



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

ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2020
OF THE CONDITION AND AFFAIRS OF THE

United Benefit Life Insurance Company

NAIC Group Code 0901 0901 NAIC Company Code 65269 Employer's ID Number 75-2305400
(Current) (Prior)

Organized under the Laws of Ohio, State of Domicile or Port of Entry OH

Country of Domicile United States of America

Licensed as business type: Life, Accident and Health [X] Fraternal Benefit Societies []

Incorporated/Organized 06/26/1957 Commenced Business 08/13/1957

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

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

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

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

Internet Website Address www.CignaSupplementalBenefits.com

Statutory Statement Contact Renee Wilkins Feldman, 512-531-1465
(Name) CSBFinRpt@cigna.com, 512-467-1399
(E-mail Address) (Area Code) (Telephone Number) (FAX Number)

OFFICERS

President	<u>Stephen Burnett Jones</u>	Secretary	<u>Jill Mary Stadelman #</u>
Treasurer and Chief Accounting Officer	<u>Byron Keith Buescher</u>	Appointed Actuary	<u>Mohammed Umar Gilani</u>

OTHER

Tyler Michael Lester #, Executive Vice President and Chief Financial Officer	<u>David Lawrence Chambers, Vice President-Sales and Marketing</u>	<u>Mark Fleming, Vice President and Assistant Treasurer</u>
Joanne Ruth Hart, Vice President and Assistant Treasurer	<u>Scott Ronald Lambert, Vice President and Assistant Treasurer</u>	<u>Ryan Bruce McGroarty, Vice President</u>
Kathleen Murphy O'Neil, Vice President	<u>Drew Jerome Reynolds #, Vice President and Assistant Treasurer</u>	

DIRECTORS OR TRUSTEES

<u>Brian Case Evanko</u>	<u>Stephen Burnett Jones</u>	<u>Tyler Michael Lester #</u>
<u>Ryan Bruce McGroarty</u>	<u>Frank Sataline Jr.</u>	<u>James Yablecki</u>

State of Tennessee SS:
County of Davidson

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.

Stephen Burnett Jones
President

Byron Keith Buescher
Treasurer and Chief Accounting Officer

Jill Mary Stadelman
Secretary

Subscribed and sworn to before me this
day of _____

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

Yes [X] No []

ASSETS

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 Net Admitted Assets
1. Bonds (Schedule D)	2,578,537		2,578,537	2,581,948
2. Stocks (Schedule D):				
2.1 Preferred stocks				
2.2 Common stocks				
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens				
3.2 Other than first liens				
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$ encumbrances)				
4.2 Properties held for the production of income (less \$ encumbrances)				
4.3 Properties held for sale (less \$ encumbrances)				
5. Cash (\$ 332,212 , Schedule E - Part 1), cash equivalents (\$, Schedule E - Part 2) and short-term investments (\$ 158,392 , Schedule DA)	490,604		490,604	493,195
6. Contract loans (including \$ premium notes)				
7. Derivatives (Schedule DB)				
8. Other invested assets (Schedule BA)				
9. Receivables for securities				
10. Securities lending reinvested collateral assets (Schedule DL)				
11. Aggregate write-ins for invested assets				
12. Subtotals, cash and invested assets (Lines 1 to 11)	3,069,141		3,069,141	3,075,143
13. Title plants less \$ charged off (for Title insurers only)				
14. Investment income due and accrued	16,391		16,391	16,339
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection				
15.2 Deferred premiums and agents' balances and installments booked but deferred and not yet due (including \$ earned but unbilled premiums)				
15.3 Accrued retrospective premiums (\$) and contracts subject to redetermination (\$)				
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers				
16.2 Funds held by or deposited with reinsured companies				
16.3 Other amounts receivable under reinsurance contracts				
17. Amounts receivable relating to uninsured plans				
18.1 Current federal and foreign income tax recoverable and interest thereon	25,700		25,700	24,670
18.2 Net deferred tax asset				
19. Guaranty funds receivable or on deposit	822		822	124
20. Electronic data processing equipment and software				
21. Furniture and equipment, including health care delivery assets (\$)				
22. Net adjustment in assets and liabilities due to foreign exchange rates				
23. Receivables from parent, subsidiaries and affiliates				
24. Health care (\$) and other amounts receivable				
25. Aggregate write-ins for other than invested assets				
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	3,112,054		3,112,054	3,116,276
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
28. Total (Lines 26 and 27)	3,112,054		3,112,054	3,116,276
DETAILS OF WRITE-INS				
1101.				
1102.				
1103.				
1198. Summary of remaining write-ins for Line 11 from overflow page				
1199. Totals (Lines 1101 thru 1103 plus 1198)(Line 11 above)				
2501. Premium Tax Refund				
2502.				
2503.				
2598. Summary of remaining write-ins for Line 25 from overflow page				
2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above)				

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE United Benefit 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)		
2. Aggregate reserve for accident and health contracts (including \$	Modco Reserve)		
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)			
4.2 Accident and health (Exhibit 8, Part 1, Line 4.4, sum of Cols. 9, 10 and 11)			
5. Policyholders' dividends/refunds to members \$	and coupons \$	due	
and unpaid (Exhibit 4, Line 10)			
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 \$	accident and health premiums (Exhibit 1, Part 1, Col. 1, sum of lines 4 and 14)	
9. Contract liabilities not included elsewhere:			
9.1 Surrender values on canceled contracts			
9.2 Provision for experience rating refunds, including the liability of \$	accident and health experience rating refunds of which \$	is for medical loss ratio rebate per the Public Health Service Act	
9.3 Other amounts payable on reinsurance, including \$	assumed and \$	ceded	
9.4 Interest maintenance reserve (IMR, Line 6)			26,962 31,038
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)		709	34
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)			3,148 4,789
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		4,432	212
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)		205	114
24.02 Reinsurance in unauthorized and certified (\$ .....	) companies		
24.03 Funds held under reinsurance treaties with unauthorized and certified (\$ .....	) reinsurers		
24.04 Payable to parent, subsidiaries and affiliates		2,217	5,520
24.05 Drafts outstanding			
24.06 Liability for amounts held under uninsured plans			
24.07 Funds held under coinsurance			
24.08 Derivatives			
24.09 Payable for securities			
24.10 Payable for securities lending			
24.11 Capital notes \$	and interest thereon \$		
25. Aggregate write-ins for liabilities			
26. Total liabilities excluding Separate Accounts business (Lines 1 to 25)		37,673	41,707
27. From Separate Accounts Statement			
28. Total liabilities (Lines 26 and 27)		37,673	41,707
29. Common capital stock		1,500,000	1,500,000
30. Preferred capital stock			
31. Aggregate write-ins for other than special surplus funds			
32. Surplus notes			
33. Gross paid in and contributed surplus (Page 3, Line 33, Col. 2 plus Page 4, Line 51.1, Col. 1)		18,820,665	18,820,665
34. Aggregate write-ins for special surplus funds			
35. Unassigned funds (surplus)		(17,246,284)	(17,246,096)
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)	1,574,381	1,574,569
38. Totals of Lines 29, 30 and 37 (Page 4, Line 55)		3,074,381	3,074,569
39. Totals of Lines 28 and 38 (Page 2, Line 28, Col. 3)		3,112,054	3,116,276
DETAILS OF WRITE-INS			
2501.			
2502.			
2503.			
2598. Summary of remaining write-ins for Line 25 from overflow page			
2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above)			
3101.			
3102.			
3103.			
3198. Summary of remaining write-ins for Line 31 from overflow page			
3199. Totals (Lines 3101 thru 3103 plus 3198)(Line 31 above)			
3401.			
3402.			
3403.			
3498. Summary of remaining write-ins for Line 34 from overflow page			
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)			

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

	1 Current Year	2 Prior Year
1. Premiums and annuity considerations for life and accident and health contracts (Exhibit 1, Part 1, Line 20.4, Col. 1, less Col. 11)		
2. Considerations for supplementary contracts with life contingencies		
3. Net investment income (Exhibit of Net Investment Income, Line 17)	49,133	50,700
4. Amortization of Interest Maintenance Reserve (IMR, Line 5)	4,076	3,770
5. Separate Accounts net gain from operations excluding unrealized gains or losses		
6. Commissions and expense allowances on reinsurance ceded (Exhibit 1, Part 2, Line 26.1, Col. 1)		
7. Reserve adjustments on reinsurance ceded		
8. Miscellaneous Income:		
8.1 Income from fees associated with investment management, administration and contract guarantees from Separate Accounts		
8.2 Charges and fees for deposit-type contracts		
8.3 Aggregate write-ins for miscellaneous income	9,670	
9. Total (Lines 1 to 8.3)	53,209	64,140
10. Death benefits		
11. Matured endowments (excluding guaranteed annual pure endowments)		
12. Annuity benefits (Exhibit 8, Part 2, Line 6.4, Cols. 4 + 8)		
13. Disability benefits and benefits under accident and health contracts		
14. Coupons, guaranteed annual pure endowments and similar benefits		
15. Surrender benefits and withdrawals for life contracts		
16. Group conversions		
17. Interest and adjustments on contract or deposit-type contract funds		
18. Payments on supplementary contracts with life contingencies		
19. Increase in aggregate reserves for life and accident and health contracts		
20. Totals (Lines 10 to 19)		
21. Commissions on premiums, annuity considerations, and deposit-type contract funds (direct business only) (Exhibit 1, Part 2, Line 31, Col. 1)		
22. Commissions and expense allowances on reinsurance assumed (Exhibit 1, Part 2, Line 26.2, Col. 1)		
23. General insurance expenses and fraternal expenses (Exhibit 2, Line 10, Cols. 1, 2, 3, 4 and 6)	37,611	36,859
24. Insurance taxes, licenses and fees, excluding federal income taxes (Exhibit 3, Line 7, Cols. 1 + 2 + 3 + 5)	40,576	47,695
25. Increase in loading on deferred and uncollected premiums		
26. Net transfers to or (from) Separate Accounts net of reinsurance		
27. Aggregate write-ins for deductions	1,200	25
28. Totals (Lines 20 to 27)	79,387	84,579
29. Net gain from operations before dividends to policyholders, refunds to members and federal income taxes (Line 9 minus Line 28)	(26,178)	(20,439)
30. Dividends to policyholders and refunds to members		
31. Net gain from operations after dividends to policyholders, refunds to members and before federal income taxes (Line 29 minus Line 30)	(26,178)	(20,439)
32. Federal and foreign income taxes incurred (excluding tax on capital gains)	(25,700)	(24,670)
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)	(478)	4,231
34. Net realized capital gains (losses) (excluding gains (losses) transferred to the IMR) less capital gains tax of \$	(478)	4,231
35. Net income (Line 33 plus Line 34)	(478)	4,231
CAPITAL AND SURPLUS ACCOUNT		
36. Capital and surplus, December 31, prior year (Page 3, Line 38, Col. 2)	3,074,569	3,070,832
37. Net income (Line 35)	(478)	4,231
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	381	(380)
42. Change in liability for reinsurance in unauthorized and certified companies		
43. Change in reserve on account of change in valuation basis, (increase) or decrease		
44. Change in asset valuation reserve	(91)	(114)
45. Change in treasury stock (Page 3, Lines 36.1 and 36.2, Col. 2 minus Col. 1)		
46. Surplus (contributed to) withdrawn from Separate Accounts during period		
47. Other changes in surplus in Separate Accounts Statement		
48. Change in surplus notes		
49. Cumulative effect of changes in accounting principles		
50. Capital changes:		
50.1 Paid in		
50.2 Transferred from surplus (Stock Dividend)		
50.3 Transferred to surplus		
51. Surplus adjustment:		
51.1 Paid in		
51.2 Transferred to capital (Stock Dividend)		
51.3 Transferred from capital		
51.4 Change in surplus as a result of reinsurance		
52. Dividends to stockholders		
53. Aggregate write-ins for gains and losses in surplus		
54. Net change in capital and surplus for the year (Lines 37 through 53)	(188)	3,737
55. Capital and surplus, December 31, current year (Lines 36 + 54) (Page 3, Line 38)	3,074,381	3,074,569
DETAILS OF WRITE-INS		
08.301. Miscellaneous Income		9,670
08.302.		
08.303.		
08.398. Summary of remaining write-ins for Line 8.3 from overflow page		
08.399. Totals (Lines 08.301 thru 08.303 plus 08.398)(Line 8.3 above)	9,670	
2701. Regulatory Penalties	1,200	25
2702.		
2703.		
2798. Summary of remaining write-ins for Line 27 from overflow page		
2799. Totals (Lines 2701 thru 2703 plus 2798)(Line 27 above)	1,200	25
5301.		
5302.		
5303.		
5398. Summary of remaining write-ins for Line 53 from overflow page		
5399. Totals (Lines 5301 thru 5303 plus 5398)(Line 53 above)		

