilshire Investor LLC.....	DE.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC.	Ownership.....	...100.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		83-2851501..				CARING Alta Englewood Investor LLC.....	DE.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC.	Ownership.....	...100.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		83-2563284..				CARING Alta Woodson Investor LLC.....	DE.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC.	Ownership.....	...100.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		32-0570889..				CARING Capitol Hill GP LLC.....	DE.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC.	Ownership.....	...100.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		37-1903297..				CARING Capitol Hill LP LLC.....	DE.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC.	Ownership.....	...100.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		83-2851364..				CARING Century Plaza Investor LLC.....	DE.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC.	Ownership.....	...100.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		83-2318370..				CARING Dulles Town Center Investor LLC.....	DE.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC.	Ownership.....	...100.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		83-3701937..				CARING Firestone Investor LLC.....	DE.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC.	Ownership.....	...100.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		00-000000..				CARING JA Lofts Investor LP LLC.....	DE.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC.	Ownership.....	...100.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		00-000000..				CARING JA Lofts Investor GP LLC.....	DE.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC.	Ownership.....	...100.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		83-2318233..				CARING Heights at Bear Creek Investor LLC.....	DE.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC.	Ownership.....	...100.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		83-1400482..				CARING Hillcrest Investor LLC.....	DE.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC.	Ownership.....	...100.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		83-2339522..				CARING Mallory Square Investor LLC.....	DE.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC.	Ownership.....	...100.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		83-2563138..				CARING Soma Investor LLC.....	DE.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC.	Ownership.....	...100.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		83-2633790..				CARING Alexan Enclave Investor LLC.....	DE.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC.	Ownership.....	...100.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		83-2633886..				CARING Orange Collection Investor LLC.....	DE.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC.	Ownership.....	...100.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		83-8294933..				CARING South Coast Subsidiary LLC.....	DE.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC.	Ownership.....	...100.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		38-4085763..				CARING Westcore Holding Investor LLC.....	DE.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC.	Ownership.....	...100.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		83-3923178..				CARING XR International Investor LLC.....	DE.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC.	Ownership.....	...100.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		83-4317078..				CARING XR 2 International Investor LLC.....	DE.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC.	Ownership.....	...100.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		45-2604992..				CCN NMO, LLC.....	NY.....	NIA.....	eviCore healthcare MSI, LLC.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		33-1039759..				CCN-WNY IPA, LLC.....	NY.....	NIA.....	eviCore healthcare MSI, LLC.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		34-1970892..				Ceres Sales of Ohio, LLC.....	OH.....	NIA.....	Cigna Health and Life Insurance Company.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		06-1332403..				CG Individual Tax Benefit Payments, Inc.....	DE.....	NIA.....	Connecticut General Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		06-1332405..				CG Life Pension Benefits Payments, Inc.....	DE.....	NIA.....	Connecticut General Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		06-1332401..				CG LINA Pension Benefits Payments, Inc.....	DE.....	NIA.....	Connecticut General Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		84-2083351..				CG-AQ 477 South Market Street LLC.....	DE.....	NIA.....	CARING Firestone Investor LLC.....	Ownership.....	...85.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		83-2993316..				CG-Muller 550 Winchester, LLC.....	DE.....	NIA.....	CARING Century Plaza Investor LLC.....	Ownership.....	...90.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		45-5499889..				CG Seventh Street, LLC.....	DE.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC.	Ownership.....	...87.500	Cigna Corporation.....	N.....	
0901	Cigna Group.....		82-1280312..				CG/Wood ALTA 601, LLC.....	DE.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC.	Ownership.....	...90.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		81-3281922..				CGGL Chapman LLC.....	DE.....	NIA.....	CGGL Orange Collection LLC.....	Ownership.....	...90.000	Cigna Corporation.....	N.....	

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
0901	Cigna Group.....		81-3313562..				CGGL City Parkway LLC.....	DE.....	NIA.....	CGGL Orange Collection LLC.....	Ownership.....	90.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		61-1797835..				CGGL Orange Collection LLC.....	DE.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC.	Ownership.....	90.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		00-0000000..				CGGL Orange Collection Mezz LLC.....	DE.....	NIA.....	CARING Orange Collection Investor LLC.....	Ownership.....	100.000	Cigna corporation.....	N.....	
0901	Cigna Group.....		84-1921719..				CGGL XR International LLC.....	DE.....	NIA.....	CARING XR International Investor LLC.....	Ownership.....	90.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		84-1843578..				CGGL XR 2 International LLC.....	DE.....	NIA.....	CARING XR 2 International Investor LLC.....	Ownership.....	90.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		00-0000000..				CGO Participatos LTDA.....	BRA.....	NIA.....	Cigna Global Holdings, Inc.....	Ownership.....	99.780	Cigna Corporation.....	N.....	
0901	Cigna Group.....		59-3466707..				Chiro Alliance Corporation.....	FL.....	NIA.....	Palladian Health of Florida, LLC.....	Ownership.....	100.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		81-3389374..				CIG-LEI Ygnacio Associates LLC.....	DE.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC.	Ownership.....	90.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		82-4774243..				CI-GS Portland, LLC.....	DE.....	NIA.....	CARING 18th & Salmon Investor LLC.....	Ownership.....	86.200	cigna Corporation.....	N.....	
0901	Cigna Group.....		82-1612980..				CI-GS Hillcrest LLC.....	DE.....	NIA.....	CARING Hillcrest Investor LLC.....	Ownership.....	90.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		00-0000000..				Cigna & CMB Health Services Company, Ltd....	CHN.....	NIA.....	Cigna & CMB Life Insurance Company Limited	Ownership.....	100.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		914400007109				Cigna & CMB Life Insurance Company Limited.	CHN.....	IA.....	Life Insurance Company of North America.....	Ownership.....	50.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		00-0000000..				CIGNA 2000 UK Pension LTD.....	GBR.....	NIA.....	Cigna European Services (UK) Limited.....	Ownership.....	100.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		27-5402196..				Cigna Affiliates Realty Investment Group, LLC..	DE.....	NIA.....	Connecticut General Life Insurance Company.	Ownership.....	100.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		00-0000000..				Cigna Alder Holdings, LLC.....	DE.....	NIA.....	Cigna Apac Holdings, Ltd.....	Ownership.....	100.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		00-0000000..				Cigna Apac Holdings, Ltd.....	BMU.....	NIA.....	Cigna Palmetto Holdings, Ltd.....	Ownership.....	100.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....	13733..	03-0452349..				Cigna Arbor Life Insurance Company.....	CT.....	IA.....	Connecticut General Corporation.....	Ownership.....	100.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		98-1181787..				Cigna Beechwood Holdings.....	BEL.....	NIA.....	Cigna Elmwood Holdings, SPRL.....	Ownership.....	51.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		94-3107309..				Cigna Behavioral Health of California, Inc.....	CA.....	NIA.....	Cigna Behavioral Health, Inc.....	Ownership.....	100.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		75-2751090..				Cigna Behavioral Health of Texas, Inc.....	TX.....	NIA.....	Cigna Behavioral Health, Inc.....	Ownership.....	100.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		41-1648670..				Cigna Behavioral Health, Inc.....	MN.....	NIA.....	Connecticut General Corporation.....	Ownership.....	100.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		00-0000000..				Cigna Bellevue Alpha LLC.....	DE.....	NIA.....	Cigna Holdings Overseas, Inc.....	Ownership.....	100.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		02-0515554..				Cigna Benefit Technology Solutions, Inc.....	DE.....	NIA.....	Cigna Health Corporation.....	Ownership.....	100.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		01-0947889..		1489070		Cigna Benefits Financing, Inc.....	DE.....	NIA.....	Cigna Investments, Inc.....	Ownership.....	100.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		00-0000000..				Cigna Brokerage & Marketing (Thailand) Limited	THA.....	NIA.....	RHP Thailand Limited.....	Ownership.....	53.250	Cigna Corporation.....	N.....	
0901	Cigna Group.....		00-0000000..				Cigna Cedar Holdings, Ltd.....	MLT.....	NIA.....	Cigna Apac Holdings, Ltd.....	Ownership.....	100.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		98-1137759..				Cigna Chestnut Holdings, Ltd.....	GBR.....	NIA.....	Cigna Walnut Holdings, Ltd.....	Ownership.....	100.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		27-3396038..				Cigna Corporate Services, LLC.....	DE.....	NIA.....	Cigna Health and Life Insurance Company.....	Ownership.....	100.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		82-4991898..		1739940	US.....	Cigna Corporation (A Delaware corporation and ultimate parent company)	DE.....	UIP.....	Publicly Traded.....	Ownership.....	100.000	Publicly Traded.....	N.....	
0901	Cigna Group.....		00-0000000..				Cigna Data Services (Shanghai) Company Limited	CHN.....	NIA.....	Cigna Hong Kong Holdings Company Limited.	Ownership.....	100.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		59-2600475..				Cigna Dental Health Of California, Inc.....	CA.....	NIA.....	Cigna Dental Health, Inc.....	Ownership.....	100.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....	11175..	59-2675861..				Cigna Dental Health Of Colorado, Inc.....	CO.....	IA.....	Cigna Dental Health, Inc.....	Ownership.....	100.000	Cigna Corporation.....	N.....	

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
0901	Cigna Group.....	95380...	59-2676987..	.....	.....	.....	Cigna Dental Health Of Delaware, Inc.....	DE.....	IA.....	Cigna Dental Health, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	52021...	59-1611217..	.....	.....	.....	Cigna Dental Health Of Florida, Inc.....	FL.....	IA.....	Cigna Dental Health, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	06-1351097..	.....	.....	.....	Cigna Dental Health Of Illinois, Inc.....	IL.....	NIA.....	Cigna Dental Health, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	52024...	59-2625350..	.....	.....	.....	Cigna Dental Health Of Kansas, Inc.....	KS.....	IA.....	Cigna Dental Health, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	52108...	59-2619589..	.....	.....	.....	Cigna Dental Health Of Kentucky, Inc.....	KY.....	IA.....	Cigna Dental Health, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	48119...	20-2844020..	.....	.....	.....	Cigna Dental Health Of Maryland, Inc.....	MD.....	IA.....	Cigna Dental Health, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	11160...	06-1582068..	.....	.....	.....	Cigna Dental Health Of Missouri, Inc.....	MO.....	IA.....	Cigna Dental Health, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	11167...	59-2308062..	.....	.....	.....	Cigna Dental Health Of New Jersey, Inc.....	NJ.....	IA.....	Cigna Dental Health, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	95179...	56-1803464..	.....	.....	.....	Cigna Dental Health Of North Carolina, Inc.....	NC.....	IA.....	Cigna Dental Health, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	47805...	59-2579774..	.....	.....	.....	Cigna Dental Health Of Ohio, Inc.....	OH.....	IA.....	Cigna Dental Health, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	47041...	52-1220578..	.....	.....	.....	Cigna Dental Health Of Pennsylvania, Inc.....	PA.....	IA.....	Cigna Dental Health, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	95037...	59-2676977..	.....	.....	.....	Cigna Dental Health Of Texas, Inc.....	TX.....	IA.....	Cigna Dental Health, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	52617...	52-2188914..	.....	.....	.....	Cigna Dental Health Of Virginia, Inc.....	VA.....	IA.....	Cigna Dental Health, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	47013...	86-0807222..	.....	.....	.....	Cigna Dental Health Plan Of Arizona, Inc.....	AZ.....	IA.....	Cigna Dental Health, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	59-2308055..	.....	.....	.....	Cigna Dental Health, Inc.....	FL.....	NIA.....	Connecticut General Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	58-1136865..	.....	.....	.....	Cigna Direct Marketing Company, Inc.....	DE.....	NIA.....	Life Insurance Company of North America.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	98-1155943..	.....	.....	.....	Cigna Elmwood Holdings, Ltd.....	BEL.....	NIA.....	Cigna Myrtle Holdings, Ltd.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	00-0000000..	.....	.....	.....	Cigna Europe Insurance Company S.A.-N.V.....	BEL.....	IA.....	Cigna Beechwood Holdings.....	Ownership.....	...99.999	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	00-0000000..	.....	.....	.....	Cigna European Services (UK) Limited.....	GBR.....	NIA.....	Cigna Elmwood Holdings, SPRL.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	62-1724116..	.....	.....	.....	Cigna Federal Benefits, Inc.....	DE.....	NIA.....	Connecticut General Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	00-0000000..	.....	.....	.....	Cigna Finans Emeklilik Ve Hayat A.S.....	TUR.....	NIA.....	Cigna Nederland Gamma, B.V.....	Ownership.....	...51.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	51-0389196..	.....	.....	.....	Cigna Global Holdings, Inc.....	DE.....	NIA.....	Cigna Holdings, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	68-0676638..	.....	.....	.....	Cigna Global Insurance Company Limited.....	GBR.....	IA.....	Cigna Holdings Overseas, Inc.....	Ownership.....	...99.990	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	98-0210110..	.....	.....	.....	Cigna Global Reinsurance Company, Ltd.....	BMU.....	IA.....	Cigna Global Holdings, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	224 72651 194	.....	.....	.....	Cigna Global Wellbeing Holdings Limited.....	GBR.....	NIA.....	Connecticut General Corporation.....	Ownership.....	...70.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	579 23011 034	.....	.....	.....	Cigna Global Wellbeing Solutions Limited.....	GBR.....	NIA.....	Cigna Global Wellbeing Holdings Limited.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	67369...	59-1031071..	.....	.....	.....	Cigna Health and Life Insurance Company.....	CT.....	UDP.....	Connecticut General Life Insurance Company.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	62-1312478..	.....	.....	.....	Cigna Health Corporation.....	DE.....	NIA.....	Connecticut General Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	23-1728483..	.....	.....	.....	Cigna Health Management, Inc.....	DE.....	NIA.....	Connecticut General Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	00-0000000..	.....	.....	.....	Cigna Health Solution India Pvt. Ltd.....	IND.....	NIA.....	Cigna Holdings Overseas, Inc.....	Ownership.....	...99.900	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	23-2741293..	.....	.....	.....	Cigna Healthcare Benefits, Inc.....	DE.....	NIA.....	Connecticut General Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	84-0985843..	.....	.....	.....	Cigna Healthcare Holdings, Inc.....	CO.....	NIA.....	Connecticut General Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	95599...	52-1404350..	.....	.....	.....	Cigna HealthCare Mid-Atlantic, Inc.....	MD.....	NIA.....	Healthsource, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	95125...	86-0334392..	.....	.....	.....	Cigna HealthCare of Arizona, Inc.....	AZ.....	IA.....	Healthsource, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	95-3310115..	.....	.....	.....	Cigna HealthCare of California, Inc.....	CA.....	NIA.....	Healthsource, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	95604...	84-1004500..	.....	.....	.....	Cigna HealthCare of Colorado, Inc.....	CO.....	IA.....	Healthsource, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	95660...	06-1141174..	.....	.....	.....	Cigna HealthCare of Connecticut, Inc.....	CT.....	IA.....	Healthsource, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

