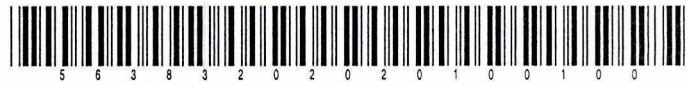


ANNUAL STATEMENT FOR THE YEAR 2020 OF THE The Order Of United Commercial Travelers Of America



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

The Order Of United Commercial Travelers Of America

NAIC Group Code

(Current)

(Prior)

NAIC Company Code

56383

Employer's ID Number

31-4273120

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 Fraternal Benefit Societies

Incorporated/Organized

10/04/1890

Commenced Business

01/16/1888

Statutory Home Office

1801 Watermark Drive Suite 100

(Street and Number)

Columbus, OH, US 43215

(City or Town, State, Country and Zip Code)

Main Administrative Office

1801 Watermark Drive Suite 100

(Street and Number)

Columbus, OH, US 43215

800-848-0123-1202

(City or Town, State, Country and Zip Code)

(Area Code) (Telephone Number)

Mail Address

1801 Watermark Drive Suite 100

(Street and Number or P.O. Box)

Columbus, OH, US 43215

(City or Town, State, Country and Zip Code)

Primary Location of Books and Records

1801 Watermark Drive Suite 100

(Street and Number)

Columbus, OH, US 43215

800-848-0123-1142

(City or Town, State, Country and Zip Code)

(Area Code) (Telephone Number)

Internet Website Address

www.uct.org

Statutory Statement Contact

Andrew Michael Swetnam

(Name)

800-848-0123-1135

aswetnam@uct.org

(Area Code) (Telephone Number)

(E-mail Address)

614-487-9675

(FAX Number)

OFFICERS

UCT President

Mary Frances Applegate

Chief Executive Officer

Kevin Clare Hecker

UCT Secretary/Treasurer

Stephen Randal Desselles

OTHER

Kathryn Louise Chillinsky, Vice-President, Membership & Communications

Kevin Joe Roberts, Vice-President, Insurance Operations & Agent Services

Andrew Michael Swetnam #, Vice-President & Chief Financial Officer

Jeffrey Lee Smith MAAA, FCA, Consulting Actuary

DIRECTORS OR TRUSTEES

Glenn Edward Suever

Stephen Randal Desselles

Mary Frances Applegate

David Allan Van Order

Christopher Barry Phelan

David James Syrota

Dianna Jean Wolfe

Kenneth Eugene Milliser, Jr.

Stanna Kay Funk

State of
County of

Ohio

Franklin

SS:

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.

Mary Frances Applegate

Mary Frances Applegate
UCT President

Stephen Randal Desselles

Stephen Randal Desselles
UCT Secretary/Treasurer

Kevin Clare Hecker

Kevin Clare Hecker
Chief Executive Officer

a. Is this an original filing?

Yes [X] No []



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE The Order Of United Commercial Travelers Of America
 DIRECT BUSINESS IN THE STATE OF Alabama
 NAIC Group Code 0000 DURING THE YEAR 2020
 NAIC Company Code 56383

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance		9,412	0	0	0	9,412
2. Annuity considerations		0	0	0	0	0
3. Deposit-type contract funds		0	XXX	0	XXX	0
4. Other considerations		0	0	0	0	0
5. Totals (Sum of Lines 1 to 4)		9,412	0	0	0	9,412
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS						
Life insurance:						
6.1 Paid in cash or left on deposit		0	0	0	0	0
6.2 Applied to pay renewal premiums		0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period		0	0	0	0	0
6.4 Other		0	0	0	0	0
6.5 Totals (Sum of Lines 6.1 to 6.4)		0	0	0	0	0
Annuities:						
7.1 Paid in cash or left on deposit		0	0	0	0	0
7.2 Applied to provide paid-up annuities		0	0	0	0	0
7.3 Other		0	0	0	0	0
7.4 Totals (Sum of Lines 7.1 to 7.3)		0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)		0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits		15,086	0	0	0	15,086
10. Matured endowments		0	0	0	0	0
11. Annuity benefits		0	0	0	0	0
12. Surrender values and withdrawals for life contracts		0	0	0	0	0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid		0	0	0	0	0
14. All other benefits, except accident and health		0	0	0	0	0
15. Totals		15,086	0	0	0	15,086
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page		0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)		0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year	2	15,000	0	0	0	0	0	0	2	15,000
Settled during current year:										
18.1 By payment in full	2	15,000	0	0	0	0	0	0	2	15,000
18.2 By payment on compromised claims	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	2	15,000	0	0	0	0	0	0	2	15,000
18.4 Reduction by compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements	2	15,000	0	0	0	0	0	0	2	15,000
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	18	285,175	0	(a)	0	0	0	0	18	285,175
21. Issued during year	0	0	0	0	0	0	0	0	0	0
22. Other changes to in force (Net)	(4)	(22,000)	0	0	0	0	0	0	(4)	(22,000)
23. In force December 31 of current year	14	263,175	0	(a)	0	0	0	0	14	263,175