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

	1 Current Year	2 Prior Year
Cash from Operations		
1. Premiums collected net of reinsurance		
2. Net investment income	52,492	54,091
3. Miscellaneous income		9,670
4. Total (Lines 1 through 3)	52,492	63,761
5. Benefit and loss related payments		
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts		
7. Commissions, expenses paid and aggregate write-ins for deductions	83,974	84,385
8. Dividends paid to policyholders		
9. Federal and foreign income taxes paid (recovered) net of \$	(24,670)	(167,966)
10. Total (Lines 5 through 9)	59,304	(83,581)
11. Net cash from operations (Line 4 minus Line 10)	(6,812)	147,342
Cash from Investments		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds		
12.2 Stocks		
12.3 Mortgage loans		
12.4 Real estate		
12.5 Other invested assets		
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments		
12.7 Miscellaneous proceeds		
12.8 Total investment proceeds (Lines 12.1 to 12.7)		
13. Cost of investments acquired (long-term only):		
13.1 Bonds		
13.2 Stocks		
13.3 Mortgage loans		
13.4 Real estate		
13.5 Other invested assets		
13.6 Miscellaneous applications		
13.7 Total investments acquired (Lines 13.1 to 13.6)		
14. Net increase (decrease) in contract loans and premium notes		
15. Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14)		
Cash from Financing and Miscellaneous Sources		
16. Cash provided (applied):		
16.1 Surplus notes, capital notes		
16.2 Capital and paid in surplus, less treasury stock		
16.3 Borrowed funds		
16.4 Net deposits on deposit-type contracts and other insurance liabilities		
16.5 Dividends to stockholders		
16.6 Other cash provided (applied)	4,221	212
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)	4,221	212
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)	(2,591)	147,554
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year	493,195	345,641
19.2 End of year (Line 18 plus Line 19.1)	490,604	493,195

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

20.0001		
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Analysis of Operations by Lines of Business - Individual Life Insurance
N O N E

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 United Benefit Life Insurance Company
EXHIBIT OF NET INVESTMENT INCOME

		1 Collected During Year	2 Earned During Year
1. U.S. Government bonds	(a)	50,282	50,334
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)	1,113	1,113
7. Derivative instruments	(f)		
8. Other invested assets			
9. Aggregate write-ins for investment income			
10. Total gross investment income		51,395	51,447
11. Investment expenses	(g)		2,314
12. Investment taxes, licenses and fees, excluding federal income taxes	(g)		
13. Interest expense	(h)		
14. Depreciation on real estate and other invested assets	(i)		
15. Aggregate write-ins for deductions from investment income			
16. Total deductions (Lines 11 through 15)			2,314
17. Net investment income (Line 10 minus Line 16)			49,133
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)			
1501.			
1502.			
1503.			
1598. Summary of remaining write-ins for Line 15 from overflow page			
1599. Totals (Lines 1501 thru 1503 plus 1598) (Line 15, above)			

- (a) Includes \$ accrual of discount less \$ 3,411 amortization of premium and less \$ 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 United Benefit 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							
2. Salaries and wages				25,282		25,282	
3.11 Contributions for benefit plans for employees				4,571		4,571	
3.12 Contributions for benefit plans for agents							
3.21 Payments to employees under non-funded benefit plans							
3.22 Payments to agents under non-funded benefit plans							
3.31 Other employee welfare				29		29	
3.32 Other agent welfare							
4.1 Legal fees and expenses							
4.2 Medical examination fees							
4.3 Inspection report fees							
4.4 Fees of public accountants and consulting actuaries							
4.5 Expense of investigation and settlement of policy claims							
5.1 Traveling expenses .....				.13		.13
5.2 Advertising							
5.3 Postage, express, telegraph and telephone				248		248	
5.4 Printing and stationery				139		139	
5.5 Cost or depreciation of furniture and equipment				3		3	
5.6 Rental of equipment							
5.7 Cost or depreciation of EDP equipment and software				5		5	
6.1 Books and periodicals							
6.2 Bureau and association fees							
6.3 Insurance, except on real estate							
6.4 Miscellaneous losses				(2)		(2)	
6.5 Collection and bank service charges				2,934		2,934	
6.6 Sundry general expenses				589		589	
6.7 Group service and administration fees							
6.8 Reimbursements by uninsured plans							
7.1 Agency expense allowance							
7.2 Agents' balances charged off (less \$ recovered)							
7.3 Agency conferences other than local meetings							
8.1 Official publication (Fraternal Benefit Societies Only)	XXX	XXX	XXX	XXX	XXX		
8.2 Expense of supreme lodge meetings (Fraternal Benefit Societies Only)	XXX	XXX	XXX	XXX	XXX		
9.1 Real estate expenses							
9.2 Investment expenses not included elsewhere				2,314		2,314	
9.3 Aggregate write-ins for expenses				3,799		3,799	
10. General expenses incurred				37,610	2,314	(b) (a) 39,924	
11. General expenses unpaid Dec. 31, prior year				34		34	
12. General expenses unpaid Dec. 31, current year				709		709	
13. Amounts receivable relating to uninsured plans, prior year							
14. Amounts receivable relating to uninsured plans, current year							
15. General expenses paid during year (Lines 10+11-12-13-14)				36,935	2,314	39,249	
DETAILS OF WRITE-INS							
09.301. IT Services				3,799		3,799	
09.302.							
09.303.							
09.398. Summary of remaining write-ins for Line 9.3 from overflow page							
09.399. Totals (Lines 09.301 thru 09.303 plus 09.398) (Line 9.3 above)				3,799		3,799	

(a) Includes management fees of \$ 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 \$

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

	Insurance			4 Investment	5 Fraternal	6 Total
	1 Life	2 Accident and Health	3 All Other Lines of Business			
1. Real estate taxes						
2. State insurance department licenses and fees				33,752		33,752
3. State taxes on premiums				5,134		5,134
4. Other state taxes, including \$ for employee benefits						
5. U.S. Social Security taxes				1,690		1,690
6. All other taxes						
7. Taxes, licenses and fees incurred				40,576		40,576
8. Taxes, licenses and fees unpaid Dec. 31, prior year				4,789		4,789
9. Taxes, licenses and fees unpaid Dec. 31, current year				3,148		3,148
10. Taxes, licenses and fees paid during year (Lines 7 + 8 - 9)				42,217		42,217

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

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE United Benefit Life Insurance Company
EXHIBIT OF NON-ADMITTED ASSETS

	1 Current Year Total Nonadmitted Assets	2 Prior Year Total Nonadmitted Assets	3 Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D)			
2. Stocks (Schedule D):			
2.1 Preferred stocks			
2.2 Common stocks			
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens			
3.2 Other than first liens			
4. Real estate (Schedule A):			
4.1 Properties occupied by the company			
4.2 Properties held for the production of income			
4.3 Properties held for sale			
5. Cash (Schedule E - Part 1), cash equivalents (Schedule E - Part 2) and short-term investments (Schedule DA)			
6. Contract loans			
7. Derivatives (Schedule DB)			
8. Other invested assets (Schedule BA)			
9. Receivables for securities			
10. Securities lending reinvested collateral assets (Schedule DL)			
11. Aggregate write-ins for invested assets			
12. Subtotals, cash and invested assets (Lines 1 to 11)			
13. Title plants (for Title insurers only)			
14. Investment income due and accrued			
15. Premiums and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection			
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due			
15.3 Accrued retrospective premiums and contracts subject to redetermination			
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers			
16.2 Funds held by or deposited with reinsured companies			
16.3 Other amounts receivable under reinsurance contracts			
17. Amounts receivable relating to uninsured plans			
18.1 Current federal and foreign income tax recoverable and interest thereon			
18.2 Net deferred tax asset			
19. Guaranty funds receivable or on deposit			
20. Electronic data processing equipment and software			
21. Furniture and equipment, including health care delivery assets			
22. Net adjustment in assets and liabilities due to foreign exchange rates			
23. Receivables from parent, subsidiaries and affiliates			
24. Health care and other amounts receivable			
25. Aggregate write-ins for other than invested assets		380	380
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)		380	380
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			
28. Total (Lines 26 and 27)		380	380
DETAILS OF WRITE-INS			
1101.			
1102.			
1103.			
1198. Summary of remaining write-ins for Line 11 from overflow page			
1199. Totals (Lines 1101 thru 1103 plus 1198)(Line 11 above)			
2501. Premium Tax Refund		380	380
2502.			
2503.			
2598. Summary of remaining write-ins for Line 25 from overflow page			
2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above)		380	380

NOTES TO FINANCIAL STATEMENTS

Note 1 – Summary of Significant Accounting Policies and Going Concern

On March 27, 2020, the Coronavirus Aid, Relief and Economic Security Act ("the Act") was enacted. The new legislation did not have a material impact on the Company's financial results for the twelve months ended December 31, 2020. The Company has not requested any funding under the Act.

Additionally, in response to the COVID-19 pandemic, U.S. federal and state governments have increasingly enacted new regulatory requirements. Because the Company has no insurance in force, neither the pandemic nor related regulatory requirements have had a material impact on the Company's financial position or results of operations as of or for the twelve months ended December 31, 2020.

A. Accounting Practices

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

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

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

	SSAP #	F/S Page	F/S Line #	2020	2019
NET INCOME					
(1) Company state basis (Page 4, Line 35, Columns 1 & 2)	XXX	XXX	XXX	\$ (478)	\$ 4,231
(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	\$ (478)	\$ 4,231
SURPLUS					
(5) Company state basis (Page 3, Line 38, Columns 1 & 2)	XXX	XXX	XXX	\$ 3,074,381	\$ 3,070,832
(6) State Prescribed Practices that are an increase/(decrease) from NAIC SAP					
				\$	\$
(7) State Permitted Practices that are an increase/(decrease) from NAIC SAP					
				\$	\$
(8) NAIC SAP (5 – 6 – 7 = 8)	XXX	XXX	XXX	\$ 3,074,381	\$ 3,070,832

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

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

C. Accounting Policy

Life premiums are recognized as income over the premium-paying period of the related policies. Annuity considerations are recognized as revenue when received. Health premiums are earned ratably over the terms of the related insurance. Expenses incurred in connection with acquiring new insurance business, including acquisition costs such as sales commissions, are charged to operations as incurred. The Company pays dividends to participating policyholders.

