



LIFE, AND ACCIDENT AND HEALTH COMPANIES/FRATERNAL BENEFIT SOCIETIES - ASSOCIATION EDITION

ANNUAL STATEMENTFOR THE YEAR ENDED DECEMBER 31, 2020
OF THE CONDITION AND AFFAIRS OF THE**Progressive Life Insurance Company**NAIC Group Code 0155 NAIC Company Code 16816 Employer's ID Number 84-4920049Organized under the Laws of OH, State of Domicile or Port of Entry OHCountry of Domicile United States of AmericaLicensed as business type: Life, Accident and Health [X] Fraternal Benefit Societies []Incorporated/Organized 02/28/2020 Commenced Business Statutory Home Office 800 West St. Clair Avenue, Suite 200, Cleveland, OH, US 44113
(Street and Number) (City or Town, State, Country and Zip Code)Main Administrative Office 800 West St. Clair Avenue, Suite 200, Cleveland, OH, US 44113
(Street and Number) (City or Town, State, Country and Zip Code) 440-461-5000
(Area Code) (Telephone Number)Mail Address 800 West St. Clair Avenue, Suite 200, Cleveland, OH, US 44113
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(Street and Number) (City or Town, State, Country and Zip Code) 440-395-4460
(Area Code) (Telephone Number)Internet Website Address Progressive.comStatutory Statement Contact Ariel NMN Menkin, 216-243-7422
(Name) (Area Code) (Telephone Number)
amenkin@level20.com, (E-mail Address) (FAX Number)**OFFICERS**President Ariel NMN Menkin Treasurer Daniel Joseph Witalec
Secretary Michael Robert Uth**OTHER**Andrew John Quigg, Vice President Karen Ann Kosuda, Assistant Secretary Sandra Lee Rihvalsky, Assistant Treasurer**DIRECTORS OR TRUSTEES**Brian Jacob Gura Ariel NMN Menkin Andrew John Quigg
Sanjay Mahesh Vyas Scott Wesley ZieglerState of Ohio SS: _____
County of Cuyahoga

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.

Ariel NMN Menkin
PresidentMichael Robert Uth
SecretaryDaniel Joseph Witalec
TreasurerSubscribed and sworn to before me this
23 day of February, 2021

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

DIANA M. PISTONE
Notary Public, State of Ohio
My Comm. Exp. Jan. 16, 2026
Recorded in Cuyahoga County



ASSETS

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds (Schedule D)	158,962		158,962	
2. Stocks (Schedule D):				
2.1 Preferred stocks			0	
2.2 Common stocks			0	
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens			0	
3.2 Other than first liens			0	
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$ encumbrances)			0	
4.2 Properties held for the production of income (less \$ encumbrances)			0	
4.3 Properties held for sale (less \$ encumbrances)			0	
5. Cash (\$ 2,203,309 , Schedule E - Part 1), cash equivalents (\$ 5,341,190 , Schedule E - Part 2) and short-term investments (\$, Schedule DA)		7,544,499	7,544,499	
6. Contract loans (including \$ premium notes)			0	
7. Derivatives (Schedule DB)			0	
8. Other invested assets (Schedule BA)			0	
9. Receivables for securities			0	
10. Securities lending reinvested collateral assets (Schedule DL)			0	
11. Aggregate write-ins for invested assets	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	7,703,461	0	7,703,461	0
13. Title plants less \$ charged off (for Title insurers only)			0	
14. Investment income due and accrued	1,416		1,416	
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection			0	
15.2 Deferred premiums and agents' balances and installments booked but deferred and not yet due (including \$ earned but unbilled premiums)			0	
15.3 Accrued retrospective premiums (\$) and contracts subject to redetermination (\$)			0	
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers			0	
16.2 Funds held by or deposited with reinsured companies			0	
16.3 Other amounts receivable under reinsurance contracts			0	
17. Amounts receivable relating to uninsured plans			0	
18.1 Current federal and foreign income tax recoverable and interest thereon	759,761		759,761	
18.2 Net deferred tax asset			0	
19. Guaranty funds receivable or on deposit			0	
20. Electronic data processing equipment and software			0	
21. Furniture and equipment, including health care delivery assets (\$)			0	
22. Net adjustment in assets and liabilities due to foreign exchange rates			0	
23. Receivables from parent, subsidiaries and affiliates			0	
24. Health care (\$) and other amounts receivable			0	
25. Aggregate write-ins for other than invested assets	0	0	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	8,464,638	0	8,464,638	0
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0	
28. Total (Lines 26 and 27)	8,464,638	0	8,464,638	0
DETAILS OF WRITE-INS				
1101.				
1102.				
1103.				
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0
1199. Totals (Lines 1101 thru 1103 plus 1198)(Line 11 above)	0	0	0	0
2501.				
2502.				
2503.				
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above)	0	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Progressive Life Insurance Company
LIABILITIES, SURPLUS AND OTHER FUNDS

		1 Current Year	2 Prior Year
1. Aggregate reserve for life contracts \$	(Exh. 5, Line 9999999) less \$		
included in Line 6.3 (including \$	Modco Reserve) .....	.0	
2. Aggregate reserve for accident and health contracts (including \$	Modco Reserve) .....	.0	
3. Liability for deposit-type contracts (Exhibit 7, Line 14, Col. 1) (including \$	Modco Reserve)		
4. Contract claims:			
4.1 Life (Exhibit 8, Part 1, Line 4.4, Col. 1 less sum of Cols. 9, 10 and 11) .....		.0	
4.2 Accident and health (Exhibit 8, Part 1, Line 4.4, sum of Cols. 9, 10 and 11) .....		.0	
5. Policyholders' dividends/refunds to members \$	and coupons \$	due	
and unpaid (Exhibit 4, Line 10) .....			.0
6. Provision for policyholders' dividends, refunds to members and coupons payable in following calendar year - estimated amounts:			
6.1 Policyholders' dividends and refunds to members apportioned for payment (including \$	Modco)		
6.2 Policyholders' dividends and refunds to members not yet apportioned (including \$	Modco)		
6.3 Coupons and similar benefits (including \$	Modco)		
7. Amount provisionally held for deferred dividend policies not included in Line 6			
8. Premiums and annuity considerations for life and accident and health contracts received in advance less \$	discount; including \$ .....	.0	
Part 1, Col. 1, sum of lines 4 and 14) .....			.0
9. Contract liabilities not included elsewhere:			
9.1 Surrender values on canceled contracts			
9.2 Provision for experience rating refunds, including the liability of \$	accident and health experience rating refunds of which \$		
.0 is for medical loss ratio rebate per the Public Health Service Act			
9.3 Other amounts payable on reinsurance, including \$	assumed and \$		
ceded .....		.0	
9.4 Interest maintenance reserve (IMR, Line 6) .....		.0	
10. Commissions to agents due or accrued-life and annuity contracts \$	accident and health		
\$	and deposit-type contract funds \$		
11. Commissions and expense allowances payable on reinsurance assumed			
12. General expenses due or accrued (Exhibit 2, Line 12, Col. 7)		16,271	
13. Transfers to Separate Accounts due or accrued (net) (including \$	accrued for expense allowances recognized in reserves, net of reinsured allowances)		
14. Taxes, licenses and fees due or accrued, excluding federal income taxes (Exhibit 3, Line 9, Col. 6) .....		.0	
15.1 Current federal and foreign income taxes, including \$	on realized capital gains (losses)		
15.2 Net deferred tax liability			
16. Unearned investment income			
17. Amounts withheld or retained by reporting entity as agent or trustee			
18. Amounts held for agents' account, including \$	agents' credit balances		
19. Remittances and items not allocated			
20. Net adjustment in assets and liabilities due to foreign exchange rates			
21. Liability for benefits for employees and agents if not included above			
22. Borrowed money \$	and interest thereon \$		
23. Dividends to stockholders declared and unpaid			
24. Miscellaneous liabilities:			
24.01 Asset valuation reserve (AVR, Line 16, Col. 7)			
24.02 Reinsurance in unauthorized and certified (\$	0) companies .....	.0	
24.03 Funds held under reinsurance treaties with unauthorized and certified (\$ .....	) reinsurers		
24.04 Payable to parent, subsidiaries and affiliates		811,124	
24.05 Drafts outstanding			
24.06 Liability for amounts held under uninsured plans			
24.07 Funds held under coinsurance			
24.08 Derivatives .....		.0	
24.09 Payable for securities			
24.10 Payable for securities lending			
24.11 Capital notes \$	and interest thereon \$		
25. Aggregate write-ins for liabilities		0	0
26. Total liabilities excluding Separate Accounts business (Lines 1 to 25)		827,395	0
27. From Separate Accounts Statement			
28. Total liabilities (Lines 26 and 27)		827,395	0
29. Common capital stock		2,500,000	
30. Preferred capital stock			
31. Aggregate write-ins for other than special surplus funds .....		.0	0
32. Surplus notes .....		.0	
33. Gross paid in and contributed surplus (Page 3, Line 33, Col. 2 plus Page 4, Line 51.1, Col. 1)		8,000,000	
34. Aggregate write-ins for special surplus funds .....		.0	0
35. Unassigned funds (surplus)		(2,862,757)	
36. Less treasury stock, at cost:			
36.1	shares common (value included in Line 29 \$		
36.2	shares preferred (value included in Line 30 \$		
37. Surplus (Total Lines 31+32+33+34+35-36) (including \$	in Separate Accounts Statement)	5,137,243	0
38. Totals of Lines 29, 30 and 37 (Page 4, Line 55)		7,637,243	0
39. Totals of Lines 28 and 38 (Page 2, Line 28, Col. 3)		8,464,638	0
DETAILS OF WRITE-INS			
2501.			
2502.			
2503.			
2598. Summary of remaining write-ins for Line 25 from overflow page .....		.0	0
2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above)		0	0
3101.			
3102.			
3103.			
3198. Summary of remaining write-ins for Line 31 from overflow page .....		.0	0
3199. Totals (Lines 3101 thru 3103 plus 3198)(Line 31 above)		0	0
3401.			
3402.			
3403.			
3498. Summary of remaining write-ins for Line 34 from overflow page .....		.0	0
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)		0	0

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Progressive Life Insurance Company
SUMMARY OF OPERATIONS

	1 Current Year	2 Prior Year
1. Premiums and annuity considerations for life and accident and health contracts (Exhibit 1, Part 1, Line 20.4, Col. 1, less Col. 11)	0	
2. Considerations for supplementary contracts with life contingencies	0	
3. Net investment income (Exhibit of Net Investment Income, Line 17)	(4,307)	
4. Amortization of Interest Maintenance Reserve (IMR, Line 5)	0	
5. Separate Accounts net gain from operations excluding unrealized gains or losses	0	
6. Commissions and expense allowances on reinsurance ceded (Exhibit 1, Part 2, Line 26.1, Col. 1)	0	
7. Reserve adjustments on reinsurance ceded	0	
8. Miscellaneous Income:		
8.1 Income from fees associated with investment management, administration and contract guarantees from Separate Accounts	0	
8.2 Charges and fees for deposit-type contracts	0	
8.3 Aggregate write-ins for miscellaneous income	0	0
9. Total (Lines 1 to 8.3)	(4,307)	0
10. Death benefits	0	
11. Matured endowments (excluding guaranteed annual pure endowments)	0	
12. Annuity benefits (Exhibit 8, Part 2, Line 6.4, Cols. 4 + 8)	0	
13. Disability benefits and benefits under accident and health contracts	0	
14. Coupons, guaranteed annual pure endowments and similar benefits	0	
15. Surrender benefits and withdrawals for life contracts	0	
16. Group conversions	0	
17. Interest and adjustments on contract or deposit-type contract funds	0	
18. Payments on supplementary contracts with life contingencies	0	
19. Increase in aggregate reserves for life and accident and health contracts	0	
20. Totals (Lines 10 to 19)	0	0
21. Commissions on premiums, annuity considerations, and deposit-type contract funds (direct business only) (Exhibit 1, Part 2, Line 31, Col. 1)		
22. Commissions and expense allowances on reinsurance assumed (Exhibit 1, Part 2, Line 26.2, Col. 1)	3,517,067	
23. General insurance expenses and fraternal expenses (Exhibit 2, Line 10, Cols. 1, 2, 3, 4 and 6)	101,144	
24. Insurance taxes, licenses and fees, excluding federal income taxes (Exhibit 3, Line 7, Cols. 1 + 2 + 3 + 5)		
25. Increase in loading on deferred and uncollected premiums	0	
26. Net transfers to or (from) Separate Accounts net of reinsurance	0	
27. Aggregate write-ins for deductions	0	0
28. Totals (Lines 20 to 27)	3,618,211	0
29. Net gain from operations before dividends to policyholders, refunds to members and federal income taxes (Line 9 minus Line 28)	(3,622,518)	0
30. Dividends to policyholders and refunds to members	0	
31. Net gain from operations after dividends to policyholders, refunds to members and before federal income taxes (Line 29 minus Line 30)	(3,622,518)	0
32. Federal and foreign income taxes incurred (excluding tax on capital gains)	(759,761)	
33. Net gain from operations after dividends to policyholders, refunds to members and federal income taxes and before realized capital gains or (losses) (Line 31 minus Line 32)	(2,862,757)	0
34. Net realized capital gains (losses) (excluding gains (losses) transferred to the IMR) less capital gains tax of \$	(excluding taxes of \$ transferred to the IMR)	
35. Net income (Line 33 plus Line 34)	(2,862,757)	0
CAPITAL AND SURPLUS ACCOUNT		
36. Capital and surplus, December 31, prior year (Page 3, Line 38, Col. 2)	0	
37. Net income (Line 35)	(2,862,757)	0
38. Change in net unrealized capital gains (losses) less capital gains tax of \$		
39. Change in net unrealized foreign exchange capital gain (loss)		
40. Change in net deferred income tax		
41. Change in nonadmitted assets		
42. Change in liability for reinsurance in unauthorized and certified companies		
43. Change in reserve on account of change in valuation basis, (increase) or decrease	0	
44. Change in asset valuation reserve	0	
45. Change in treasury stock (Page 3, Lines 36.1 and 36.2, Col. 2 minus Col. 1)		
46. Surplus (contributed to) withdrawn from Separate Accounts during period		
47. Other changes in surplus in Separate Accounts Statement		
48. Change in surplus notes		
49. Cumulative effect of changes in accounting principles		
50. Capital changes:		
50.1 Paid in	2,500,000	
50.2 Transferred from surplus (Stock Dividend)		
50.3 Transferred to surplus		
51. Surplus adjustment:		
51.1 Paid in	8,000,000	
51.2 Transferred to capital (Stock Dividend)		
51.3 Transferred from capital		
51.4 Change in surplus as a result of reinsurance		
52. Dividends to stockholders		
53. Aggregate write-ins for gains and losses in surplus	0	0
54. Net change in capital and surplus for the year (Lines 37 through 53)	7,637,243	0
55. Capital and surplus, December 31, current year (Lines 36 + 54) (Page 3, Line 38)	7,637,243	0
DETAILS OF WRITE-INS		
08.301.		
08.302.		
08.303.		
08.398. Summary of remaining write-ins for Line 8.3 from overflow page	0	0
08.399. Totals (Lines 08.301 thru 08.303 plus 08.398)(Line 8.3 above)	0	0
2701.		
2702.		
2703.		
2798. Summary of remaining write-ins for Line 27 from overflow page	0	0
2799. Totals (Lines 2701 thru 2703 plus 2798)(Line 27 above)	0	0
5301.		
5302.		
5303.		
5398. Summary of remaining write-ins for Line 53 from overflow page	0	0
5399. Totals (Lines 5301 thru 5303 plus 5398)(Line 53 above)	0	0