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
					Direct Premiums
24. Group Policies (b)	0	0	0	0	0
24.1 Federal Employees Health Benefits Plan premium (b)	0	0	0	0	0
24.2 Credit (Group and Individual)	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b)	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b)	0	0	0	0	0
25.2 Guaranteed renewable (b)	523,166	527,628	0	272,695	266,304
25.3 Non-renewable for stated reasons only (b)	0	0	0	0	0
25.4 Other accident only	2,934	3,160	0	80	46
25.5 All other (b)	0	0	0	0	0
25.6 Totals (sum of Lines 25.1 to 25.5)	526,100	530,788	0	272,775	266,350
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	526,100	530,788	0	272,775	266,350

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



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE The Order Of United Commercial Travelers Of America
 DIRECT BUSINESS IN THE STATE OF Alaska
 DURING THE YEAR 2020
 NAIC Group Code 0000 NAIC Company Code 56383

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance		266	0	0	0	266
2. Annuity considerations		0	0	0	0	0
3. Deposit-type contract funds		0	XXX	0	XXX	0
4. Other considerations		0	0	0	0	0
5. Totals (Sum of Lines 1 to 4)		266	0	0	0	266
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS						
Life insurance:						
6.1 Paid in cash or left on deposit		0	0	0	0	0
6.2 Applied to pay renewal premiums		0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period		0	0	0	0	0
6.4 Other		0	0	0	0	0
6.5 Totals (Sum of Lines 6.1 to 6.4)		0	0	0	0	0
Annuities:						
7.1 Paid in cash or left on deposit		0	0	0	0	0
7.2 Applied to provide paid-up annuities		0	0	0	0	0
7.3 Other		0	0	0	0	0
7.4 Totals (Sum of Lines 7.1 to 7.3)		0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)		0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits		0	0	0	0	0
10. Matured endowments		0	0	0	0	0
11. Annuity benefits		0	0	0	0	0
12. Surrender values and withdrawals for life contracts		0	0	0	0	0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid		0	0	0	0	0
14. All other benefits, except accident and health		0	0	0	0	0
15. Totals		0	0	0	0	0
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page		0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)		0	0	0	0	0

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

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)	0	0	0	0	0
24.1 Federal Employees Health Benefits Plan premium (b)	0	0	0	0	0
24.2 Credit (Group and Individual)	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b)	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b)	0	0	0	0	0
25.2 Guaranteed renewable (b)	5,282	5,327	0	3,311	3,233
25.3 Non-renewable for stated reasons only (b)	0	0	0	0	0
25.4 Other accident only	155	167	0	0	0
25.5 All other (b)	0	0	0	0	0
25.6 Totals (sum of Lines 25.1 to 25.5)	5,437	5,494	0	3,311	3,233
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	5,437	5,494	0	3,311	3,233

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



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE The Order Of United Commercial Travelers Of America
 DIRECT BUSINESS IN THE STATE OF Arizona
 NAIC Group Code 0000

DURING THE YEAR 2020
 NAIC Company Code 56383

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	4,574		0	0	0	4,574
2. Annuity considerations	0		0	0	0	0
3. Deposit-type contract funds	0	XXX		0	XXX	0
4. Other considerations	0		0	0	0	0
5. Totals (Sum of Lines 1 to 4)	4,574		0	0	0	4,574
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS						
Life insurance:						
6.1 Paid in cash or left on deposit	0	0	0	0	0	0
6.2 Applied to pay renewal premiums	0	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	0	0	0	0	0	0
6.4 Other	0	0	0	0	0	0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0	0
Annuites:						
7.1 Paid in cash or left on deposit	0	0	0	0	0	0
7.2 Applied to provide paid-up annuities	0	0	0	0	0	0
7.3 Other	0	0	0	0	0	0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits	0	0	0	0	0	0
10. Matured endowments	0	0	0	0	0	0
11. Annuity benefits	0	0	0	0	0	0
12. Surrender values and withdrawals for life contracts	0	0	0	0	0	0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0	0
14. All other benefits, except accident and health	0	0	0	0	0	0
15. Totals	0	0	0	0	0	0
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page	0	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0	0