52.4

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
0901	Cigna Group.....	95136...	59-2089259..	.....	.....	.....	Cigna HealthCare of Florida, Inc.....	FL.....	IA.....	Healthsource, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	96229...	58-1641057..	.....	.....	.....	Cigna HealthCare of Georgia, Inc.....	GA.....	IA.....	Healthsource, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	95602...	36-3385638..	.....	.....	.....	Cigna HealthCare of Illinois, Inc.....	IL.....	IA.....	Healthsource, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	95525...	35-1679172..	.....	.....	.....	Cigna HealthCare of Indiana, Inc.....	IN.....	IA.....	Healthsource, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	95477...	01-0418220..	.....	.....	.....	Cigna HealthCare of Maine, Inc.....	ME.....	NIA.....	Healthsource, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	95220...	02-0402111..	.....	.....	.....	Cigna HealthCare of Massachusetts, Inc.....	MA.....	NIA.....	Healthsource, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	95493...	02-0387749..	.....	.....	.....	Cigna HealthCare of New Hampshire, Inc.....	NH.....	IA.....	Healthsource, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	95500...	22-2720890..	.....	.....	.....	Cigna HealthCare of New Jersey, Inc.....	NJ.....	IA.....	Healthsource, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	95132...	56-1479515..	.....	.....	.....	Cigna HealthCare of North Carolina, Inc.....	NC.....	IA.....	Healthsource, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	95121...	23-2301807..	.....	.....	.....	Cigna HealthCare of Pennsylvania, Inc.....	PA.....	NIA.....	Healthsource, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	95708...	06-1185590..	.....	.....	.....	Cigna HealthCare of South Carolina, Inc.....	SC.....	IA.....	Healthsource, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	95635...	36-3359925..	.....	.....	.....	Cigna HealthCare of St. Louis, Inc.....	MO.....	IA.....	Healthsource, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	95606...	62-1218053..	.....	.....	.....	Cigna HealthCare of Tennessee, Inc.....	TN.....	IA.....	Healthsource, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	95383...	74-2767437..	.....	.....	.....	Cigna HealthCare of Texas, Inc.....	TX.....	IA.....	Healthsource, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	95518...	62-1230908..	.....	.....	.....	Cigna HealthCare of Utah, Inc.....	UT.....	NIA.....	Healthsource, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	02-0495422..	.....	.....	.....	Cigna Healthcare, Inc.....	VT.....	NIA.....	Cigna Healthcare Holdings, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	00-0000000..	.....	.....	.....	Cigna HLA Technology Services Limited	HKG.....	NIA.....	Cigna Hong Kong Holdings Company Limited.	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	06-1059331..	.....	.....	.....	Cigna Holding Company.....	DE.....	UIP.....	Cigna Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	23-3009279..	.....	.....	.....	Cigna Holdings Overseas, Inc.....	DE.....	NIA.....	Cigna Global Reinsurance Company, Ltd.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	06-1072796..	.....	.....	.....	Cigna Holdings, Inc.....	DE.....	UIP.....	Cigna Holding Company.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	00-0000000..	.....	.....	.....	Cigna Hong Kong Holdings Company Limited..	HKG.....	NIA.....	Cigna Chestnut Holdings, Ltd.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	27-1903785..	.....	.....	.....	Cigna Insurance Agency, LLC.....	CT.....	NIA.....	Cigna Health and Life Insurance Company.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	00-0000000..	.....	.....	.....	Cigna Insurance Management Services (DIFC), Ltd.	ARE.....	NIA.....	Cigna Apac Holdings, Ltd.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	00-0000000..	.....	.....	.....	Cigna Insurance Middle East S.A.L.....	LBN.....	IA.....	Cigna Cedar Holdings, Ltd.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	00-0000000..	.....	.....	.....	Cigna Insurance Public Company Limited.....	THA.....	IA.....	KDM Thailand Limited.....	Ownership.....	...75.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	00-0000000..	.....	.....	.....	Cigna Insurance Services (Europe) Limited.....	GBR.....	NIA.....	Cigna Willow Holdings, LTD.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	23-2924152..	.....	.....	.....	Cigna Integratedcare, Inc.....	DE.....	NIA.....	Connecticut General Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	51-0402128..	.....	.....	.....	Cigna Intellectual Property, Inc.....	DE.....	NIA.....	Cigna Holdings, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	51-0111677..	.....	.....	.....	Cigna International Corporation, Inc.....	DE.....	NIA.....	Cigna Global Holdings, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	52-0291385..	.....	.....	.....	Cigna International Finance, Inc.....	DE.....	NIA.....	Cigna Investment Group, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	00-0000000..	.....	.....	.....	Cigna International Health Services Kenya Limited	KEN.....	NIA.....	Cigna International Health Services, BVBA.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	00-0000000..	.....	.....	.....	Cigna International Health Services Sdn. Bhd...	MYS.....	NIA.....	Cigna Hong Kong Holdings Company Limited.	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	00-0000000..	.....	.....	.....	Cigna International Health Services, BVBA.....	BEL.....	NIA.....	Cigna Elmwood Holdings, Ltd.....	Ownership.....	...51.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	30-0526216..	.....	.....	.....	Cigna International Health Services, LLC.....	FL.....	NIA.....	Cigna International Health Services, BVBA.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
0901	Cigna Group.....		010554603836.....				Cigna International Marketing (Thailand) Limited	THA.....	NIA.....	Cigna Global Holdings, Inc.....	Ownership.....	99.900	Cigna Corporation.....	N.....	
0901	Cigna Group.....		00-0000000.....				Cigna International Services Australia Pty Ltd.....	AUS.....	NIA.....	Cigna Chestnut Holdings, Ltd.....	Ownership.....	100.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		23-2610178.....				Cigna International Services, Inc.....	DE.....	NIA.....	Cigna Global Holdings, Inc.....	Ownership.....	100.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		06-1095823.....				Cigna Investment Group, Inc.....	DE.....	NIA.....	Cigna Holdings, Inc.....	Ownership.....	100.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		06-0861092.....				Cigna Investments, Inc.....	DE.....	NIA.....	Cigna Investment Group, Inc.....	Ownership.....	100.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		00-0000000.....				Cigna Korea Chusik Heosa (A/K/A Cigna Korea Company Limited)	KOR.....	NIA.....	Cigna Chestnut Holdings, Ltd.....	Ownership.....	100.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		98-1146864.....				Cigna Laurel Holdings, Ltd.....	BMU.....	NIA.....	Cigna Linden Holdings, Inc.....	Ownership.....	100.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		00-0000000.....				Cigna Legal Protection U.K. Ltd.....	GBR.....	NIA.....	Cigna Willow Holdings, LTD.....	Ownership.....	100.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		AA-1560515.....				Cigna Life Insurance Company of Canada.....	CAN.....	IA.....	Cigna Chestnut Holdings, Ltd.....	Ownership.....	100.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		AA-1240009.....				Cigna Life Insurance Company of Europe S.A.-N.V.	BEL.....	IA.....	Cigna Beechwood Holdings.....	Ownership.....	99.993	Cigna Corporation.....	N.....	
0901	Cigna Group.....	64548.....	13-2556568.....	3281743			Cigna Life Insurance Company of New York.....	NY.....	IA.....	Connecticut General Corporation.....	Ownership.....	100.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		00-0000000.....				Cigna Life Insurance New Zealand Limited.....	NZL.....	IA.....	Cigna New Zealand Holdings Limited.....	Ownership.....	100.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		46-4110289.....				Cigna Linden Holdings, Inc.....	DE.....	NIA.....	Cigna Holdings Overseas, Inc.....	Ownership.....	82.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		98-1232512.....				Cigna Magnolia Holdings, Ltd.....	BMU.....	NIA.....	Cigna Palmetto Holdings, Ltd.....	Ownership.....	100.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		23-2741294.....				Cigna Managed Care Benefits Company.....	DE.....	NIA.....	Connecticut General Corporation.....	Ownership.....	100.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		98-1154657.....				Cigna Myrtle Holdings, Ltd.....	MLT.....	NIA.....	Cigna Apac Holdings, Ltd.....	Ownership.....	74.560	Cigna Corporation.....	N.....	
0901	Cigna Group.....	61727.....	34-0970995.....				Cigna National Health Insurance Company.....	OH.....	UDP.....	Cigna Health and Life Insurance Company.....	Ownership.....	100.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		00-0000000.....				Cigna Nederland Gamma B.V.....	NLD.....	NIA.....	Cigna Walnut Holdings, Ltd.....	Ownership.....	100.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		00-0000000.....				Cigna New Zealand Finance Limited.....	NZL.....	NIA.....	Cigna New Zealand Holdings Limited.....	Ownership.....	100.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		00-0000000.....				Cigna New Zealand Holdings Limited.....	NZL.....	NIA.....	Cigna Hong Kong Holdings Company Limited.....	Ownership.....	100.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		00-0000000.....				Cigna Oak Holdings, Ltd.....	GBR.....	NIA.....	Cigna Elmwood Holdings, SPRL.....	Ownership.....	100.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		32-0222252.....				Cigna Onsite Health, LLC.....	DE.....	NIA.....	Connecticut General Life Insurance Company.....	Ownership.....	100.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		98-1232443.....				Cigna Palmetto Holdings, Ltd.....	BMU.....	NIA.....	Cigna Laurel Holdings, Ltd.....	Ownership.....	100.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		46-4099800.....				Cigna Poplar Holdings, Inc.....	DE.....	NIA.....	Cigna Holdings Overseas, Inc.....	Ownership.....	100.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		06-1071502.....				Cigna RE Corporation.....	DE.....	NIA.....	Connecticut General Corporation.....	Ownership.....	100.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		06-1567902.....				Cigna Resource Manager, Inc.....	DE.....	NIA.....	Connecticut General Corporation.....	Ownership.....	100.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		00-0000000.....				Cigna Spruce Holdings GmBH.....	CHE.....	NIA.....	Cigna Chestnut Holdings, Ltd.....	Ownership.....	100.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		00-0000000.....				Cigna Taiwan Life Assurance Company Limited	TWN.....	IA.....	Cigna Apac Holdings, Ltd.....	Ownership.....	100.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		00-0000000.....				Cigna Teak Holdings, LLC.....	DE.....	NIA.....	Cigna Global Holdings, Inc.....	Ownership.....	100.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		00-0000000.....				Cigna Turkey Danismanlik Hizmetleri, A.S (A/K/A Cigna Turkey Consultancy Services, A.S.)	TUR.....	NIA.....	Cigna Magnolia Holdings, Ltd.....	Ownership.....	100.000	Cigna Corporation.....	N.....	

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
0901	Cigna Group.....	.....	83-1069280..	.....	.....	.....	Cigna Ventures, LLC.....	DE.....	NIA.....	Cigna Health and Life Insurance Company.....	Ownership.....	...100.000	Cigna Corporation.....	...N.....	.....
0901	Cigna Group.....	.....	00-0000000..	.....	.....	.....	Cigna Walnut Holdings, Ltd.....	GBR.....	NIA.....	Cigna Apac Holdings, Ltd.....	Ownership.....	...100.000	Cigna Corporation.....	...N.....	.....
0901	Cigna Group.....	.....	00-0000000..	.....	.....	.....	Cigna Willow Holdings, Ltd.....	GBR.....	NIA.....	Cigna Oak Holdings, Ltd.....	Ownership.....	...100.000	Cigna Corporation.....	...N.....	.....
0901	Cigna Group.....	.....	00-0000000..	.....	.....	.....	Cigna Worldwide General Insurance Company Limited	HKG.....	IA.....	Cigna Hong Kong Holdings Company Limited.	Ownership.....	...100.000	Cigna Corporation.....	...N.....	.....
0901	Cigna Group.....	90859..	23-2088429..	.....	.....	.....	Cigna Worldwide Insurance Company.....	DE.....	IA.....	Cigna Global Reinsurance Company, Ltd.....	Ownership.....	...100.000	Cigna Corporation.....	...N.....	.....
0901	Cigna Group.....	.....	00-0000000..	.....	.....	.....	Cigna Worldwide Life Insurance Company Limited	HKG.....	IA.....	Cigna Hong Kong Holdings Company Limited.	Ownership.....	...100.000	Cigna Corporation.....	...N.....	.....
0901	Cigna Group.....	.....	00-0000000..	.....	.....	.....	ManipalCigna Health Insurance Company Limited	IND.....	IA.....	Cigna Holdings Overseas, Inc.....	Ownership.....	...49.000	TTK (non-affiliate).....	...N.....	.....
0901	Cigna Group.....	.....	84-1461840..	.....	.....	.....	Community Health Network, LLC.....	MT.....	NIA.....	Benefit Management Corp.....	Ownership.....	...50.000	Cigna Corporation.....	...N.....	.....
0901	Cigna Group.....	.....	06-1252419..	.....	.....	.....	Connecticut General Benefit Payments, Inc.....	DE.....	NIA.....	Connecticut General Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	...N.....	.....
0901	Cigna Group.....	.....	06-0840391..	.....	.....	.....	Connecticut General Corporation.....	CT.....	NIA.....	Cigna Holdings, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	...N.....	.....
0901	Cigna Group.....	62308..	06-0303370..	.....	23419	.....	Connecticut General Life Insurance Company...	CT.....	IA.....	Connecticut General Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	...N.....	.....
0901	Cigna Group.....	.....	82-4936006..	.....	.....	.....	CPI-CII 9171 Wilshire JV LLC.....	DE.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC.	Ownership.....	...90.000	Cigna Corporation.....	...N.....	.....
0901	Cigna Group.....	.....	27-3555688..	.....	.....	.....	CR Washington Street Investors LP.....	DE.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC.	Ownership.....	...33.820	Charles River Washington Street LLC (non-affiliate)	...N.....	.....
0901	Cigna Group.....	.....	47-2746692..	.....	.....	.....	Cricket Health, Inc.....	DE.....	NIA.....	Cigna Health and Life Insurance Company.....	Ownership.....	...9.000	Cigna Corporation.....	...N.....	.....
0901	Cigna Group.....	.....	36-4369972..	.....	.....	.....	CuraScript, Inc.....	DE.....	NIA.....	Express Scripts, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	...N.....	.....
0901	Cigna Group.....	.....	16-1526641..	.....	.....	.....	Diversified NY IPA, Inc.....	NY.....	NIA.....	Diversified Pharmaceutical Services, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	...N.....	.....
0901	Cigna Group.....	.....	41-1627938..	.....	.....	.....	Diversified Pharmaceutical Services, Inc.....	MN.....	NIA.....	Express Scripts, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	...N.....	.....
0901	Cigna Group.....	.....	71-0958489..	.....	.....	.....	DNA Direct, Inc.....	DE.....	NIA.....	AS Acquisition Corp.....	Ownership.....	...100.000	Cigna Corporation.....	...N.....	.....
0901	Cigna Group.....	.....	52-2099336..	.....	.....	.....	Dulles Town Center Mall, LLC.....	VA.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC.	Ownership.....	...50.000	Cigna Corporation.....	...N.....	.....
0901	Cigna Group.....	.....	27-3542089..	.....	.....	.....	Econdisc Contracting Solutions, LLC.....	DE.....	NIA.....	Express Scripts Pharmaceutical Procurement LLC (90%)	Ownership.....	...90.000	Cigna Corporation.....	...N.....	.....
0901	Cigna Group.....	.....	CN 98-035879	.....	.....	.....	ESI Canada.....	CAN.....	NIA.....	Express Scripts Canada Co. (99.9%); ESI-GP Canada, ULC (0.1%)	Ownership.....	...100.000	Cigna Corporation.....	...N.....	.....
0901	Cigna Group.....	.....	CN 98-035879	.....	.....	.....	ESI GP Canada ULC.....	CAN.....	NIA.....	Express Scripts Canada Co.....	Ownership.....	...100.000	Cigna Corporation.....	...N.....	.....
0901	Cigna Group.....	.....	43-1925556..	.....	.....	.....	ESI GP Holdings, Inc.....	DE.....	NIA.....	Express Scripts, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	...N.....	.....
0901	Cigna Group.....	.....	00-0000000..	.....	.....	.....	ESI GP2 Canada ULC.....	CAN.....	NIA.....	Express Scripts Canada Co.....	Ownership.....	...100.000	Cigna Corporation.....	...N.....	.....
0901	Cigna Group.....	.....	74-2974964..	.....	.....	.....	ESI Mail Order Processing, Inc. (f/k/a NXI).....	DE.....	NIA.....	Express Scripts, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	...N.....	.....
0901	Cigna Group.....	.....	43-1867735..	.....	.....	.....	ESI Mail Pharmacy Service, Inc.....	DE.....	NIA.....	Express Scripts, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	...N.....	.....
0901	Cigna Group.....	.....	43-1925562..	.....	.....	.....	ESI Partnership.....	DE.....	NIA.....	Express Scripts, Inc. (82%); ESI-GP Holdings, Inc. (18%)	Ownership.....	...100.000	Cigna Corporation.....	...N.....	.....
0901	Cigna Group.....	.....	41-2006555..	.....	.....	.....	ESI Resources, Inc.....	MN.....	NIA.....	ESI Partnership.....	Ownership.....	...100.000	Cigna Corporation.....	...N.....	.....
0901	Cigna Group.....	.....	46-4676347..	.....	.....	.....	eviCore 1, Inc.....	DE.....	NIA.....	Express Scripts Holding Company	Ownership.....	...100.000	Cigna Corporation.....	...N.....	.....
0901	Cigna Group.....		62-1615395..				eviCore healthcare MSI, LLC.....	TN.....	NIA.....	MedSolutions Holdings, Inc.	Ownership.....	...100.000	Cigna Corporation.....	...N.....	