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Progressive Life Insurance Company
CASH FLOW

	1 Current Year	2 Prior Year
Cash from Operations		
1. Premiums collected net of reinsurance	0	
2. Net investment income	(3,763)	
3. Miscellaneous income	0	
4. Total (Lines 1 through 3)	(3,763)	0
5. Benefit and loss related payments	0	
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts	0	
7. Commissions, expenses paid and aggregate write-ins for deductions	3,601,940	
8. Dividends paid to policyholders	0	
9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses)	0	
10. Total (Lines 5 through 9)	3,601,940	0
11. Net cash from operations (Line 4 minus Line 10)	(3,605,703)	0
Cash from Investments		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds	0	
12.2 Stocks	0	
12.3 Mortgage loans	0	
12.4 Real estate	0	
12.5 Other invested assets	0	
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments	0	
12.7 Miscellaneous proceeds	0	
12.8 Total investment proceeds (Lines 12.1 to 12.7)	0	0
13. Cost of investments acquired (long-term only):		
13.1 Bonds	160,922	
13.2 Stocks	0	
13.3 Mortgage loans	0	
13.4 Real estate	0	
13.5 Other invested assets	0	
13.6 Miscellaneous applications	0	
13.7 Total investments acquired (Lines 13.1 to 13.6)	160,922	0
14. Net increase (decrease) in contract loans and premium notes	0	
15. Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14)	(160,922)	0
Cash from Financing and Miscellaneous Sources		
16. Cash provided (applied):		
16.1 Surplus notes, capital notes	0	
16.2 Capital and paid in surplus, less treasury stock	10,500,000	
16.3 Borrowed funds	0	
16.4 Net deposits on deposit-type contracts and other insurance liabilities	0	
16.5 Dividends to stockholders	0	
16.6 Other cash provided (applied)	811,124	
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)	11,311,124	0
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS		
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	7,544,499	0
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year	0	
19.2 End of year (Line 18 plus Line 19.1)	7,544,499	0

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

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ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Progressive Life Insurance Company

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS - SUMMARY

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Progressive Life Insurance Company
ANALYSIS OF OPERATIONS BY LINES OF BUSINESS - INDIVIDUAL LIFE INSURANCE (b)

	1 Total	2 Industrial Life	3 Whole Life	4 Term Life	5 Indexed Life	6 Universal Life	7 Universal Life With Secondary Guarantees	8 Variable Life	9 Variable Universal Life	10 Credit Life (c)	11 Other Individual Life	12 YRT Mortality Risk Only
1. Premiums for life contracts ^(a) .....	.0											
2. Considerations for supplementary contracts with life contingencies	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
3. Net investment income	(4,307)			(4,307)		0						
4. Amortization of Interest Maintenance Reserve (IMR) .....	.0											
5. Separate Accounts net gain from operations excluding unrealized gains or losses .....	.0											
6. Commissions and expense allowances on reinsurance ceded .....	.0											
7. Reserve adjustments on reinsurance ceded .....	.0											
8. Miscellaneous Income:												
8.1 Income from fees associated with investment management, administration and contract guarantees from Separate Accounts .....	.0											
8.2 Charges and fees for deposit-type contracts .....	.0											
8.3 Aggregate write-ins for miscellaneous income	0	0	0	0	0	0	0	0	0	0	0	0
9. Totals (Lines 1 to 8.3)	(4,307)	0	0	(4,307)	0	0	0	0	0	0	0	0
10. Death benefits .....	.0											
11. Matured endowments (excluding guaranteed annual pure endowments) .....	.0											
12. Annuity benefits	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
13. Disability benefits and benefits under accident and health contracts .....	.0											
14. Coupons, guaranteed annual pure endowments and similar benefits .....	.0											
15. Surrender benefits and withdrawals for life contracts .....	.0											
16. Group conversions .....	.0											
17. Interest and adjustments on contract or deposit-type contract funds .....	.0											
18. Payments on supplementary contracts with life contingencies .....	.0											
19. Increase in aggregate reserves for life and accident and health contracts	0											
20. Totals (Lines 10 to 19) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
21. Commissions on premiums, annuity considerations and deposit-type contract funds (direct business only) .....	.0											XXX
22. Commissions and expense allowances on reinsurance assumed .....	.0											
23. General insurance expenses	3,517,067				3,517,067							
24. Insurance taxes, licenses and fees, excluding federal income taxes	101,144				101,144							
25. Increase in loading on deferred and uncollected premiums .....	.0											
26. Net transfers to or (from) Separate Accounts net of reinsurance .....	.0											
27. Aggregate write-ins for deductions	0	0	0	0	0	0	0	0	0	0	0	0
28. Totals (Lines 20 to 27)	3,618,211	0	0	3,618,211	0	0	0	0	0	0	0	0
29. Net gain from operations before dividends to policyholders, refunds to members and federal income taxes (Line 9 minus Line 28)	(3,622,518)	.0	.0	(3,622,518)	.0	.0	.0	.0	.0	.0	.0	.0
30. Dividends to policyholders and refunds to members	0											
31. Net gain from operations after dividends to policyholders, refunds to members and before federal income taxes (Line 29 minus Line 30)	(3,622,518)	.0	.0	(3,622,518)	.0	.0	.0	.0	.0	.0	.0	.0
32. Federal income taxes incurred (excluding tax on capital gains)	(759,761)			(759,761)								
33. Net gain from operations after dividends to policyholders, refunds to members and federal income taxes and before realized capital gains or (losses) (Line 31 minus Line 32)	(2,862,757)	0	0	(2,862,757)	0	0	0	0	0	0	0	0
34. Policies/certificates in force end of year	0											
DETAILS OF WRITE-INS												
08.301.												
08.302.												
08.303.												
08.398. Summary of remaining write-ins for Line 8.3 from overflow page .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
08.399. Totals (Lines 08.301 thru 08.303 plus 08.398) (Line 8.3 above)	0	0	0	0	0	0	0	0	0	0	0	0
2701.												
2702.												
2703.												
2798. Summary of remaining write-ins for Line 27 from overflow page .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2799. Totals (Lines 2701 thru 2703 plus 2798) (Line 27 above)	0	0	0	0	0	0	0	0	0	0	0	0

(a) Include premium amounts for preneed plans included in Line 1

(b) Indicate if blocks of business in run-off that comprise less than 5% of premiums and less than 5% of reserve and loans liability are aggregated with material blocks of business and which columns are affected

(c) Individual and Group Credit Life are combined and included on page. (Indicate whether included with Individual or Group.)

Analysis of Operations by Lines of Business - Group Life Insurance
N O N E

Analysis of Operations by Lines of Business - Individual Annuities
N O N E

Analysis of Operations by Lines of Business - Group Annuities
N O N E

Analysis of Operations by Lines of Business - Accident and Health
N O N E

Analysis of Increase in Reserves During the Year - Individual Life Insurance
N O N E

Analysis of Increase in Reserves During the Year - Group Life Insurance
N O N E

Analysis of Increase in Reserves During the Year - Individual Annuities
N O N E

Analysis of Increase in Reserves During the Year - Group Annuities
N O N E

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Progressive Life Insurance Company
EXHIBIT OF NET INVESTMENT INCOME

		1 Collected During Year	2 Earned During Year
1. U.S. Government bonds	(a)	(1,218)	198
1.1 Bonds exempt from U.S. tax	(a)		
1.2 Other bonds (unaffiliated)	(a)		
1.3 Bonds of affiliates	(a)		
2.1 Preferred stocks (unaffiliated)	(b)		
2.11 Preferred stocks of affiliates	(b)		
2.2 Common stocks (unaffiliated)			
2.21 Common stocks of affiliates			
3. Mortgage loans	(c)		
4. Real estate	(d)		
5. Contract loans			
6. Cash, cash equivalents and short-term investments	(e)	1,370	1,370
7. Derivative instruments	(f)		
8. Other invested assets			
9. Aggregate write-ins for investment income		0	0
10. Total gross investment income		152	1,568
11. Investment expenses	(g)	5,875	
12. Investment taxes, licenses and fees, excluding federal income taxes	(g)	0	
13. Interest expense	(h)		
14. Depreciation on real estate and other invested assets	(i)		0
15. Aggregate write-ins for deductions from investment income			0
16. Total deductions (Lines 11 through 15)			5,875
17. Net investment income (Line 10 minus Line 16)			(4,307)
DETAILS OF WRITE-INS			
0901.			
0902.			
0903.			
0998. Summary of remaining write-ins for Line 9 from overflow page		0	0
0999. Totals (Lines 0901 thru 0903 plus 0998) (Line 9, above)		0	0
1501.			
1502.			
1503.			
1598. Summary of remaining write-ins for Line 15 from overflow page			0
1599. Totals (Lines 1501 thru 1503 plus 1598) (Line 15, above)			0

(a) Includes \$ accrual of discount less \$ 1,960 amortization of premium and less \$ 1,133 paid for accrued interest on purchases.
 (b) Includes \$ accrual of discount less \$ amortization of premium and less \$ paid for accrued dividends on purchases.
 (c) Includes \$ accrual of discount less \$ amortization of premium and less \$ paid for accrued interest on purchases.
 (d) Includes \$ for company's occupancy of its own buildings; and excludes \$ interest on encumbrances.
 (e) Includes \$ accrual of discount less \$ amortization of premium and less \$ paid for accrued interest on purchases.
 (f) Includes \$ accrual of discount less \$ amortization of premium.
 (g) Includes \$ investment expenses and \$ investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.
 (h) Includes \$ interest on surplus notes and \$ interest on capital notes.
 (i) Includes \$ depreciation on real estate and \$ depreciation on other invested assets.