The Company uses the following accounting policies:

(1)-(2) Basis for Short-Term Investments, Bonds and Amortization

Investments in bonds and short-term investments are carried at amortized cost, except those in or near default that are carried at the lesser of cost or fair value. Amortization of bond premium or discount is calculated using the scientific (constant yield) interest method. Bonds containing call provisions are amortized to call date which produces the lowest asset value (yield to worst). Investments with original maturities of one year or less from the time of purchase are classified as short-term. Bonds are considered impaired and their cost basis is written down to fair value through an asset valuation reserve for credit-related losses or an interest maintenance reserve for interest-related losses, when management expects a decline in value to persist (i.e., the decline is other-than-temporary).

(3)-(5) Not Applicable

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

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

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

When the Company determines it does not expect to recover the amortized cost basis of loan-backed or structured securities with declines in fair value (even if it does not intend to sell and has the intent and ability to hold), the non-interest portion of the impairment loss is recognized in realized investment losses. The non-interest portion is the difference between the amortized cost basis of the loan-backed or structured security and the net present value

NOTES TO FINANCIAL STATEMENTS

of its expected future cash flows. Expected future cash flows are based on assumptions about the collateral attributes, including prepayment speeds, default rates and changes in value.

(7)-(13) Not Applicable

D. Going Concern

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

Note 2 – Accounting Changes and Correction of Errors

Not applicable.

Note 3 – Business Combinations and Goodwill

Not applicable.

Note 4 – Discontinued Operations

Not applicable.

Note 5 – Investments

A. - C. Not applicable.

D. Loan-Backed Securities

(1) Description of Sources Used to Determine Prepayment Assumptions

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

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

As of December 31, 2020, the Company had no loan-backed and structured securities with recognized other-than-temporary impairments where the Company had the intent to sell or does not have the intent and ability to retain the investment for a period of time sufficient to recover the amortized cost basis.

(3) Recognized OTTI Securities

As of December 31, 2020, the Company had no loan-backed and structured securities with recognized other-than-temporary impairments where the present value of cash flow expected to be collected is less than the amortized cost basis.

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

As of December 31, 2020, there were no loan-backed and structured securities with a decline in fair value lower than amortized cost.

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

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

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

E. - K. Not applicable.

L. Restricted Assets

(1) Restricted Assets (Including Pledged)

NOTES TO FINANCIAL STATEMENTS

Restricted Asset Category	Gross		(Admitted & Nonadmitted)	Restricted		6	7		
	Current Year								
	1 Total General Account (G/A)	2 G/A Supporting S/A Activity (a)	3 Total Separate Account (S/A) Restricted Assets	4 S/A Assets Supporting G/A Activity (b)	5 Total (1plus 3)				
a. Subject to contractual obligation for which liability is not shown	\$	\$	\$	\$	\$	\$	\$		
b. Collateral held under security lending arrangements									
c. Subject to repurchase agreements									
d. Subject to reverse repurchase agreements									
e. Subject to dollar repurchase agreements									
f. Subject to dollar reverse repurchase agreements									
g. Placed under option contracts									
h. Letter stock or securities restricted as to sale—excluding FHLB capital stock									
i. FHLB capital stock									
j. On deposit with states	1,771,713					1,771,713	1,773,995 (2,282)		
k. On deposit with other regulatory bodies									
l. Pledged as collateral to FHLB (including assets backing funding agreements)									
m. Pledged as collateral not captured in other categories									
n. Other restricted assets					-				
o. Total Restricted Assets	\$ 1,771,713	\$ -	\$ -	\$ -	\$ 1,771,713	\$ 1,773,995	\$ (2,282)		
Restricted Asset Category	Current Year				Percentage				
	8 Total Nonadmitted Restricted	9 Total Admitted Restricted (5 minus 8)	Gross (Admitted & Nonadmitted) Restricted to Total Assets (c)						
					10 Admitted Restricted to Total Admitted Assets (d)	11			
a. Subject to contractual obligation for which liability is not shown	\$	\$		%		%			
b. Collateral held under security lending arrangements				%		%			
c. Subject to repurchase agreements				%		%			
d. Subject to reverse repurchase agreements				%		%			
e. Subject to dollar repurchase agreements				%		%			
f. Subject to dollar reverse repurchase agreements				%		%			
g. Placed under option contracts				%		%			
h. Letter stock or securities restricted as to sale—excluding FHLB capital stock				%		%			
i. FHLB capital stock				%		%			
j. On deposit with states		1,771,713	56.9%		56.9%				
k. On deposit with other regulatory bodies				%		%			
l. Pledged as collateral to FHLB (including assets backing funding agreements)				%		%			
m. Pledged as collateral not captured in other categories				%		%			
n. Other restricted assets		-		%		%			
o. Total Restricted Assets	\$	\$ 1,771,713	56.9%		56.9%				

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

(2)-(4) Not applicable.

M. - Q. Not applicable.

Note 6 – Joint Ventures, Partnerships and Limited Liability Companies

Not applicable.

Note 7 – Investment Income

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

Bonds - When investment income due and accrued exceeds 90 days past due.

B. The total amount excluded:

No income was excluded for the years ended December 31, 2020 and 2019.

Note 8 – Derivative Instruments

NOTES TO FINANCIAL STATEMENTS

Not applicable.

Note 9 – Income Taxes

A. Deferred Tax Assets/(Liabilities)

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

	2020			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	\$ 138,871		\$ 138,871	\$ 158,551		\$ 158,551	\$ (19,680)		\$ (19,680)
b. Statutory valuation allowance adjustment	(138,871)		(138,871)	(158,551)		(158,551)	19,680		19,680
c. Adjusted gross deferred tax assets (1a-1b)	\$ -		\$ -	\$ -		\$ -	\$ -		\$ -
d. Deferred tax assets nonadmitted	-		-	-		-	-		-
e. Subtotal net admitted deferred tax asset (1c-1d)	\$ -		\$ -	\$ -		\$ -	\$ -		\$ -
f. Deferred tax liabilities	-		-	-		-	-		-
g. Net admitted deferred tax assets/(net deferred tax liability) (1e-1f)	\$ -		\$ -	\$ -		\$ -	\$ -		\$ -

2. Admission Calculation Components SSAP No. 101

	2020			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. Federal income taxes paid in prior years recoverable through loss carry backs	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
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:	-		-	-		-	-		-
Adjusted gross deferred tax assets expected to be realized following the balance sheet date	-		-	-		-	-		-
Adjusted gross deferred tax assets allowed per limitation threshold			461,157			461,185			(28)
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))	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

3. Other Admissibility Criteria

		2020	2019
a.	Ratio percentage used to determine recovery period and threshold limitation amount	28158.0%	28126.0%
b.	Amount of adjusted capital and surplus used to determine recovery period and threshold limitation in 2(b)2 above	\$ 3,074,381	\$ 3,074,569

4. Impact of Tax Planning Strategies

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

NOTES TO FINANCIAL STATEMENTS

	2020		2019		Change	
	1 Ordinary	2 Capital	3 Ordinary	4 Capital	5 (Col. 1-3) Ordinary	6 (Col. 2-4) Capital
1. Adjusted gross DTAs amount from Note 9A1(c)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
2. Percentage of adjusted gross DTAs by tax character attributable to the impact of tax planning strategies	0%	0%	0%	0%	0%	0%
3. Net Admitted Adjusted Gross DTAs amount from Note 9A1(e)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
4 Percentage of net admitted adjusted gross DTAs by tax character admitted because of the impact of tax planning strategies	0%	0%	0%	0%	0%	0%

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

B. Deferred Tax Liabilities Not Recognized

All deferred tax liabilities have been properly recognized.

C. Current and Deferred Income Taxes

1. Current Income Tax

	1 2020	2 2019	3 (Col 1-2) Change
a. Federal	\$ (25,700)	\$ (24,670)	\$ (1,030)
b. Foreign			
c. Subtotal	(25,700)	(24,670)	(1,030)
d. Federal income tax on net capital gains			-
e. Utilization of capital loss carry-forwards			
f. Other			
g. Federal and Foreign income taxes incurred	\$ (25,700)	\$ (24,670)	\$ (1,030)

2. Deferred Tax Assets

	1 2020	2 2019	3 (Col 1-2) Change
a. Ordinary:			
1. Discounting of unpaid losses	\$	\$	\$
2. Unearned premium reserve			
3. Policyholder reserves			
4. Investments			
5. Deferred acquisition costs			
6. Policyholder dividends accrual			
7. Fixed assets			
8. Compensation and benefits accrual			
9. Pension accrual			
10. Receivables - nonadmitted		80	(80)
11. Net operating loss carry-forward	8,204	8,204	-
12. Tax credit carry-forward			
13. Other (items <=5% and >5% of total ordinary tax assets)	130,667	150,267	(19,600)
Other (items listed individually >5% of total ordinary tax assets)			
Goodwill and Intangibles	130,667	150,267	(19,600)
99. Subtotal	\$ 138,871	\$ 158,551	\$ (19,680)
b. Statutory valuation allowance adjustment	138,871	158,551	(19,680)
c. Nonadmitted	-	-	-
d. Admitted ordinary deferred tax assets (2a99-2b-2c)	\$ -	\$ -	\$ -
e. Capital:			
1. Investments			
2. Net capital loss carry-forward			
3. Real estate			
4. Other (items <=5% and >5% of total capital tax assets)			
Other (items listed individually >5% of total capital tax assets)			
99. Subtotal	\$	\$	\$
f. Statutory valuation allowance adjustment			
g. Nonadmitted			
h. Admitted capital deferred tax assets (2e99-2f-2g)			
i. Admitted deferred tax assets (2d+2h)	\$ -	\$ -	\$ -

NOTES TO FINANCIAL STATEMENTS

3. Deferred Tax Liabilities

	1 2020	2 2019	3 (Col 1-2) Change
a. Ordinary:			
1. Investments	\$	\$	\$
2. Fixed assets			
3. Deferred and uncollected premium			
4. Policy holder reserves			
5. Other (items <=5% and >5% of total ordinary tax liabilities)			
Other (items listed individually >5% of total ordinary tax liabilities)			
Other			
99. Subtotal	\$ -	\$ -	\$ -
b. Capital:			
1. Investments	\$	\$	\$
2. Real estate			
3. Other (Items <=5% and >5% of total capital tax liabilities)			
Other (items listed individually >5% of total capital tax liabilities)			
99. Subtotal	\$ -	\$ -	\$ -
c. Deferred tax liabilities (3a99+3b99)	\$ -	\$ -	\$ -
4. Net Deferred Tax Assets (2i - 3c)	\$ -	\$ -	\$ -

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

	1 2020	2	3 (Col 1-2) Change
Total deferred tax assets	\$ 138,871	\$ 158,551	\$ (19,680)
Total deferred tax liabilities	\$ -	\$ -	\$ -
Net deferred tax asset/liabilities	\$ 138,871	\$ 158,551	\$ (19,680)
Statutory valuation allowance adjustment	\$ 138,871	\$ 158,551	\$ (19,680)
Net deferred tax assets/liabilities after SVA	\$ -	\$ -	\$ -
Tax effect of unrealized gains (losses)	\$ -	\$ -	\$ -
Statutory valuation allowance adjustment allocated to unrealized	\$ -	\$ -	\$ -
Other intraperiod allocation of deferred tax movement	\$ -	\$ -	\$ -
Change in net deferred income tax	\$ -	\$ -	\$ -

D. Reconciliation of Federal Income Tax Rate to Actual Effective Rate

The provision for federal income taxes incurred is different from that which would be obtained by applying the statutory federal income tax rate to income before income taxes including realized capital gains/losses. The significant items causing this difference are as follows:

	Amount	Effective Tax Rate (%)
Provision computed at statutory rate	\$ (5,497)	21.0%
Change in non admitted assets	\$ 80	-0.3%
Change in statutory valuation allowance adjustment	\$ (19,680)	75.2%
Amortization of interest maintenance reserve	\$ (856)	3.3%
Meals and entertainment	\$ 1	0.0%
Nondeductible penalties and fines	\$ 252	-1.0%
Totals	\$ (25,700)	98.2%
Federal and foreign income taxes incurred	\$ (25,700)	98.2%
Change in net deferred income taxes	\$ -	0.0%
Total statutory income taxes	\$ (25,700)	98.2%

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

1. At December 31, 2020, the Company has \$39,068 of net operating loss carry forward, which originated in 2012, and no capital loss carry forward.