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
0901	Cigna Group.....	13918...	27-3175443..	.....	.....	.....	Express Reinsurance Company.....	MO.....	IA.....	Express Scripts, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	41-2063830..	.....	.....	.....	Express Scripts Administrators LLC	DE.....	NIA.....	Medco Health Solutions, Inc.	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	98-0650775/C	.....	.....	.....	Express Scripts Canada Co.....	CAN.....	NIA.....	Express Scripts Canada Holding Co.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	43-1942542..	.....	.....	.....	Express Scripts Canada Holding Co.....	DE.....	NIA.....	Express Scripts, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	27-1490640..	.....	.....	.....	Express Scripts Canada Holding, LLC.....	DE.....	NIA.....	Express Scripts Canada Holding Co.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	00-0000000..	.....	.....	.....	Express Scripts Canada Services.....	CAN.....	NIA.....	Express Scripts Canada Co. (99.9%); ESI-GP2 Canada, ULC (0.1%)	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	CN25-001286	.....	.....	.....	Express Scripts Canada Wholesale.....	CAN.....	NIA.....	Express Scripts Canada Co. (99.9%); ESI-GP2 Canada, ULC (0.1%)	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	45-2884094..	.....	.....	.....	Express Scripts Holding Company.....	DE.....	NIA.....	Cigna Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	20-5826948..	.....	.....	.....	Express Scripts Pharmaceutical Procurement, LLC	DE.....	NIA.....	ESI Mail Pharmacy Service, Inc. (50%); Express Scripts, Inc. (50%)	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	00-0000000..	.....	.....	.....	Express Scripts Pharmacy Atlantic, Ltd.....	CAN.....	NIA.....	Express Scripts Canada Services.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	00-0000000..	.....	.....	.....	Express Scripts Pharmacy Central, Ltd.....	CAN.....	NIA.....	Express Scripts Canada Services.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	00-0000000..	.....	.....	.....	Express Scripts Pharmacy Ontario, Ltd.....	CAN.....	NIA.....	Express Scripts Canada Services.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	00-0000000..	.....	.....	.....	Express Scripts Pharmacy West, Ltd.....	CAN.....	NIA.....	Express Scripts Canada Services.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	30-0789911..	.....	.....	.....	Express Scripts Pharmacy, Inc.....	DE.....	NIA.....	Medco Health Services, Inc.	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	22-3114423..	.....	.....	.....	Express Scripts Sales Operations, Inc.....	NJ.....	NIA.....	ESI Mail Pharmacy Service, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	20-3126104..	.....	.....	.....	Express Scripts Senior Care Holdings, Inc.....	DE.....	NIA.....	Express Scripts, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	20-3126075..	.....	.....	.....	Express Scripts Senior Care, Inc.....	DE.....	NIA.....	Express Scripts Senior Care Holdings, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	43-1832983..	.....	.....	.....	Express Scripts Services Co.	DE.....	NIA.....	Express Scripts, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	43-1869712..	.....	.....	.....	Express Scripts Specialty Distribution Services, Inc.	DE.....	NIA.....	Express Scripts, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	22-2230703..	.....	.....	.....	Express Scripts Strategic Development, Inc.	NJ.....	NIA.....	Express Scripts, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	43-1869714..	.....	.....	.....	Express Scripts Utilization Management Company	DE.....	NIA.....	Express Scripts, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	43-1420563..	.....	.....	.....	Express Scripts, Inc.....	DE.....	NIA.....	Express Scripts Holding Company.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	00-0000000..	.....	.....	.....	FirstAssist Administration Limited.....	GBR.....	NIA.....	Cigna Willow Holdings, LTD.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	23-1914061..	.....	.....	.....	Former Cigna Investments, Inc.	DE.....	NIA.....	Cigna Investment Group, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	02-0523249..	.....	.....	.....	Freco, Inc.....	FL.....	NIA.....	Priority Healthcare Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	20-3229217..	.....	.....	.....	Freedom Service Company, LLC.....	FL.....	NIA.....	Lynnfield Drug, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	00-0000000..	.....	.....	.....	Gillette Ridge Community Council, Inc.....	CT.....	NIA.....	Connecticut General Life Insurance Company.	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	20-3700105..	.....	.....	.....	Gillette Ridge Golf, LLC.....	DE.....	NIA.....	Connecticut General Life Insurance Company.	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	95388..	93-1174749..	.....	.....	.....	Great-West Healthcare of Illinois, Inc.....	IL.....	NIA.....	Cigna Healthcare Holdings, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	00-0000000..	.....	.....	.....	GRG Acquisitions LLC.....	DE.....	NIA.....	Connecticut General Life Insurance Company.	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	119-599-164.	.....	.....	.....	Grown Ups New Zealand Limited.....	NZL.....	NIA.....	Cigna Life Insurance New Zealand Limited.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

52.9

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
0901	Cigna Group.....	65498...	23-1503749..	.....	.....59361	.....	Life Insurance Company of North America.....	PA.....	IA.....	Connecticut General Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	06-1252418..	.....	.....	.....	LINA Benefit Payments, Inc.....	DE.....	NIA.....	Connecticut General Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	00-0000000..	.....	.....	.....	LINA Financial Service.....	KOR.....	NIA.....	Cigna Korea Chusik Heosa	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	00-0000000..	.....	.....	.....	LINA Life Insurance Company of Korea.....	KOR.....	IA.....	Cigna Chestnut Holdings, Ltd.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	65722...	63-0343428..	.....	.....	.....	Loyal American Life Insurance Company.....	OH.....	IA.....	Cigna Health and Life Insurance Company.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	58-2593075..	.....	.....	.....	Lynnfield Compounding Center, Inc.....	FL.....	NIA.....	Priority Healthcare Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	04-3546044..	.....	.....	.....	Lynnfield Drug, Inc.....	FL.....	NIA.....	Priority Healthcare Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	27-1506930..	.....	.....	.....	MAH Pharmacy, LLC	DE.....	NIA.....	Medco Health Solutions, Inc.	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	80-0908244..	.....	.....	.....	Mallory Square Partners I, LLC.....	DE.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC.	Ownership.....	...80.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	88-0241365..	.....	.....	.....	Managed Care Consultants, Inc.....	NV.....	NIA.....	Cigna Health Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	51-0500147..	.....	.....	.....	Matrix GPO, LLC.....	IN.....	NIA.....	Priority Healthcare Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	59-3720653..	.....	.....	.....	Matrix Healthcare Services, Inc.....	FL.....	NIA.....	MyMatrixx Holdings, LLC.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	06-1346406..	.....	.....	.....	MCC Independent Practice Association of New York, Inc.	NY.....	NIA.....	Cigna Behavioral Health, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	34720...	13-3506395..	.....	.....	.....	Medco Containment Insurance Company of NY	NY.....	IA.....	Medco Health Solutions, Inc.	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	63762...	42-1425239..	.....	.....	.....	Medco Containment Life Insurance Company .	PA.....	IA.....	Medco Health Solutions, Inc.	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	27-3709630..	.....	.....	.....	Medco Europe II, LLC	DE.....	NIA.....	Medco Europe, LLC	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	46-2166374..	.....	.....	.....	Medco Europe, LLC	DE.....	NIA.....	Medco Health Solutions, Inc.	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	81-0616525..	.....	.....	.....	Medco Health Puerto Rico, LLC	DE.....	NIA.....	Medco Health Solutions, Inc.	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	26-3544786..	.....	.....	.....	Medco Health Services, Inc.	DE.....	NIA.....	Medco Health Solutions, Inc.	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	22-3461740..	.....	.....	.....	Medco Health Solutions, Inc.	DE.....	NIA.....	Express Scripts Holding Company.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	88-0334401..	.....	.....	.....	Mediversal, Inc.....	NV.....	NIA.....	Connecticut General Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	27-3801345..	.....	.....	.....	MedSolutions Holdings, Inc.....	DE.....	NIA.....	CareCore National, LLC.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	62-1872797..	.....	.....	.....	MedSolutions of Texas, Inc.....	TN.....	NIA.....	eviCore healthcare MSI, LLC.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	32-0071543..	.....	.....	.....	MSI Health Organization of Texas, Inc.....	TX.....	NIA.....	eviCore healthcare MSI, LLC.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	27-5492993..	.....	.....	.....	MSI HT, LLC.....	TN.....	NIA.....	eviCore healthcare MSI, LLC.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	27-5493148..	.....	.....	.....	MSI LT, LLC.....	TN.....	NIA.....	eviCore healthcare MSI, LLC.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	27-5493321..	.....	.....	.....	MSI SAR-GW, LLC	TN.....	NIA.....	eviCore healthcare MSI, LLC.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	86-1090522..	.....	.....	.....	MSIAZ I, LLC.....	TN.....	NIA.....	eviCore healthcare MSI, LLC.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	20-1749733..	.....	.....	.....	MSICA I, LLC.....	TN.....	NIA.....	eviCore healthcare MSI, LLC.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	20-1222347..	.....	.....	.....	MSICO I, LLC.....	TN.....	NIA.....	eviCore healthcare MSI, LLC.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	55-0840800..	.....	.....	.....	MSIFL, LLC.....	TN.....	NIA.....	eviCore healthcare MSI, LLC.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	26-0181185..	.....	.....	.....	MSIMD I, LLC.....	TN.....	NIA.....	eviCore healthcare MSI, LLC.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	74-3122235..	.....	.....	.....	MSINC I, LLC.....	TN.....	NIA.....	eviCore healthcare MSI, LLC.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	11-3715243..	.....	.....	.....	MSINH II, LLC.....	TN.....	NIA.....	eviCore healthcare MSI, LLC.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

52.10

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
0901	Cigna Group.....	.....	03-0524694..	.....	.....	.....	MSINH, LLC.....	TN.....	NIA.....	eviCore healthcare MSI, LLC.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	20-1749446..	.....	.....	.....	MSINJ I, LLC.....	TN.....	NIA.....	eviCore healthcare MSI, LLC.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	20-1761914..	.....	.....	.....	MSINV I, LLC.....	TN.....	NIA.....	eviCore healthcare MSI, LLC.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	55-0840806..	.....	.....	.....	MSISC II, LLC.....	TN.....	NIA.....	eviCore healthcare MSI, LLC.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	26-0336736..	.....	.....	.....	MSIVT I, LLC.....	TN.....	NIA.....	eviCore healthcare MSI, LLC.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	20-2536458..	.....	.....	.....	MSIWA, LLC.....	TN.....	NIA.....	eviCore healthcare MSI, LLC.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	36-4833284..	.....	.....	.....	MyM Technology Services, LLC.....	FL.....	NIA.....	MyMatrixx Holdings, LLC.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	82-1350878..	.....	.....	.....	myMatrixx Holdings, LLC.....	DE.....	NIA.....	Express Scripts, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	46-2589799..	.....	.....	.....	myMatrixx-B, LLC.....	FL.....	NIA.....	Matrix Healthcare Services, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	52-1929677..	.....	.....	.....	NewQuest Management Northeast, LLC.....	DE.....	NIA.....	NewQuest, LLC.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	33-1033586..	.....	.....	.....	NewQuest Management of Alabama, LLC.....	AL.....	NIA.....	NewQuest, LLC.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	20-4954206..	.....	.....	.....	NewQuest Management of Florida, LLC.....	FL.....	NIA.....	NewQuest, LLC.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	77-0632665..	.....	.....	.....	NewQuest Management of Illinois, LLC.....	IL.....	NIA.....	NewQuest, LLC.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	45-0633893..	.....	.....	.....	NewQuest Management of West Virginia, LLC..	DE.....	NIA.....	NewQuest, LLC.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	76-0628370..	.....	.....	.....	NewQuest, LLC.....	TX.....	NIA.....	HealthSpring, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	90-1033569..	.....	.....	.....	Notch 8 Residential, L.L.C.....	DE.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC.	Ownership.....	...85.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	91-1599329..	.....	.....	.....	Olympic Health Management Services, Inc.....	WA.....	NIA.....	Olympic Health Management Systems, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	91-1500758..	.....	.....	.....	Olympic Health Management Systems, Inc.....	WA.....	NIA.....	Sterling Life Insurance Company.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	45-2355015..	.....	1611115	.....	Omada Health, Inc.....	DE.....	NIA.....	Cigna Health and Life Insurance Company.....	Ownership.....	...7.693	Cigna Corporation	N.....	.....
0901	Cigna Group.....	.....	00-0000000..	.....	.....	.....	OnePath Life (NZ) Limited.....	NZL.....	IA.....	Cigna New Zealand Holdings Limited.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	26-1937849..	.....	.....	.....	Palladian Health of Florida, LLC.....	DE.....	NIA.....	eviCore healthcare MSI, LLC.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	16-1513067..	.....	.....	.....	Palladian Independent Practice Association, LLC	DE.....	NIA.....	eviCore healthcare MSI, LLC.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	80-0818758..	.....	.....	.....	Patient Provider Alliance, Inc.....	DE.....	NIA.....	Brighter, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	83-2368310..	.....	.....	.....	Piso Delmatico, LLC.....	DE.....	NIA.....	Express Scripts, Inc. (55%); Petco Animal Supplies Stores, Inc. (non-affiliated) (45%)	Ownership.....	...55.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	26-1737661..	.....	.....	.....	Premerus, Inc.....	TN.....	NIA.....	eviCore healthcare MSI, LLC.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	35-1927379..	.....	.....	.....	Priority Healthcare Corporation.....	IN.....	NIA.....	CuraScript, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	59-3761140..	.....	.....	.....	Priority Healthcare Distribution, Inc.....	FL.....	NIA.....	Priority Healthcare Corp.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	67903..	23-1335885..	.....	.....	.....	Provident American Life & Health Insurance Company	OH.....	RE.....	Cigna National Health Insurance Company.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	00-0000000..	.....	.....	.....	PT GAR Indonesia.....	IDN.....	NIA.....	Cigna Holdings Overseas, Inc.....	Ownership.....	...99.160	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	AA-5360003..	.....	.....	.....	PT Asuransi Cigna.....	IDN.....	IA.....	Cigna Worldwide Insurance Company.....	Ownership.....	...99.999	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	45-5046449..	.....	.....	.....	PUR Arbors Apartments Venture LLC.....	DE.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC.	Ownership.....	...87.500	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	45-5569416..	.....	.....	.....	QPID Health, LLC.....	DE.....	NIA.....	eviCore Healthcare MSI, LLC.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	23-3744987..	.....	.....	.....	QualCare Alliance Networks, Inc.....	NJ.....	NIA.....	Cigna Health and Life Insurance Company.....	Ownership.....	...100.000	Cigna Corporation.....	Y.....	.....