EXHIBIT OF CAPITAL GAINS (LOSSES)

	1 Realized Gain (Loss) On Sales or Maturity	2 Other Realized Adjustments	3 Total Realized Capital Gain (Loss) (Columns 1 + 2)	4 Change in Unrealized Capital Gain (Loss)	5 Change in Unrealized Foreign Exchange Capital Gain (Loss)
1. U.S. Government bonds					
1.1 Bonds exempt from U.S. tax					
1.2 Other bonds (unaffiliated)					
1.3 Bonds of affiliates					
2.1 Preferred stocks (unaffiliated)					
2.11 Preferred stocks of affiliates					
2.2 Common stocks (unaffiliated)					
2.21 Common stocks of affiliates					
3. Mortgage loans					
4. Real estate					
5. Contract loans					
6. Cash, cash equivalents and short-term investments					
7. Derivative instruments					
8. Other invested assets					
9. Aggregate write-ins for capital gains (losses)					
10. Total capital gains (losses)					
DETAILS OF WRITE-INS					
0901.					
0902.					
0903.					
0998. Summary of remaining write-ins for Line 9 from overflow page					
0999. Totals (Lines 0901 thru 0903 plus 0998) (Line 9, above)					

NONE

Exhibit 1 Part 1 - Premiums and Annuity Considerations

N O N E

Exhibit 1 Part 2 - Policyholders' Dividends, Refunds to Members and Coupons Applied, Reinsurance Commissions and Expense

N O N E

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Progressive Life Insurance Company
EXHIBIT 2 - GENERAL EXPENSES

	Insurance			5	6	7	
	1 Life	Accident and Health			6	7	
		2 Cost Containment	3 All Other				
1. Rent	46,016					46,016	
2. Salaries and wages	1,575,235					1,575,235	
3.11 Contributions for benefit plans for employees						0	
3.12 Contributions for benefit plans for agents						0	
3.21 Payments to employees under non-funded benefit plans						0	
3.22 Payments to agents under non-funded benefit plans						0	
3.31 Other employee welfare	143,581					143,581	
3.32 Other agent welfare						0	
4.1 Legal fees and expenses	27,607					27,607	
4.2 Medical examination fees						0	
4.3 Inspection report fees						0	
4.4 Fees of public accountants and consulting actuaries	65,030					65,030	
4.5 Expense of investigation and settlement of policy claims						0	
5.1 Traveling expenses	13,138					13,138	
5.2 Advertising	400					400	
5.3 Postage, express, telegraph and telephone	20,061					20,061	
5.4 Printing and stationery	9,500					9,500	
5.5 Cost or depreciation of furniture and equipment	31,471					31,471	
5.6 Rental of equipment						0	
5.7 Cost or depreciation of EDP equipment and software	679,647					679,647	
6.1 Books and periodicals						0	
6.2 Bureau and association fees						0	
6.3 Insurance, except on real estate						0	
6.4 Miscellaneous losses						0	
6.5 Collection and bank service charges	216					216	
6.6 Sundry general expenses						0	
6.7 Group service and administration fees						0	
6.8 Reimbursements by uninsured plans						0	
7.1 Agency expense allowance						0	
7.2 Agents' balances charged off (less \$ recovered)						0	
7.3 Agency conferences other than local meetings						0	
8.1 Official publication (Fraternal Benefit Societies Only)	XXX	XXX	XXX	XXX	XXX	0	
8.2 Expense of supreme lodge meetings (Fraternal Benefit Societies Only)	XXX	XXX	XXX	XXX	XXX	0	
9.1 Real estate expenses	212					212	
9.2 Investment expenses not included elsewhere					5,875	5,875	
9.3 Aggregate write-ins for expenses	904,953	0	0	0	0	904,953	
10. General expenses incurred	3,517,067	0	0	0	5,875	(b) 0 (a) 3,522,942	
11. General expenses unpaid Dec. 31, prior year						0	
12. General expenses unpaid Dec. 31, current year	16,271					16,271	
13. Amounts receivable relating to uninsured plans, prior year						0	
14. Amounts receivable relating to uninsured plans, current year						0	
15. General expenses paid during year (Lines 10+11-12-13-14)	3,500,796	0	0	0	5,875	0 3,506,671	
DETAILS OF WRITE-INS							
09.301. Consulting fees	904,953					904,953	
09.302.							
09.303.							
09.398. Summary of remaining write-ins for Line 9.3 from overflow page	0	0	0	0	0	0	
09.399. Totals (Lines 09.301 thru 09.303 plus 09.398) (Line 9.3 above)	904,953	0	0	0	0	904,953	

(a) Includes management fees of \$ 5,875 to affiliates and \$ to non-affiliates.

(b) Show the distribution of this amount in the following categories (Fraternal Benefit Societies Only):

1. Charitable \$; 2. Institutional \$; 3. Recreational and Health \$; 4. Educational \$;
 5. Religious \$; 6. Membership \$; 7. Other \$; 8. Total \$ 0

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

	Insurance			4	5	6
	1 Life	2 Accident and Health	3 All Other Lines of Business			
1. Real estate taxes						0
2. State insurance department licenses and fees	2,925					2,925
3. State taxes on premiums						0
4. Other state taxes, including \$ for employee benefits						0
5. U.S. Social Security taxes .....	.96,403					.96,403
6. All other taxes	1,816					1,816
7. Taxes, licenses and fees incurred	101,144	0	0	0	0	101,144
8. Taxes, licenses and fees unpaid Dec. 31, prior year						0
9. Taxes, licenses and fees unpaid Dec. 31, current year						0
10. Taxes, licenses and fees paid during year (Lines 7 + 8 - 9)	101,144	0	0	0	0	101,144

EXHIBIT 4 - DIVIDENDS OR REFUNDS

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

NONE

Exhibit 5 - Aggregate Reserve for Life Contracts

N O N E

Exhibit 5 - Interrogatories

N O N E

Exhibit 5A - Changes in Bases of Valuation During the Year

N O N E

Exhibit 6 - Aggregate Reserves for Accident and Health Contracts

N O N E

Exhibit 7 - Deposit-Type Contracts

N O N E

Exhibit 8 - Contract Claims - Part 1 - Liability End of Current Year

N O N E

Exhibit 8 - Contract Claims - Part 2 - Incurred During the Year

N O N E

Exhibit of Nonadmitted Assets

N O N E

NOTES TO FINANCIAL STATEMENTS

NOTE 1 Summary of Significant Accounting Policies and Going Concern

A. Accounting Practices

The financial statements have been prepared in accordance with statutory accounting principles (SAP) prescribed or permitted by the Ohio Department of Insurance (ODI). The ODI requires that insurance companies domiciled in the state prepare their financial statements in accordance with the National Association of Insurance Commissioners' (NAIC) Accounting Practices and Procedures Manual, subject to deviations prescribed by the ODI. The Company had no permitted practices for the period ended December 31, 2020.

A reconciliation of the Company's net income (loss) and capital and surplus between SAP and practices prescribed and permitted by the State of Ohio is shown below.

	SSAP #	F/S Page	F/S Line #	2020	2019
NET INCOME					
(1) State basis (Page 4, Line 35, Columns 1 & 2)	XXX	XXX	XXX	\$ (2,862,757)	\$ -
(2) State Prescribed Practices that are an increase/(decrease) from NAIC SAP:					
(3) State Permitted Practices that are an increase/(decrease) from NAIC SAP:					
(4) NAIC SAP (1-2-3=4)	XXX	XXX	XXX	\$ (2,862,757)	\$ -
SURPLUS					
(5) State basis (Page 3, Line 38, Columns 1 & 2)	XXX	XXX	XXX	\$ 7,637,243	\$ -
(6) State Prescribed Practices that are an increase/(decrease) from NAIC SAP:					
(7) State Permitted Practices that are an increase/(decrease) from NAIC SAP:					
(8) NAIC SAP (5-6-7=8)	XXX	XXX	XXX	\$ 7,637,243	\$ -

B. Use of Estimates in the Preparation of the Financial Statements

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

C. Accounting Policy

Life premiums and annuity considerations are recorded as earned when received, adjusted for advance premiums and premiums deferred and uncollected. Changes in policy benefit reserves and policy acquisition and other period expenses are charged to operations as incurred. Reinsurance commission and expense allowances are recognized as revenue when realized in accordance with the contract terms.

Commissions and other acquisition costs are charged to operations as incurred instead of being deferred and amortized against the related policy premiums which are taken into income over the period covered by the policies.

In addition, the Company uses the following accounting policies:

(1) Basis for Short-Term Investments

Short-term investments include all investments whose remaining maturities, at the time of acquisition, are one year or less and are stated at amortized cost, which approximates estimated fair value.

(2) Basis for Bonds and Amortization Method

Bonds not backed by other loans are stated at amortized cost using the interest method. The Company has no non-investment grade bonds.

(3) Basis for Common Stocks

Not applicable.

(4) Basis for Preferred Stocks

Not applicable.

(5) Basis for Mortgage Loans

Not applicable.

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

Not applicable.

(7) Accounting Policies for Investments in Subsidiaries, Controlled and Affiliated Entities

Not applicable.

(8) Accounting Policies for Investments in Joint Ventures, Partnerships and Limited Liability Entities

Not applicable.

NOTES TO FINANCIAL STATEMENTS

(9) Accounting Policies for Derivatives

Not applicable.

(10) Anticipated Investment Income Used in Premium Deficiency Calculation

Not applicable.

(11) Management's Policies and Methodologies for Estimating Liabilities for Losses and Loss/Claim Adjustment Expenses

Not applicable.

(12) Changes in the Capitalization Policy and Predefined Thresholds from Prior Period

Not applicable.

(13) Method Used to Estimate Pharmaceutical Rebate Receivables

Not applicable.

D. Going Concern

Management is not aware of any conditions that might create doubt about the Company's ability to continue as a going concern.

NOTE 2 Accounting Changes and Corrections of Errors

Not applicable.

NOTE 3 Business Combinations and Goodwill

Not applicable.

NOTE 4 Discontinued Operations

Not applicable.

NOTE 5 Investments

A. Mortgage Loans, including Mezzanine Real Estate Loans

Not applicable.

B. Debt Restructuring

Not applicable.

C. Reverse Mortgages

Not applicable.

D. Loan-Backed Securities

Not applicable.

E. Dollar Repurchase Agreements and/or Securities Lending Transactions

Not applicable.

F. Repurchase Agreements Transactions Accounted for as Secured Borrowing

Not applicable.

G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing

Not applicable.

H. Repurchase Agreements Transactions Accounted for as a Sale

Not applicable.

I. Reverse Repurchase Agreements Transactions Accounted for as a Sale

Not applicable.

J. Real Estate

Not applicable.

K. Low Income Housing Tax Credits (LIHTC)

Not applicable.

NOTES TO FINANCIAL STATEMENTS

L. Restricted Assets

1. Restricted Assets (Including Pledged)

Restricted Asset Category	Gross (Admitted & Nonadmitted) Restricted						6	7		
	Current Year					Total (1 plus 3)				
	1	2	3	4	5					
Total General Account (G/A)	G/A Supporting S/A Activity (a)	Total Separate Account (S/A) Restricted Assets	S/A Assets Supporting G/A Activity (b)	Total (1 plus 3)	Total From Prior Year	Increase/ (Decrease) (5 minus 6)				
a. Subject to contractual obligation for which liability is not shown				\$ -	\$ -	\$ -				
b. Collateral held under security lending agreements				\$ -	\$ -	\$ -				
c. Subject to repurchase agreements				\$ -	\$ -	\$ -				
d. Subject to reverse repurchase agreements				\$ -	\$ -	\$ -				
e. Subject to dollar repurchase agreements				\$ -	\$ -	\$ -				
f. Subject to dollar reverse repurchase agreements				\$ -	\$ -	\$ -				
g. Placed under option contracts				\$ -	\$ -	\$ -				
h. Letter stock or securities restricted as to sale - excluding FHLB capital stock				\$ -	\$ -	\$ -				
i. FHLB capital stock				\$ -	\$ -	\$ -				
j. On deposit with states	\$ 158,962			\$ -	\$ 158,962	\$ 158,962				
k. On deposit with other regulatory bodies				\$ -	\$ -	\$ -				
l. Pledged collateral to FHLB (including assets backing funding agreements)				\$ -	\$ -	\$ -				
m. Pledged as collateral not captured in other categories				\$ -	\$ -	\$ -				
n. Other restricted assets				\$ -	\$ -	\$ -				
o. Total Restricted Assets	\$ 158,962	\$ -	\$ -	\$ -	\$ 158,962	\$ -	\$ 158,962			

(a) Subset of Column 1

(b) Subset of Column 3

Restricted Asset Category	Current Year				11 Admitted Restricted to Total Admitted Assets (d)	
	8 Total Non-admitted Restricted	9 Total Admitted Restricted (5 minus 8)	Percentage			
			10 Gross (Admitted & Non-admitted) Restricted to Total Assets (c)	11 Admitted Restricted to Total Admitted Assets (d)		
Restricted Asset Category	Total Non-admitted Restricted	Total Admitted Restricted (5 minus 8)	Gross (Admitted & Non-admitted) Restricted to Total Assets (c)	Admitted Restricted to Total Admitted Assets (d)		
a. Subject to contractual obligation for which liability is not shown		\$ -	0.000%	0.000%		
b. Collateral held under security lending agreements		\$ -	0.000%	0.000%		
c. Subject to repurchase agreements		\$ -	0.000%	0.000%		
d. Subject to reverse repurchase agreements		\$ -	0.000%	0.000%		
e. Subject to dollar repurchase agreements		\$ -	0.000%	0.000%		
f. Subject to dollar reverse repurchase agreements		\$ -	0.000%	0.000%		
g. Placed under option contracts		\$ -	0.000%	0.000%		
h. Letter stock or securities restricted as to sale - excluding FHLB capital stock		\$ -	0.000%	0.000%		
i. FHLB capital stock		\$ -	0.000%	0.000%		
j. On deposit with states		\$ 158,962	1.878%	1.878%		
k. On deposit with other regulatory bodies		\$ -	0.000%	0.000%		
l. Pledged collateral to FHLB (including assets backing funding agreements)		\$ -	0.000%	0.000%		
m. Pledged as collateral not captured in other categories		\$ -	0.000%	0.000%		
n. Other restricted assets		\$ -	0.000%	0.000%		
o. Total Restricted Assets	\$ -	\$ 158,962	1.878%	1.878%		

(c) Column 5 divided by Asset Page, Column 1, Line 28

(d) Column 9 divided by Asset Page, Column 3, Line 28

2. Detail of Assets Pledged as Collateral Not Captured in Other Categories (Contracts That Share Similar Characteristics, Such as Reinsurance and Derivatives, Are Reported in the Aggregate)

Not applicable.

3. Detail of Other Restricted Assets (Contracts That Share Similar Characteristics, Such as Reinsurance and Derivatives, Are Reported in the Aggregate)

Not applicable.

4. Collateral Received and Reflected as Assets Within the Reporting Entity's Financial Statements

Not applicable.

NOTES TO FINANCIAL STATEMENTS

M. Working Capital Finance Investments

Not applicable.

N. Offsetting and Netting of Assets and Liabilities

The Company did not have any assets and liabilities reported net in accordance with SSAP No. 64-Offsetting and Netting of Assets and Liabilities at December 31, 2020.

O. 5GI Securities

Not applicable.

P. Short Sales

Not applicable.

Q. Prepayment Penalty and Acceleration Fees

Not applicable.