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

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	0	0	0	0	0
24.1 Federal Employees Health Benefits Plan premium (b)	0	0	0	0	0
24.2 Credit (Group and Individual)	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b)	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:	0	0	0	0	0
25.1 Non-cancelable (b)	0	0	0	0	0
25.2 Guaranteed renewable (b)	1,152,137	1,161,964	0	689,192	673,042
25.3 Non-renewable for stated reasons only (b)	0	0	0	0	0
25.4 Other accident only	2,047	2,205	0	0	0
25.5 All other (b)	0	0	0	0	0
25.6 Totals (sum of Lines 25.1 to 25.5)	1,154,184	1,164,169	0	689,192	673,042
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,154,184	1,164,169	0	689,192	673,042

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



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE The Order Of United Commercial Travelers Of America
 DIRECT BUSINESS IN THE STATE OF Arkansas
 NAIC Group Code 0000

DURING THE YEAR 2020
 NAIC Company Code 56383

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	4,133		0	0	0	4,133
2. Annuity considerations	0		0	0	0	0
3. Deposit-type contract funds	0	XXX		0	XXX	0
4. Other considerations	0		0	0	0	0
5. Totals (Sum of Lines 1 to 4)	4,133	0	0	0	0	4,133
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS						
Life insurance:						
6.1 Paid in cash or left on deposit	0	0	0	0	0	0
6.2 Applied to pay renewal premiums	0	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	0	0	0	0	0	0
6.4 Other	0	0	0	0	0	0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0	0
Annuites:						
7.1 Paid in cash or left on deposit	0	0	0	0	0	0
7.2 Applied to provide paid-up annuities	0	0	0	0	0	0
7.3 Other	0	0	0	0	0	0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits	15,058	0	0	0	0	15,058
10. Matured endowments	3,031	0	0	0	0	3,031
11. Annuity benefits	0	0	0	0	0	0
12. Surrender values and withdrawals for life contracts	0	0	0	0	0	0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0	0
14. All other benefits, except accident and health	0	0	0	0	0	0
15. Totals	18,089	0	0	0	0	18,089
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page	0	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year	1	15,000	0	0	0	0	0	0	1	15,000
Settled during current year:										
18.1 By payment in full	1	15,000	0	0	0	0	0	0	1	15,000
18.2 By payment on compromised claims	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	1	15,000	0	0	0	0	0	0	1	15,000
18.4 Reduction by compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements	1	15,000	0	0	0	0	0	0	1	15,000
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	7	69,418	0	(a)	0	0	0	0	7	69,418
21. Issued during year	0	0	0	0	0	0	0	0	0	0
22. Other changes to in force (Net)	(2)	(18,031)	0	0	0	0	0	0	(2)	(18,031)
23. In force December 31 of current year	5	51,387	0	(a)	0	0	0	0	5	51,387

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	0	0	0	0	0
24.1 Federal Employees Health Benefits Plan premium (b)	0	0	0	0	0
24.2 Credit (Group and Individual)	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b)	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:	0	0	0	0	0
25.1 Non-cancelable (b)	0	0	0	0	0
25.2 Guaranteed renewable (b)	1,141,628	1,151,365	0	786,077	.767,656
25.3 Non-renewable for stated reasons only (b)	0	0	0	0	0
25.4 Other accident only	8,820	9,500	0	706	406
25.5 All other (b)	0	0	0	0	0
25.6 Totals (sum of Lines 25.1 to 25.5)	1,150,448	1,160,864	0	786,784	.768,062
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,150,448	1,160,864	0	786,784	.768,062

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



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE The Order Of United Commercial Travelers Of America
 DIRECT BUSINESS IN THE STATE OF California
 NAIC Group Code 0000 DURING THE YEAR 2020
 LIFE INSURANCE NAIC Company Code 56383