2. Capital income taxes available for recoupment in the event of future losses include:

Year	Amounts
2018	\$ -
2019	\$ -
2020	\$ -

3. The Company's aggregate amount of deposits admitted under Section 6603 of the Internal Revenue Service Code
Not applicable

F. Consolidated Federal Income Tax Return

1. The Company's federal income tax return is consolidated with Cigna and the following entities:

Accredo Health Group, Inc.	Cigna Healthcare of California Inc	Express Scripts Sales Operations, Inc.
Accredo Health, Inc.	Cigna Healthcare of Colorado Inc	Express Scripts Senior Care Holdings, Inc.
AHG of New York, Inc.	Cigna Healthcare of Connecticut Inc	Express Scripts Senior Care, Inc.
Allegiance Benefit Plan Management Inc	Cigna Healthcare of Florida Inc	Express Scripts Services Company, Inc.
Allegiance Cobra Services Inc	Cigna Healthcare of Georgia Inc	Express Scripts Specialty Distribution Services, Inc.

NOTES TO FINANCIAL STATEMENTS

Allegiance Life & Health Insurance Co	Cigna Healthcare of Illinois Inc	Express Scripts Strategic Development, Inc.
Allegiance Re Inc	Cigna Healthcare of Indiana Inc	Express Scripts Utilization Management, Inc.
American Retirement Life Insurance Company	Cigna Healthcare of Maine Inc	Express Scripts, Inc.
Arizona Healthplan Inc	Cigna Healthcare of Massachusetts Inc	Former Cigna Investments Inc
Benefit Management Corp	Cigna Healthcare of New Hampshire Inc	Fresco, Inc.
BioPartners in Care, Inc.	Cigna Healthcare of New Jersey Inc	GreatWest Healthcare of Illinois Inc
Bravo Health Mid-Atlantic, Inc.	Cigna Healthcare of North Carolina Inc	Hazard Center Investment Co LLC
Bravo Health Pennsylvania, Inc.	Cigna Healthcare of Pennsylvania Inc	Healthbridge Reimbursement & Product Support, Inc.
Brighter, Inc.	Cigna Healthcare of South Carolina	Healthbridge, Inc.
Care Continuum, Inc.	Cigna Healthcare of St Louis Inc	Healthsource Benefits Inc
CareAllies, Inc.	Cigna Healthcare of Tennessee Inc	Healthsource Inc
CG Individual Tax Benefit Payments Inc	Cigna Healthcare of Texas Inc	Healthsource Properties Inc
CG Life Pension Benefit Payments Inc	Cigna Healthcare of Utah Inc	Healthspring Life & Health Insurance Company
CG LINA Pension Benefit Payments Inc	Cigna Holding Company	Healthspring of Florida, Inc.
Chiro Alliance Corporation	Cigna Holdings Inc	Healthspring, Inc.
Cigna Arbor Life Insurance Company	Cigna Holdings Overseas Inc	IHN Inc.
Cigna Behavioral Health Inc	Cigna Integrated Care Inc	Intermountain Underwriters Inc
Cigna Behavioral Health of California Inc	Cigna Intellectual Property Inc	Kronos Optimal Health Company
Cigna Behavioral Health of Texas	Cigna International Corporation	Life Ins Co of North America
Cigna Benefit Technology Solutions, Inc.	Cigna International Finance Inc	LINA Benefit Payments Inc
Cigna Benefits Financing, Inc.	Cigna International Services Inc	Loyal American Life Insurance Company
Cigna Dental Health Inc	Cigna Investment Group Inc	Lynfield Compounding Center, Inc.
Cigna Dental Health of California Inc	Cigna Investments Inc	Lynfield Drug, Inc.
Cigna Dental Health of Colorado Inc	Cigna Life Insurance Company of New York	MAH Pharmacy, LLC
Cigna Dental Health of Delaware Inc	Cigna Linden Holdings Inc	Managed Care Consultants Inc
Cigna Dental Health of Florida Inc	Cigna Managed Care Benefits Company	Matrix Healthcare Services, Inc.
Cigna Dental Health of Illinois Inc	Cigna National Health Insurance Company	MCC Independent Practice Assoc of New York Inc
Cigna Dental Health of Kansas Inc	Cigna Poplar Holdings Inc	Medco Containment Insurance Company of New York
Cigna Dental Health of Kentucky Inc	Cigna RE Corporation	Medco Containment Life Insurance Company
Cigna Dental Health of Maryland Inc	Cigna Resource Manager Inc	Medco Health Information Network Partners, Inc.
Cigna Dental Health of Missouri Inc	Cigna Worldwide Insurance Company	Medco Health Puerto Rico, LLC
Cigna Dental Health of New Jersey Inc	Connecticut General Benefit Payments Inc.	Medco Health Services, Inc.
Cigna Dental Health of North Carolina Inc	Connecticut General Corporation	Medco Health Solutions, Inc.
Cigna Dental Health of Ohio Inc	Connecticut General Life Insurance Company	Mediversal Inc
Cigna Dental Health of Pennsylvania Inc	Curascript, Inc.	Medsolutions Holdings, Inc.
Cigna Dental Health of Texas Inc	Diversified NY IPA, Inc.	Medsolutions of Texas, Inc.
Cigna Dental Health of Virginia Inc	Diversified Pharmaceutical Services, Inc.	Priority Healthcare Corporation
Cigna Dental Healthplan of Arizona Inc	ESI GP Holdings, Inc.	Priority Healthcare Distribution, Inc.
Cigna Direct Marketing Company Inc.	ESI Mail Order Processing, Inc.	Provident American Life and Health Insurance Company
Cigna Federal Benefits Inc	ESI Mail Pharmacy Service, Inc.	QUALCARE ALLIANCE NETWORKS, INC.
Cigna Global Holdings Inc	Evernorth Enterprise Services, Inc.	QUALCARE, INC.
Cigna Global Insurance Company Limited	Evernorth Health, Inc.	Sagamore Health Network Inc
Cigna Global Reinsurance Company LTD	Evernorth Sales Operations, Inc.	SCIBAL ASSOCIATES, INC.
Cigna Health and Life Insurance Company	Evernorth Strategic Development, Inc.	Spectracare Health Care Ventures, Inc.
Cigna Health Corporation	eviCore 1, LLC	SpectraCare, Inc.
Cigna Health Management Inc	Express Reinsurance Company	Tel-Drug Inc
Cigna Healthcare Benefits Inc	Express Scripts Administrators, LLC	United Benefit Life Insurance Company
Cigna Healthcare Holdings Inc	Express Scripts Canada Holding Company	Universal Claims Administration
Cigna Healthcare Inc	Express Scripts Health Information Network Partners, Inc.	Verity Solutions Group, Inc.
Cigna Healthcare Mid-Atlantic Inc	Express Scripts Pharmaceutical Procurement, LLC	
Cigna Healthcare of Arizona Inc	Express Scripts Pharmacy, Inc.	

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

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

G. Federal or Foreign Federal Income Tax Loss Contingencies:

(1) The statute of limitations for the Company's consolidated income tax returns through 2016 have closed.

Cigna has filed amended consolidated tax returns for various years and the pending refunds are subject to Internal Revenue Service (IRS) review. Cigna is currently under examination for 2015 and 2017. The IRS has examined ESI's tax returns for 2010 through 2012 for which there is a significant disputed tax matter, and currently under examination for 2013 through 2017. No material impacts are anticipated for the Company.

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

H. - I. Not applicable

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

A. - C. Nature of the Relationship Involved

NOTES TO FINANCIAL STATEMENTS

On February 19, 2013, the Company entered into a line of credit agreement with Cigna Holdings, Inc. ("CHI") under which UBLIC can borrow up to \$30,000,000 from CHI. The agreement provides for two rate/maturity options; a) a variable rate payable on demand or b) a fixed rate with a stated maturity not to exceed 270 days. There were no amounts outstanding at December 31, 2020, and borrowings during the year were not material.

On February 19, 2013, the Company also entered into a line of credit agreement with Cigna Corporation ("Cigna") under which Cigna can borrow up to \$30,000,000 from UBLIC. Borrowing terms under this agreement are identical to the terms under the UBLIC/CHI agreement discussed above. Cigna did not borrow under this agreement in 2020.

D. Amounts Due From or To Related Parties

At December 31, 2020, the Company reported \$2,217 as amounts due to affiliated companies. The terms of the agreements require that these amounts be settled within 90 days.

E. Guarantees or Undertakings

Not Applicable

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

- (1) The Company and certain related parties have entered into service contracts and cost-sharing arrangements, including an expense sharing agreement in which the parties share expenses for certain shared services. These arrangements include providing or being provided with management services, computers, data processing and other services, as well as equipment, supplies and office space. Expenses incurred under these arrangements were \$32,308 in 2020.
- (2) The Company's investment portfolio is managed by Cigna Investments, Inc. ("CII"). The company paid CII \$2,314 and \$3,080 in 2020 and 2019, related to those services.
- (3) Salaried officers and other key employees of the Company are eligible to be awarded shares of Cigna Common Stock in the form of stock options, restricted stock grants, dividend equivalent rights and grants of Cigna Common Stock in lieu of cash payable under various plans. No costs were allocated to the Company for the awards in 2020.

G. Nature of the Control Relationship

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

H. - O. Not applicable.

Note 11 – Debt

Not applicable.

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

A. - F. Not applicable.

G. Consolidated/Holding Company Plans

(1) Employees' Retirement Plan:

- (a) Effective January 1, 2013, the Company participates in the Cigna 401(k) Plan (the Savings Plan) that is sponsored by Cigna. Employees are eligible to participate in the Savings Plan immediately upon hire; however, a one-year service requirement must be met to receive company contributions. Expense allocated to the Company was \$1,059 in 2020.

(2) Deferred Compensation Plans:

Not applicable.

(3) Post Retirement Benefits - Not applicable

H. – I. Not Applicable.

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

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

The Company has 1,000 shares authorized and 1,000 shares issued and outstanding. All shares are class A shares.