NOTE 6 Joint Ventures, Partnerships and Limited Liability Companies

Not applicable.

NOTE 7 Investment Income

A. The bases, by category of investment income, for excluding (nonadmitting) any investment income due and accrued:

Due and accrued investment income over 90 days past due is excluded from surplus.

B. The total amount excluded:

Not applicable.

NOTE 8 Derivative Instruments

Not applicable.

NOTE 9 Income Taxes

A. The components of the net deferred tax asset/(liability) at the end of current period are as follows:

1.

	As of End of Current Period			12/31/2019			Change		
	(1) Ordinary	(2) Capital	(3) (Col. 1 + 2) Total	(4) Ordinary	(5) Capital	(6) (Col. 4 + 5) Total	(7) (Col. 1 - 4) Ordinary	(8) (Col. 2 - 5) Capital	(9) (Col. 7 + 8) Total
(a) Gross Deferred Tax Assets			\$ -			\$ -	\$ -	\$ -	\$ -
(b) Statutory Valuation Allowance Adjustment			\$ -			\$ -	\$ -	\$ -	\$ -
(c) Adjusted Gross Deferred Tax Assets			\$ -			\$ -	\$ -	\$ -	\$ -
(1a - 1b)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(d) Deferred Tax Assets Nonadmitted			\$ -			\$ -	\$ -	\$ -	\$ -
(e) Subtotal Net Admitted Deferred Tax Asset (1c - 1d)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(f) Deferred Tax Liabilities			\$ -			\$ -	\$ -	\$ -	\$ -
(g) Net Admitted Deferred Tax Asset/(Net Deferred Tax Liability)			\$ -			\$ -	\$ -	\$ -	\$ -
(1e - 1f)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

2.

	As of End of Current Period			12/31/2019			Change		
	(1) Ordinary	(2) Capital	(3) (Col. 1 + 2) Total	(4) Ordinary	(5) Capital	(6) (Col. 4 + 5) Total	(7) (Col. 1 - 4) Ordinary	(8) (Col. 2 - 5) Capital	(9) (Col. 7 + 8) Total
Admission Calculation Components SSAP No. 101			\$ -			\$ -	\$ -	\$ -	\$ -
(a) Federal Income Taxes Paid In Prior Years Recoverable Through Loss Carrybacks			\$ -			\$ -	\$ -	\$ -	\$ -
(b) Adjusted Gross Deferred Tax Assets Expected To Be Realized (Excluding The Amount Of Deferred Tax Assets From 2(a) above) After Application of the Threshold Limitation. (The Lesser of 2(b)1 and 2(b)2 Below)			\$ -			\$ -	\$ -	\$ -	\$ -
1. Adjusted Gross Deferred Tax Assets Expected to be Realized Following the Balance Sheet Date.			\$ -			\$ -	\$ -	\$ -	\$ -
2. Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold.	XXX	XXX	\$ 1,145,586	XXX	XXX		XXX	XXX	\$ 1,145,586
(c) Adjusted Gross Deferred Tax Assets (Excluding The Amount Of Deferred Tax Assets From 2(a) and 2(b) above) Offset by Gross Deferred Tax Liabilities.			\$ -			\$ -	\$ -	\$ -	\$ -
(d) Deferred Tax Assets Admitted as the result of application of SSAP No. 101. Total (2(a) + 2(b) + 2(c))	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

NOTES TO FINANCIAL STATEMENTS

3.

	2020	2019
a. Ratio Percentage Used To Determine Recovery Period And Threshold Limitation Amount.	166099.239%	0.000%
b. Amount Of Adjusted Capital And Surplus Used To Determine Recovery Period And Threshold Limitation In 2(b)2 Above.	\$ 7,637,243	

4.

	As of End of Current Period		12/31/2019		Change	
	(1) Ordinary	(2) Capital	(3) Ordinary	(4) Capital	(5) (Col. 1 - 3) Ordinary	(6) (Col. 2 - 4) Capital
Impact of Tax Planning Strategies:						
(a) Determination of adjusted gross deferred tax assets and net admitted deferred tax assets, by tax character as a percentage.						
1. Adjusted Gross DTAs amount from Note 9A1(c)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
2. Percentage of adjusted gross DTAs by tax character attributable to the impact of tax planning strategies	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%
3. Net Admitted Adjusted Gross DTAs amount from Note 9A1(e)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
4. Percentage of net admitted adjusted gross DTAs by tax character admitted because of the impact of tax planning strategies	0.000%	0.000%	0.000%	0.000%	0.000%	0.000%

b. Do the Company's tax-planning strategies include the use of reinsurance? Yes [] No [X]

B. Deferred Tax Liabilities Not Recognized

Not applicable.

C. Current income taxes incurred consist of the following major components:

	(1) As of End of Current Period	(2) 12/31/2019	(3) (Col. 1 - 2) Change
1. Current Income Tax			
(a) Federal	\$ (759,761)		\$ (759,761)
(b) Foreign			\$ -
(c) Subtotal	\$ (759,761)	\$ -	\$ (759,761)
(d) Federal income tax on net capital gains			\$ -
(e) Utilization of capital loss carry-forwards			\$ -
(f) Other			\$ -
(g) Federal and foreign income taxes incurred	\$ (759,761)	\$ -	\$ (759,761)
2. Deferred Tax Assets:			
(a) Ordinary:			
(1) Discounting of unpaid losses			\$ -
(2) Unearned premium reserve			\$ -
(99) Subtotal	\$ -	\$ -	\$ -
(b) Statutory valuation allowance adjustment			\$ -
(c) Nonadmitted			\$ -
(d) Admitted ordinary deferred tax assets (2a99 - 2b - 2c)	\$ -	\$ -	\$ -
(e) Capital:			
(1) Investments			\$ -
(99) Subtotal	\$ -	\$ -	\$ -
(f) Statutory valuation allowance adjustment			\$ -
(g) Nonadmitted			\$ -
(h) Admitted capital deferred tax assets (2e99 - 2f - 2g)	\$ -	\$ -	\$ -
(i) Admitted deferred tax assets (2d + 2h)	\$ -	\$ -	\$ -
3. Deferred Tax Liabilities:			
(a) Ordinary:			
(1) Investments			\$ -
(99) Subtotal	\$ -	\$ -	\$ -
(b) Capital:			
(1) Investments			\$ -
(99) Subtotal	\$ -	\$ -	\$ -
(c) Deferred tax liabilities (3a99 + 3b99)	\$ -	\$ -	\$ -
4. Net deferred tax assets/liabilities (2i - 3c)	\$ -	\$ -	\$ -

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

	Amount	Effective Tax Rate (%)
Permanent Differences:		
Provision computed at statutory rate	\$ (760,729)	21.00%
Non-deductible items	968	-0.03%
Totals	\$ (759,761)	20.97%
Federal and foreign income taxes incurred	\$ (759,761)	20.97%
Realized capital gains (losses) tax	-	0.00%
Change in net deferred income taxes	-	0.00%
Total statutory income taxes	\$ (759,761)	20.97%

NOTES TO FINANCIAL STATEMENTS

E. Operating Loss Carry Forwards and Income Taxes Available for Recoupment

1. At December 31, 2020, the Company has no tax attribute carryovers.
2. The Company has no income tax expense that is available for recoupment in the event of future net losses.
3. The Company did not have any protective tax deposit under Section 6603 of the Internal Revenue Service Code

F. Consolidated Federal Income Tax Return

For the year ended December 31, 2020, the Company's federal income tax return is consolidated with The Progressive Corporation ("TPC") and all of its eligible subsidiaries.

In 2021 it is expected that the Company will qualify as a life insurance company for U.S. federal income tax purposes and consequently will become an ineligible member of TPC U.S. Federal filing group. At that time, it is anticipated the Company will file a separate U.S. federal income tax return for a period of five consecutive years through 2025.

G. Federal or Foreign Federal Income Tax Loss Contingencies:

The company has no tax loss contingencies for which it is reasonably possible that the total liability will be significantly increased within twelve months of the reporting date.

H. Repatriation Transition Tax (RTT)

Not applicable.

I. Alternative Minimum Tax (AMT) Credit

Not applicable.

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

A. Nature of the Relationship Involved

Effective July 1, 2020, The Progressive Corporation, an Ohio corporation, purchased 100% of the outstanding capital stock of the newly incorporated Company.

B. Transactions and Dollar Amount of Transactions

The Company has a cost-sharing agreement with Progressive Direct Insurance Company approved by ODI. The Company has incurred \$3,320,698 as of December 31, 2020, pursuant to the cost-sharing agreement.

C. Transactions with related party who are not reported on Schedule Y

Not applicable.

D. Amounts Due From or To Related Parties

At December 31, 2020, the Company had intercompany payables to Progressive Direct Insurance Company in the amount of \$807,777 and to Progressive Casualty Insurance Company in the amount of \$3,347.

E. Guarantees or Undertakings

The Company did not make guarantees or undertakings for the benefit of an affiliate that results in a material contingent exposure to the Company during 2020.

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

During 2020, the Company incurred \$3,320,698, to an affiliate in the normal course of business pursuant to an intercompany cost-sharing agreement for management, administration, personnel, data processing and air transportation services and an asset management agreement for investment services. These expenses were incurred as a result of and subsequent to Company incorporation effective July 1, 2020. In addition, the Company incurred \$5,875 to an affiliate for custodian fees during the current year.

G. Nature of the Control Relationship

The Company is a member of an insurance holding company system. All outstanding shares of the Company are owned by the parent company, The Progressive Corporation. For the relationship of the Company with its parent and affiliates, see Schedule Y.

H. Amount Deducted from the Value of Upstream Intermediate Entity or Ultimate Parent Owned

The Company does not hold stock of an upstream intermediate or ultimate parent.

I. Investments in SCA that Exceed 10% of Admitted Assets

Not applicable.

J. Investments in Impaired SCAs

Not applicable.

K. Investment in Foreign Insurance Subsidiary

Not applicable.

L. Investment in Downstream Noninsurance Holding Company

Not applicable.

M. All SCA Investments

Not applicable.

N. Investment in Insurance SCAs

Not applicable.

NOTES TO FINANCIAL STATEMENTS

O. SCA or SSAP 48 Entity Loss Tracking

Not applicable.

NOTE 11 Debt

A. Debt Including Capital Notes

Not applicable.

B. FHLB (Federal Home Loan Bank) Agreements

Not applicable.

NOTE 12 Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans

A. Defined Benefit Plan

Not applicable.

B. Investment Policies and Strategies

Not applicable.

C. Fair Value of Plan Assets

Not applicable.

D. Basis Used to Determine Expected Long-Term Rate-of-Return

Not applicable.

E. Defined Contribution Plan

Not applicable.

F. Multiemployer Plans

Not applicable.

G. Consolidated/Holding Company Plans

Not applicable.

H. Postemployment Benefits and Compensated Absences

Not applicable.

I. Impact of Medicare Modernization Act on Postretirement Benefits (INT 04-17)

Not applicable.

NOTE 13 Capital and Surplus, Dividend Restrictions and Quasi-Reorganizations

A. Number of Share and Par or State Value of Each Class

The Company has 25,000 shares authorized, 25,000 issued and outstanding at \$100.00 par value per share. All shares are Class A shares.

B. Dividend Rate, Liquidation Value and Redemption Schedule of Preferred Stock Issues

Not applicable.

C. Dividend Restrictions

The payment of dividends by Progressive Life Insurance Company to The Progressive Corporation are limited by Ohio insurance laws. The maximum dividend that may be paid to The Progressive Corporation without prior approval of the Director of Insurance is limited to the greater of Progressive Life's statutory net income of the preceding calendar year or 10% of statutory surplus as of the preceding December 31. Any dividend that exceeds the earned surplus of the Company, even if it is within the above parameters, would be deemed extraordinary under Ohio law. Therefore, no dividends may be paid by Progressive Life to The Progressive Corporation in 2021 without prior approval. During 2020, no dividends were declared nor paid by Progressive Life to The Progressive Corporation.

D. Dates and Amounts of Dividends Paid

The Company did not pay dividends in 2020.

E. Profits that may be Paid as Ordinary Dividends to Stockholders

Within the limitations of (C) above, there are no restrictions placed on the portion of Company profits that may be paid as ordinary dividends to stockholders.

F. Restrictions Placed on Unassigned Funds (Surplus)

Under the laws of the State of Ohio, the Company is required to maintain minimum statutory capital and surplus of \$2,500,000.

The NAIC Risk-Based Capital for Life and/or Health Insurers Model Act (RBC) is used to evaluate the adequacy of statutory capital and surplus in relation to a company's investment and insurance risks. The NAIC's RBC provides for four levels of potential involvement for state regulators for inadequately capitalized insurance companies. At December 31, 2020, the Company had statutory capital and surplus in excess of the minimum levels in accordance with the NAIC's RBC requirements.

G. Amount of Advances to Surplus not Repaid

There have been no advances to surplus.

NOTES TO FINANCIAL STATEMENTS

H. Amount of Stock Held for Special Purposes

The Company does not have stock held for special purposes.

I. Reasons for Changes in Balance of Special Surplus Funds from Prior Period

The Company does not have special surplus funds.

J. The portion of unassigned funds (surplus) represented or reduced by cumulative unrealized gains and losses is \$0.

K. The Company issued the following surplus debentures or similar obligations:

Not applicable.

L. The impact of any restatement due to prior quasi-reorganizations is as follows:

Not applicable.

M. Effective Date of Quasi-Reorganization for a Period of Ten Years Following Reorganization

Not applicable.

NOTE 14 Liabilities, Contingencies and Assessments

A. Contingent Commitments

Not applicable.