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance		35,288	0	0	0	35,288
2. Annuity considerations		0	0	0	0	0
3. Deposit-type contract funds		0	XXX	0	XXX	0
4. Other considerations		0	0	0	0	0
5. Totals (Sum of Lines 1 to 4)		35,288	0	0	0	35,288
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS						
Life insurance:						
6.1 Paid in cash or left on deposit		0	0	0	0	0
6.2 Applied to pay renewal premiums		0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period		0	0	0	0	0
6.4 Other		0	0	0	0	0
6.5 Totals (Sum of Lines 6.1 to 6.4)		0	0	0	0	0
Annuities:						
7.1 Paid in cash or left on deposit		0	0	0	0	0
7.2 Applied to provide paid-up annuities		0	0	0	0	0
7.3 Other		0	0	0	0	0
7.4 Totals (Sum of Lines 7.1 to 7.3)		0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)		0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits		81,620	0	0	0	81,620
10. Matured endowments		0	0	0	0	0
11. Annuity benefits		0	0	0	0	0
12. Surrender values and withdrawals for life contracts		3,638	0	0	0	3,638
13. Aggregate write-ins for miscellaneous direct claims and benefits paid		0	0	0	0	0
14. All other benefits, except accident and health		0	0	0	0	0
15. Totals		85,257	0	0	0	85,257
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page		0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)		0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
16. Unpaid December 31, prior year	2	10,175	0	0	0	0	0	0	2	10,175
17. Incurred during current year	6	73,177	0	0	0	0	0	0	6	73,177
Settled during current year:										
18.1 By payment in full	7	80,352	0	0	0	0	0	0	7	80,352
18.2 By payment on compromised claims	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	7	80,352	0	0	0	0	0	0	7	80,352
18.4 Reduction by compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements	7	80,352	0	0	0	0	0	0	7	80,352
19. Unpaid Dec. 31, current year (16+17-18.6)	1	3,000	0	0	0	0	0	0	1	3,000
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	121	1,339,598	0	(a)	0	0	0	0	121	1,339,598
21. Issued during year	0	0	0	0	0	0	0	0	0	0
22. Other changes to in force (Net)	(9)	(95,352)	0	0	0	0	0	0	(9)	(95,352)
23. In force December 31 of current year	112	1,244,246	0	(a)	0	0	0	0	112	1,244,246

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
					Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	0	0	0	0	0
24.1 Federal Employees Health Benefits Plan premium (b)	0	0	0	0	0
24.2 Credit (Group and Individual)	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b)	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b)	0	0	0	0	0
25.2 Guaranteed renewable (b)	186,295	187,884	0	103,487	101,062
25.3 Non-renewable for stated reasons only (b)	0	0	0	0	0
25.4 Other accident only	6,858	7,387	0	0	0
25.5 All other (b)	0	0	0	0	0
25.6 Totals (sum of Lines 25.1 to 25.5)	193,153	195,270	0	103,487	101,062
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	193,153	195,270	0	103,487	101,062

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



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE The Order Of United Commercial Travelers Of America
 DIRECT BUSINESS IN THE STATE OF Colorado
 NAIC Group Code 0000 DURING THE YEAR 2020
 NAIC Company Code 56383

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance		598	0	0	0	598
2. Annuity considerations		10,500	0	0	0	10,500
3. Deposit-type contract funds		0	XXX	0	XXX	0
4. Other considerations		0	0	0	0	0
5. Totals (Sum of Lines 1 to 4)		11,098	0	0	0	11,098
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS						
Life insurance:						
6.1 Paid in cash or left on deposit		0	0	0	0	0
6.2 Applied to pay renewal premiums		0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period		0	0	0	0	0
6.4 Other		0	0	0	0	0
6.5 Totals (Sum of Lines 6.1 to 6.4)		0	0	0	0	0
Annuities:						
7.1 Paid in cash or left on deposit		0	0	0	0	0
7.2 Applied to provide paid-up annuities		0	0	0	0	0
7.3 Other		0	0	0	0	0
7.4 Totals (Sum of Lines 7.1 to 7.3)		0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)		0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits		5,028	0	0	0	5,028
10. Matured endowments		0	0	0	0	0
11. Annuity benefits		0	0	0	0	0
12. Surrender values and withdrawals for life contracts		0	0	0	0	0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid		0	0	0	0	0
14. All other benefits, except accident and health		0	0	0	0	0
15. Totals		5,028	0	0	0	5,028
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page		0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)		0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year	1	5,000	0	0	0	0	0	0	1	5,000
Settled during current year:										
18.1 By payment in full	1	5,000	0	0	0	0	0	0	1	5,000
18.2 By payment on compromised claims	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	1	5,000	0	0	0	0	0	0	1	5,000
18.4 Reduction by compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements	1	5,000	0	0	0	0	0	0	1	5,000
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	13	126,039	0	(a)	0	0	0	0	13	126,039
21. Issued during year	0	0	0	0	0	0	0	0	0	0
22. Other changes to in force (Net)	(1)	(5,000)	0	0	0	0	0	0	(1)	(5,000)
23. In force December 31 of current year	12	121,039	0	(a)	0	0	0	0	12	121,039