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

Not applicable

(3) Dividend Restrictions

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

(4) Dates and Amounts of Dividends Paid

Not applicable.

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

NOTES TO FINANCIAL STATEMENTS

The amount available to dividend in 2021 without prior approval of the Ohio Department of Insurance is \$0 based on earned surplus.

(6) - (13) Not applicable.

Note 14 – Liabilities, Contingencies and Assessments

A. Not applicable.

B. Assessments

(1) Assessments Where Amount is Known or Unknown

The Company operates in a regulatory environment that may result in it being assessed by various state insurance guaranty funds to help pay for the cost of other insurance company insolvencies. These assessments are generally recoverable in most states over a 3 to 10 year period through reduction in future premium tax liabilities. The Company periodically adjusts its accrual for future assessments utilizing information provided by the National Organization of Life and Health Insurance Guaranty Associations. At December 31, 2020, the Company held a liability for future assessments of \$822. The Company also holds an asset for premium tax offsets related to guaranty fund assessments paid or accrued.

(2)-(3) Not applicable.

C. - E. Not applicable.

F. All Other Contingencies

Other Legal Matters

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

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

Note 15 – Leases

Not applicable.

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

Not applicable.

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

Not applicable.

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

Not applicable.

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

Not applicable.

Note 20 – Fair Value Measurements

A. Fair Value Measurements

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

- | | |
|---------|---|
| Level 1 | Inputs for instruments classified in Level 1 include unadjusted quoted prices for identical assets in active markets accessible at the measurement date. Active markets provide pricing data for trades occurring at least weekly and include exchanges and dealer markets. |
| Level 2 | Inputs for instruments classified in Level 2 include quoted prices for similar assets in active markets, quoted prices from those willing to trade in markets that are not active, or other inputs that are market observable or can be corroborated by market data for the term of the instrument. Such other inputs include market interest rates and volatilities, spreads and yield curves. An instrument is classified in Level 2 if the Company determines that unobservable inputs are insignificant. Level 2 assets primarily include corporate bonds valued using recent trades of |

NOTES TO FINANCIAL STATEMENTS

similar securities or pricing models that discount future cash flows at estimated market interest rates.

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

SSAP 100 allows the use of net asset value (NAV) as a practical expedient to fair value for investments in investment companies where there is no readily determinable fair value. There were no such investments owned by the Company for either period presented.

(1) Fair Value Measurements at Reporting Date

None.

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

None.

(3) Policies when Transfers Between Levels are Recognized

None.

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

No financial instruments at fair value

(5) Fair Value Disclosures

None.

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

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

C. Fair Value Level

The following tables provide the fair value, carrying value, and classification in the fair value hierarchy of the Company's financial instruments as of December 31, 2020 and 2019.

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Not Practicable (Carrying Value)
December 31, 2020							
Bonds	\$ 2,625,138	\$ 2,578,537	\$ 2,625,138	\$	\$	\$	\$
Cash, Cash Equivalents, and Short-term Investments	\$ 490,604	\$ 490,604	\$ 332,212	\$ 158,392	\$	\$	\$
December 31, 2019							
Bonds	\$ 2,598,428	\$ 2,581,948	\$ 2,598,428	\$	\$	\$	\$
Cash, Cash Equivalents, and Short-term Investments	\$ 493,195	\$ 493,195	\$ 335,915	\$ 157,279	\$	\$	\$

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

Bonds

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

Short-Term Investments, Cash Equivalents, and Cash

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

D. Not Practicable to Estimate Fair Value

None.

E. NAV Practical Expedient Investments

None.

Note 21 – Other Items

A. - B. Not applicable.

C. Other Disclosures

Assets in the amount of \$1,771,713 and \$1,773,995 at December 31, 2020 and 2019, respectively, were on deposit with government authorities or trustees as required by law or in accordance with the terms of various reinsurance agreements.

D. - I. Not applicable.

Note 22 – Events Subsequent

Management has evaluated the financial statements for subsequent events through February 26, 2020, the date financial statements were available to be issued.

NOTES TO FINANCIAL STATEMENTS

- A. Did the reporting entity write accident and health insurance premium that is subject to Section 9010 of the Federal Affordable Care Act (YES/NO)? Yes [] No []
- B. - H. Not applicable.

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

Section 2 – Ceded Reinsurance Report – Part A

- (1) Does the company have any reinsurance agreements in effect under which the reinsurer may unilaterally cancel any reinsurance for reasons other than for nonpayment of premium or other similar credits? Yes [] No []
a. If yes, what is the estimated amount of the aggregate reduction in surplus of a unilateral cancellation by the reinsurer as of the date of this statement, for those agreements in which cancellation results in a net obligation of the reporting entity to the reinsurer, and for which such obligation is not presently accrued? Where necessary, the reporting entity may consider the current or anticipated experience of the business reinsured in making this estimate. \$
b. What is the total amount of reinsurance credits taken, whether as an asset or as a reduction of liability, for these agreements in this statement? \$
- (2) Does the reporting entity have any reinsurance agreements in effect such that the amount of losses paid or accrued through the statement date may result in a payment to the reinsurer of amounts that, in aggregate and allowing for offset of mutual credits from other reinsurance agreements with the same reinsurer, exceed the total direct premium collected under the reinsured policies? Yes [] No []
If yes, give full details.

Section 3 – Ceded Reinsurance Report – Part B

- (1) What is the estimated amount of the aggregate reduction in surplus, (for agreements other than those under which the reinsurer may unilaterally cancel for reasons other than for nonpayment of premium or other similar credits that are reflected in Section 2 above) of termination of ALL reinsurance agreements, by either party, as of the date of this statement? Where necessary, the company may consider the current or anticipated experience of the business reinsured in making this estimate. \$
- (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 []
If yes, what is the amount of reinsurance credits, whether an asset or a reduction of liability, taken for such new agreements or amendments? \$

- B - G Not applicable.

Note 24 – Retrospectively Rated Contracts and Contracts Subject to Redetermination

Not applicable.

Note 25 – Change in Incurred Losses and Loss Adjustment Expenses

Not applicable.

Note 26 – Intercompany Pooling Arrangements

Not applicable.

Note 27 – Structured Settlements

Not applicable.

Note 28 – Health Care Receivables

Not applicable.

Note 29 – Participating Policies

Not applicable.

Note 30 – Premium Deficiency Reserves

Not applicable.

Note 31 – Reserves for Life Contracts and Annuity Contracts

Not applicable.

NOTES TO FINANCIAL STATEMENTS

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

Not applicable.

Note 33 – Analysis of Life Actuarial Reserves by Withdrawal Characteristics

Not applicable.

Note 34 – Premium and Annuity Considerations Deferred and Uncollected

Not applicable

Note 35 – Separate Accounts

Not applicable.

Note 36 – Loss/Claim Adjustment Expenses

Not applicable.

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE United Benefit 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.	701221						
2.1	Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity?	Yes [<input type="checkbox"/>] No [<input checked="" type="checkbox"/>]						
2.2	If yes, date of change:							
3.1	State as of what date the latest financial examination of the reporting entity was made or is being made.	12/31/2018						
3.2	State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released.	12/31/2018						
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).	05/01/2020						
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> </tr> <tr> <td>.....</td> <td>.....</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> </tr> <tr> <td>.....</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 United Benefit 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?
 PriceWaterhouseCoopers LLP, 185 Asylum St., Suite 2400, Hartford, CT 06103-3404
- 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 [] No [X]
 10.4 If the response to 10.3 is yes, provide information related to this exemption:
- 10.5 Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws? Yes [] No [X] N/A []
 10.6 If the response to 10.5 is no or n/a, please explain
 The Audit Committee of Connecticut General Corporation will serve as the Company's Audit Committee for the purposes of compliance with Ohio Insurance law.
11. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?
 Mohammed Umar Gilani, FSA, MAAA, Appointed Actuary, 11200 Lakeline Blvd, Suite 100, Austin, TX 78717
- 12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly? Yes [] No [X]
 12.11 Name of real estate holding company
 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 [] No [X]
 14.21 If the response to 14.2 is yes, provide information related to amendment(s).

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

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE United Benefit 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 [X] No []
17. Does the reporting entity keep a complete permanent record of the proceedings of its board of directors and all subordinate committees thereof? Yes [X] No []
18. Has the reporting entity an established procedure for disclosure to its board of directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict with the official duties of such person? Yes [X] No []

FINANCIAL

19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)? Yes [] No [X]
- 20.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):
- | | |
|--|----------|
| 20.11 To directors or other officers..... | \$ |
| 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 [X] 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 [X]
- 24.07 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%? Yes [] No [] N/A [X]
- 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 [X]

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE United Benefit 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	\$
24.092 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2	\$
24.093 Total payable for securities lending reported on the liability page.	\$

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

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
JP Morgan Chase Bank, N.A.	4 Chase Metro Tech Center, Brooklyn, New York 11245

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE United Benefit 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
Cigna Investments, Inc.	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
105811	Cigna Investments, Inc. ....	.....	SEC	DS.....

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

- 29.2 If yes, complete the following schedule:

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

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

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

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE United Benefit 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	2,736,929	2,783,531	46,602
30.2 Preferred stocks			
30.3 Totals	2,736,929	2,783,531	46,602

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

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

- 31.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D? Yes [] No [X]
- 31.2 If the answer to 31.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source? Yes [] No []
- 31.3 If the answer to 31.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:
.....
- 32.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis Office been followed? Yes [X] No []
- 32.2 If no, list exceptions:
.....
33. By self-designating 5GI securities, the reporting entity is certifying the following elements 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 [X]
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 [X]
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 [X]
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 [X]

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE United Benefit 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 United Benefit 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. \$

1.6 Individual policies:
Most current three years:
1.61 Total premium earned \$

1.62 Total incurred claims \$

1.63 Number of covered lives

All years prior to most current three years

1.64 Total premium earned \$

1.65 Total incurred claims \$

1.66 Number of covered lives

1.7 Group policies:
Most current three years:
1.71 Total premium earned \$

1.72 Total incurred claims \$

1.73 Number of covered lives

All years prior to most current three years

1.74 Total premium earned \$

1.75 Total incurred claims \$

1.76 Number of covered lives

2. Health Test:

	1 Current Year	2 Prior Year
--	-------------------	-----------------

2.1 Premium Numerator		
2.2 Premium Denominator		
2.3 Premium Ratio (2.1/2.2)	0.000	0.000
2.4 Reserve Numerator		
2.5 Reserve Denominator		
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 [X]

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 United Benefit 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 [X] No []
- 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 []

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 | \$ | 32,308 |
| 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: \$
 18,820,665 |
12. Total dividends paid stockholders since organization of the reporting entity:
- | | | |
|-------------------|----------|-----------|
| 12.11 Cash | \$ | 1,505,235 |
| 12.12 Stock | \$ | 284,132 |
- 13.1 Does the reporting entity reinsure 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 | | |
| 13.32 Paid claims | | |
| 13.33 Claim liability and reserve (beginning of year) | | |
| 13.34 Claim liability and reserve (end of year) | | |
| 13.35 Incurred claims | | |

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE United Benefit 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 United Benefit Life Insurance Company