B. Assessments

Not applicable.

C. Gain Contingencies

Not applicable.

D. Claims related extra contractual obligations and bad faith losses stemming from lawsuits

Not applicable.

E. Joint and Several Liabilities

Not applicable.

F. All Other Contingencies

From time to time, the Company may be involved in litigation in the normal course of business. Contingent liabilities arising from litigation, income taxes and other matters, if any, would not have a material adverse financial effect upon the Company. The Company has no assets it considers to be impaired.

NOTE 15 Leases

A. Lessee Operating Lease:

Not applicable.

B. Lessor Leases

Not applicable.

NOTE 16 Information About Financial Instruments With Off-Balance Sheet Risk and Financial Instruments With Concentrations of Credit Risk

Not applicable.

NOTE 17 Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities

A. Transfers of Receivables Reported as Sales

Not applicable.

B. Transfer and Servicing of Financial Assets

Not applicable.

C. Wash Sales

Not applicable.

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

Not applicable.

NOTE 19 Direct Premium Written/Produced by Managing General Agents/Third Party Administrators

Not applicable.

NOTES TO FINANCIAL STATEMENTS

NOTE 20 Fair Value Measurements
A. Fair Value Measurements
(1) Fair Value Measurements at Reporting Date

The Company has categorized its assets and liabilities that are measured at fair value into the three-level fair value hierarchy as reflected in the table below:

Description for each class of asset or liability	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Total
a. Assets at fair value Cash equivalents				\$ 5,341,190	\$ 5,341,190
Total assets at fair value/NAV	\$ -	\$ -	\$ -	\$ 5,341,190	\$ 5,341,190

(2) Fair Value Measurements in (Level 3) of the Fair Value hierarchy

The Company did not have any assets measured and reported at fair value using significant unobservable inputs (Level 3) for the period ended December 31, 2020.

(3) Policies when Transfers Between Levels are Recognized

Inputs used to measure the fair value of an asset or liability position may fall into different levels of the fair value hierarchy. In these situations, the Company will determine the level in which the fair value falls upon the lowest level input that is significant to the determination of fair value. Transfers between levels occur at the end of the reporting period. The Company did not have any transfers between Level 1 and Level 2 during the period ended December 31, 2020.

(4) Description of Valuation Techniques and Inputs Used in Fair Value Measurement

Level 1 - Observable inputs that reflect quoted prices for identical assets or liabilities in active markets that the Company has the ability to access at the measurement date.

Level 2 - Pricing inputs are other than quoted market prices in active markets which are either directly or indirectly observable as of the reporting date and include independent prices from nationally recognized pricing services utilizing inputs such as interest rates, credit spreads and market transactions for similar assets or liabilities.

Level 3 - Prices or valuations that require inputs that are both significant to the fair value measurement and unobservable. The fair value measurements are estimated using techniques such as present value of cash flows utilizing internally developed assumptions regarding interest rates, credit spreads, default rates and prepayment assumptions.

(5) Fair Value Disclosures for Derivative Assets and Liabilities

Not applicable.

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

Not applicable.

C. Aggregate fair value for all financial instruments and the level within the fair value hierarchy in which the fair value measurements in their entirety fall.

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Not Practicable (Carrying Value)
Bonds	\$ 159,212	\$ 158,962		\$ 159,212			
Cash and cash equivalents	\$ 7,544,499	\$ 7,544,499	\$ 2,203,309			\$ 5,341,190	
Investment income due and accrued	\$ 1,416	\$ 1,416		\$ 1,416			
Total	\$ 7,705,127	\$ 7,704,877	\$ 2,203,309	\$ 160,628		\$ 5,341,190	

D. Not Practicable to Estimate Fair Value

Not applicable.

E. NAV Practical Expedient Investments

In accordance with SSAP No. 2R, as a practical expedient, money market mutual funds shall be valued net asset value (NAV).

NOTE 21 Other Items
A. Unusual or Infrequent Items

Not applicable.

B. Troubled Debt Restructuring: Debtors

Not applicable.

C. Other Disclosures

Not applicable.

D. Business Interruption Insurance Recoveries

Not applicable.

E. State Transferable and Non-transferable Tax Credits

Not applicable.

NOTES TO FINANCIAL STATEMENTS

F. Subprime Mortgage Related Risk Exposure

Not applicable.

G. Retained Assets

Not applicable.

H. Insurance-Linked Securities (ILS) Contracts

Not applicable.

I. The Amount That Could Be Realized on Life Insurance Where the Reporting Entity is Owner and Beneficiary or Has Otherwise Obtained Rights to Control the Policy

Not applicable.

NOTE 22 Events Subsequent

Subsequent events have been considered through February 23, 2021. There were no events occurring subsequent to the end of the quarter that merited recognition or disclosure in these statements.

NOTE 23 Reinsurance

A. Ceded Reinsurance Report

Section1 – General Interrogatories

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

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

Section 2 – Ceded Reinsurance Report – Part A

(1) Does the company have any reinsurance agreements in effect under which the reinsurer may unilaterally cancel any reinsurance for reasons other than for nonpayment of premium or other similar credits? Yes [] No [X]

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

Section 3 – Ceded Reinsurance Report – Part B

reasons other than for nonpayment of premium or other similar credits that are reflected in Section 2 above) of termination of ALL reinsurance agreements, by either party, as of the date of this statement? Where necessary, the company may consider the current or anticipated experience of the business reinsured in making this estimate. \$0

(2) Have any new agreements been executed, or existing agreements amended, since January 1 of the year of this statement, to include policies or contracts that were in force or which had existing reserves established by the company as of the effective date of the agreement? Yes [] No [X]

B. Uncollectible Reinsurance

Not applicable.

C. Commutation of Reinsurance Reflected in Income and Expenses.

Not applicable.

D. Certified Reinsurer Rating Downgraded or Status Subject to Revocation

Not applicable.

E. Reinsurance of Variable Annuity Contracts/Certificates with an Affiliated Captive Reinsurer

Not applicable.

F. Reinsurance Agreement with Affiliated Captive Reinsurer

Not applicable.

G. Ceding Entities That Utilize Captive Reinsurers to Assume Reserves Subject to the XXX/ AXXX Captive Framework

Not applicable.

H. Reinsurance Credit

Not applicable.

NOTE 24 Retrospectively Rated Contracts & Contracts Subject to Redetermination

A. Method Used by the Reporting Entity to Estimate Accrued Retrospective Premium Adjustments

Not applicable.

B. Disclose Whether Accrued Retrospective Premiums are Recorded Through Written Premium or as an Adjustment to Earned Premium

Not applicable.

NOTES TO FINANCIAL STATEMENTS

C. Disclose the Amount of Net Premiums Written Subject to Retrospective Rating Features

Not applicable.

D. Medical loss ratio rebates required pursuant to the Public Health Service Act.

Not applicable.

E. Risk Sharing Provisions of the Affordable Care Act

(1) Did the reporting entity write accident and health insurance premium which is subject to the Affordable Care Act risk sharing provisions (YES/NO)?

Yes [] No [X]

(2)-(5) The Company did not write accident and health premiums which are subject to the Affordable Care Act Risk sharing program.

NOTE 25 Change in Incurred Losses and Loss Adjustment Expenses

A. Change in Incurred Losses and Loss Adjustment Expenses

No material adjustments were made to reserves during 2020 for incurred losses or loss adjustment expenses attributable to insured events of prior years.

B. Information about Significant Changes in Methodologies and Assumptions

There were no changes in methodologies and assumptions in calculating the liability for unpaid losses and loss adjustment expenses.

NOTE 26 Intercompany Pooling Arrangements

Not applicable.

NOTE 27 Structured Settlements

Not applicable.

NOTE 28 Health Care Receivables

Not applicable.

NOTE 29 Participating Policies

Not applicable.

NOTE 30 Premium Deficiency Reserves

As of December 31, 2020, the Company reported no premium deficiency reserves.

NOTE 31 Reserves for Life Contracts and Annuity Contracts

(1) Reserve Practices

Not applicable.

(2) Valuation of Substandard Policies

Not applicable.

(3) Amount of Insurance Where Gross Premiums are Less than the Net Premiums

Not applicable.

(4) Method Used to Determine Tabular Interest, Reserves Released, and Cost

Not applicable.

(5) Method of Determination of Tabular Interest on Funds not Involving Life Contingencies

Not applicable.

(6) Details for Other Changes

The Company is not currently writing any business. There is no activity reported on Page 7.

NOTE 32 Analysis of Annuity Actuarial Reserves and Deposit Type Contract Liabilities by Withdrawal Characteristics

Not applicable.

NOTE 33 Analysis of Life Actuarial Reserves by Withdrawal Characteristics

Not applicable.

NOTE 34 Premium & Annuity Considerations Deferred and Uncollected

Not applicable.

NOTE 35 Separate Accounts

Not applicable.

NOTE 36 Loss/Claim Adjustment Expenses

Not applicable.

NOTES TO FINANCIAL STATEMENTS

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Progressive Life Insurance Company
GENERAL INTERROGATORIES

**PART 1 - COMMON INTERROGATORIES
 GENERAL**

1.1	Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer?	Yes [<input checked="" type="checkbox"/>] No [<input type="checkbox"/>]					
1.2	If yes, complete Schedule Y, Parts 1, 1A and 2						
1.2	If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent, or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations?	Yes [<input checked="" type="checkbox"/>] No [<input type="checkbox"/>] N/A [<input type="checkbox"/>]					
1.3	State Regulating?	Ohio					
1.4	Is the reporting entity publicly traded or a member of a publicly traded group?	Yes [<input checked="" type="checkbox"/>] No [<input type="checkbox"/>]					
1.5	If the response to 1.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group.	0000080661					
2.1	Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity?	Yes [<input checked="" type="checkbox"/>] No [<input type="checkbox"/>]					
2.2	If yes, date of change:	02/28/2020					
3.1	State as of what date the latest financial examination of the reporting entity was made or is being made.	06/16/2020					
3.2	State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released.	06/16/2020					
3.3	State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).	06/23/2020					
3.4	By what department or departments?	Ohio Department of Insurance					
3.5	Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments?	Yes [<input type="checkbox"/>] No [<input type="checkbox"/>] N/A [<input checked="" type="checkbox"/>]					
3.6	Have all of the recommendations within the latest financial examination report been complied with?	Yes [<input type="checkbox"/>] No [<input type="checkbox"/>] N/A [<input checked="" type="checkbox"/>]					
4.1	During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity), receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:	4.11 sales of new business?	Yes [<input type="checkbox"/>] No [<input checked="" type="checkbox"/>]				
		4.12 renewals?	Yes [<input type="checkbox"/>] No [<input checked="" type="checkbox"/>]				
4.2	During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:	4.21 sales of new business?	Yes [<input type="checkbox"/>] No [<input checked="" type="checkbox"/>]				
		4.22 renewals?	Yes [<input type="checkbox"/>] No [<input checked="" type="checkbox"/>]				
5.1	Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?	Yes [<input type="checkbox"/>] No [<input checked="" type="checkbox"/>]					
	If yes, complete and file the merger history data file with the NAIC.						
5.2	If yes, provide the name of the entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.						
<table border="1"> <tr> <td style="text-align: center;">1 Name of Entity</td> <td style="text-align: center;">2 NAIC Company Code</td> <td style="text-align: center;">3 State of Domicile</td> <td></td> </tr> </table>				1 Name of Entity	2 NAIC Company Code	3 State of Domicile	
1 Name of Entity	2 NAIC Company Code	3 State of Domicile					
6.1	Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period?	Yes [<input type="checkbox"/>] No [<input checked="" type="checkbox"/>]					
6.2	If yes, give full information:						
7.1	Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity?	Yes [<input type="checkbox"/>] No [<input checked="" type="checkbox"/>]					
7.2	If yes,						
	7.21 State the percentage of foreign control;	%					
	7.22 State the nationality(s) of the foreign person(s) or entity(s) or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact; and identify the type of entity(s) (e.g., individual, corporation or government, manager or attorney in fact).						
<table border="1"> <tr> <td style="text-align: center;">1 Nationality</td> <td style="text-align: center;">2 Type of Entity</td> <td></td> </tr> </table>				1 Nationality	2 Type of Entity		
1 Nationality	2 Type of Entity						

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Progressive Life Insurance Company
GENERAL INTERROGATORIES

8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? Yes [] No [X]
 8.2 If response to 8.1 is yes, please identify the name of the bank holding company.

8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes [] No [X]
 8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

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

9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?
 Exempt from current year audit
 10.1 Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation? Yes [] No [X]
 10.2 If the response to 10.1 is yes, provide information related to this exemption:
 10.3 Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation? Yes [X] No []
 10.4 If the response to 10.3 is yes, provide information related to this exemption:
 Exempt from current year audit.
 10.5 Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws? Yes [] No [] N/A [X]
 10.6 If the response to 10.5 is no or n/a, please explain
 Exempt from current year audit.
 11. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?
 Stephanie T. Crownhart, FSA, MAAA, Vice President & Consulting Actuary, 11225 College Blvd, Suite 320, Overland Park, KS 66210
 12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly? Yes [] No [X]
 12.11 Name of real estate holding company
 12.12 Number of parcels involved
 12.13 Total book/adjusted carrying value \$

12.2 If, yes provide explanation:

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

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

13.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located? Yes [] No []
 13.3 Have there been any changes made to any of the trust indentures during the year? Yes [] No []
 13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes? Yes [] No [] N/A []
 14.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? Yes [X] No []
 a. Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
 b. Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
 c. Compliance with applicable governmental laws, rules and regulations;
 d. The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
 e. Accountability for adherence to the code.