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
					Direct Premiums
24. Group Policies (b)	0	0	0	0	0
24.1 Federal Employees Health Benefits Plan premium (b)	0	0	0	0	0
24.2 Credit (Group and Individual)	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b)	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b)	0	0	0	0	0
25.2 Guaranteed renewable (b)	1,934,028	1,950,524	0	1,376,880	1,344,615
25.3 Non-renewable for stated reasons only (b)	0	0	0	0	0
25.4 Other accident only	2,592	2,791	0	681	392
25.5 All other (b)	0	0	0	0	0
25.6 Totals (sum of Lines 25.1 to 25.5)	1,936,620	1,953,315	0	1,377,562	1,345,006
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,936,620	1,953,315	0	1,377,562	1,345,006

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



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE The Order Of United Commercial Travelers Of America
 DIRECT BUSINESS IN THE STATE OF Connecticut
 DURING THE YEAR 2020
 NAIC Group Code 0000 NAIC Company Code 56383

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance		4,699	0	0	0	4,699
2. Annuity considerations		0	0	0	0	0
3. Deposit-type contract funds		0	XXX	0	XXX	0
4. Other considerations		0	0	0	0	0
5. Totals (Sum of Lines 1 to 4)		4,699	0	0	0	4,699
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS						
Life insurance:						
6.1 Paid in cash or left on deposit		0	0	0	0	0
6.2 Applied to pay renewal premiums		0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period		0	0	0	0	0
6.4 Other		0	0	0	0	0
6.5 Totals (Sum of Lines 6.1 to 6.4)		0	0	0	0	0
Annuities:						
7.1 Paid in cash or left on deposit		0	0	0	0	0
7.2 Applied to provide paid-up annuities		0	0	0	0	0
7.3 Other		0	0	0	0	0
7.4 Totals (Sum of Lines 7.1 to 7.3)		0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)		0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits		0	0	0	0	0
10. Matured endowments		0	0	0	0	0
11. Annuity benefits		0	0	0	0	0
12. Surrender values and withdrawals for life contracts		0	0	0	0	0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid		0	0	0	0	0
14. All other benefits, except accident and health		0	0	0	0	0
15. Totals		0	0	0	0	0
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page		0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)		0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year	0	0	0	0	0	0	0	0	0	0
Settled during current year:										
18.1 By payment in full	0	0	0	0	0	0	0	0	0	0
18.2 By payment on compromised claims	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	6	102,630	0	(a)	0	0	0	0	6	102,630
21. Issued during year	0	0	0	0	0	0	0	0	0	0
22. Other changes to in force (Net)	0	0	0	0	0	0	0	0	0	0
23. In force December 31 of current year	6	102,630	0	(a)	0	0	0	0	6	102,630

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	0	0	0	0	0
24.1 Federal Employees Health Benefits Plan premium (b)	0	0	0	0	0
24.2 Credit (Group and Individual)	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b)	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b)	0	0	0	0	0
25.2 Guaranteed renewable (b)	11,744	11,844	0	13,359	13,046
25.3 Non-renewable for stated reasons only (b)	0	0	0	0	0
25.4 Other accident only	1,439	1,550	0	0	0
25.5 All other (b)	0	0	0	0	0
25.6 Totals (sum of Lines 25.1 to 25.5)	13,183	13,394	0	13,359	13,046
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	13,183	13,394	0	13,359	13,046

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



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE The Order Of United Commercial Travelers Of America
 DIRECT BUSINESS IN THE STATE OF Delaware
 DURING THE YEAR 2020
 NAIC Group Code 0000 NAIC Company Code 56383