FIVE-YEAR HISTORICAL DATA

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

\$000 omitted for amounts of life insurance

	1 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)					
3. Credit life (Line 21, Col. 6)					
4. Group, excluding FEGLI/SGLI (Line 21, Col. 9 less Lines 43 & 44, Col. 4)					
5. Industrial (Line 21, Col. 2)					
6. FEGLI/SGLI (Lines 43 & 44, Col. 4)					
7. Total (Line 21, Col. 10)					
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)					
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)					
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					
Balance Sheet (Pages 2 & 3)					
21. Total admitted assets excluding Separate Accounts business (Page 2, Line 26, Col. 3)	3,112,054	3,116,276	3,116,228	3,204,406	2,992,909
22. Total liabilities excluding Separate Accounts business (Page 3, Line 26)	37,673	41,707	45,396	282,176	46,962
23. Aggregate life reserves (Page 3, Line 1)					
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)					
25. Deposit-type contract funds (Page 3, Line 3)					
26. Asset valuation reserve (Page 3, Line 24.01)	205	114			351
27. Capital (Page 3, Lines 29 and 30)	1,500,000	1,500,000	1,500,000	1,500,000	1,500,000
28. Surplus (Page 3, Line 37)	1,574,381	1,574,569	1,570,832	1,422,230	1,445,947
Cash Flow (Page 5)					
29. Net Cash from Operations (Line 11)	(6,812)	147,342	(15,154)	(23,829)	(25,916)
Risk-Based Capital Analysis					
30. Total adjusted capital	3,074,586	3,074,683	3,070,832	2,922,230	2,946,298
31. Authorized control level risk - based capital	10,919	10,932	10,204	9,037	9,468
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)	84.0	84.0	88.2	81.2	85.2
33. Stocks (Lines 2.1 and 2.2)					
34. Mortgage loans on real estate (Lines 3.1 and 3.2)					
35. Real estate (Lines 4.1, 4.2 and 4.3)					
36. Cash, cash equivalents and short-term investments (Line 5)	16.0	16.0	11.8	18.8	14.8
37. Contract loans (Line 6)					
38. Derivatives (Page 2, Line 7)					
39. Other invested assets (Line 8)					
40. Receivables for securities (Line 9)					
41. Securities lending reinvested collateral assets (Line 10)					
42. Aggregate write-ins for invested assets (Line 11)					
43. Cash, cash equivalents and invested assets (Line 12)	100.0	100.0	100.0	100.0	100.0

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)					
46. Affiliated common stocks (Schedule D Summary Line 24, Col. 1),					
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					
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)		380		.2	
53. Total admitted assets (Page 2, Line 28, Col. 3)	3,112,054	3,116,276	3,116,228	3,204,406	2,992,909
Investment Data					
54. Net investment income (Exhibit of Net Investment Income)	49,133	50,700	49,155	50,011	48,211
55. Realized capital gains (losses) (Page 4, Line 34, Column 1)					
56. Unrealized capital gains (losses) (Page 4, Line 38, Column 1)					
57. Total of above Lines 54, 55 and 56	49,133	50,700	49,155	50,011	48,211
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)					
59. Total contract/certificate benefits - A & H (Lines 13 & 14, Col. 6)					
60. Increase in life reserves - other than group and annuities (Line 19, Col. 2)					
61. Increase in A & H reserves (Line 19, Col. 6)					
62. Dividends to policyholders and refunds to members (Line 30, Col. 1)					
Operating Percentages					
63. Insurance expense percent (Page 6, Col. 1, Lines 21, 22 & 23, less Line 6)/(Page 6, Col. 1, Line 1 plus Exhibit 7, Col. 2, Line 2) x 100.0					
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					
65. A & H loss percent (Schedule H, Part 1, Lines 5 and 6, Col. 2)					
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)					
71. Prior years' claim liability and reserve-health other than group (Schedule H, Part 3, Line 3.2 Col. 1 less Col. 2)					
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)					
73. Ordinary - life (Page 6.1, Col. 1 less Cols. 2, 10 and 12)					
74. Ordinary - individual annuities (Page 6, Col. 4)					
75. Ordinary-supplementary contracts	XXX	XXX			
76. Credit life (Page 6.1, Col. 10 plus Page 6.2, Col. 7)					
77. Group life (Page 6.2, Col. 1 Less Cols. 7 and 9)					
78. Group annuities (Page 6, Col. 5)					
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)					
82. Aggregate of all other lines of business (Page 6, Col. 8)	(478)	4,231	148,600	(24,066)	(25,011)
83. Fraternal (Page 6, Col. 7)					
84. Total (Page 6, Col. 1)	(478)	4,231	148,600	(24,066)	(25,011)

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

(a) Active Status Counts:

L - Licensed or Chartered - Licensed insurance carrier or domiciled RRG..... 27

E - Eligible - Reporting entities eligible or approved to write surplus lines in the state.....

N - None of the above - Not allowed to write business in the state..... 30

R - Registered - Non-domiciled RRGs.....

Q - Qualified - Qualified or accredited reinsurer.....

(b) Explanation of basis of allocation by states, etc., of premiums and annuity considerations
 Premiums are allocated to the state in which the related policy or certificate holder resides.

(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 United Benefit Life Insurance Company

PART 1 -- ORGANIZATION CHART

Cigna CORPORATION
(A Delaware corporation and ultimate parent company)

The following is a listing identifying and indicating the interrelationships among all affiliated insurers and all other affiliates, as of December 31, 2020:

	Entity Name	EIN	State	NAIC CODE
Cigna Corporation (A Delaware corporation and ultimate parent company)		82-4991898	DE	
Cigna Holding Company		06-1059331	DE	
Cigna Holdings, Inc.		06-1072796	DE	
Cigna Intellectual Property, Inc.		51-0402128	DE	
Cigna Investment Group, Inc.		06-1095823	DE	
Cigna International Finance, Inc.		52-0291385	DE	
Former Cigna Investments, Inc.		23-1914061	DE	
Cigna Investments, Inc.		06-0861092	DE	
Cigna Benefits Financing, Inc.		01-0947889	DE	
CareAllies, Inc.		26-0180898	DE	
CareAllies Accountable Care Collaborative LLC		85-0954556	DE	
CareAllies Accountable Care Network LLC		85-0935554	DE	
Connecticut General Corporation		06-0840391	CT	
Benefit Management Corp.		81-0585518	MT	
Allegiance Life & Health Insurance Company		20-4433475	MT	12814
Allegiance Re, Inc.		20-3851464	MT	
Allegiance Benefit Plan Management, Inc.		81-0400550	MT	
Allegiance COBRA Services, Inc.		71-0916514	MT	
Allegiance Provider Direct, LLC		26-2201582	MT	
Community Health Network, LLC		84-1461840	MT	
Intermountain Underwriters, Inc.		81-0425785	MT	
Allegiance Care Management, LLC		03-0507057	MT	
HealthSpring, Inc.		20-1821898	DE	
NewQuest, LLC		76-0628370	TX	
NewQuest Management Northeast, LLC		52-1929677	DE	
Bravo Health Mid-Atlantic, Inc.		52-2259087	MD	10095
Bravo Health Pennsylvania, Inc.		52-2363406	PA	11524
HealthSpring Life & Health Insurance Company, Inc.		20-8534298	TX	12902
HealthSpring of Florida, Inc.		65-1129599	FL	11532
NewQuest Management of Illinois, LLC		77-0632665	IL	
NewQuest Management of Florida, LLC		20-4954206	FL	

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE United Benefit Life Insurance Company

PART 1 -- ORGANIZATION CHART

Cigna CORPORATION
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Entity Name	EIN	State	NAIC CODE
HealthSpring Management of America, LLC	20-8647386	DE	
NewQuest Management of West Virginia, LLC	45-0633893	DE	
TexQuest, LLC	75-3108527	DE	
HouQuest, LLC	75-3108521	DE	
GulfQuest, LP	76-0657035	TX	
NewQuest Management of Alabama, LLC	33-1033586	AL	
HealthSpring USA, LLC	72-1559530	TN	
Tennessee Quest, LLC	20-5524622	TN	
HealthSpring Pharmacy Services, LLC	26-2353476	DE	
HealthSpring Pharmacy of Tennessee, LLC	26-2353772	DE	
Home Physicians Management, LLC	20-4266628	DE	
Alegis Care Services, LLC	35-2562415	DE	
Alegis Care Services of Colorado, LLC	85-0909305	CO	
Cigna Arbor Life Insurance Company	03-0452349	CT	13733
Cigna Behavioral Health, Inc.	41-1648670	MN	
Cigna Behavioral Health of California, Inc.	94-3107309	CA	
Cigna Behavioral Health of Texas, Inc.	75-2751090	TX	
MCC Independent Practice Association of New York, Inc.	06-1346406	NY	
Cigna Dental Health, Inc.	59-2308055	FL	
Cigna Dental Health Plan of Arizona, Inc.	86-0807222	AZ	47013
Cigna Dental Health of California, Inc.	59-2600475	CA	
Cigna Dental Health of Colorado, Inc.	59-2675861	CO	11175
Cigna Dental Health of Delaware, Inc.	59-2676987	DE	95380
Cigna Dental Health of Florida, Inc.	59-1611217	FL	52021
Cigna Dental Health of Illinois, Inc.	06-1351097	IL	
Cigna Dental Health of Kansas, Inc.	59-2625350	KS	52024
Cigna Dental Health of Kentucky, Inc.	59-2619589	KY	52108
Cigna Dental Health of Maryland, Inc.	20-2844020	MD	48119
Cigna Dental Health of Missouri, Inc.	06-1582068	MO	11160
Cigna Dental Health of New Jersey, Inc.	59-2308062	NJ	11167
Cigna Dental Health of North Carolina, Inc.	56-1803464	NC	95179

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE United Benefit Life Insurance Company

PART 1 -- ORGANIZATION CHART

Cigna CORPORATION
(A Delaware corporation and ultimate parent company)

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Entity Name	EIN	State	NAIC CODE
Cigna Dental Health of Ohio, Inc.	59-2579774	OH	47805
Cigna Dental Health of Pennsylvania, Inc.	52-1220578	PA	47041
Cigna Dental Health of Texas, Inc.	59-2676977	TX	95037
Cigna Dental Health of Virginia, Inc.	52-2188914	VA	52617
Cigna Health Corporation	62-1312478	DE	
Healthsource, Inc.	02-0387748	DE	
Cigna HealthCare of Arizona, Inc.	86-0334392	AZ	95125
Cigna HealthCare of California, Inc.	95-3310115	CA	
Cigna HealthCare of Colorado, Inc.	84-1004500	CO	95604
Cigna HealthCare of Connecticut, Inc.	06-1141174	CT	95660
Cigna HealthCare of Florida, Inc.	59-2089259	FL	95136
Cigna HealthCare of Georgia, Inc.	58-1641057	GA	96229
Cigna HealthCare of Illinois, Inc.	36-3385638	IL	95602
Cigna HealthCare of Indiana, Inc.	35-1679172	IN	95525
Cigna HealthCare of Maine, Inc.	01-0418220	ME	
Cigna HealthCare of Massachusetts, Inc.	02-0402111	MA	
Cigna HealthCare Mid-Atlantic, Inc.	52-1404350	MD	
Cigna HealthCare of New Hampshire, Inc.	02-0387749	NH	95493
Cigna HealthCare of New Jersey, Inc.	22-2720890	NJ	95500
Cigna HealthCare of North Carolina, Inc.	56-1479515	NC	95132
Cigna HealthCare of Pennsylvania, Inc.	23-2301807	PA	
Cigna HealthCare of St. Louis, Inc.	36-3359925	MO	95635
Cigna HealthCare of South Carolina, Inc.	06-1185590	SC	95708
Cigna HealthCare of Tennessee, Inc.	62-1218053	TN	95606
Cigna HealthCare of Texas, Inc.	74-2767437	TX	95383
Cigna HealthCare of Utah, Inc.	62-1230908	UT	
Temple Insurance Company Limited	00-0000000		
Arizona Health Plan, Inc.	86-3581583	AZ	
Healthsource Properties, Inc.	02-0467679	NH	
Managed Care Consultants, Inc.	88-0241365	NV	
Cigna Benefit Technology Solutions, Inc.	02-0515554	DE	