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

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

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

On May 8, 2020 the Board of Directors approved changes to the Company's Code of Business Conduct and Ethics and the CEO/Senior Financial Officer Code of Conduct to provide the following: 1. Conflict of Interest- The changes are intended to allow greater flexibility for Progressive people to work for non-competing businesses in their spare time. The new language also allows Claims people who handle claims for Uber, Lyft, and other transportation network companies and who are not managers to participate as drivers on the platforms of these entities, subject to certain conditions. Lastly, we have attempted to simplify and clarify the language of this Code. 2. Antitrust- These changes revise the Q&A on participation in industry association meeting to include provisions encouraging people to review the company's Antitrust Guidelines prior to participation and contact the Company's Legal Department with any questions. 3 Safety- The changes here revise the provisions on precautionary items that people may permissibly carry with them to work to expressly exclude tasers and stun guns. Also the provisions in avoiding inappropriate risks have been revised to include an express reference to the Company's Weapons and Workplace violence Policy. 4. Agreement with Former Employers - The revisions here add non-solicitation agreements to the list of agreements with former employers that newly hired employees are required to disclose and comply with. 5. Salvage - The prohibition against certain claims employees purchasing Progressive salvage has been expanded to cover the types of property insured by Progressive Home. 6. Disclosure of Crimes - This section has been revised to require employees to disclose not only serious criminal convictions but also serious criminal charges as well. Serious refers to criminal activity involving violence, breach of trust, or dishonesty, whether misdemeanor or felony.

14.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes [] No [X]
 14.31 If the response to 14.3 is yes, provide the nature of any waiver(s).

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Progressive Life Insurance Company
GENERAL INTERROGATORIES

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

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

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

BOARD OF DIRECTORS

16. Is the purchase or sale of all investments of the reporting entity passed upon either by the board of directors or a subordinate committee thereof? Yes [] No []

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

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

FINANCIAL

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

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

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

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

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

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

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

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

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

22.2 If answer is yes:

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

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

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

INVESTMENT

24.01 Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date? (other than securities lending programs addressed in 24.03)..... Yes [] No []

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

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

24.04 For the reporting entity's securities lending program, report amount of collateral for conforming programs as outlined in the Risk-Based Capital Instructions. \$

24.05 For the reporting entity's securities lending program, report amount of collateral for other programs. \$

24.06 Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract? Yes [] No [] N/A []

24.07 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%? Yes [] No [] N/A []

24.08 Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities lending Agreement (MSLA) to conduct securities lending? Yes [] No [] N/A []

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Progressive Life Insurance Company
GENERAL INTERROGATORIES

24.09 For the reporting entity's securities lending program state the amount of the following as of December 31 of the current year:

24.091 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2	\$ 0
24.092 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2	\$ 0
24.093 Total payable for securities lending reported on the liability page	\$ 0

25.1 Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity, or has the reporting entity sold or transferred any assets subject to a put option contract that is currently in force? (Exclude securities subject to Interrogatory 21.1 and 24.03). Yes [X] No []

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

25.21 Subject to repurchase agreements	\$ 0
25.22 Subject to reverse repurchase agreements	\$ 0
25.23 Subject to dollar repurchase agreements	\$ 0
25.24 Subject to reverse dollar repurchase agreements	\$ 0
25.25 Placed under option agreements	\$ 0
25.26 Letter stock or securities restricted as to sale - excluding FHLB Capital Stock	\$ 0
25.27 FHLB Capital Stock	\$ 0
25.28 On deposit with states	\$ 158,962
25.29 On deposit with other regulatory bodies	\$ 0
25.30 Pledged as collateral - excluding collateral pledged to an FHLB	\$ 0
25.31 Pledged as collateral to FHLB - including assets backing funding agreements	\$ 0
25.32 Other	\$ 0

25.3 For category (25.26) provide the following:

1 Nature of Restriction	2 Description	3 Amount
.....

26.1 Does the reporting entity have any hedging transactions reported on Schedule DB? Yes [] No [X]

26.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes [] No [] N/A [X]
If no, attach a description with this statement.

LINES 26.3 through 26.5: FOR LIFE/FRATERNAL REPORTING ENTITIES ONLY:

26.3 Does the reporting entity utilize derivatives to hedge variable annuity guarantees subject to fluctuations as a result of interest rate sensitivity? .. Yes [] No [X]

26.4 If the response to 26.3 is YES, does the reporting entity utilize:

26.41 Special accounting provision of SSAP No. 108	Yes [] No []
26.42 Permitted accounting practice	Yes [] No []
26.43 Other accounting guidance	Yes [] No []

26.5 By responding YES to 26.41 regarding utilizing the special accounting provisions of SSAP No. 108, the reporting entity attests to the following: Yes [] No []

- The reporting entity has obtained explicit approval from the domiciliary state.
- Hedging strategy subject to the special accounting provisions is consistent with the requirements of VM-21.
- Actuarial certification has been obtained which indicates that the hedging strategy is incorporated within the establishment of VM-21 reserves and provides the impact of the hedging strategy within the Actuarial Guideline Conditional Tail Expectation Amount.
- Financial Officer Certification has been obtained which indicates that the hedging strategy meets the definition of a Clearly Defined Hedging Strategy within VM-21 and that the Clearly Defined Hedging Strategy is the hedging strategy being used by the company in its actual day-to-day risk mitigation efforts.

27.1 Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity? Yes [] No [X]

27.2 If yes, state the amount thereof at December 31 of the current year. \$

28. Excluding items in Schedule E - Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F - Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook? Yes [X] No []

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

1 Name of Custodian(s)	2 Custodian's Address
Citibank, N.A.	338 Greenwich Street, New York, NY 10013

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Progressive Life Insurance Company
GENERAL INTERROGATORIES

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

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

28.03 Have there been any changes, including name changes, in the custodian(s) identified in 28.01 during the current year?..... Yes [] No [X]

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

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

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

1 Name of Firm or Individual	2 Affiliation
Progressive Capital Management Corp.	A.....

28.0597 For those firms/individuals listed in the table for Question 28.05, do any firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") manage more than 10% of the reporting entity's invested assets?..... Yes [] No [X]

28.0598 For firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") listed in the table for Question 28.05, does the total assets under management aggregate to more than 50% of the reporting entity's invested assets?..... Yes [] No [X]

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

1 Central Registration Depository Number	2 Name of Firm or Individual	3 Legal Entity Identifier (LEI)	4 Registered With	5 Investment Management Agreement (IMA) Filed
N/A	Progressive Capital Management Corp. .....	.....	N/A	DS.....

29.1 Does the reporting entity have any diversified mutual funds reported in Schedule D, Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5(b)(1)])?..... Yes [] No [X]

29.2 If yes, complete the following schedule:

1 CUSIP #	2 Name of Mutual Fund	3 Book/Adjusted Carrying Value
29.2999 - Total	0

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

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

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Progressive Life Insurance Company
GENERAL INTERROGATORIES

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

	1 Statement (Admitted) Value	2 Fair Value	3 Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
30.1 Bonds	158,962	159,212	250
30.2 Preferred stocks	0	0	0
30.3 Totals	158,962	159,212	250

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

When available, the fair value of bonds are based on quoted prices in active markets. If quoted prices are not available, fair values are measured using independent prices from nationally-recognized pricing services, broker quotes, or other model-based valuation techniques, such as present value of cash flows.

31.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D? Yes [] No []

31.2 If the answer to 31.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source? Yes [] No []

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

32.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis Office been followed? Yes [] No []

32.2 If no, list exceptions:
.....

33. By self-designating 5GI securities, the reporting entity is certifying the following elements of each self-designated 5GI security:
 a. Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for an FE or PL security is not available.
 b. Issuer or obligor is current on all contracted interest and principal payments.
 c. The insurer has an actual expectation of ultimate payment of all contracted interest and principal.
 Has the reporting entity self-designated 5GI securities? Yes [] No []

34. By self-designating PLGI securities, the reporting entity is certifying the following elements of each self-designated PLGI security:
 a. The security was purchased prior to January 1, 2018.
 b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
 c. The NAIC Designation was derived from the credit rating assigned by an NAIC CRP in its legal capacity as a NRSRO which is shown on a current private letter rating held by the insurer and available for examination by state insurance regulators.
 d. The reporting entity is not permitted to share this credit rating of the PL security with the SVO.
 Has the reporting entity self-designated PLGI securities? Yes [] No []

35. By assigning FE to a Schedule BA non-registered private fund, the reporting entity is certifying the following elements of each self-designated FE fund:
 a. The shares were purchased prior to January 1, 2019.
 b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
 c. The security had a public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO prior to January 1, 2019.
 d. The fund only or predominantly holds bonds in its portfolio.
 e. The current reported NAIC Designation was derived from the public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO.
 f. The public credit rating(s) with annual surveillance assigned by an NAIC CRP has not lapsed.
 Has the reporting entity assigned FE to Schedule BA non-registered private funds that complied with the above criteria? Yes [] No []

36. By rolling/renewing short-term or cash equivalent investments with continued reporting on Schedule DA, Part 1 or Schedule E Part 2 (identified through a code (%)) in those investment schedules), the reporting entity is certifying to the following:
 a. The investment is a liquid asset that can be terminated by the reporting entity on the current maturity date.
 b. If the investment is with a nonrelated party or nonaffiliate, then it reflects an arms-length transaction with renewal completed at the discretion of all involved parties.
 c. If the investment is with a related party or affiliate, then the reporting entity has completed robust re-underwriting of the transaction for which documentation is available for regulator review.
 d. Short-term and cash equivalent investments that have been renewed/rolled from the prior period that do not meet the criteria in 36.a - 36.c are reported as long-term investments.
 Has the reporting entity rolled/renewed short-term or cash equivalent investments in accordance with these criteria? Yes [] No [] N/A []

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Progressive Life Insurance Company
GENERAL INTERROGATORIES

OTHER

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

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

1 Name	2 Amount Paid
.....	

38.1 Amount of payments for legal expenses, if any?\$

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

1 Name	2 Amount Paid
.....	

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

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

1 Name	2 Amount Paid
.....	

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Progressive Life Insurance Company
GENERAL INTERROGATORIES

PART 2 - LIFE, ACCIDENT AND HEALTH COMPANIES/FRATERNAL BENEFIT SOCIETIES INTERROGATORIES

Life, Accident and Health Companies/Fraternal Benefit Societies:

1.1 Does the reporting entity have any direct Medicare Supplement Insurance in force? Yes [] No [X]

1.2 If yes, indicate premium earned on U.S. business only \$

1.3 What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit? \$

1.31 Reason for excluding:
.....

1.4 Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above. \$

1.5 Indicate total incurred claims on all Medicare Supplement insurance. \$ 0

1.6 Individual policies:
Most current three years:
1.61 Total premium earned \$ 0
1.62 Total incurred claims \$ 0
1.63 Number of covered lives 0

All years prior to most current three years
1.64 Total premium earned \$ 0
1.65 Total incurred claims \$ 0
1.66 Number of covered lives 0

1.7 Group policies:
Most current three years:
1.71 Total premium earned \$ 0
1.72 Total incurred claims \$ 0
1.73 Number of covered lives 0

All years prior to most current three years
1.74 Total premium earned \$ 0
1.75 Total incurred claims \$ 0
1.76 Number of covered lives 0

2. Health Test:

	1 Current Year	2 Prior Year
2.1 Premium Numerator		
2.2 Premium Denominator	0	
2.3 Premium Ratio (2.1/2.2)	0.000	0.000
2.4 Reserve Numerator	0	
2.5 Reserve Denominator	0	
2.6 Reserve Ratio (2.4/2.5)	0.000	0.000

3.1 Does this reporting entity have Separate Accounts? Yes [] No [X]

3.2 If yes, has a Separate Accounts Statement been filed with this Department? Yes [] No [] N/A []

3.3 What portion of capital and surplus funds of the reporting entity covered by assets in the Separate Accounts statement, is not currently distributable from the Separate Accounts to the general account for use by the general account? \$

3.4 State the authority under which Separate Accounts are maintained:
.....

3.5 Was any of the reporting entity's Separate Accounts business reinsured as of December 31? Yes [] No []

3.6 Has the reporting entity assumed by reinsurance any Separate Accounts business as of December 31? Yes [] No []

3.7 If the reporting entity has assumed Separate Accounts business, how much, if any, reinsurance assumed receivable for reinsurance of Separate Accounts reserve expense allowances is included as a negative amount in the liability for "Transfers to Separate Accounts due or accrued (net)"? \$

4. For reporting entities having sold annuities to another insurer where the insurer purchasing the annuities has obtained a release of liability from the claimant (payee) as the result of the purchase of an annuity from the reporting entity only:

4.1 Amount of loss reserves established by these annuities during the current year: \$

4.2 List the name and location of the insurance company purchasing the annuities and the statement value on the purchase date of the annuities.