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance		0	0	0	0	0
2. Annuity considerations		0	0	0	0	0
3. Deposit-type contract funds		0	XXX	0	XXX	0
4. Other considerations		0	0	0	0	0
5. Totals (Sum of Lines 1 to 4)		0	0	0	0	0
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS						
Life insurance:						
6.1 Paid in cash or left on deposit		0	0	0	0	0
6.2 Applied to pay renewal premiums		0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period		0	0	0	0	0
6.4 Other		0	0	0	0	0
6.5 Totals (Sum of Lines 6.1 to 6.4)		0	0	0	0	0
Annuities:						
7.1 Paid in cash or left on deposit		0	0	0	0	0
7.2 Applied to provide paid-up annuities		0	0	0	0	0
7.3 Other		0	0	0	0	0
7.4 Totals (Sum of Lines 7.1 to 7.3)		0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)		0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits		997	0	0	0	997
10. Matured endowments		591	0	0	0	591
11. Annuity benefits		0	0	0	0	0
12. Surrender values and withdrawals for life contracts		0	0	0	0	0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid		0	0	0	0	0
14. All other benefits, except accident and health		0	0	0	0	0
15. Totals		1,588	0	0	0	1,588
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page		0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)		0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
16. Unpaid December 31, prior year	2	1,472	0	0	0	0	0	0	2	1,472
17. Incurred during current year	0	0	0	0	0	0	0	0	0	0
Settled during current year:										
18.1 By payment in full	2	1,472	0	0	0	0	0	0	2	1,472
18.2 By payment on compromised claims	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	2	1,472	0	0	0	0	0	0	2	1,472
18.4 Reduction by compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements	2	1,472	0	0	0	0	0	0	2	1,472
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	3	21,472	0	(a)	0	0	0	0	3	21,472
21. Issued during year	0	0	0	0	0	0	0	0	0	0
22. Other changes to in force (Net)	(2)	(1,472)	0	0	0	0	0	0	(2)	(1,472)
23. In force December 31 of current year	1	20,000	0	(a)	0	0	0	0	1	20,000

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)	0	0	0	0	0
24.1 Federal Employees Health Benefits Plan premium (b)	0	0	0	0	0
24.2 Credit (Group and Individual)	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b)	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:	0	0	0	0	0
25.1 Non-cancelable (b)	0	0	0	0	0
25.2 Guaranteed renewable (b)	10,587	10,678	0	432	422
25.3 Non-renewable for stated reasons only (b)	0	0	0	0	0
25.4 Other accident only	54	58	0	0	0
25.5 All other (b)	0	0	0	0	0
25.6 Totals (sum of Lines 25.1 to 25.5)	10,641	10,736	0	432	422
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	10,641	10,736	0	432	422

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



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE The Order Of United Commercial Travelers Of America
 DIRECT BUSINESS IN THE STATE OF District of Columbia
 DURING THE YEAR 2020
 NAIC Group Code 0000 NAIC Company Code 56383

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

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

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
					Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	0	0	0	0	0
24.1 Federal Employees Health Benefits Plan premium (b)	0	0	0	0	0
24.2 Credit (Group and Individual)	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b)	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b)	0	0	0	0	0
25.2 Guaranteed renewable (b)	0	0	0	0	0
25.3 Non-renewable for stated reasons only (b)	0	0	0	0	0
25.4 Other accident only	25	27	0	0	0
25.5 All other (b)	0	0	0	0	0
25.6 Totals (sum of Lines 25.1 to 25.5)	25	27	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	25	27	0	0	0

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



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE The Order Of United Commercial Travelers Of America
 DIRECT BUSINESS IN THE STATE OF Florida DURING THE YEAR 2020
 NAIC Group Code 0000 NAIC Company Code 56383

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance		45,835	0	0	0	45,835
2. Annuity considerations		0	0	0	0	0
3. Deposit-type contract funds		0	XXX	0	XXX	0
4. Other considerations		0	0	0	0	0
5. Totals (Sum of Lines 1 to 4)		45,835	0	0	0	45,835
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS						
Life insurance:						
6.1 Paid in cash or left on deposit		0	0	0	0	0
6.2 Applied to pay renewal premiums		0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period		0	0	0	0	0
6.4 Other		0	0	0	0	0
6.5 Totals (Sum of Lines 6.1 to 6.4)		0	0	0	0	0
Annuities:						
7.1 Paid in cash or left on deposit		0	0	0	0	0
7.2 Applied to provide paid-up annuities		0	0	0	0	0
7.3 Other		0	0	0	0	0
7.4 Totals (Sum of Lines 7.1 to 7.3)		0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)		0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits		148,444	0	0	0	148,444
10. Matured endowments		163	0	0	0	163
11. Annuity benefits		2,373	0	0	0	2,373
12. Surrender values and withdrawals for life contracts		22,074	0	0	0	22,074
13. Aggregate write-ins for miscellaneous direct claims and benefits paid		0	0	0	0	0
14. All other benefits, except accident and health		0	0	0	0	0
15. Totals		173,054	0	0	0	173,054
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page		0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)		0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year	19	169,353	0	0	0	0	0	0	19	169,353
Settled during current year:										
18.1 By payment in full	16	141,770	0	0	0	0	0	0	16	141,770
18.2 By payment on compromised claims	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	16	141,770	0	0	0	0	0	0	16	141,770
18.4 Reduction by compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements	16	141,770	0	0	0	0	0	0	16	141,770
19. Unpaid Dec. 31, current year (16+17-18.6)	3	27,583	0	0	0	0	0	0	3	27,583
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	204	2,747,620	0	(a)	0	0	0	0	204	2,747,620
21. Issued during year	0	0	0	0	0	0	0	0	0	0
22. Other changes to in force (Net)	(22)	(206,933)	0	0	0	0	0	0	(22)	(206,933)
23. In force December 31 of current year	182	2,540,687	0	(a)	0	0	0	0	182	2,540,687