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE United Benefit Life Insurance Company

PART 1 -- ORGANIZATION CHART

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Entity Name	EIN	State	NAIC CODE
Sagamore Health Network, Inc.	35-1641636	IN	
Cigna Healthcare Holdings, Inc.	84-0985843	CO	
Great-West Healthcare of Illinois, Inc.	93-1174749	IL	
Cigna Healthcare, Inc.	02-0495422	VT	
Connecticut General Life Insurance Company	06-0303370	CT	62308
CareAllies, LLC	81-2760646	DE	
Cigna Onsite Health, LLC	32-0222252	DE	
Gillette Ridge Community Council, Inc.	00-0000000	CT	
Gillette Ridge Golf, LLC	20-3700105	DE	
Hazard Center Investment Company LLC	52-2149519	DE	
Tel-Drug of Pennsylvania, LLC	23-3074013	PA	
GRG Acquisitions LLC	00-0000000	DE	
Cigna Affiliates Realty Investment Group, LLC	27-5402196	DE	
Secon Properties, LP	95-2876207	CA	
Transwestern Federal Holdings, L.L.C.	00-0000000	DE	
Transwestern Federal, L.L.C.	00-0000000	DE	
CR Washington Street Investors LP	27-3555688	DE	
Dulles Town Center Mall, LLC	52-2099336	VA	
PUR Arbors Apartments Venture LLC	45-5046449	DE	
CG Seventh Street, LLC	45-5499889	DE	
Ideal Properties II LLC	95-4838551	CA	
Mallory Square Partners I, LLC	80-0908244	DE	
Houston Briar Forest Apartments Limited Partnership	37-1708015	DE	
SB-SNH LLC	46-3593103	DE	
680 Investors LLC	00-0000000	CA	
685 New Hampshire LLC	00-0000000	CA	
222 Main Street Caring GP LLC	00-0000000	DE	
222 Main Street Investors LP	46-4671745	DE	
3601 North Fairfax Drive Associates, LLC	46-4926192	DE	
Lakehills CM-CG LLC	47-4375626	DE	
Berewick Apartments LLC	81-2650133	DE	

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE United Benefit Life Insurance Company

PART 1 -- ORGANIZATION CHART

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Entity Name	EIN	State	NAIC CODE
CIG-LEI Ygnacio Associates LLC	81-3389374	DE	
CGGL Orange Collection LLC	61-1797835	DE	
CGGL Chapman LLC	81-3281922	DE	
CGGL City Parkway LLC	81-3313562	DE	
Heights at Bear Creek Venture LLC	81-4139432	DE	
SOMA Apartments Venture LLC	82-1732483	DE	
Arbor Heights Venture LLC	82-3315524	DE	
CG/Wood ALTA 601, LLC	82-1280312	DE	
CPI-CII 9171 Wilshire JV LLC	82-4936006	DE	
9171 Wilshire CPI-CII LLC	82-4794800	DE	
CARING Alta Leander Investor LLC	85-2966766	DE	
CG/Wood Alta Leander Station, LLC	85-2233381	DE	
CARING Avondale Investor LLC	85-2966766	DE	
Westcore Realty CG Avondale, LLC	85-3567364	DE	
CARING Capitol Hill GP LLC	32-0570889	DE	
CARING Capitol Hill LP LLC	37-1903297	DE	
Rise-CG Capitol Hill, LP	83-1460134	DE	
CARING 3130 Investor LLC	84-1960231	DE	
CARING 9171 Wilshire Investor LLC	83-2318410	DE	
CARING Heights at Bear Creek Investor LLC	83-2318233	DE	
CARING Dulles Town Center Investor LLC	83-2318370	DE	
CARING 500 Ygnacio Investor LLC	83-2562994	DE	
CARING Alta Englewood Investor LLC	83-2851501	DE	
CARING Alta Woodson Investor LLC	83-2563284	DE	
CARING Mallory Square Investor LLC	83-2339522	DE	
CARING Soma Investor LLC	83-2563138	DE	
CARING Century Plaza Investor LLC	83-2851364	DE	
CG-Muller 550 Winchester, LLC	83-2993316	DE	
CARING Hillcrest Investor LLC	83-1400482	DE	
CI-GS Hillcrest LLC	82-1612980	DE	
CARING Alexan Enclave Investor LLC	83-2633790	DE	

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE United Benefit Life Insurance Company

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Entity Name	EIN	State	NAIC CODE
CARING Orange Collection Investor LLC	83-2633886	DE	
CGGL Orange Collection Mezz LLC	00-0000000	DE	
CARING South Coast Subsidiary LLC	83-8294933	DE	
CARING 18th & Salmon Investor LLC	83-1400586	DE	
CI-GS Portland, LLC	82-4774243	DE	
CARING Firestone Investor LLC	83-3701937	DE	
CG-AQ 477 South Market Street LLC	84-2083351	DE	
CARING XR 2 International Investor LLC	83-4317078	DE	
CGGL XR 2 International LLC	84-1843578	DE	
CGGL XR 2 International JV LLC	84-1843578	DE	
CGGL XR 2 International Mezz LLC	84-1843578	DE	
CARING XR International Investor LLC	83-3923178	DE	
CGGL XR International LLC	84-1921719	DE	
CARING JA Lofts Investor GP LLC	00-0000000	DE	
CARING JA Lofts Investor LP LLC	00-0000000	DE	
JA Lofts JV Limited Partnership	84-3395923	DE	
JA Lofts Holdings, LLC	84-3406799	DE	
RISE-CG JA Lofts Limited Partnership	84-3254168	DE	
CARING Westcore Holding Investor LLC	38-4085763	DE	
Westcore CG AC, LLC	00-0000000	DE	
Westcore CG Commerce, LLC	00-0000000	DE	
Westcore CG Dove Valley II, LLC	84-3178563	DE	
Westcore CG Venture, LLC	00-0000000	DE	
Westcore CG Dove Valley I, LLC	84-3178563	DE	
Westcore CG Camelback, LLC	84-3178563	DE	
Westcore CG Susana, LLC	84-3178563	DE	
Westcore CG Navy, LLC	84-3178563	DE	
Westcore CG I-35, LLC	84-3178563	DE	
Westcore CG Potomac Park, LLC	84-3178563	DE	
Westcore CG Fountain Lakes, LLC	84-3178563	DE	
Westcore CG Mezz, LLC	84-3178563	DE	

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE United Benefit Life Insurance Company

PART 1 -- ORGANIZATION CHART

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(A Delaware corporation and ultimate parent company)

The following is a listing identifying and indicating the interrelationships among all affiliated insurers and all other affiliates, as of December 31, 2020:

Entity Name	EIN	State	NAIC CODE
Westcore CG Solano, LLC	84-3178563	DE	
Westcore CG Gateway, LLC	84-3178563	DE	
CARING IBP Investor LLC	84-4410554	DE	
CG-LEDO IBP Venture LLC	84-4773972	DE	
CG-LEDO IBP I LLC	84-4747045	DE	
CG-LEDO IBP II LLC	84-4755025	DE	
CARING Interbay Investor LP LLC	85-1984627	DE	
The Flats at Interbay JV Limited Partnership	85-1955075	DE	
The Flats at Interbay Limited Partnership	85-1962013	DE	
The Flats at Interbay Holdings, LLC	85-1955731	DE	
CARING Interbay Investor GP LLC	85-1961034	DE	
Cigna Health and Life Insurance Company	59-1031071	CT	67369
CarePlexus, LLC	45-2681649	DE	
Cigna Corporate Services, LLC	27-3396038	DE	
Cigna Insurance Agency, LLC	27-1903785	CT	
Ceres Sales of Ohio, LLC	34-1970892	OH	
Cigna National Health Insurance Company	34-0970995	OH	61727
Provident American Life & Health Insurance Company	23-1335885	OH	67903
United Benefit Life Insurance Company	75-2305400	OH	65269
Loyal American Life Insurance Company	63-0343428	OH	65722
American Retirement Life Insurance Company	59-2760189	OH	88366
QualCare Alliance Networks, Inc.	23-3744987	NJ	
QualCare, Inc.	22-3129563	NJ	
Scibal Associates, Inc.	22-2483867	NJ	
QualCare Management Resources Limited Liability Company	46-1801639	NJ	
Health-Lynx, LLC	46-2086778	NJ	
Sterling Life Insurance Company	13-1867829	IL	77399
Olympic Health Management Systems, Inc.	91-1500758	WA	
Olympic Health Management Services, Inc.	91-1599329	WA	
Cigna Ventures, LLC	83-1069280	DE	
AristaMD, Inc.	46-4080861	DE	

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Cigna CORPORATION
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The following is a listing identifying and indicating the interrelationships among all affiliated insurers and all other affiliates, as of December 31, 2020:

Entity Name	EIN	State	NAIC CODE
Buoy Health, Inc.	46-4918521	DE	
Octave Health Group, Inc.	82-5244890	DE	
Trainer Rx, Inc.	46-5264463	DE	
Cricket Health, Inc.	47-2746692	DE	
Verity Solutions Group, Inc.	00-0000000	DE	
Cigna & CMB Life Insurance Company Limited	91440000710931571W		
Cigna & CMB Health Services Company, Ltd.	00-0000000		
Cigna & CMB Asset Management Company Limited	00-0000000		
Cigna Health Management, Inc.	23-1728483	DE	
Kronos Optimal Health Company	20-8064696	AZ	
Cigna Direct Marketing Company, Inc.	58-1136865	DE	
Tel-Drug, Inc.	46-0427127	SD	
Cigna Global Wellbeing Holdings Limited	224 72651 19448		
Cigna Global Wellbeing Solutions Limited	579 23011 03137		
Vielife Services, Inc.	98-0463704	DE	
CG Individual Tax Benefit Payments, Inc.	06-1332403	DE	
CG Life Pension Benefits Payments, Inc.	06-1332405	DE	
CG LINA Pension Benefits Payments, Inc.	06-1332401	DE	
Cigna Federal Benefits, Inc.	62-1724116	DE	
Cigna Healthcare Benefits, Inc.	23-2741293	DE	
Cigna Integratedcare, Inc.	23-2924152	DE	
Cigna Managed Care Benefits Company	23-2741294	DE	
Cigna Re Corporation	06-1071502	DE	
Blodget & Hazard Limited	06-1522976		
Cigna Resource Manager, Inc.	06-1567902	DE	
Connecticut General Benefit Payments, Inc.	06-1252419	DE	
Healthsource Benefits, Inc.	06-1533555	DE	
IHN, Inc.	35-2041388	IN	
Mediversal, Inc.	88-0334401	NV	
Universal Claims Administration	88-0344624	NV	
Brighter, Inc.	27-1713977	DE	