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

52.11

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
0901	Cigna Group.....	.....	46-1634843..	.....	.....	.....	QualCare Captive Insurance Company Inc., PCC	NJ.....	IA.....	QualCare Alliance Networks, Inc.....	Ownership.....	100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	46-1801639..	.....	.....	.....	QualCare Management Resources Limited Liability Company	NJ.....	NIA.....	QualCare Alliance Networks, Inc.....	Ownership.....	100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	22-3129563..	.....	.....	.....	QualCare, Inc.....	NJ.....	NIA.....	QualCare Alliance Networks, Inc.....	Ownership.....	100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	00-0000000..	.....	.....	.....	RHP (Thailand) Limited.....	THA.....	NIA.....	Cigna Apac Holdings, Ltd.....	Ownership.....	49.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	83-1460134..	.....	.....	.....	Rise-CG Capitol Hill, LP.....	DE.....	NIA.....	CARING Capitol Hill LP LLC.....	Ownership.....	90.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	84-3254168..	.....	.....	.....	Rise-CG JA Lofts Limited Partnership.....	DE.....	NIA.....	JA Lofts Holdings, LLC (.5%); JA Lofts JV Limited Partnership (99.5%)	Ownership.....	100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	35-1641636..	.....	.....	.....	Sagamore Health Network, Inc.....	IN.....	NIA.....	Cigna Health Corporation.....	Ownership.....	100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	46-3593103..	.....	.....	.....	SB-SNH LLC.....	DE.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC.	Ownership.....	85.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	22-2483867..	.....	.....	.....	Scibal Associates, Inc.....	NJ.....	NIA.....	QualCare Alliance Networks, Inc.....	Ownership.....	100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	95-2876207..	.....	.....	.....	Secon Properties, LP.....	CA.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC.	Ownership.....	50.000	South Coast Plaza Associates, LLC (non-affiliate)	N.....	.....
0901	Cigna Group.....	.....	82-1732483..	.....	.....	.....	SOMA Apartments Venture LLC.....	DE.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC.	Ownership.....	90.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	82-4405071..	.....	.....	.....	Specialty Products Acquisitions, LLC.....	DE.....	NIA.....	Medco Health Solutions, Inc.	Ownership.....	100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	61-1317695..	.....	.....	.....	SpectraCare Health Care Ventures, Inc.....	KY.....	NIA.....	SpectraCare, Inc.....	Ownership.....	100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	61-1147068..	.....	.....	.....	SpectraCare, Inc.....	KY.....	NIA.....	Priority Healthcare Corp.....	Ownership.....	100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	77399..	13-1867829..	.....	1259055	.....	Sterling Life Insurance Company.....	IL.....	IA.....	Cigna Health and Life Insurance Company.....	Ownership.....	100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	47-2658932..	.....	.....	.....	Strategic Pharmaceutical Investments, LLC.....	DE.....	NIA.....	Priority Healthcare Corp.....	Ownership.....	100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	00-0000000..	.....	.....	.....	SureScripts, LLC.....	VA.....	NIA.....	Express Scripts, Inc. 16.7%/Medco Health Solutions, Inc. 16.7%	Ownership.....	33.400	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	22-3474888..	.....	.....	.....	Systemed, LLC.....	DE.....	NIA.....	Medco Health Solutions, Inc.	Ownership.....	100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	23-3074013..	.....	.....	.....	Tel-Drug of Pennsylvania, LLC.....	PA.....	NIA.....	Connecticut General Life Insurance Company.	Ownership.....	100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	46-0427127..	.....	.....	.....	Tel-Drug, Inc.....	SD.....	NIA.....	Connecticut General Corporation.....	Ownership.....	100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	00-0000000..	.....	.....	.....	Temple Insurance Company Limited.....	BMU.....	IA.....	Healthsource, Inc.....	Ownership.....	100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	20-5524622..	.....	.....	.....	Tennessee Quest, LLC.....	TN.....	NIA.....	NewQuest, LLC.....	Ownership.....	100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	75-3108527..	.....	.....	.....	TexQuest, LLC.....	DE.....	NIA.....	NewQuest, LLC.....	Ownership.....	100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	00-0000000..	.....	.....	.....	Transwestern Federal, L.L.C.....	DE.....	NIA.....	Transwestern Federal Holdings, L.L.C.....	Ownership.....	7.616	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	00-0000000..	.....	.....	.....	Transwestern Federal Holdings, L.L.C.....	DE.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC.	Ownership.....	7.616	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	39-1886617..	.....	.....	.....	Triad Healthcare, Inc.....	CT.....	NIA.....	eviCore healthcare MSI, LLC.....	Ownership.....	100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	65269..	75-2305400..	.....	.....	.....	United Benefit Life Insurance Company.....	OH.....	DS.....	Provident American Life and Health Insurance Company	Ownership.....	100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	88-0344624..	.....	.....	.....	Universal Claims Administration.....	MT.....	NIA.....	Mediversal, Inc.....	Ownership.....	100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	46-4901453..	.....	.....	.....	UVL, LLC.....	DE.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC.	Ownership.....	71.400	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	82-4410128..	.....	.....	.....	ValoremRx Sourcing Solutions, LLC.....	DE.....	NIA.....	Specialty Products Acquisitions, LLC (50%)....	Ownership.....	50.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	98-0463704..	.....	.....	.....	Vielife Services, Inc.....	DE.....	NIA.....	Cigna Global Wellbeing Holdings Limited.....	Ownership.....	100.000	Cigna Corporation.....	N.....	.....

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
0901	Cigna Group.....	.....	00-0000000..	.....	.....	.....	Verity Solutions Group, Inc.....	DE.....	NIA.....	Cigna Health and Life Insurance Company.....	Ownership.....	100.000	Cigna Corporation.....	Y.....	.....
0901	Cigna Group.....	.....	00-0000000..	.....	.....	.....	Westcore CG AC, LLC.....	DE.....	NIA.....	CARING Westcore Holding Investor LLC.....	Ownership.....	90.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	00-0000000..	.....	.....	.....	Westcore CG Commerce, LLC.....	DE.....	NIA.....	CARING Westcore Holding Investor LLC.....	Ownership.....	90.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	00-0000000..	.....	.....	.....	Westcore CG Venture, LLC.....	DE.....	NIA.....	CARING Westcore Holding Investor LLC.....	Ownership.....	90.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	88-0455414..	.....	....1462078	.....	WorldDoc, Inc.....	NV.....	NIA.....	Cigna Health and Life Insurance Company.....	Ownership.....	20.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	00-0000000..	.....	.....	.....	YCFM Servicos LTDA.....	BRA.....	NIA.....	Cigna Global Holdings, Inc.....	Ownership.....	35.320	Cigna Corporation.....	N.....	.....

Provident American Life and Health Insurance Company

SCHEDULE Y

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
Affiliated Transactions												
	82-4991898.....	Cigna Corporation.....	2,457,300,000	-	-	-	-	-	-	-	2,457,300,000	-
	06-1059331.....	Cigna Holding Company	108,490,000	-	-	170,500	(15,815)	-	-	-	108,644,685	-
	06-1072796.....	Cigna Holdings, Inc.	-	(173,770,875)	-	-	(43,572)	-	-	-	(173,814,447)	-
	51-0402128.....	Cigna Intellectual Property, Inc.....	-	-	-	-	-	-	-	-	0	-
	06-1095823.....	Cigna Investment Group, Inc.	-	-	-	-	-	-	-	-	0	-
	52-0291385.....	Cigna International Finance Inc.....	-	-	-	-	(8,965,992)	-	-	-	(8,965,992)	-
	23-1914061.....	Former Cigna Investments, Inc.	-	-	-	-	94,693	-	-	-	94,693	-
	06-0861092.....	Cigna Investments, Inc.....	-	-	-	-	42,477,450	-	-	-	42,477,450	-
	01-0947889.....	Cigna Benefits Financing, Inc.....	-	-	-	-	1,134,492	-	-	-	1,134,492	-
	26-0180898.....	CareAllies, Inc.....	-	-	-	-	(7,809)	-	-	-	(7,809)	-
	06-0840391.....	Connecticut General Corporation.....	-	2,000,000	-	-	(705)	-	-	-	1,999,295	-
	81-0585518.....	Benefit Management Corp.....	(4,000,000)	-	-	-	-	-	-	-	(4,000,000)	-
12814.....	20-4433475.....	Allegiance Life & Health Insurance Company.....	-	-	-	-	(2,267,801)	-	-	-	(2,267,801)	41,042
	20-3851464.....	Allegiance Re, Inc.	-	-	-	-	-	-	-	-	0	-
	81-0400550.....	Allegiance Benefit Plan Management, Inc.....	(3,000,000)	-	-	-	11,254,765	-	-	-	8,254,765	-
	71-0916514.....	Allegiance COBRA Services, Inc.	-	-	-	-	704	-	-	-	704	-
	26-2201582.....	Allegiance Provider Direct, LLC.....	-	-	-	-	-	-	-	-	0	-
	84-1461840.....	Community Health Network, LLC	-	-	-	-	-	-	-	-	0	-
	81-0425785.....	Intermountain Underwriters, Inc.....	-	-	-	-	44,174	-	-	-	44,174	-
	03-0507057.....	Allegiance Care Management, LLC	-	-	-	-	96,666	-	-	-	96,666	-
	20-1821898.....	HealthSpring, Inc.....	-	-	-	-	54,965,071	-	-	-	54,965,071	-
	76-0628370.....	NewQuest, LLC.....	190,050,000	-	-	-	(144,533)	-	-	-	189,905,467	-
	52-1929677.....	NewQuest Management Northeast, LLC.....	-	(7,500,000)	-	-	114,910,534	-	-	-	107,410,534	-
10095.....	52-2259087.....	Bravo Health Mid-Atlantic, Inc.....	-	7,500,000	-	-	(27,887,903)	-	-	-	(20,387,903)	-
11524.....	52-2363406.....	Bravo Health Pennsylvania, Inc.....	(21,000,000)	-	-	-	(93,268,504)	-	-	-	(114,268,504)	-
12902.....	20-8534298.....	HealthSpring Life & Health Insurance Company.....	(90,200,000)	-	-	-	(655,040,117)	-	-	-	(745,240,117)	-
11532.....	65-1129599.....	HealthSpring of Florida, Inc.....	(26,100,000)	-	-	-	(100,649,901)	-	-	-	(126,749,901)	-
	77-0632665.....	NewQuest Management of Illinois, LLC.....	-	-	-	-	14,184,650	-	-	-	14,184,650	-
	20-4954206.....	NewQuest Management of Florida, LLC.....	(4,400,000)	-	-	-	94,035,418	-	-	-	89,635,418	-
	20-8647386.....	HealthSpring Management of America, LLC.....	-	-	-	-	140,579,939	-	-	-	140,579,939	-
	45-0633893.....	NewQuest Management of West Virginia, LLC.....	-	-	-	-	-	-	-	-	0	-
	75-3108527.....	TexQuest, LLC.....	-	-	-	-	-	-	-	-	0	-
	75-3108521.....	HouQuest, LLC.....	-	-	-	-	-	-	-	-	0	-
	76-0657035.....	GulfQuest, LP.....	(40,000,000)	-	-	-	294,471,236	-	-	-	254,471,236	-
	33-1033586.....	NewQuest Management of Alabama, LLC.....	-	-	-	-	143,020,739	-	-	-	143,020,739	-
	72-1559530.....	HealthSpring USA, LLC.....	-	-	-	-	168,471,915	-	-	-	168,471,915	-
	20-5524622.....	Tennessee Quest, LLC.....	(8,350,000)	-	-	-	(13,358,914)	-	-	-	(21,708,914)	-
	26-2353476.....	HealthSpring Pharmacy Services, LLC.....	-	-	-	-	-	-	-	-	0	-
	26-2353772.....	HealthSpring Pharmacy of Tennessee, LLC.....	-	-	-	-	-	-	-	-	0	-
	20-4266628.....	Home Physicians Management, LLC.....	-	-	-	-	-	-	-	-	0	-
	35-2562415.....	Alegis Care Services, LLC.....	-	-	-	-	-	-	-	-	0	-

SCHEDULE Y

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

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1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
13733.....	03-0452349.....	Cigna Arbor Life Insurance Company	-	-	-	-	(9,749)	-	-	-	(9,749)	-
.....	41-1648670.....	Cigna Behavioral Health, Inc.....	(120,000,000)	-	-	-	(299,807,133)	-	-	-	(419,807,133)	-
.....	94-3107309.....	Cigna Behavioral Health of California, Inc.....	-	-	-	-	(34,436)	-	-	-	(34,436)	-
.....	75-2751090.....	Cigna Behavioral Health of Texas, Inc.....	-	-	-	-	(129,596)	-	-	-	(129,596)	-
.....	06-1346406.....	MCC Independent Practice Association of New York, Inc.....	-	-	-	-	-	-	-	-	0	-
.....	59-2308055.....	Cigna Dental Health, Inc.	(17,975,000)	-	-	-	27,942,449	-	-	-	9,967,449	-
47013.....	86-0807222.....	Cigna Dental Health Plan of Arizona, Inc.....	(4,500,000)	-	-	-	(964,182)	-	-	-	(5,464,182)	-
.....	59-2600475.....	Cigna Dental Health of California, Inc.....	(11,100,000)	-	-	-	(79,334)	-	-	-	(11,179,334)	-
11175.....	59-2675861.....	Cigna Dental Health of Colorado, Inc.....	(2,500,000)	-	-	-	(936,329)	-	-	-	(3,436,329)	-
95380.....	59-2676987.....	Cigna Dental Health of Delaware, Inc.....	-	-	-	-	(18,874)	-	-	-	(18,874)	-
52021.....	59-1611217.....	Cigna Dental Health of Florida, Inc.....	(8,800,000)	-	-	-	(4,180,247)	-	-	-	(12,980,247)	-
.....	06-1351097.....	Cigna Dental Health of Illinois, Inc.....	-	-	-	-	-	-	-	-	0	-
52024.....	59-2625350.....	Cigna Dental Health of Kansas, Inc.....	(300,000)	-	-	-	(168,900)	-	-	-	(468,900)	-
52108.....	59-2619589.....	Cigna Dental Health of Kentucky, Inc.....	(3,100,000)	-	-	-	(1,202,307)	-	-	-	(4,302,307)	-
48119.....	20-2844020.....	Cigna Dental Health of Maryland, Inc.....	(2,900,000)	-	-	-	(1,103,979)	-	-	-	(4,003,979)	-
11160.....	06-1582068.....	Cigna Dental Health of Missouri, Inc.....	(865,000)	-	-	-	(483,934)	-	-	-	(1,348,934)	-
11167.....	59-2308062.....	Cigna Dental Health of New Jersey, Inc.....	(1,000,000)	-	-	-	(1,660,188)	-	-	-	(2,660,188)	-
95179.....	56-1803464.....	Cigna Dental Health of North Carolina, Inc.....	-	-	-	-	(544,514)	-	-	-	(544,514)	-
47805.....	59-2579774.....	Cigna Dental Health of Ohio, Inc.....	(2,445,000)	-	-	-	(883,134)	-	-	-	(3,328,134)	-
47041.....	52-1220578.....	Cigna Dental Health of Pennsylvania, Inc.....	(2,100,000)	-	-	-	(657,129)	-	-	-	(2,757,129)	-
95037.....	59-2676977.....	Cigna Dental Health of Texas, Inc.....	(10,250,000)	-	-	-	(4,350,658)	-	-	-	(14,600,658)	-
52617.....	52-2188914.....	Cigna Dental Health of Virginia, Inc.....	(2,165,000)	-	-	-	(631,731)	-	-	-	(2,796,731)	-
.....	62-1312478.....	Cigna Health Corporation.....	(47,000,000)	-	-	-	45,182,170	-	-	-	(1,817,830)	-
.....	02-0387748.....	Healthsource, Inc.	45,000,000	-	-	-	-	-	-	-	45,000,000	-
95125.....	86-0334392.....	Cigna HealthCare of Arizona, Inc.....	(20,000,000)	-	-	-	(4,769,723)	(604,107)	-	-	(25,373,830)	298,373
.....	95-3310115.....	Cigna HealthCare of California, Inc.....	-	6,000,000	-	(147,500)	(40,388,026)	(814,511)	-	-	(35,350,037)	3,040,893
95604.....	84-1004500.....	Cigna HealthCare of Colorado, Inc.....	-	3,000,000	-	-	(52,864)	(37,812)	-	-	2,909,324	9,661
95660.....	06-1141174.....	Cigna HealthCare of Connecticut, Inc.....	(3,500,000)	-	-	-	(521,547)	(2,124)	-	-	(4,023,671)	543
95136.....	59-2089259.....	Cigna HealthCare of Florida, Inc.....	-	-	-	-	(52,152)	20,237	-	-	(31,915)	10,605
96229.....	58-1641057.....	Cigna HealthCare of Georgia, Inc.....	-	-	-	-	(36,495,947)	64,149	-	-	(36,431,798)	21,513
95602.....	36-3385638.....	Cigna HealthCare of Illinois, Inc.....	-	-	-	(23,000)	(581,970)	(1,234,182)	-	-	(1,839,152)	577,396
95525.....	35-1679172.....	Cigna HealthCare of Indiana, Inc.....	-	100,000	-	-	(6,371)	(660)	-	-	92,969	169
.....	01-0418220.....	Cigna HealthCare of Maine, Inc.....	-	-	-	-	-	-	-	-	0	-
.....	02-0402111.....	Cigna HealthCare of Massachusetts, Inc.....	-	-	-	-	-	-	-	-	0	-
.....	52-1404350.....	Cigna HealthCare Mid-Atlantic, Inc.....	-	-	-	-	-	-	-	-	0	-
95493.....	02-0387749.....	Cigna HealthCare of New Hampshire, Inc.	-	-	-	-	(9,749)	-	-	-	(9,749)	-
95500.....	22-2720890.....	Cigna HealthCare of New Jersey, Inc.....	-	-	-	-	(26,562)	374,153	-	-	347,591	2,959
95132.....	56-1479515.....	Cigna HealthCare of North Carolina, Inc.	(15,000,000)	-	-	-	(10,422,369)	943,190	-	-	(24,479,179)	159,613
.....	23-2301807.....	Cigna HealthCare of Pennsylvania, Inc.....	-	-	-	-	-	-	-	-	0	-
95635.....	36-3359925.....	Cigna HealthCare of St. Louis, Inc.....	-	-	-	-	(1,982,653)	(25,090)	-	-	(2,007,743)	6,911
95708.....	06-1185590.....	Cigna HealthCare of South Carolina, Inc.....	(6,500,000)	-	-	-	(7,492,403)	(1,548)	-	-	(13,993,951)	396
95606.....	62-1218053.....	Cigna HealthCare of Tennessee, Inc.....	-	2,000,000	-	-	(618,457)	-	-	-	1,381,543	135,577