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
					Direct Premiums
24. Group Policies (b)	0	0	0	0	0
24.1 Federal Employees Health Benefits Plan premium (b)	0	0	0	0	0
24.2 Credit (Group and Individual)	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b)	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b)	0	0	0	0	0
25.2 Guaranteed renewable (b)	1,940,185	1,956,733	0	1,662,173	1,623,222
25.3 Non-renewable for stated reasons only (b)	0	0	0	0	0
25.4 Other accident only	10,249	11,038	0	3,608	2,073
25.5 All other (b)	(24)	221	0	101	101
25.6 Totals (sum of Lines 25.1 to 25.5)	1,950,410	1,967,992	0	1,665,882	1,625,396
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,950,410	1,967,992	0	1,665,882	1,625,396

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



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE The Order Of United Commercial Travelers Of America
 DIRECT BUSINESS IN THE STATE OF Georgia
 NAIC Group Code 0000 DURING THE YEAR 2020
 NAIC Company Code 56383

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance		23,747	0	0	0	23,747
2. Annuity considerations		0	0	0	0	0
3. Deposit-type contract funds		0	XXX	0	XXX	0
4. Other considerations		0	0	0	0	0
5. Totals (Sum of Lines 1 to 4)		23,747	0	0	0	23,747
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS						
Life insurance:						
6.1 Paid in cash or left on deposit		0	0	0	0	0
6.2 Applied to pay renewal premiums		0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period		0	0	0	0	0
6.4 Other		0	0	0	0	0
6.5 Totals (Sum of Lines 6.1 to 6.4)		0	0	0	0	0
Annuities:						
7.1 Paid in cash or left on deposit		0	0	0	0	0
7.2 Applied to provide paid-up annuities		0	0	0	0	0
7.3 Other		0	0	0	0	0
7.4 Totals (Sum of Lines 7.1 to 7.3)		0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)		0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits		40,557	0	0	0	40,557
10. Matured endowments		0	0	0	0	0
11. Annuity benefits		0	0	0	0	0
12. Surrender values and withdrawals for life contracts		5,349	0	0	0	5,349
13. Aggregate write-ins for miscellaneous direct claims and benefits paid		0	0	0	0	0
14. All other benefits, except accident and health		0	0	0	0	0
15. Totals		45,905	0	0	0	45,905
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page		0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)		0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year	7	87,382	0	0	0	0	0	0	7	87,382
Settled during current year:										
18.1 By payment in full	4	40,382	0	0	0	0	0	0	4	40,382
18.2 By payment on compromised claims	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	4	40,382	0	0	0	0	0	0	4	40,382
18.4 Reduction by compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements	4	40,382	0	0	0	0	0	0	4	40,382
19. Unpaid Dec. 31, current year (16+17-18.6)	3	47,000	0	0	0	0	0	0	3	47,000
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	103	1,342,522	0	(a)	0	0	0	0	103	1,342,522
21. Issued during year	0	0	0	0	0	0	0	0	0	0
22. Other changes to in force (Net)	(5)	(50,382)	0	0	0	0	0	0	(5)	(50,382)
23. In force December 31 of current year	98	1,292,140	0	(a)	0	0	0	0	98	1,292,140

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)	0	0	0	0	0
24.1 Federal Employees Health Benefits Plan premium (b)	0	0	0	0	0
24.2 Credit (Group and Individual)	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b)	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:	0	0	0	0	0
25.1 Non-cancelable (b)	0	0	0	0	0
25.2 Guaranteed renewable (b)	328,308	331,108	0	247,468	241,669
25.3 Non-renewable for stated reasons only (b)	0	0	0	0	0
25.4 Other accident only	1,850	1,993	0	0	0
25.5 All other (b)	0	0	0	0	0
25.6 Totals (sum of Lines 25.1 to 25.5)	330,158	333,101	0	247,468	241,669
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	330,158	333,101	0	247,468	241,669