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Entity Name	EIN	State	NAIC CODE
Patient Provider Alliance, Inc.	80-0818758	DE	
Cigna Global Holdings, Inc.	51-0389196	DE	
Cigna International Corporation, Inc.	51-0111677	DE	
Cigna International Services, Inc.	23-2610178	DE	
Cigna International Marketing (Thailand) Limited	0105546038364		
CGO Participatos LTDA	00-0000000		
YCFM Servicos LTDA	00-0000000		
Cigna Global Reinsurance Company, Ltd.	98-0210110		
Cigna Holdings Overseas, Inc.	23-3009279	DE	
Cigna Bellevue Alpha LLC	00-0000000	DE	
Cigna Linden Holdings, Inc.	46-4110289	DE	
Cigna Laurel Holdings, Ltd.	98-1146864		
Cigna Palmetto Holdings, Ltd.	98-1232443		
Cigna Apac Holdings, Ltd.	00-0000000		
Cigna Alder Holdings, LLC	00-0000000		
Cigna Walnut Holdings, Ltd.	00-0000000		
Cigna Chestnut Holdings, Ltd.	98-1137759		
LINA Life Insurance Company of Korea	00-0000000		
Cigna International Services Australia Pty Ltd.	00-0000000		
Cigna Hong Kong Holdings Company Limited	00-0000000		
Cigna Data Services (Shanghai) Company Limited	00-0000000		
Cigna HLA Technology Services Company Limited	00-0000000		
Cigna Worldwide General Insurance Company Limited	00-0000000		
Cigna Worldwide Life Insurance Company Limited	00-0000000		
Cigna International Health Services Sdn. Bhd.	00-0000000		
Cigna New Zealand Holdings Limited	00-0000000		
OnePath Life (NZ) Limited	00-0000000		
Cigna Life Insurance New Zealand Limited	00-0000000		
Grown Ups New Zealand Limited	119-599-164		
Cigna Life Insurance Company of Canada	AA-1560515		
Cigna Korea Chusik Heosa (A/K/A Cigna Korea Company Limited)	00-0000000		

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Entity Name	EIN	State	NAIC CODE
LINA Financial Service	00-0000000		
Cigna Spruce Holdings GmbH	00-0000000		
Ascent Health Services LLC	00-0000000		
NAS Neuron Health Services, L.L.C.	00-0000000		
Claims and Risk Services Limited	00-0000000		
Egyptian Emirates Administration Services SAE	00-0000000		
Independent Health Information Technology Services L.L.C.	00-0000000		
NAS Administrative Services Company LLC	00-0000000		
Kuwait Emirates Administration Services WLL	00-0000000		
NAS United SPV	00-0000000		
Neuron LLC	00-0000000		
Cigna Nederland Gamma B.V.	00-0000000		
Cigna Finans Emeklilik Ve Hayat A.S.	00-0000000		
RHP (Thailand) Limited	00-0000000		
Cigna Brokerage & Marketing (Thailand) Limited	00-0000000		
KDM (Thailand) Limited	00-0000000		
Cigna Insurance Public Company Limited	00-0000000		
Cigna Taiwan Life Assurance Company Limited	00-0000000		
Cigna Myrtle Holdings, Ltd.	98-1154657		
Cigna Elmwood Holdings, SPRL	98-1155943		
Cigna Beechwood Holdings	98-1181787		
Cigna Life Insurance Company of Europe S.A.-N.V.	AA-1240009		
Cigna Europe Insurance Company S.A.-N.V.	00-0000000		
Cigna European Services (UK) Limited	00-0000000		
Cigna 2000 UK Pension LTD	00-0000000		
Cigna Oak Holdings, Ltd.	00-0000000		
Cigna Willow Holdings, LTD.	00-0000000		
FirstAssist Administration Limited	00-0000000		
Cigna Legal Protection U.K. Ltd.	00-0000000		
Cigna Insurance Services (Europe) Limited	00-0000000		
Cigna International Health Services, BVBA	00-0000000		

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Entity Name	EIN	State	NAIC CODE
Cigna International Health Services, LLC	30-0526216	FL	
Cigna International Health Services Kenya Limited	00-0000000		
Cigna Cedar Holdings, Ltd.	00-0000000		
Cigna Insurance Middle East S.A.L.	00-0000000		
Cigna Insurance Management Services (DIFC), Ltd.	00-0000000		
Cigna Magnolia Holdings, Ltd.	98-1232512		
Cigna Turkey Danismanlik Hizmetleri, A.S (A/K/A Cigna Turkey Consultancy Services, A.S.)	00-0000000		
Cigna Health Solution India Pvt. Ltd.	00-0000000		
Cigna Poplar Holdings, Inc.	46-4099800	DE	
PT GAR Indonesia	00-0000000		
Cigna Global Insurance Company Limited	68-0676638		
International Pharmaceutical Solutions, GmbH	00-0000000		
ManipalCigna Health Insurance Company Limited	00-0000000		
Cigna Worldwide Insurance Company	23-2088429	DE	90859
PT Asuransi Cigna	AA-5360003		
Cigna Teak Holdings, LLC	00-0000000	DE	
Evernorth Strategic Development, Inc.	85-2717903	DE	
Evernorth Enterprise Services, Inc.	85-2732455	DE	
Express Scripts, Inc.	43-1420563	DE	
Evernorth Health, Inc.	45-2884094	DE	
Express Scripts Services Co.	43-1832983	DE	
Diversified Pharmaceutical Services, Inc.	41-1627938	MN	
Diversified NY IPA, Inc.	16-1526641	NY	
ESI Mail Pharmacy Service, Inc.	43-1867735	DE	
Express Scripts Pharmaceutical Procurement, LLC	20-5826948	DE	
Econdisc Contracting Solutions, LLC	27-3542089	DE	
Express Scripts Sales Operations, Inc.	22-3114423	NJ	
Express Scripts Specialty Distribution Services, Inc.	43-1869712	DE	
ESI Partnership	43-1925562	DE	
ESI Resources, Inc.	41-2006555	MN	
ESI GP Holdings, Inc.	43-1925556	DE	

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Entity Name	EIN	State	NAIC CODE
Express Scripts Utilization Management Company	43-1869714	DE	
Express Scripts Strategic Development, Inc.	22-2230703	NJ	
Airport Holdings, LLC	75-3040465	NJ	
CuraScript, Inc.	36-4369972	DE	
Priority Healthcare Corporation	35-1927379	IN	
Lynnfield Drug, Inc.	04-3546044	FL	
Freedom Service Company, LLC	20-3229217	FL	
Priority Healthcare Distribution, Inc.	59-3761140	FL	
Fresco, Inc.	02-0523249	FL	
Lynnfield Compounding Center, Inc.	58-2593075	FL	
SpectraCare, Inc.	61-1147068	KY	
SpectraCare Health Care Ventures, Inc.	61-1317695	KY	
Care Continuum, Inc.	61-1162797	KY	
Matrix GPO, LLC	51-0500147	IN	
Healthbridge Reimbursement & Product Support, Inc.	04-2992335	MA	
Strategic Pharmaceutical Investments, LLC	47-2658932	DE	
L&C Investments, LLC	47-5292506	DE	
Express Scripts Senior Care Holdings, Inc.	20-3126104	DE	
Express Scripts Senior Care, Inc.	20-3126075	DE	
ESI Mail Order Processing, Inc. (f/k/a NXI)	74-2974964	DE	
Express Reinsurance Company	27-3175443	MO	13918
Express Scripts Canada Holding Co.	43-1942542	DE	
Express Scripts Canada Co.	98-0650775/CN98-0358790		
ESI Canada	CN 98-0358792		
ESI GP Canada ULC	CN 98-0358791		
ESI GP2 Canada ULC	00-0000000		
Express Scripts Canada Wholesale	CN25-0012861		
Express Scripts Canada Services	00-0000000		
Express Scripts Pharmacy Ontario, Ltd.	00-0000000		
Express Scripts Pharmacy West, Ltd.	00-0000000		
Express Scripts Pharmacy Central, Ltd.	00-0000000		

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	Entity Name	EIN	State	NAIC CODE
	Express Scripts Pharmacy Atlantic, Ltd.	00-0000000		
	Express Scripts Canada Holding, LLC	27-1490640	DE	
	Healthbridge, Inc.	26-2159005	DE	
	Inside RX, LLC	82-0658250	DE	
	myMatrixx Holdings, LLC	82-1350878	DE	
	Matrix Healthcare Services, Inc.	59-3720653	FL	
	myMatrixx-B, LLC	46-2589799	FL	
	MyM Technology Services, LLC	36-4833284	FL	
	Innovative Product Alignment, LLC	82-1655179	DE	
	Express Scripts Health Information Network Partners, Inc.	84-5003423	DE	
52.12	Medco Health Solutions, Inc.	22-3461740	DE	
	MAH Pharmacy, LLC	27-1506930	DE	
	Medco Containment Life Insurance Company	42-1425239	PA	63762
	Medco Containment Insurance Company of NY	13-3506395	NY	34720
	Accredo Health, Incorporated	55-0894449	DE	
	AHG of New York, Inc.	13-3888838	NY	
	Biopartners in Care, Inc.	43-1815573	MO	
	Accredo Health Group, Inc.	11-3358535	DE	
	Willow DSP LLC	00-0000000	DE	
	Medco Europe, LLC	46-2166374	DE	
	Medco Europe II, LLC	27-3709630	DE	
	Express Scripts Administrators LLC	41-2063830	DE	
	Medco Health Puerto Rico, LLC	81-0616525	DE	
	Systemed, LLC	22-3474888	DE	
	Medco Health Services, Inc.	26-3544786	DE	
	Express Scripts Pharmacy, Inc.	30-0789911	DE	
	Specialty Products Acquisitions, LLC	82-4405071	DE	
	ValoremRx Sourcing Solutions, LLC	82-4410128	DE	
	SureScripts, LLC	00-0000000	VA	
	Medco Health Information Network Partners, Inc.	84-5017653	DE	
	Evernorth Sales Operations, Inc.	85-2759151	DE	

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Entity Name	EIN	State	NAIC CODE
eviCore 1, LLC	46-4676347	DE	
MedSolutions Holdings, Inc.	27-3801345	DE	
CareCore National, LLC	14-1831391	NY	
eviCore healthcare MSI, LLC	62-1615395	TN	
CareCore NJ, LLC	20-1089572	NJ	10144
CCN-WNY IPA, LLC	33-1039759	NY	
CCN NMO, LLC	45-2604992	NY	
MSI Health Organization of Texas, Inc.	32-0071543	TX	
MSIAZ I, LLC	86-1090522	TN	
MSICA I, LLC	20-1749733	TN	
MSICO I, LLC	20-1222347	TN	
MSIFL, LLC	55-0840800	TN	
MSIMD I, LLC	26-0181185	TN	
MSINC I, LLC	74-3122235	TN	
MSINH, LLC	03-0524694	TN	
MSINH II, LLC	11-3715243	TN	
MSINJ I, LLC	20-1749446	TN	
MSINV I, LLC	20-1761914	TN	
MSI HT, LLC	27-5492993	TN	
MSI LT, LLC	27-5493148	TN	
MSI SAR-GW, LLC	27-5493321	TN	
MSISC II, LLC	55-0840806	TN	
MSIVT I, LLC	26-0336736	TN	
MSIWA, LLC	20-2536458	TN	
Chiro Alliance Corporation	59-3466707	FL	
QPID Health, LLC	45-5569416	DE	

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