	1	2 Statement Value on Purchase Date of Annuities (i.e., Present Value)
P&C Insurance Company And Location		

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Progressive Life Insurance Company
GENERAL INTERROGATORIES

PART 2 - LIFE, ACCIDENT AND HEALTH COMPANIES/FRATERNAL BENEFIT SOCIETIES INTERROGATORIES

5.1 Do you act as a custodian for health savings accounts? Yes [] No [X]

5.2 If yes, please provide the amount of custodial funds held as of the reporting date. \$

5.3 Do you act as an administrator for health savings accounts? Yes [] No [X]

5.4 If yes, please provide the balance of funds administered as of the reporting date. \$

6.1 Are any of the captive affiliates reported on Schedule S, Part 3, authorized reinsurers? Yes [] No [] N/A [X]

6.2 If the answer to 6.1 is yes, please provide the following:

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

7. Provide the following for individual ordinary life insurance* policies (U.S. business only) for the current year (prior to reinsurance assumed or ceded):

7.1 Direct Premium Written	\$
7.2 Total Incurred Claims	\$
7.3 Number of Covered Lives .....	.....

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

8. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states? Yes [] No [X]

8.1 If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity? Yes [] No [X]

Life, Accident and Health Companies Only:

9.1 Are personnel or facilities of this reporting entity used by another entity or entities or are personnel or facilities of another entity or entities used by this reporting entity (except for activities such as administration of jointly underwritten group contracts and joint mortality or morbidity studies)? Yes [X] No []

9.2 Net reimbursement of such expenses between reporting entities:

9.21 Paid	\$ 2,512,921
9.22 Received	\$

10.1 Does the reporting entity write any guaranteed interest contracts? Yes [] No [X]

10.2 If yes, what amount pertaining to these lines is included in:

10.21 Page 3, Line 1	\$
10.22 Page 4, Line 1	\$

11. For stock reporting entities only:

11.1 Total amount paid in by stockholders as surplus funds since organization of the reporting entity: \$ 8,000,000

12. Total dividends paid stockholders since organization of the reporting entity:

12.11 Cash	\$
12.12 Stock	\$

13.1 Does the reporting entity reinsurance any Workers' Compensation Carve-Out business defined as: Yes [] No [X]

Reinsurance (including retrocessional reinsurance) assumed by life and health insurers of medical, wage loss and death benefits of the occupational illness and accident exposures, but not the employers liability exposures, of business originally written as workers' compensation insurance.

13.2 If yes, has the reporting entity completed the Workers' Compensation Carve-Out Supplement to the Annual Statement? Yes [] No []

13.3 If 13.1 is yes, the amounts of earned premiums and claims incurred in this statement are:

1 Reinsurance Assumed	2 Reinsurance Ceded	3 Net Retained
13.31 Earned premium	0
13.32 Paid claims	0
13.33 Claim liability and reserve (beginning of year)	0
13.34 Claim liability and reserve (end of year)	0
13.35 Incurred claims	0	0

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Progressive Life Insurance Company
GENERAL INTERROGATORIES

PART 2 - LIFE, ACCIDENT AND HEALTH COMPANIES/FRATERNAL BENEFIT SOCIETIES INTERROGATORIES

13.4 If reinsurance assumed included amounts with attachment points below \$1,000,000, the distribution of the amounts reported in Lines 13.31 and 13.34 for Column (1) are:

	Attachment Point	1 Earned Premium	2 Claim Liability and Reserve
13.41	<\$25,000		
13.42	\$25,000 - 99,999		
13.43	\$100,000 - 249,999		
13.44	\$250,000 - 999,999		
13.45	\$1,000,000 or more		

13.5 What portion of earned premium reported in 13.31, Column 1 was assumed from pools?\$

Fraternal Benefit Societies Only:

14. Is the reporting entity organized and conducted on the lodge system, with ritualistic form of work and representative form of government? Yes [] No []

15. How often are meetings of the subordinate branches required to be held?

16. How are the subordinate branches represented in the supreme or governing body?

17. What is the basis of representation in the governing body?

18.1 How often are regular meetings of the governing body held?

18.2 When was the last regular meeting of the governing body held?

18.3 When and where will the next regular or special meeting of the governing body be held?

18.4 How many members of the governing body attended the last regular meeting?

18.5 How many of the same were delegates of the subordinate branches?

19. How are the expenses of the governing body defrayed?

20. When and by whom are the officers and directors elected?

21. What are the qualifications for membership?

22. What are the limiting ages for admission?

23. What is the minimum and maximum insurance that may be issued on any one life?

24. Is a medical examination required before issuing a benefit certificate to applicants? Yes [] No []

25. Are applicants admitted to membership without filing an application with and becoming a member of a local branch by ballot and initiation? Yes [] No []

26.1 Are notices of the payments required sent to the members? Yes [] No [] N/A []

26.2 If yes, do the notices state the purpose for which the money is to be used? Yes [] No []

27. What proportion of first and subsequent year's payments may be used for management expenses?
 27.11 First Year%
 27.12 Subsequent Years%

28.1 Is any part of the mortuary, disability, emergency or reserve fund, or the accretions from or payments for the same, used for expenses? Yes [] No []

28.2 If so, what amount and for what purpose?\$

29.1 Does the reporting entity pay an old age disability benefit? Yes [] No []

29.2 If yes, at what age does the benefit commence?

30.1 Has the constitution or have the laws of the reporting entity been amended during the year? Yes [] No []

30.2 If yes, when?

31. Have you filed with this Department all forms of benefit certificates issued, a copy of the constitution and all of the laws, rules and regulations in force at the present time? Yes [] No []

32.1 State whether all or a portion of the regular insurance contributions were waived during the current year under premium-paying certificates on account of meeting attained age or membership requirements? Yes [] No []

32.2 If so, was an additional reserve included in Exhibit 5? Yes [] No [] N/A []

32.3 If yes, explain

33.1 Has the reporting entity reinsured, amalgamated with, or absorbed any company, order, society, or association during the year? Yes [] No []

33.2 If yes, was there any contract agreement, or understanding, written or oral, expressed or implied, by means of which any officer, director, trustee, or any other person, or firm, corporation, society or association, received or is to receive any fee, commission, emolument, or compensation of any nature whatsoever in connection with, on an account of such reinsurance, amalgamation, absorption, or transfer of membership or funds? Yes [] No [] N/A []

34. Has any present or former officer, director, trustee, incorporator, or any other persons, or any firm, corporation, society or association, any claims of any nature whatsoever against this reporting entity, which is not included in the liabilities on Page 3 of this statement? Yes [] No []

35.1 Does the reporting entity have outstanding assessments in the form of liens against policy benefits that have increased surplus? Yes [] No []

35.2 If yes, what is the date of the original lien and the total outstanding balance of liens that remain in surplus?

Date	Outstanding Lien Amount
.....

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Progressive Life Insurance Company

FIVE-YEAR HISTORICAL DATA

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

\$000 omitted for amounts of life insurance

	1 2020	2 2019	3 2018	4 2017	5 2016
Life Insurance in Force (Exhibit of Life Insurance)					
1. Ordinary - whole life and endowment (Line 34, Col. 4)					
2. Ordinary - term (Line 21, Col. 4, less Line 34, Col. 4) .....	.0				
3. Credit life (Line 21, Col. 6)					
4. Group, excluding FEGLI/SGLI (Line 21, Col. 9 less Lines 43 & 44, Col. 4) .....	.0				
5. Industrial (Line 21, Col. 2)					
6. FEGLI/SGLI (Lines 43 & 44, Col. 4)	0				
7. Total (Line 21, Col. 10)	0	0	0	0	0
7.1 Total in force for which VM-20 deterministic/stochastic reserves are calculated					XXX
New Business Issued (Exhibit of Life Insurance)					
8. Ordinary - whole life and endowment (Line 34, Col. 2)					
9. Ordinary - term (Line 2, Col. 4, less Line 34, Col. 2) .....	.0				
10. Credit life (Line 2, Col. 6)					
11. Group (Line 2, Col. 9)					
12. Industrial (Line 2, Col. 2)					
13. Total (Line 2, Col. 10) .....	.0	0	0	.0	0
Premium Income - Lines of Business (Exhibit 1 - Part 1)					
14. Industrial life (Line 20.4, Col. 2)					
15.1 Ordinary-life insurance (Line 20.4, Col. 3)					
15.2 Ordinary-individual annuities (Line 20.4, Col. 4)					
16 Credit life (group and individual) (Line 20.4, Col. 5)					
17.1 Group life insurance (Line 20.4, Col. 6)					
17.2 Group annuities (Line 20.4, Col. 7)					
18.1 A & H-group (Line 20.4, Col. 8)					
18.2 A & H-credit (group and individual) (Line 20.4, Col. 9)					
18.3 A & H-other (Line 20.4, Col. 10)					
19. Aggregate of all other lines of business (Line 20.4, Col. 11)					
20. Total	0	0	0	0	0
Balance Sheet (Pages 2 & 3)					
21. Total admitted assets excluding Separate Accounts business (Page 2, Line 26, Col. 3)	8,464,638				
22. Total liabilities excluding Separate Accounts business (Page 3, Line 26)	827,395				
23. Aggregate life reserves (Page 3, Line 1) .....	.0				
23.1 Excess VM-20 deterministic/stochastic reserve over NPR related to Line 7.1					XXX
24. Aggregate A & H reserves (Page 3, Line 2) .....	.0				
25. Deposit-type contract funds (Page 3, Line 3)					
26. Asset valuation reserve (Page 3, Line 24.01)					
27. Capital (Page 3, Lines 29 and 30)	2,500,000				
28. Surplus (Page 3, Line 37)	5,137,243				
Cash Flow (Page 5)					
29. Net Cash from Operations (Line 11)	(3,605,703)				
Risk-Based Capital Analysis					
30. Total adjusted capital	7,637,243				
31. Authorized control level risk - based capital	4,598				
Percentage Distribution of Cash, Cash Equivalents and Invested Assets (Page 2, Col. 3) (Line No. /Page 2, Line 12, Col. 3) x 100.0					
32. Bonds (Line 1)	2.1				
33. Stocks (Lines 2.1 and 2.2)	0.0				
34. Mortgage loans on real estate (Lines 3.1 and 3.2)	0.0				
35. Real estate (Lines 4.1, 4.2 and 4.3)	0.0				
36. Cash, cash equivalents and short-term investments (Line 5)	97.9				
37. Contract loans (Line 6)	0.0				
38. Derivatives (Page 2, Line 7)	0.0				
39. Other invested assets (Line 8)	0.0				
40. Receivables for securities (Line 9)	0.0				
41. Securities lending reinvested collateral assets (Line 10)	0.0				
42. Aggregate write-ins for invested assets (Line 11)	0.0				
43. Cash, cash equivalents and invested assets (Line 12)	100.0	100.0	100.0	100.0	100.0

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Progressive Life Insurance Company
FIVE-YEAR HISTORICAL DATA

(Continued)

	1 2020	2 2019	3 2018	4 2017	5 2016
Investments in Parent, Subsidiaries and Affiliates					
44. Affiliated bonds (Schedule D Summary, Line 12, Col. 1)					
45. Affiliated preferred stocks (Schedule D Summary, Line 18, Col. 1)	0				
46. Affiliated common stocks (Schedule D Summary Line 24, Col. 1),	0				
47. Affiliated short-term investments (subtotal included in Schedule DA Verification, Col. 5, Line 10)					
48. Affiliated mortgage loans on real estate					
49. All other affiliated					
50. Total of above Lines 44 to 49	0	0	0	0	0
51. Total Investment in Parent included in Lines 44 to 49 above					
Total Nonadmitted and Admitted Assets					
52. Total nonadmitted assets (Page 2, Line 28, Col. 2)	0				
53. Total admitted assets (Page 2, Line 28, Col. 3)	8,464,638				
Investment Data					
54. Net investment income (Exhibit of Net Investment Income)	(4,307)				
55. Realized capital gains (losses) (Page 4, Line 34, Column 1)					
56. Unrealized capital gains (losses) (Page 4, Line 38, Column 1)					
57. Total of above Lines 54, 55 and 56	(4,307)	0	0	0	0
Benefits and Reserve Increases (Page 6)					
58. Total contract/certificate benefits - life (Lines 10, 11, 12, 13, 14 and 15, Col. 1 minus Lines 10, 11, 12, 13, 14 and 15, Cols. 6, 7 and 8)	0				
59. Total contract/certificate benefits - A & H (Lines 13 & 14, Col. 6)	0				
60. Increase in life reserves - other than group and annuities (Line 19, Col. 2)	0				
61. Increase in A & H reserves (Line 19, Col. 6)					
62. Dividends to policyholders and refunds to members (Line 30, Col. 1)	0				
Operating Percentages					
63. Insurance expense percent (Page 6, Col. 1, Lines 21, 22 & 23, less Line 6)/(Page 6, Col. 1, Line 1 plus Exhibit 7, Col. 2, Line 2) x 100.0	0.0				
64. Lapse percent (ordinary only) [(Exhibit of Life Insurance, Col. 4, Lines 14 & 15) / 1/2 (Exhibit of Life Insurance, Col. 4, Lines 1 & 21)] x 100.0	0.0				
65. A & H loss percent (Schedule H, Part 1, Lines 5 and 6, Col. 2)	0.0				
66. A & H cost containment percent (Schedule H, Pt. 1, Line 4, Col. 2)					
67. A & H expense percent excluding cost containment expenses (Schedule H, Pt. 1, Line 10, Col. 2)					
A & H Claim Reserve Adequacy					
68. Incurred losses on prior years' claims - group health (Schedule H, Part 3, Line 3.1 Col. 2)					
69. Prior years' claim liability and reserve - group health (Schedule H, Part 3, Line 3.2 Col. 2)					
70. Incurred losses on prior years' claims-health other than group (Schedule H, Part 3, Line 3.1 Col. 1 less Col. 2)	0				
71. Prior years' claim liability and reserve-health other than group (Schedule H, Part 3, Line 3.2 Col. 1 less Col. 2)	0				
Net Gains From Operations After Dividends to Policyholders/Members' Refunds and Federal Income Taxes by Lines of Business (Page 6.x, Line 33)					
72. Industrial life (Page 6.1, Col. 2)	0				
73. Ordinary - life (Page 6.1, Col. 1 less Cols. 2, 10 and 12)	(2,862,757)				
74. Ordinary - individual annuities (Page 6, Col. 4)	0				
75. Ordinary-supplementary contracts	XXX	XXX			
76. Credit life (Page 6.1, Col. 10 plus Page 6.2, Col. 7)	0				
77. Group life (Page 6.2, Col. 1 Less Cols. 7 and 9)	0				
78. Group annuities (Page 6, Col. 5)	0				
79. A & H-group (Page 6.5, Col. 3)					
80. A & H-credit (Page 6.5, Col. 10)					
81. A & H-other (Page 6.5, Col. 1 less Cols. 3 and 10)	0				
82. Aggregate of all other lines of business (Page 6, Col. 8)	0				
83. Fraternal (Page 6, Col. 7)	0				
84. Total (Page 6, Col. 1)	(2,862,757)		0	0	0