SCHEDULE Y

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

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1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
95383.....	74-2767437.....	Cigna HealthCare of Texas, Inc.....	-	-	-	-	(1,296,234)	(266,310)	.....	- .....	.....(1,562,544)	278,270
.....	62-1230908.....	Cigna HealthCare of Utah, Inc.....	- .....	- .....	- .....	- .....	- .....	- .....	.....	- .....	.....0	-
.....	00-0000000.....	Temple Insurance Company Limited.....	-	-	-	-	(22,342)	- .....	.....	- .....	.....(22,342)	-
.....	86-3581583.....	Arizona Health Plan, Inc.....	- .....	- .....	- .....	- .....	- .....	- .....	.....	- .....	.....0	-
.....	02-0467679.....	Healthsource Properties, Inc.....	- .....	- .....	- .....	- .....	- .....	- .....	.....	- .....	.....0	-
.....	88-0241365.....	Managed Care Consultants, Inc.....	- .....	- .....	- .....	- .....	- .....	- .....	.....	- .....	.....0	-
.....	02-0515554.....	Cigna Benefit Technology Solutions, Inc.....	- .....	- .....	- .....	- .....	- .....	- .....	.....	- .....	.....0	-
.....	35-1641636.....	Sagamore Health Network, Inc.....	-	-	-	-	1,108,495	- .....	.....	- .....	.....1,108,495	-
.....	84-0985843.....	Cigna Healthcare Holdings, Inc.....	- .....	- .....	- .....	- .....	- .....	- .....	.....	- .....	.....0	-
.....	93-1174749.....	Great-West Healthcare of Illinois, Inc.....	- .....	- .....	- .....	- .....	- .....	- .....	.....	- .....	.....0	-
.....	02-0495422.....	Cigna Healthcare, Inc.....	-	-	-	-	(10,729)	- .....	.....	- .....	.....(10,729)	-
64548.....	13-2556568.....	Cigna Life Insurance Company of New York.....	(17,900,000)	-	-	-	(441,902)	9,759,926	-	-	(8,581,976)	122,154,130
62308.....	06-0303370.....	Connecticut General Life Insurance Company.....	(123,600,000)	26,789,764	-	-	(10,678,721)	(148,717,469)	-	-	(256,206,426)	(795,229,496)
.....	81-2760646.....	CareAllies, LLC.....	- .....	- .....	- .....	- .....	- .....	- .....	.....	- .....	.....0	-
.....	32-022252.....	Cigna Onsite Health, LLC.....	-	-	-	-	(13,576)	- .....	.....	- .....	.....(13,576)	-
.....	00-0000000.....	Gillette Ridge Community Council, Inc.....	- .....	- .....	- .....	- .....	- .....	- .....	.....	- .....	.....0	-
.....	20-3700105.....	Gillette Ridge Golf LLC.....	- .....	- .....	- .....	- .....	- .....	- .....	.....	- .....	.....0	-
.....	52-2149519.....	Hazard Center Investment Company LLC.....	- .....	- .....	- .....	- .....	- .....	- .....	.....	- .....	.....0	-
.....	23-3074013.....	Tel-Drug of Pennsylvania, LLC.....	(101,700,000)	-	-	-	(40,612)	-	-	-	(101,740,612)	-
.....	00-0000000.....	GRG Acquisitions LLC.....	-	305,757	- .....	- .....	- .....	- .....	.....	- .....	.....305,757	-
.....	27-5402196.....	Cigna Affiliates Realty Investment Group, LLC.....	-	(41,471,609)	- .....	- .....	- .....	- .....	.....	- .....	.....(41,471,609)	-
.....	00-0000000.....	Secon Properties, LP.....	- .....	- .....	- .....	- .....	- .....	- .....	.....	- .....	.....0	-
.....	00-0000000.....	Transwestern Federal Holdings, L.L.C.....	- .....	- .....	- .....	- .....	- .....	- .....	.....	- .....	.....0	-
.....	00-0000000.....	Transwestern Federal, L.L.C.....	- .....	- .....	- .....	- .....	- .....	- .....	.....	- .....	.....0	-
.....	27-3555688.....	CR Washington Street Investors LP.....	- .....	- .....	- .....	- .....	- .....	- .....	.....	- .....	.....0	-
.....	52-2099336.....	Dulles Town Center Mall, LLC.....	- .....	- .....	- .....	- .....	- .....	- .....	.....	- .....	.....0	-
.....	00-0000000.....	PUR Arbors Apartments Venture LLC.....	- .....	- .....	- .....	- .....	- .....	- .....	.....	- .....	.....0	-
.....	45-5499889.....	CG Seventh Street, LLC.....	- .....	- .....	- .....	- .....	- .....	- .....	.....	- .....	.....0	-
.....	00-0000000.....	Ideal Properties II LLC.....	- .....	- .....	- .....	- .....	- .....	- .....	.....	- .....	.....0	-
.....	80-0908244.....	Mallory Square Partners I, LLC.....	- .....	- .....	- .....	- .....	- .....	- .....	.....	- .....	.....0	-
.....	00-0000000.....	Houston Briar Forest Apartments Limited Partnership.....	- .....	- .....	- .....	- .....	- .....	- .....	.....	- .....	.....0	-
.....	00-0000000.....	SB-SNH LLC.....	- .....	- .....	- .....	- .....	- .....	- .....	.....	- .....	.....0	-
.....	00-0000000.....	680 Investors LLC.....	- .....	- .....	- .....	- .....	- .....	- .....	.....	- .....	.....0	-
.....	00-0000000.....	685 New Hampshire LLC.....	- .....	- .....	- .....	- .....	- .....	- .....	.....	- .....	.....0	-
.....	00-0000000.....	222 Main Street Caring GP LLC.....	- .....	- .....	- .....	- .....	- .....	- .....	.....	- .....	.....0	-
.....	46-4671745.....	222 Main Street Investors LP.....	- .....	- .....	- .....	- .....	- .....	- .....	.....	- .....	.....0	-
.....	00-0000000.....	Notch 8 Residential, L.L.C.....	- .....	- .....	- .....	- .....	- .....	- .....	.....	- .....	.....0	-
.....	00-0000000.....	UVL, LLC.....	- .....	- .....	- .....	- .....	- .....	- .....	.....	- .....	.....0	-
.....	46-4926192.....	3601 North Fairfax Drive Associates, LLC.....	- .....	- .....	- .....	- .....	- .....	- .....	.....	- .....	.....0	-
.....	47-4375626.....	Lakehills CM – CG LLC.....	- .....	- .....	- .....	- .....	- .....	- .....	.....	- .....	.....0	-
.....	30-0939067.....	Affiliated Hotel Subsidiary LLC.....	- .....	- .....	- .....	- .....	- .....	- .....	.....	- .....	.....0	-
.....	81-2650133.....	Berewick Apartments LLC.....	- .....	- .....	- .....	- .....	- .....	- .....	.....	- .....	.....0	-

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

53.3

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

53.4

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

53.5

Provident American Life and Health Insurance Company

SCHEDULE Y

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

1	2	3	4	5	6	7	8	9	10	11	12	13	
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)	
90859	00-0000000.....	Cigna Life Insurance New Zealand Limited.....	-	-	-	-	-	-	-	-	0	-	
	00-0000000.....	Grown Ups New Zealand Limited.....	-	-	-	-	-	-	-	-	0	-	
	AA-1560515.....	Cigna Life Insurance Company of Canada.....	-	-	-	-	(7,539,467)	322,425	-	-	(7,217,042)	742,041	
	00-0000000.....	Cigna Korea Chusik Heosa (A/K/A Cigna Korea Company Limited).....	-	-	-	-	-	-	-	-	0	-	
	00-0000000.....	LINA Financial Service.....	-	-	-	-	-	-	-	-	0	-	
	00-0000000.....	Cigna Spruce Holdings GmbH.....	-	-	-	-	-	-	-	-	0	-	
	00-0000000.....	Ascent Health Services LLC.....	-	-	-	-	-	-	-	-	0	-	
	00-0000000.....	Cigna Nederland Gamma B.V.....	-	-	-	-	-	-	-	-	0	-	
	00-0000000.....	Cigna Finans Emeklilik Ve Hayat A.S.....	-	-	-	-	-	-	-	-	0	-	
	00-0000000.....	RHP (Thailand) Limited	-	-	-	-	-	-	-	-	0	-	
	00-0000000.....	Cigna Brokerage & Marketing (Thailand) Limited	-	-	-	-	-	-	-	-	0	-	
	00-0000000.....	KDM (Thailand) Limited	-	-	-	-	-	-	-	-	0	-	
	00-0000000.....	Cigna Insurance Public Company Limited	-	-	-	-	-	-	-	-	0	-	
	00-0000000.....	Cigna Taiwan Life Assurance Company Limited.....	-	-	-	-	-	-	-	-	0	2,860,588	
	98-1154657.....	Cigna Myrtle Holdings, Ltd.	-	-	-	-	-	-	-	-	0	-	
	98-1155943.....	Cigna Elmwood Holdings, Ltd.....	-	-	-	-	-	-	-	-	0	-	
	98-1181787.....	Cigna Beechwood Holdings.....	-	-	-	-	-	-	-	-	0	-	
	AA-1240009.....	Cigna Life Insurance Company of Europe S.A.-N.V.....	-	-	-	-	-	40,192	(165,325)	-	-	(125,133)	-
	00-0000000.....	Cigna Europe Insurance Company S.A.-N.V.....	-	-	-	-	-	-	-	-	-	0	-
	00-0000000.....	Cigna European Services (UK) Limited	-	-	-	-	-	-	-	-	-	0	-
	00-0000000.....	Cigna 2000 UK Pension LTD	-	-	-	-	-	-	-	-	-	0	-
	00-0000000.....	Cigna Oak Holdings, LTD.....	-	-	-	-	-	-	-	-	-	0	-
	00-0000000.....	Cigna Willow Holdings, LTD.....	-	-	-	-	-	-	-	-	-	0	-
	00-0000000.....	FirstAssist Administration Limited.....	-	-	-	-	-	-	-	-	-	0	-
	00-0000000.....	Cigna Legal Protection U.K. Ltd.....	-	-	-	-	-	-	-	-	-	0	-
	00-0000000.....	Cigna Insurance Services (Europe) Ltd.....	-	-	-	-	-	-	-	-	-	0	-
	00-0000000.....	Cigna International Health Services, BVBA.....	-	-	-	-	-	-	-	-	-	0	-
	30-0526216.....	Cigna International Health Services, LLC.....	-	-	-	-	-	-	-	-	-	0	-
	00-0000000.....	Cigna International Health Services Kenya Limited.....	-	-	-	-	-	-	-	-	-	0	-
	00-0000000.....	Cigna Cedar Holdings, Ltd.....	-	-	-	-	-	-	-	-	-	0	-
	00-0000000.....	Cigna Insurance Middle East S.A.L.....	-	-	-	-	-	5,875,225	-	-	-	5,875,225	-
	00-0000000.....	Cigna Insurance Management Services (DIFC), Ltd.....	-	-	-	-	-	-	-	-	-	0	-
98-1232512.....	Cigna Magnolia Holdings, Ltd.....	-	-	-	-	-	-	-	-	-	0	-	
00-0000000.....	Cigna Turkey Danismanlik Hizmetleri, A.S (A/K/A Cigna Turkey Consultan.....	-	-	-	-	-	-	-	-	-	0	-	
00-0000000.....	Cigna Health Solution India Pvt. Ltd	-	-	-	-	-	-	-	-	-	0	-	
46-4099800.....	Cigna Poplar Holdings, Inc.....	-	-	-	-	-	-	-	-	-	0	-	
00-0000000.....	PT GAR Indonesia.....	-	-	-	-	-	-	-	-	-	0	-	
68-0676638.....	Cigna Global Insurance Company Limited	-	-	-	-	-	(1,979)	4,559,302	-	-	4,557,323	-	
00-0000000.....	Manipal Cigna Health Insurance Company Limited.....	-	-	-	-	-	-	-	-	-	0	-	
23-2088429.....	Cigna Worldwide Insurance Company.....	-	-	-	-	-	(78,001)	(441,269)	-	-	(519,270)	6,247,709	
AA-5360003.....	PT Asuransi Cigna	-	-	-	-	-	-	-	-	-	0	-	
00-0000000.....	Cigna Teak Holdings, LLC.....	-	-	-	-	-	-	-	-	-	0	-	

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

53.7

SCHEDULE Y

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
63.9	39-1886617.....	Triad Healthcare, Inc.....	-	-	-	-	-	-	-	-	0	-
	86-1090522.....	MSIAZ I, LLC.....	-	-	-	-	-	-	-	-	0	-
	20-1749733.....	MSICA I, LLC.....	-	-	-	-	-	-	-	-	0	-
	20-1222347.....	MSICO I, LLC.....	-	-	-	-	-	-	-	-	0	-
	55-0840800.....	MSIFL, LLC.....	-	-	-	-	-	-	-	-	0	-
	26-0181185.....	MSIMD I, LLC.....	-	-	-	-	-	-	-	-	0	-
	74-3122235.....	MSINC I, LLC.....	-	-	-	-	-	-	-	-	0	-
	03-0524694.....	MSINH, LLC.....	-	-	-	-	-	-	-	-	0	-
	11-3715243.....	MSINH II, LLC.....	-	-	-	-	-	-	-	-	0	-
	20-1749446.....	MSINJ I, LLC.....	-	-	-	-	-	-	-	-	0	-
	20-1761914.....	MSINV I, LLC.....	-	-	-	-	-	-	-	-	0	-
	27-5492993.....	MSI HT, LLC.....	-	-	-	-	-	-	-	-	0	-
	27-5493148.....	MSI LT, LLC.....	-	-	-	-	-	-	-	-	0	-
	27-5493321.....	MSI SAR-GW, LLC	-	-	-	-	-	-	-	-	0	-
	55-0840806.....	MSISC II, LLC.....	-	-	-	-	-	-	-	-	0	-
	26-0336736.....	MSIVT I, LLC.....	-	-	-	-	-	-	-	-	0	-
	20-2536458.....	MSIWA, LLC.....	-	-	-	-	-	-	-	-	0	-
	16-1513067.....	Palladian Independent Practice Association, LLC.....	-	-	-	-	-	-	-	-	0	-
	26-1937849.....	Palladian Health of Florida, LLC.....	-	-	-	-	-	-	-	-	0	-
	59-3466707.....	Chiro Alliance Corporation.....	-	-	-	-	-	-	-	-	0	-
	46-1543748.....	AS Acquisition Corp.....	-	-	-	-	-	-	-	-	0	-
	27-3611739.....	HealthFortis, Inc.....	-	-	-	-	-	-	-	-	0	-
	71-0958489.....	DNA Direct, Inc.....	-	-	-	-	-	-	-	-	0	-
	95-4034089.....	Landmark Healthcare, Inc.....	-	-	-	-	-	-	-	-	0	-
	68-0393103.....	Landmark Healthcare Services, Inc.....	-	-	-	-	-	-	-	-	0	-
	86-0805962.....	Landmark Healthcare Colorado, Inc.....	-	-	-	-	-	-	-	-	0	-
	45-5569416.....	QPID Health, LLC.....	-	-	-	-	-	-	-	-	0	-
9999999.	Control Totals.....		0	0	0	0	0	0	XXX	0	0	0

Provident American Life and Health Insurance Company

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

MARCH FILING		Responses
1.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
2.	Will the confidential Risk-Based Capital Report be filed with the NAIC by March 1?	YES
3.	Will the confidential Risk-Based Capital Report be filed with the state of domicile, if required, by March 1?	YES
4.	Will an actuarial opinion be filed by March 1?	YES
APRIL FILING		
5.	Will Management's Discussion and Analysis be filed by April 1?	YES
6.	Will the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit be filed with the state of domicile and the NAIC by April 1? (Not applicable to fraternal benefit societies)	YES
7.	Will the Adjustments to the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit (if required) be filed with state of domicile and the NAIC by April 1? (Not applicable to fraternal benefit societies)	YES
8.	Will the Supplemental Investment Risk Interrogatories be filed by April 1?	YES
JUNE FILING		
9.	Will an audited financial report be filed by June 1?	YES
10.	Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	YES
AUGUST FILING		
11.	Will regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1?	YES

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

MARCH FILING		
12.	Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1? (Not applicable to fraternal benefit societies)	NO
13.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	YES
14.	Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC by March 1?	NO
15.	Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 to Exhibit 5 be filed with the state of domicile and electronically with the NAIC by March 1?	NO
16.	Will the actuarial opinion on non-guaranteed elements as required in interrogatory #3 to Exhibit 5 be filed with the state of domicile and electronically with the NAIC by March 1?	NO
17.	Will the actuarial opinion on X-Factors be filed with the state of domicile and electronically with the NAIC by March 1?	NO
18.	Will the actuarial opinion on Separate Accounts Funding Guaranteed Minimum Benefit be filed with the state of domicile and electronically with the NAIC by March 1?	NO
19.	Will the actuarial opinion on Synthetic Guaranteed Investment Contracts be filed with the state of domicile and electronically with the NAIC by March 1?	NO
20.	Will the Reasonableness of Assumptions Certification required by Actuarial Guideline XXXV be filed with the state of domicile and electronically with the NAIC by March 1?	NO
21.	Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXV be filed with the state of domicile and electronically with the NAIC by March 1?	NO
22.	Will the Reasonableness of Assumptions Certification for Implied Guaranteed Rate Method required by Actuarial Guideline XXXVI be filed with the state of domicile and electronically with the NAIC by March 1?	NO
23.	Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Average Market Value) be filed with the state of domicile and electronically with the NAIC by March 1?	NO
24.	Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Market Value) be filed with the state of domicile and electronically with the NAIC by March 1?	NO
25.	Will the C-3 RBC Certifications required under C-3 Phase I be filed with the state of domicile and electronically with the NAIC by March 1?	NO
26.	Will the C-3 RBC Certifications required under C-3 Phase II be filed with the state of domicile and electronically with the NAIC by March 1?	NO
27.	Will the Actuarial Certifications Related to Annuity Nonforfeiture Ongoing Compliance for Equity Indexed Annuities be filed with the state of domicile and electronically with the NAIC by March 1?	NO
28.	Will the actuarial opinion required by the Modified Guaranteed Annuity Model Regulation be filed with the state of domicile and electronically with the NAIC by March 1?	NO
29.	Will the Actuarial Certifications Related to Hedging required by Actuarial Guideline XLIII be filed with the state of domicile and electronically with the NAIC by March 1?	NO
30.	Will the Financial Officer Certification Related to Clearly Defined Hedging Strategy required by Actuarial Guideline XLIII be filed with the state of domicile and electronically with the NAIC by March 1?	NO
31.	Will the Management Certification That the Valuation Reflects Management's Intent required by Actuarial Guideline XLIII be filed with the state of domicile and electronically with the NAIC by March 1?	NO
32.	Will the Actuarial Certification Related to the Reserves required by Actuarial Guideline XLIII be filed with the state of domicile and electronically with the NAIC by March 1?	NO
33.	Will the Actuarial Certification regarding the use of 2001 Preferred Class Tables required by the Model Regulation Permitting the Recognition of Preferred Mortality Tables for Use in Determining Minimum Reserve Liabilities be filed with the state of domicile and electronically with the NAIC by March 1?	NO
34.	Will the Workers' Compensation Carve-Out Supplement be filed by March 1? (Not applicable to fraternal benefit societies)	NO
35.	Will Supplemental Schedule O be filed with the state of domicile and the NAIC by March 1?	YES
36.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	NO
37.	Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	NO
38.	Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	NO
39.	Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?	NO
40.	Will the VM-20 Reserves Supplement be filed with the state of domicile and the NAIC by March 1?	NO
APRIL FILING		
41.	Will the confidential Regulatory Asset Adequacy Issues Summary (RAAIS) required by the Valuation Manual be filed with the state of domicile by April 1?	YES
42.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	NO
43.	Will the Credit Insurance Experience Exhibit be filed with the state of domicile and the NAIC by April 1? (Not applicable to fraternal benefit societies)	NO
44.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?	YES
45.	Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	NO
46.	Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile and the NAIC by April 1?	NO
47.	Will the confidential Actuarial Memorandum required by Actuarial Guideline XXXVIII 8D be filed with the state of domicile by April 30?	NO
48.	Will the Supplemental Term and Universal Life Insurance Reinsurance Exhibit be filed with the state of domicile and the NAIC by April 1?	NO
49.	Will the Variable Annuities Supplement be filed with the state of domicile and the NAIC by April 1?	NO
AUGUST FILING		
50.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	NO

EXPLANATIONS:

BAR CODE:

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.
- 11.

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



- 13.
- 14. The data for this supplement is not required to be filed.



- 15. The data for this supplement is not required to be filed.
- 16. The data for this supplement is not required to be filed.



- 17. The data for this supplement is not required to be filed.
- 18. The data for this supplement is not required to be filed.



- 19. The data for this supplement is not required to be filed.
- 20. The data for this supplement is not required to be filed.



- 21. The data for this supplement is not required to be filed.
- 22. The data for this supplement is not required to be filed.



- 23. The data for this supplement is not required to be filed.
- 24. The data for this supplement is not required to be filed.



- 25. The data for this supplement is not required to be filed.
- 26. The data for this supplement is not required to be filed.



- 27. The data for this supplement is not required to be filed.
- 28. The data for this supplement is not required to be filed.



- 29. The data for this supplement is not required to be filed.
- 30. The data for this supplement is not required to be filed.



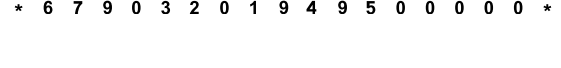
- 31. The data for this supplement is not required to be filed.
- 32. The data for this supplement is not required to be filed.



- 33. The data for this supplement is not required to be filed.
- 34. The data for this supplement is not required to be filed.



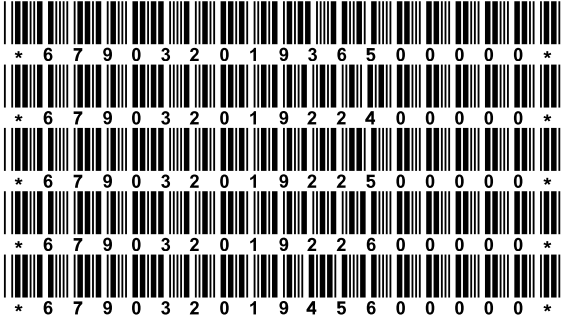
- 35.



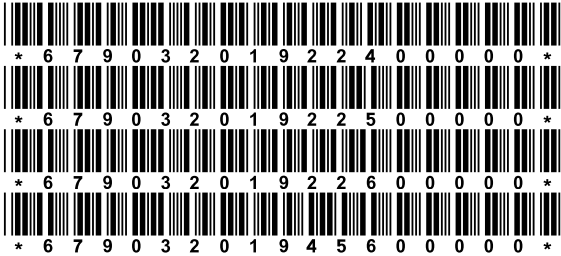
SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

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



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



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



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



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



41.

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

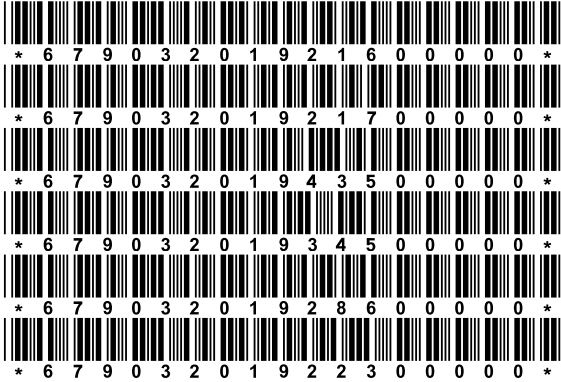


43. The data for this supplement is not required to be filed.

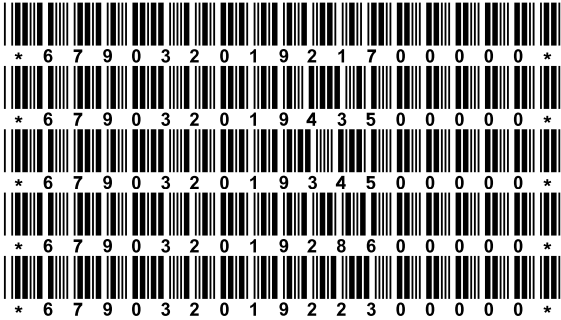


44.

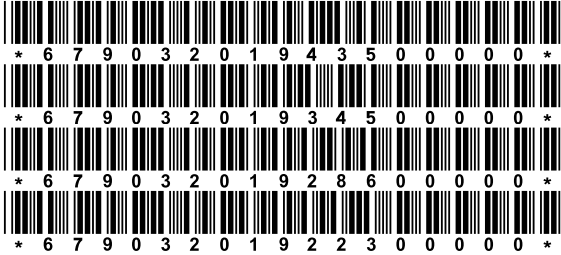
45. The data for this supplement is not required to be filed.



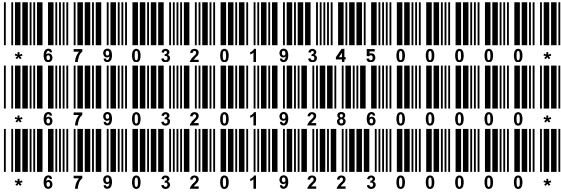
46. The data for this supplement is not required to be filed.



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



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



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



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



Provident American Life and Health Insurance Company
Overflow Page for Write-Ins

Additional Write-ins for Exhibit 2:

	Insurance				5	6	7
	1	Accident and Health		4 All Other Lines of Business			
		2	3				
09.304. Change in LAE.....			(3,552)				(3,552)
09.397. Summary of remaining write-ins for Line 9.3.....	0	0	(3,552)	0	0	0	(3,552)

Overflow Page for Write-Ins

NONE

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2019
(To Be Filed by March 1)
FOR THE STATE OF.....Arizona



NAIC Group Code.....0901
Address (City, State and Zip Code).....11200 Lakeline Blvd Suite 100 Austin TX 78717
Person Completing This Exhibit.....Mohammed Umar Gilani

NAIC Company Code.....67903

Title.....Actuarial Director.....Telephone Number.....512-807-4966

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2016			Policies Issued in 2017, 2018 & 2019				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	3LK(AZ).....	F.....	NO...	34000.....	.12/22/2005	.10/11/2009	.....	.....	MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE	796	46	5.8	1	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									796	46	5.8	1	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717

2.2 Contact person and phone number..... David Brosig 1-866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717

3.2 Contact person and phone number..... David Brosig 1-866-459-4272
4. Explain any policies identified as policy type "O".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2019
(To Be Filed by March 1)
FOR THE STATE OF.....Colorado



NAIC Group Code.....0901
Address (City, State and Zip Code).....11200 Lakeline Blvd Suite 100 Austin TX 78717
Person Completing This Exhibit.....Mohammed Umar Gilani

NAIC Company Code.....67903

Title.....Actuarial Director.....Telephone Number.....512-807-4966

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2016			Policies Issued in 2017, 2018 & 2019				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	3PF(CO).....	F.....	NO...	...34000.....	.07/22/2005	.06/01/2010	.....	.....	MEDICARE SUPPLEMENT.....	5,281	2,473	46.8	1	.....	.....	.....0.0	.....
.....YES.....	3PJ(CO).....	J.....	NO...	...34000.....	.12/11/2006	.10/11/2009	.....	.....	MEDICARE SUPPLEMENT.....	48,118	86,063	178.9	11	.....	.....	.....0.0	.....
.....YES.....	3PK(CO).....	F.....	NO...	...34000.....	.07/22/2005	.10/11/2009	.....	.....	MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE	722	9	1.3	1	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									54,121	88,546	163.6	13	0	0	0.0	0

360

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717

2.2 Contact person and phone number..... David Brosig 1-866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717

3.2 Contact person and phone number..... David Brosig 1-866-459-4272
4. Explain any policies identified as policy type "O".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2019
(To Be Filed by March 1)

FOR THE STATE OF.....Georgia



NAIC Group Code.....0901
Address (City, State and Zip Code).....11200 Lakeline Blvd Suite 100 Austin TX 78717
Person Completing This Exhibit.....Mohammed Umar Gilani

NAIC Company Code.....67903

Title.....Actuarial Director.....Telephone Number.....512-807-4966

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2016			Policies Issued in 2017, 2018 & 2019				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	3LD(GA).....	D.....	NO...	...34000.....	.05/18/2005	.10/11/2009			MEDICARE SUPPLEMENT.....	3,316	505	15.2	1	.....	.....	.....0.0	.....
.....YES.....	3LF(GA).....	F.....	NO...	...34000.....	.05/18/2005	.06/01/2010			MEDICARE SUPPLEMENT.....	20,651	14,712	71.2	5	.....	.....	.....0.0	.....
.....YES.....	3LK(GA).....	F.....	NO...	...34000.....	.05/18/2005	.10/11/2009			MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE	1,374	383	27.9	2	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									25,341	15,600	61.6	8	0	0	0.0	0

360

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717

2.2 Contact person and phone number..... David Brosig 1-866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717

3.2 Contact person and phone number..... David Brosig 1-866-459-4272
4. Explain any policies identified as policy type "O".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2019
(To Be Filed by March 1)
FOR THE STATE OF.....Iowa



NAIC Group Code.....0901
Address (City, State and Zip Code).....11200 Lakeline Blvd Suite 100 Austin TX 78717
Person Completing This Exhibit.....Mohammed Umar Gilani

NAIC Company Code.....67903

Title.....Actuarial Director.....Telephone Number.....512-807-4966

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2016			Policies Issued in 2017, 2018 & 2019				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	3PF(IA).....	F.....	NO...	...34000.....	.05/09/2005	.06/01/2010	.....	.....	MEDICARE SUPPLEMENT.....	66,285	36,289	54.7	13	.....	.....	.....0.0	.....
.....YES.....	3PG(IA).....	G.....	NO...	...34000.....	.11/09/2007	.10/11/2009	.....	.....	MEDICARE SUPPLEMENT.....	2,918	9,520	326.2	.....	.....	.....	.....0.0	.....
.....YES.....	3PH(IA).....	H.....	NO...	...34000.....	.11/09/2006	.10/11/2009	.....	.....	MEDICARE SUPPLEMENT.....	3,270	103	3.1	1	.....	.....	.....0.0	.....
.....YES.....	3PI(IA).....	I.....	NO...	...34000.....	.11/09/2006	.10/11/2009	.....	.....	MEDICARE SUPPLEMENT.....	3,306	88	2.7	1	.....	.....	.....0.0	.....
.....YES.....	3PJ(IA).....	J.....	NO...	...34000.....	.11/09/2006	.10/11/2009	.....	.....	MEDICARE SUPPLEMENT.....	214,633	220,182	102.6	57	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									290,413	266,182	91.7	72	0	0	0.0	0

360

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717

2.2 Contact person and phone number..... David Brosig 1-866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717

3.2 Contact person and phone number..... David Brosig 1-866-459-4272
4. Explain any policies identified as policy type "O".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2019
(To Be Filed by March 1)
FOR THE STATE OF.....Idaho



NAIC Group Code.....0901
Address (City, State and Zip Code).....11200 Lakeline Blvd Suite 100 Austin TX 78717
Person Completing This Exhibit.....Mohammed Umar Gilani

NAIC Company Code.....67903

Title.....Actuarial Director.....Telephone Number.....512-807-4966

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2016			Policies Issued in 2017, 2018 & 2019				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	3LF.....	F.....	NO...	...34000.....	.05/03/2005	.06/01/2010	.....	.....	MEDICARE SUPPLEMENT.....	8,392	8,320	99.1	2	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									8,392	8,320	99.1	2	0	0	0.0	0

360

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717

2.2 Contact person and phone number..... David Brosig 1-866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717

3.2 Contact person and phone number..... David Brosig 1-866-459-4272
4. Explain any policies identified as policy type "O".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2019
(To Be Filed by March 1)
FOR THE STATE OF.....Illinois



NAIC Group Code.....0901
Address (City, State and Zip Code).....11200 Lakeline Blvd Suite 100 Austin TX 78717
Person Completing This Exhibit.....Mohammed Umar Gilani