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

Yes [] No []

If no, please explain:

Exhibit of Life Insurance
N O N E

Exhibit of Life Insurance - Part 2
N O N E

Exhibit of Life Insurance - Part 3
N O N E

Exhibit of Life Insurance - Part 4
N O N E

Exhibit of Life Insurance - Part 5
N O N E

Exhibit of Life Insurance - Part 6
N O N E

Exhibit of Life Insurance - Part 7
N O N E

Exhibit of Life Insurance - Policies with Disability Provisions
N O N E

Exhibit of Number of Policies, Contracts, ...Supplementary Contracts
N O N E

Exhibit of Number of Policies, Contracts, ...Annuities
N O N E

Exhibit of Number of Policies, Contracts, ...Accident and Health Insurance
N O N E

Exhibit of Number of Policies, Contracts, ...Deposit Funds
N O N E

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Progressive Life Insurance Company
SCHEDULE T - PREMIUMS AND ANNUITY CONSIDERATIONS ^(b)

Allocated by States and Territories

States, Etc.	Active Status (a)	Life Contracts			Direct Business Only		Total Columns 2 through 5 (b)	Deposit-Type Contracts
		2	3	4	5			
				Life Insurance Premiums	Annuity Considerations	Accident and Health Insurance Premiums, Including Policy, Membership and Other Fees	Other Considerations	
1. Alabama	AL	N					0	
2. Alaska	AK	N					0	
3. Arizona	AZ	N					0	
4. Arkansas	AR	N					0	
5. California	CA	N					0	
6. Colorado	CO	N					0	
7. Connecticut	CT	N					0	
8. Delaware	DE	N					0	
9. District of Columbia	DC	N					0	
10. Florida	FL	N					0	
11. Georgia	GA	N					0	
12. Hawaii	HI	N					0	
13. Idaho	ID	N					0	
14. Illinois	IL	N					0	
15. Indiana	IN	N					0	
16. Iowa	IA	N					0	
17. Kansas	KS	N					0	
18. Kentucky	KY	N					0	
19. Louisiana	LA	N					0	
20. Maine	ME	N					0	
21. Maryland	MD	N					0	
22. Massachusetts	MA	N					0	
23. Michigan	MI	N					0	
24. Minnesota	MN	N					0	
25. Mississippi	MS	N					0	
26. Missouri	MO	N					0	
27. Montana	MT	N					0	
28. Nebraska	NE	N					0	
29. Nevada	NV	N					0	
30. New Hampshire	NH	N					0	
31. New Jersey	NJ	N					0	
32. New Mexico	NM	N					0	
33. New York	NY	N					0	
34. North Carolina	NC	N					0	
35. North Dakota	ND	N					0	
36. Ohio	OH	L					0	
37. Oklahoma	OK	N					0	
38. Oregon	OR	N					0	
39. Pennsylvania	PA	N					0	
40. Rhode Island	RI	N					0	
41. South Carolina	SC	N					0	
42. South Dakota	SD	N					0	
43. Tennessee	TN	N					0	
44. Texas	TX	N					0	
45. Utah	UT	N					0	
46. Vermont	VT	N					0	
47. Virginia	VA	N					0	
48. Washington	WA	N					0	
49. West Virginia	WV	N					0	
50. Wisconsin	WI	N					0	
51. Wyoming	WY	N					0	
52. American Samoa	AS	N					0	
53. Guam	GU	N					0	
54. Puerto Rico	PR	N					0	
55. U.S. Virgin Islands	VI	N					0	
56. Northern Mariana Islands	MP	N					0	
57. Canada	CAN	N					0	
58. Aggregate Other Alien	OT	XXX	0	0	0	0	0	0
59. Subtotal		XXX	0	0	0	0	0	0
90. Reporting entity contributions for employee benefits plans		XXX					0	
91. Dividends or refunds applied to purchase paid-up additions and annuities		XXX					0	
92. Dividends or refunds applied to shorten endowment or premium paying period		XXX					0	
93. Premium or annuity considerations waived under disability or other contract provisions		XXX					0	
94. Aggregate or other amounts not allocable by State		XXX	0	0	0	0	0	0
95. Totals (Direct Business)		XXX	0	0	0	0	0	0
96. Plus reinsurance assumed		XXX					0	
97. Totals (All Business)		XXX	0	0	0	0	0	0
98. Less reinsurance ceded		XXX					0	
99. Totals (All Business) less Reinsurance Ceded		XXX	0	0	(c)	0	0	0
DETAILS OF WRITE-INS								
58001.		XXX						
58002.		XXX						
58003.		XXX						
58998. Summary of remaining write-ins for Line 58 from overflow page		XXX	0	0	0	0	0	0
58999. Totals (Lines 58001 through 58003 plus 58998)(Line 58 above)		XXX	0	0	0	0	0	0
9401.		XXX						
9402.		XXX						
9403.		XXX						
9498. Summary of remaining write-ins for Line 94 from overflow page		XXX	0	0	0	0	0	0
9499. Totals (Lines 9401 through 9403 plus 9498)(Line 94 above)		XXX	0	0	0	0	0	0

(a) Active Status Counts:

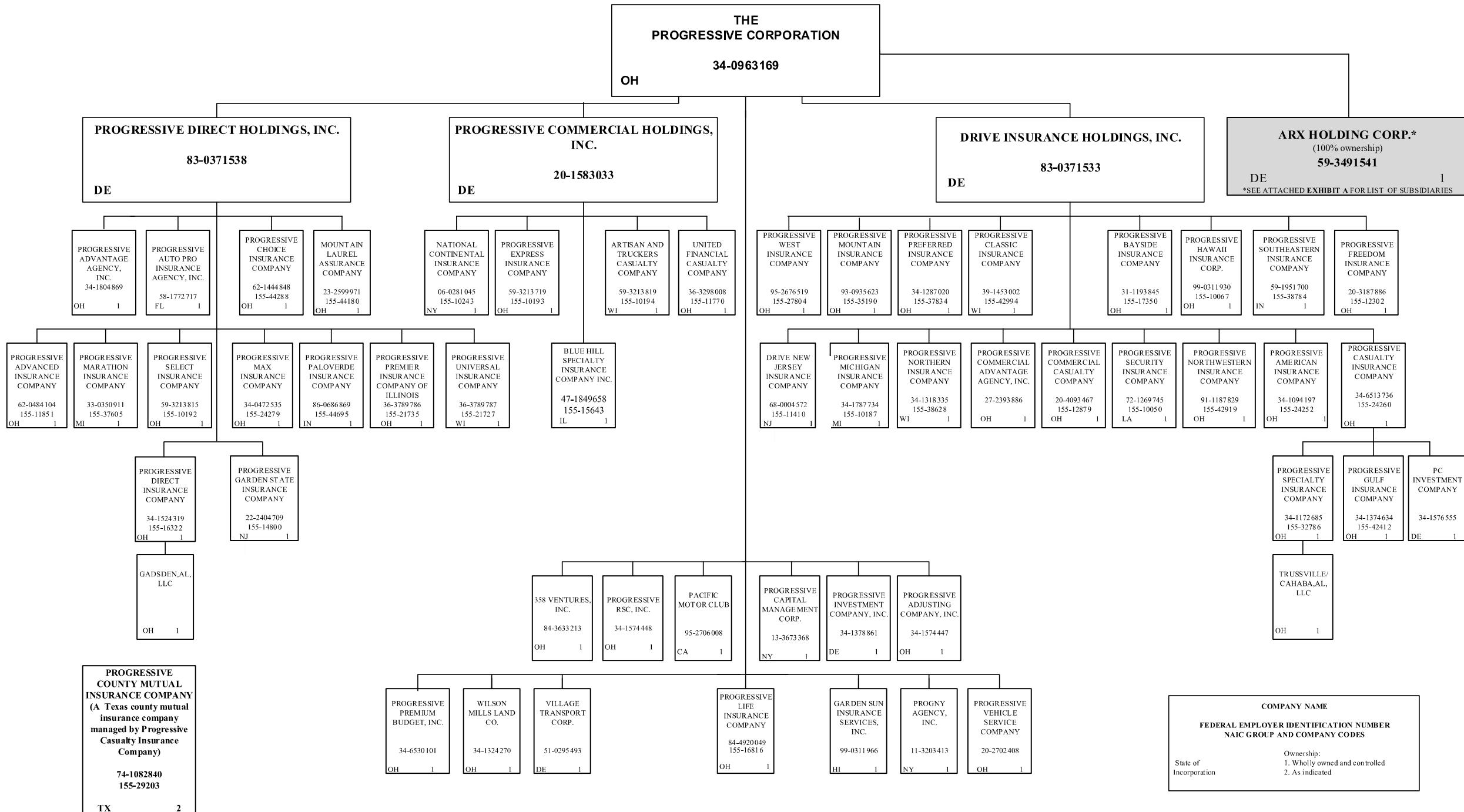
L - Licensed or Chartered - Licensed insurance carrier or domiciled RRG..... 1 R - Registered - Non-domiciled RRGs..... 0
E - Eligible - Reporting entities eligible or approved to write surplus lines in the state..... 0 Q - Qualified - Qualified or accredited reinsurer..... 0
N - None of the above - Not allowed to write business in the state..... 56

(b) Explanation of basis of allocation by states, etc., of premiums and annuity considerations
No premiums written in the current year.

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

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Progressive Life Insurance Company

SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP -- PART 1 – ORGANIZATIONAL CHART



SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP -- PART 1 – ORGANIZATIONAL CHART

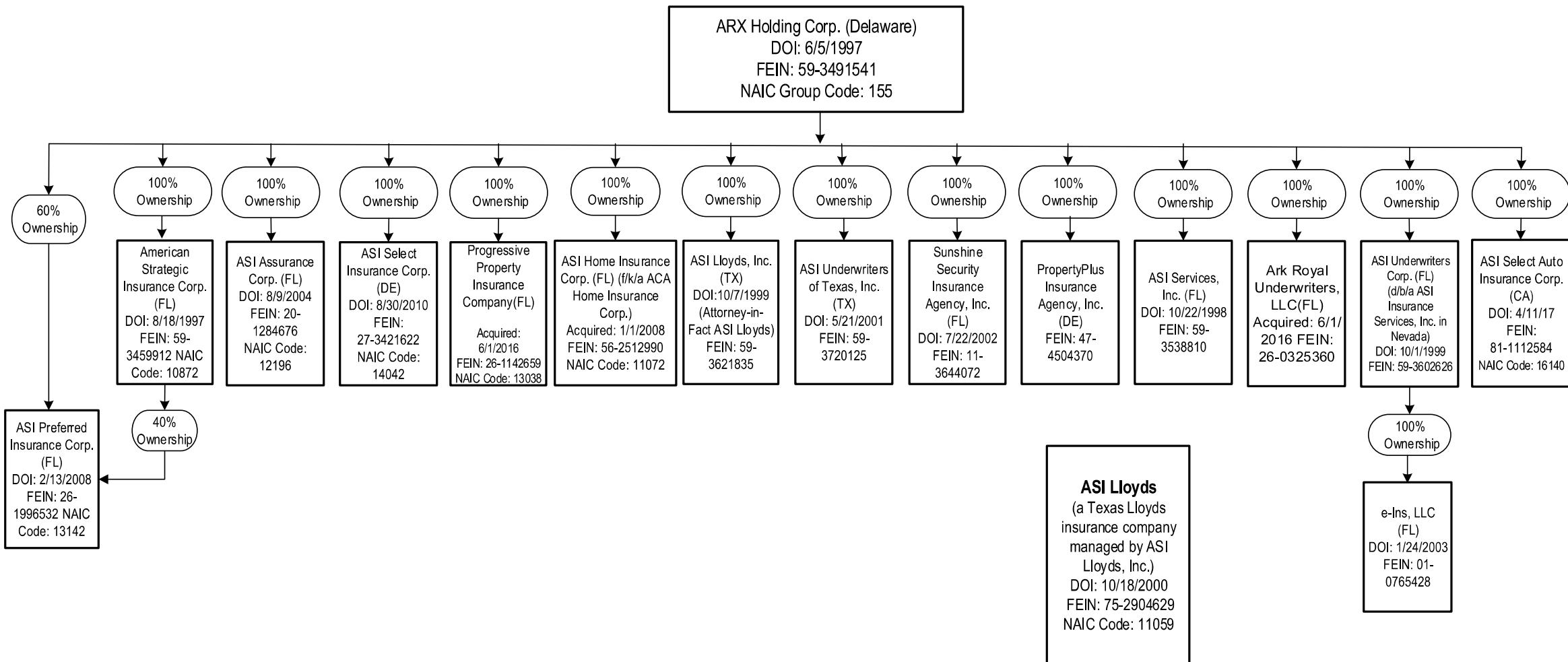


EXHIBIT A

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Progressive Life Insurance Company
OVERFLOW PAGE FOR WRITE-INS

NONE