NAIC Company Code.....67903

Title.....Actuarial Director.....Telephone Number.....512-807-4966

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2016			Policies Issued in 2017, 2018 & 2019				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	3PF(IL).....	F.....	NO...	...34000.....	.06/09/2005	.06/01/2010	.....	.....	MEDICARE SUPPLEMENT.....	5,881	3,497	59.5	1	.....	.....	.....0.0	.....
.....YES.....	3PH(IL).....	H.....	NO...	...34000.....	.04/26/2007	.10/15/2009	.....	.....	MEDICARE SUPPLEMENT.....	12,112	2,095	17.3	3	.....	.....	.....0.0	.....
.....YES.....	3PJ(IL).....	J.....	NO...	...34000.....	.04/26/2007	.10/15/2009	.....	.....	MEDICARE SUPPLEMENT.....	121,668	70,497	57.9	22	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									139,661	76,089	54.5	26	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717

2.2 Contact person and phone number..... David Brosig 1-866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717

3.2 Contact person and phone number..... David Brosig 1-866-459-4272
4. Explain any policies identified as policy type "O".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2019
(To Be Filed by March 1)

FOR THE STATE OF.....Indiana



NAIC Group Code.....0901
Address (City, State and Zip Code).....11200 Lakeline Blvd Suite 100 Austin TX 78717
Person Completing This Exhibit.....Mohammed Umar Gilani

NAIC Company Code.....67903

Title.....Actuarial Director.....Telephone Number.....512-807-4966

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2016			Policies Issued in 2017, 2018 & 2019				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	3PD.....	D.....	NO...	...34000.....	.11/01/2005	.10/11/2009	.....	.....	MEDICARE SUPPLEMENT.....	4,311	2,014	46.7	.....	.....	.....	.....0.0	.....
.....YES.....	3PF.....	F.....	NO...	...34000.....	.11/01/2005	.06/01/2010	.....	.....	MEDICARE SUPPLEMENT.....	35,547	27,028	76.0	5	.....	.....	.....0.0	.....
.....YES.....	3PH(IN).....	H.....	NO...	...34000.....	.04/10/2007	.10/11/2009	.....	.....	MEDICARE SUPPLEMENT.....	9,408	8,171	86.9	3	.....	.....	.....0.0	.....
.....YES.....	3PJ(IN).....	J.....	NO...	...34000.....	.04/10/2007	.10/11/2009	.....	.....	MEDICARE SUPPLEMENT.....	22,726	14,857	65.4	4	.....	.....	.....0.0	.....
.....YES.....	3PK.....	F.....	NO...	...34000.....	.11/01/2005	.10/11/2009	.....	.....	MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE	846	(6)	(0.8)	1	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									72,839	52,064	71.5	13	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717

2.2 Contact person and phone number..... David Brosig 1-866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717

3.2 Contact person and phone number..... David Brosig 1-866-459-4272
4. Explain any policies identified as policy type "O".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2019
(To Be Filed by March 1)

FOR THE STATE OF.....Kentucky



NAIC Group Code.....0901
Address (City, State and Zip Code).....11200 Lakeline Blvd Suite 100 Austin TX 78717
Person Completing This Exhibit.....Mohammed Umar Gilani

NAIC Company Code.....67903

Title.....Actuarial Director.....Telephone Number.....512-807-4966

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2016			Policies Issued in 2017, 2018 & 2019				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	3PD(KY).....	D.....	NO...	...34000.....	.05/25/2005	.10/11/2009	.....	.....	MEDICARE SUPPLEMENT.....	(36)	71	(198.6)	.....	.....	.....	.....0.0	.....
.....YES.....	3PF(KY).....	F.....	NO...	...34000.....	.05/25/2005	.06/01/2010	.....	.....	MEDICARE SUPPLEMENT.....	16,426	7,995	48.7	3	.....	.....	.....0.0	.....
.....YES.....	3PG(KY).....	G.....	NO...	...34000.....	.12/17/2007	.10/11/2009	.....	.....	MEDICARE SUPPLEMENT.....	.....	.....215	0.0	.....	.....	.....	.....0.0	.....
.....YES.....	3PH(KY).....	H.....	NO...	...34000.....	.01/09/2007	.10/11/2009	.....	.....	MEDICARE SUPPLEMENT.....	13,281	7,301	55.0	3	.....	.....	.....0.0	.....
.....YES.....	3PI(KY).....	I.....	NO...	...34000.....	.01/09/2007	.10/11/2009	.....	.....	MEDICARE SUPPLEMENT.....	946	2,570	271.6	.....	.....	.....	.....0.0	.....
.....YES.....	3PJ(KY).....	J.....	NO...	...34000.....	.01/09/2007	.10/11/2009	.....	.....	MEDICARE SUPPLEMENT.....	24,469	14,863	60.7	5	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									55,086	33,015	59.9	11	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717

2.2 Contact person and phone number..... David Brosig 1-866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717

3.2 Contact person and phone number..... David Brosig 1-866-459-4272
4. Explain any policies identified as policy type "O".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2019
(To Be Filed by March 1)
FOR THE STATE OF.....Louisiana



NAIC Group Code.....0901
Address (City, State and Zip Code).....11200 Lakeline Blvd Suite 100 Austin TX 78717
Person Completing This Exhibit.....Mohammed Umar Gilani

NAIC Company Code.....67903

Title.....Actuarial Director.....Telephone Number.....512-807-4966

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2016			Policies Issued in 2017, 2018 & 2019				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	3PF(LA) R7/05.....	F.....	NO...	...34000.....	.08/10/2005	.06/01/2010	.....	.....	MEDICARE SUPPLEMENT.....	15,422	17,993	116.7	3	.....	.....	.....0.0	.....
.....YES.....	3PH(LA).....	H.....	NO...	...34000.....	.12/22/2006	.10/11/2009	.....	.....	MEDICARE SUPPLEMENT.....	15,707	4,273	27.2	4	.....	.....	.....0.0	.....
.....YES.....	3PJ(LA).....	J.....	NO...	...34000.....	.12/22/2006	.10/11/2009	.....	.....	MEDICARE SUPPLEMENT.....	30,022	21,429	71.4	5	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									61,152	43,694	71.5	12	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717

2.2 Contact person and phone number..... David Brosig 1-866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717

3.2 Contact person and phone number..... David Brosig 1-866-459-4272
4. Explain any policies identified as policy type "O".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2019
(To Be Filed by March 1)

FOR THE STATE OF.....Missouri



NAIC Group Code.....0901
Address (City, State and Zip Code).....11200 Lakeline Blvd Suite 100 Austin TX 78717
Person Completing This Exhibit.....Mohammed Umar Gilani

NAIC Company Code.....67903

Title.....Actuarial Director.....Telephone Number.....512-807-4966

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2016			Policies Issued in 2017, 2018 & 2019				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	3LF(MO).....	F.....	NO...	...34000.....	.06/14/2005	.06/01/2010	.....	.....	MEDICARE SUPPLEMENT.....	15,069	14,437	95.8	3	.....	.....	.....0.0	.....
.....YES.....	3LK(MO).....	F.....	NO...	...34000.....	.06/14/2005	.10/11/2009	.....	.....	MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE	1,379	1,395	101.2	1	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									16,447	15,833	96.3	4	0	0	0.0	0

360

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717

2.2 Contact person and phone number..... David Brosig 1-866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717

3.2 Contact person and phone number..... David Brosig 1-866-459-4272
4. Explain any policies identified as policy type "O".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2019
(To Be Filed by March 1)

FOR THE STATE OF.....Mississippi



NAIC Group Code.....0901
Address (City, State and Zip Code).....11200 Lakeline Blvd Suite 100 Austin TX 78717
Person Completing This Exhibit.....Mohammed Umar Gilani

NAIC Company Code.....67903

Title.....Actuarial Director.....Telephone Number.....512-807-4966

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2016			Policies Issued in 2017, 2018 & 2019				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	3PF(MS).....	F.....	NO...	...34000.....	.04/07/2005	.06/01/2010	.....	.....	MEDICARE SUPPLEMENT.....	46,635	20,778	44.6	8	.....	.....	.....0.0	.....
.....YES.....	3PH(MS).....	H.....	NO...	...34000.....	.03/22/2007	.10/11/2009	.....	.....	MEDICARE SUPPLEMENT.....	3,873	1,911	49.4	1	.....	.....	.....0.0	.....
.....YES.....	3PJ(MS).....	J.....	NO...	...34000.....	.03/22/2007	.10/11/2009	.....	.....	MEDICARE SUPPLEMENT.....	119,469	85,729	71.8	27	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									169,977	108,418	63.8	36	0	0	0.0	0

360

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717

2.2 Contact person and phone number..... David Brosig 1-866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717

3.2 Contact person and phone number..... David Brosig 1-866-459-4272
4. Explain any policies identified as policy type "O".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2019
(To Be Filed by March 1)
FOR THE STATE OF.....Montana



NAIC Group Code.....0901
Address (City, State and Zip Code).....11200 Lakeline Blvd Suite 100 Austin TX 78717
Person Completing This Exhibit.....Mohammed Umar Gilani

NAIC Company Code.....67903

Title.....Actuarial Director.....Telephone Number.....512-807-4966

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2016			Policies Issued in 2017, 2018 & 2019				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	3PF(MT).....	F.....	NO...	...34000.....	.05/10/2005	.06/01/2010	.....	.....	MEDICARE SUPPLEMENT.....	38,195	31,799	83.3	10	.....	.....	.....0.0	.....
.....YES.....	3PH(MT).....	H.....	NO...	...34000.....	.11/15/2006	.10/11/2009	.....	.....	MEDICARE SUPPLEMENT.....	5,317	13,779	259.2	2	.....	.....	.....0.0	.....
.....YES.....	3PI(MT).....	I.....	NO...	...34000.....	.11/15/2006	.10/11/2009	.....	.....	MEDICARE SUPPLEMENT.....	6,219	2,738	44.0	2	.....	.....	.....0.0	.....
.....YES.....	3PJ(MT).....	J.....	NO...	...34000.....	.11/15/2006	.10/11/2009	.....	.....	MEDICARE SUPPLEMENT.....	80,592	55,520	68.9	25	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									130,323	103,837	79.7	39	0	0	0.0	0

360

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717

2.2 Contact person and phone number..... David Brosig 1-866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717

3.2 Contact person and phone number..... David Brosig 1-866-459-4272
4. Explain any policies identified as policy type "O".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT



For the Year Ended December 31, 2019
(To Be Filed by March 1)

FOR THE STATE OF.....North Dakota

NAIC Group Code.....0901
Address (City, State and Zip Code).....11200 Lakeline Blvd Suite 100 Austin TX 78717
Person Completing This Exhibit.....Mohammed Umar Gilani

NAIC Company Code.....67903

Title.....Actuarial Director.....Telephone Number.....512-807-4966

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2016			Policies Issued in 2017, 2018 & 2019				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	3PD(ND).....	D.....	NO...	...34000.....	.05/13/2005	.10/11/2009	.....	.....	MEDICARE SUPPLEMENT.....	3,862	2,254	58.4	1	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									3,862	2,254	58.4	1	0	0	0.0	0

360

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717

2.2 Contact person and phone number..... David Brosig 1-866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717

3.2 Contact person and phone number..... David Brosig 1-866-459-4272
4. Explain any policies identified as policy type "O".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2019
(To Be Filed by March 1)

FOR THE STATE OF.....Nebraska



NAIC Group Code.....0901
Address (City, State and Zip Code).....11200 Lakeline Blvd Suite 100 Austin TX 78717
Person Completing This Exhibit.....Mohammed Umar Gilani

NAIC Company Code.....67903

Title.....Actuarial Director.....Telephone Number.....512-807-4966

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2016			Policies Issued in 2017, 2018 & 2019				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	3PF(NE).....	F.....	NO...	...34000.....	.05/09/2005	.06/01/2010	.....	.....	MEDICARE SUPPLEMENT.....	40,869	13,110	32.1	7	.....	.....	.....0.0	.....
.....YES.....	3PG(NE).....	G.....	NO...	...34000.....	.10/01/2007	.10/11/2009	.....	.....	MEDICARE SUPPLEMENT.....	.....	.....126	0.0	.....	.....	.....	.....0.0	.....
.....YES.....	3PH(NE).....	H.....	NO...	...34000.....	.10/24/2006	.10/11/2009	.....	.....	MEDICARE SUPPLEMENT.....	4,505	4,393	97.5	1	.....	.....	.....0.0	.....
.....YES.....	3PJ(NE).....	J.....	NO...	...34000.....	.10/24/2006	.10/11/2009	.....	.....	MEDICARE SUPPLEMENT.....	53,204	52,172	98.1	10	.....	.....	.....0.0	.....
.....YES.....	3PK(NE).....	F.....	NO...	...34000.....	.05/09/2005	.10/11/2009	.....	.....	MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE	4,584	166	3.6	5	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									103,162	69,968	67.8	23	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717

2.2 Contact person and phone number..... David Brosig 1-866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717

3.2 Contact person and phone number..... David Brosig 1-866-459-4272
4. Explain any policies identified as policy type "O".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2019
(To Be Filed by March 1)
FOR THE STATE OF.....Nevada



NAIC Group Code.....0901
Address (City, State and Zip Code).....11200 Lakeline Blvd Suite 100 Austin TX 78717
Person Completing This Exhibit.....Mohammed Umar Gilani

NAIC Company Code.....67903

Title.....Actuarial Director.....Telephone Number.....512-807-4966

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2016			Policies Issued in 2017, 2018 & 2019				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	3PI(NV)	I	NO...	...34000.....	.11/06/2006	.10/11/2009			MEDICARE SUPPLEMENT.....	1,316	(200)	(15.2)				0.0	
0199999.	Total Policy Experience on Individual Policies.....									1,316	(200)	(15.2)	0	0	0	0.0	0

360

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717

2.2 Contact person and phone number..... David Brosig 1-866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717

3.2 Contact person and phone number..... David Brosig 1-866-459-4272
4. Explain any policies identified as policy type "O".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2019
(To Be Filed by March 1)
FOR THE STATE OF.....Ohio



NAIC Group Code.....0901
Address (City, State and Zip Code).....11200 Lakeline Blvd Suite 100 Austin TX 78717
Person Completing This Exhibit.....Mohammed Umar Gilani

NAIC Company Code.....67903

Title.....Actuarial Director.....Telephone Number.....512-807-4966

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2016			Policies Issued in 2017, 2018 & 2019				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	3PD(OH).....	D.....	NO...	...34000.....	.04/18/2005	.10/11/2009			MEDICARE SUPPLEMENT.....	24,320	3,723	15.3	4	.....	.....	.....0.0	.....
.....YES.....	3PF(OH).....	F.....	NO...	...34000.....	.04/18/2005	.06/01/2010			MEDICARE SUPPLEMENT.....	27,797	6,996	25.2	4	.....	.....	.....0.0	.....
.....YES.....	3PH(OH).....	H.....	NO...	...34000.....	.10/19/2006	.10/11/2009			MEDICARE SUPPLEMENT.....	16,582	5,238	31.6	4	.....	.....	.....0.0	.....
.....YES.....	3PJ(OH).....	J.....	NO...	...34000.....	.10/19/2006	.10/11/2009			MEDICARE SUPPLEMENT.....	55,218	15,441	28.0	9	.....	.....	.....0.0	.....
.....YES.....	3PK(OH).....	F.....	NO...	...34000.....	.04/18/2005	.10/11/2009			MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE	2,879	(74)	(2.6)	3	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									126,797	31,324	24.7	24	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717

2.2 Contact person and phone number..... David Brosig 1-866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717

3.2 Contact person and phone number..... David Brosig 1-866-459-4272
4. Explain any policies identified as policy type "O".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2019
(To Be Filed by March 1)

FOR THE STATE OF.....Oklahoma



NAIC Group Code.....0901
Address (City, State and Zip Code).....11200 Lakeline Blvd Suite 100 Austin TX 78717
Person Completing This Exhibit.....Mohammed Umar Gilani

NAIC Company Code.....67903

Title.....Actuarial Director.....Telephone Number.....512-807-4966

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2016			Policies Issued in 2017, 2018 & 2019				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	3PA(OK).....	A.....	NO...	...34000.....	.04/15/2005	.06/01/2010	.....	.....	MEDICARE SUPPLEMENT.....	4,641	5,141	110.8	1	.....	.....	.....0.0	.....
.....YES.....	3PD(OK).....	D.....	NO...	...34000.....	.04/15/2005	.10/11/2009	.....	.....	MEDICARE SUPPLEMENT.....	7,734	3,120	40.3	2	.....	.....	.....0.0	.....
.....YES.....	3PF(OK).....	F.....	NO...	...34000.....	.04/15/2005	.06/01/2010	.....	.....	MEDICARE SUPPLEMENT.....	88,011	60,615	68.9	18	.....	.....	.....0.0	.....
.....YES.....	3PH(OK).....	H.....	NO...	...34000.....	.10/25/2006	.10/11/2009	.....	.....	MEDICARE SUPPLEMENT.....	12,712	6,766	53.2	4	.....	.....	.....0.0	.....
.....YES.....	3PI(OK).....	I.....	NO...	...34000.....	.10/25/2006	.10/11/2009	.....	.....	MEDICARE SUPPLEMENT.....	3,849	274	7.1	1	.....	.....	.....0.0	.....
.....YES.....	3PJ(OK).....	J.....	NO...	...34000.....	.10/25/2006	.10/11/2009	.....	.....	MEDICARE SUPPLEMENT.....	135,112	53,544	39.6	28	.....	.....	.....0.0	.....
.....YES.....	3PK(OK).....	F.....	NO...	...34000.....	.04/15/2005	.10/11/2009	.....	.....	MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE	768	(55)	(7.1)	.....	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									252,828	129,406	51.2	54	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717

2.2 Contact person and phone number..... David Brosig 1-866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717

3.2 Contact person and phone number..... David Brosig 1-866-459-4272
4. Explain any policies identified as policy type "O".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2019
(To Be Filed by March 1)

FOR THE STATE OF.....Oregon

NAIC Group Code.....0901

Address (City, State and Zip Code).....11200 Lakeline Blvd Suite 100 Austin TX 78717

Person Completing This Exhibit.....Mohammed Umar Gilani

NAIC Company Code.....67903

Title.....Actuarial Director.....Telephone Number.....512-807-4966



1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2016			Policies Issued in 2017, 2018 & 2019				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	3PF(OR).....	F.....	NO...	34000.....	.04/21/2005	.06/01/2010	.....	.....	MEDICARE SUPPLEMENT.....	100,715	65,328	64.9	21	.....	.....	.....0.0	.....
.....YES.....	3PI(OR).....	I.....	NO...	34000.....	.01/19/2007	.10/11/2009	.....	.....	MEDICARE SUPPLEMENT.....	3,317	699	21.1	1	.....	.....	.....0.0	.....
.....YES.....	3PJ(OR).....	J.....	NO...	34000.....	.01/19/2007	.10/11/2009	.....	.....	MEDICARE SUPPLEMENT.....	199,439	147,625	74.0	50	.....	.....	.....0.0	.....
.....YES.....	3PK(OR).....	F.....	NO...	34000.....	.04/21/2005	.10/11/2009	.....	.....	MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE	4,855	7,521	154.9	5	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									308,327	221,173	71.7	77	0	0	0.0	0

360

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717

2.2 Contact person and phone number..... David Brosig 1-866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717

3.2 Contact person and phone number..... David Brosig 1-866-459-4272
4. Explain any policies identified as policy type "O".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT



For the Year Ended December 31, 2019
(To Be Filed by March 1)

FOR THE STATE OF.....Pennsylvania

NAIC Group Code.....0901
Address (City, State and Zip Code).....11200 Lakeline Blvd Suite 100 Austin TX 78717
Person Completing This Exhibit.....Mohammed Umar Gilani

NAIC Company Code.....67903

Title.....Actuarial Director.....Telephone Number.....512-807-4966

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2016			Policies Issued in 2017, 2018 & 2019				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	3PB(PA).....	B.....	NO...	...34000.....	.03/16/2005	.06/01/2010	.....	.....	MEDICARE SUPPLEMENT.....	2,633	1,282	48.7	.....	.....	.....	.....0.0	.....
.....YES.....	3PD(PA).....	D.....	NO...	...34000.....	.03/16/2005	.10/11/2009	.....	.....	MEDICARE SUPPLEMENT.....	10,710	456	4.3	2	.....	.....	.....0.0	.....
.....YES.....	3PF(PA).....	F.....	NO...	...34000.....	.03/16/2005	.06/01/2010	.....	.....	MEDICARE SUPPLEMENT.....	5,029	5,455	108.5	1	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									18,371	7,193	39.2	3	0	0	0.0	0

360

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717

2.2 Contact person and phone number..... David Brosig 1-866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717

3.2 Contact person and phone number..... David Brosig 1-866-459-4272
4. Explain any policies identified as policy type "O".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2019
(To Be Filed by March 1)

FOR THE STATE OF.....South Carolina



NAIC Group Code.....0901
Address (City, State and Zip Code).....11200 Lakeline Blvd Suite 100 Austin TX 78717
Person Completing This Exhibit.....Mohammed Umar Gilani

NAIC Company Code.....67903

Title.....Actuarial Director.....Telephone Number.....512-807-4966

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2016			Policies Issued in 2017, 2018 & 2019				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	3PD.....	D.....	NO...	...34000.....	.06/03/2005	.10/11/2009	.....	.....	MEDICARE SUPPLEMENT.....	14,323	4,119	28.8	3	.....	.....	.....0.0	.....
.....YES.....	3PF.....	F.....	NO...	...34000.....	.06/03/2005	.06/01/2010	.....	.....	MEDICARE SUPPLEMENT.....	161,397	80,278	49.7	30	.....	.....	.....0.0	.....
.....YES.....	3PG.....	G.....	NO...	...34000.....	.10/24/2007	.10/11/2009	.....	.....	MEDICARE SUPPLEMENT.....	1,126	302	26.9	.....	.....	.....	.....0.0	.....
.....YES.....	3PH.....	H.....	NO...	...34000.....	.11/13/2006	.10/11/2009	.....	.....	MEDICARE SUPPLEMENT.....	40,283	47,861	118.8	11	.....	.....	.....0.0	.....
.....YES.....	3PJ.....	J.....	NO...	...34000.....	.11/13/2006	.10/11/2009	.....	.....	MEDICARE SUPPLEMENT.....	354,833	182,240	51.4	72	.....	.....	.....0.0	.....
.....YES.....	3PK.....	F.....	NO...	...34000.....	.06/03/2005	.10/11/2009	.....	.....	MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE	2,142	16,275	759.7	2	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									574,104	331,076	57.7	118	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717

2.2 Contact person and phone number..... David Brosig 1-866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717

3.2 Contact person and phone number..... David Brosig 1-866-459-4272
4. Explain any policies identified as policy type "O".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2019
(To Be Filed by March 1)

FOR THE STATE OF.....Texas



NAIC Group Code.....0901
Address (City, State and Zip Code).....11200 Lakeline Blvd Suite 100 Austin TX 78717
Person Completing This Exhibit.....Mohammed Umar Gilani

NAIC Company Code.....67903

Title.....Actuarial Director.....Telephone Number.....512-807-4966

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2016			Policies Issued in 2017, 2018 & 2019				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	3PA(TX).....	A.....	NO...	...34000.....	.06/21/2005	.06/01/2010	.....	.....	MEDICARE SUPPLEMENT.....	16,827	8,260	49.1	5	.....	.....	.....0.0	.....
.....YES.....	3PD(TX).....	D.....	NO...	...34000.....	.06/21/2005	.10/11/2009	.....	.....	MEDICARE SUPPLEMENT.....	43,844	48,315	110.2	8	.....	.....	.....0.0	.....
.....YES.....	3PF(TX).....	F.....	NO...	...34000.....	.06/21/2005	.06/01/2010	.....	.....	MEDICARE SUPPLEMENT.....	291,961	201,630	69.1	47	.....	.....	.....0.0	.....
.....YES.....	3PG(TX).....	G.....	NO...	...34000.....	.11/08/2007	.10/11/2009	.....	.....	MEDICARE SUPPLEMENT.....	26,424	12,752	48.3	6	.....	.....	.....0.0	.....
.....YES.....	3PH(TX).....	H.....	NO...	...34000.....	.12/04/2006	.10/11/2009	.....	.....	MEDICARE SUPPLEMENT.....	625,120	452,645	72.4	149	.....	.....	.....0.0	.....
.....YES.....	3PI(TX).....	I.....	NO...	...34000.....	.12/04/2006	.10/11/2009	.....	.....	MEDICARE SUPPLEMENT.....	60,324	49,715	82.4	13	.....	.....	.....0.0	.....
.....YES.....	3PJ(TX).....	J.....	NO...	...34000.....	.12/04/2006	.10/11/2009	.....	.....	MEDICARE SUPPLEMENT.....	2,564,271	1,812,231	70.7	493	.....	.....	.....0.0	.....
.....YES.....	3PK(TX).....	F.....	NO...	...34000.....	.06/21/2005	.10/11/2009	.....	.....	MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE	25,164	48,839	194.1	21	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									3,653,936	2,634,386	72.1	742	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717

2.2 Contact person and phone number..... David Brosig 1-866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717

3.2 Contact person and phone number..... David Brosig 1-866-459-4272
4. Explain any policies identified as policy type "O".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2019
(To Be Filed by March 1)
FOR THE STATE OF.....Utah



NAIC Group Code.....0901
Address (City, State and Zip Code).....11200 Lakeline Blvd Suite 100 Austin TX 78717
Person Completing This Exhibit.....Mohammed Umar Gilani

NAIC Company Code.....67903

Title.....Actuarial Director.....Telephone Number.....512-807-4966

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2016			Policies Issued in 2017, 2018 & 2019				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	3PF(UT).....	F.....	NO...	...34000.....	.09/09/2005	.06/01/2010	.....	.....	MEDICARE SUPPLEMENT.....	12,284	5,726	46.6	2	.....	.....	.....0.0	.....
.....YES.....	3PH(UT).....	H.....	NO...	...34000.....	.12/08/2006	.10/11/2009	.....	.....	MEDICARE SUPPLEMENT.....	(367)	(282)	76.8	.....	.....	.....	.....0.0	.....
.....YES.....	3PJ(UT).....	J.....	NO...	...34000.....	.12/08/2006	.10/11/2009	.....	.....	MEDICARE SUPPLEMENT.....	18,966	15,772	83.2	3	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									30,883	21,216	68.7	5	0	0	0.0	0

360

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717

2.2 Contact person and phone number..... David Brosig 1-866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717

3.2 Contact person and phone number..... David Brosig 1-866-459-4272
4. Explain any policies identified as policy type "O".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2019
(To Be Filed by March 1)

FOR THE STATE OF.....West Virginia



NAIC Group Code.....0901
Address (City, State and Zip Code).....11200 Lakeline Blvd Suite 100 Austin TX 78717
Person Completing This Exhibit.....Mohammed Umar Gilani

NAIC Company Code.....67903

Title.....Actuarial Director.....Telephone Number.....512-807-4966

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2016			Policies Issued in 2017, 2018 & 2019				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	3PF.....	F.....	NO...	...34000.....	.05/20/2005	.06/01/2010	.....	.....	MEDICARE SUPPLEMENT.....	13,110	3,624	27.6	2	.....	.....	.....0.0	.....
.....YES.....	3PG.....	G.....	NO...	...34000.....	.10/15/2007	.10/11/2009	.....	.....	MEDICARE SUPPLEMENT.....	4,416	11,131	252.1	1	.....	.....	.....0.0	.....
.....YES.....	3PH.....	H.....	NO...	...34000.....	.12/12/2006	.10/11/2009	.....	.....	MEDICARE SUPPLEMENT.....	2,796	17,799	636.6	.....	.....	.....	.....0.0	.....
.....YES.....	3PJ.....	J.....	NO...	...34000.....	.12/12/2006	.10/11/2009	.....	.....	MEDICARE SUPPLEMENT.....	20,955	16,244	77.5	4	.....	.....	.....0.0	.....
.....YES.....	3PK(WY).....	F.....	NO...	...34000.....	.04/13/2005	.10/11/2009	.....	.....	MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE	866	16	1.8	1	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									42,144	48,815	115.8	8	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717

2.2 Contact person and phone number..... David Brosig 1-866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717

3.2 Contact person and phone number..... David Brosig 1-866-459-4272
4. Explain any policies identified as policy type "O".

SCHEDULE O SUPPLEMENT
SUPPLEMENTAL SCHEDULE O - PART 2

Development of Incurred Losses
(\$000 OMITTED)

Section A - Group Accident and Health

Year in Which Losses Were Incurred	Net Amounts Paid for Cost Containment Expenses				
	1 2015	2 2016	3 2017	4 2018	5 2019
1. Prior.....					
2. 2015.....					
3. 2016.....	XXX				
4. 2017.....	XXX	XXX			
5. 2018.....	XXX	XXX	XXX		
6. 2019.....	XXX	XXX	XXX	XXX	

Section B - Other Accident and Health

1. Prior.....					
2. 2015.....	40				
3. 2016.....	XXX	38			
4. 2017.....	XXX	XXX	24		
5. 2018.....	XXX	XXX	XXX	21	
6. 2019.....	XXX	XXX	XXX	XXX	28

Section C - Credit Accident and Health

1. Prior.....					
2. 2015.....					
3. 2016.....	XXX				
4. 2017.....	XXX	XXX			
5. 2018.....	XXX	XXX	XXX		
6. 2019.....	XXX	XXX	XXX	XXX	

SCHEDULE O SUPPLEMENT
SUPPLEMENTAL SCHEDULE O - PART 3

Development of Incurred Losses
(\$000 OMITTED)

Section A - Group Accident and Health

Year in Which Losses Were Incurred	Sum of Net Cumulative Amount Paid Policyholders and Claim Liability and Reserve Outstanding at End of Year				
	1 2015	2 2016	3 2017	4 2018	5 2019
1. 2015.....				XXX	XXX
2. 2016.....	XXX				XXX
3. 2017.....	XXX	XXX			
4. 2018.....	XXX	XXX	XXX		
5. 2019.....	XXX	XXX	XXX	XXX	

Section B - Other Accident and Health

1. 2015.....	7,248	7,185	7,180	XXX	XXX
2. 2016.....	XXX	6,101	6,052	6,044	XXX
3. 2017.....	XXX	XXX	5,229	5,124	5,128
4. 2018.....	XXX	XXX	XXX	4,277	4,295
5. 2019.....	XXX	XXX	XXX	XXX	3,903

Section C - Credit Accident and Health

1. 2015.....				XXX	XXX
2. 2016.....	XXX				XXX
3. 2017.....	XXX	XXX			
4. 2018.....	XXX	XXX	XXX		
5. 2019.....	XXX	XXX	XXX	XXX	

SCHEDULE O SUPPLEMENT
SUPPLEMENTAL SCHEDULE O - PART 4

Development of Incurred Losses
(\$000 OMITTED)

Section A - Group Accident and Health

Year in Which Losses Were Incurred	Sum of Net Cumulative Amount Paid Policyholders, Cost Containment Expenses, and Claim and Cost Containment Liability and Reserve Outstanding at End of Year				
	1 2015	2 2016	3 2017	4 2018	5 2019
1. 2015.....					
2. 2016.....	XXX				
3. 2017.....	XXX	XXX			
4. 2018.....	XXX	XXX	XXX		
5. 2019.....	XXX	XXX	XXX	XXX	

Section B - Other Accident and Health

1. 2015.....	7,289	7,185	7,180		
2. 2016.....	XXX	6,139	6,052	6,044	
3. 2017.....	XXX	XXX	5,253	5,124	5,128
4. 2018.....	XXX	XXX	XXX	4,298	4,295
5. 2019.....	XXX	XXX	XXX	XXX	3,931

Section C - Credit Accident and Health

1. 2015.....					
2. 2016.....	XXX				
3. 2017.....	XXX	XXX			
4. 2018.....	XXX	XXX	XXX		
5. 2019.....	XXX	XXX	XXX	XXX	

SUPPLEMENTAL SCHEDULE O - PART 5

(\$000 OMITTED)

Reserve and Liability Methodology - Exhibits 6 and 8

Line of Business	1 Methodology	2 Amount
1. Industrial life.....		
2. Ordinary life.....		
3. Individual annuity.....		
4. Supplementary contracts.....		
5. Credit life.....		
6. Group life.....		
7. Group annuities.....		
8. Group accident and health.....		
9. Credit accident and health.....		
10. Other accident and health.....		383
11. Total.....		383

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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