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



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE The Order Of United Commercial Travelers Of America
 DIRECT BUSINESS IN THE STATE OF Hawaii DURING THE YEAR 2020
 NAIC Group Code 0000 NAIC Company Code 56383

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

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

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	0	0	0	0	0
24.1 Federal Employees Health Benefits Plan premium (b)	0	0	0	0	0
24.2 Credit (Group and Individual)	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b)	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b)	0	0	0	0	0
25.2 Guaranteed renewable (b)	2,738	2,762	0	310	303
25.3 Non-renewable for stated reasons only (b)	0	0	0	0	0
25.4 Other accident only	100	108	0	0	0
25.5 All other (b)	0	0	0	0	0
25.6 Totals (sum of Lines 25.1 to 25.5)	2,838	2,869	0	310	303
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	2,838	2,869	0	310	303

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



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE The Order Of United Commercial Travelers Of America
 DIRECT BUSINESS IN THE STATE OF Idaho
 DURING THE YEAR 2020
 NAIC Group Code 0000 NAIC Company Code 56383

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

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

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)	0	0	0	0	0
24.1 Federal Employees Health Benefits Plan premium (b)	0	0	0	0	0
24.2 Credit (Group and Individual)	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b)	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b)	0	0	0	0	0
25.2 Guaranteed renewable (b)	2,195,323	2,214,046	0	1,555,044	1,518,603
25.3 Non-renewable for stated reasons only (b)	0	0	0	0	0
25.4 Other accident only	1,098	1,182	0	0	0
25.5 All other (b)	0	0	0	0	0
25.6 Totals (sum of Lines 25.1 to 25.5)	2,196,420	2,215,228	0	1,555,044	1,518,603
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	2,196,420	2,215,228	0	1,555,044	1,518,603

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



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE The Order Of United Commercial Travelers Of America
 DIRECT BUSINESS IN THE STATE OF Illinois
 DURING THE YEAR 2020
 NAIC Group Code 0000 NAIC Company Code 56383

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance		32,981	0	0	0	32,981
2. Annuity considerations		0	0	0	0	0
3. Deposit-type contract funds		0	XXX	0	XXX	0
4. Other considerations		0	0	0	0	0
5. Totals (Sum of Lines 1 to 4)		32,981	0	0	0	32,981
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS						
Life insurance:						
6.1 Paid in cash or left on deposit		0	0	0	0	0
6.2 Applied to pay renewal premiums		0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period		0	0	0	0	0
6.4 Other		0	0	0	0	0
6.5 Totals (Sum of Lines 6.1 to 6.4)		0	0	0	0	0
Annuities:						
7.1 Paid in cash or left on deposit		0	0	0	0	0
7.2 Applied to provide paid-up annuities		0	0	0	0	0
7.3 Other		0	0	0	0	0
7.4 Totals (Sum of Lines 7.1 to 7.3)		0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)		0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits		56,034	0	0	0	56,034
10. Matured endowments		4,121	0	0	0	4,121
11. Annuity benefits		0	0	0	0	0
12. Surrender values and withdrawals for life contracts		3,746	0	0	0	3,746
13. Aggregate write-ins for miscellaneous direct claims and benefits paid		0	0	0	0	0
14. All other benefits, except accident and health		0	0	0	0	0
15. Totals		63,901	0	0	0	63,901
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page		0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)		0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year	10	75,910	0	0	0	0	0	0	10	75,910
Settled during current year:										
18.1 By payment in full	9	70,551	0	0	0	0	0	0	9	70,551
18.2 By payment on compromised claims	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	9	70,551	0	0	0	0	0	0	9	70,551
18.4 Reduction by compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements	9	70,551	0	0	0	0	0	0	9	70,551
19. Unpaid Dec. 31, current year (16+17-18.6)	1	5,359	0	0	0	0	0	0	1	5,359
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	195	2,781,568	0	(a)	0	0	0	0	195	2,781,568
21. Issued during year	0	0	0	0	0	0	0	0	0	0
22. Other changes to in force (Net)	(14)	(159,840)	0	0	0	0	0	0	(14)	(159,840)
23. In force December 31 of current year	181	2,621,728	0	(a)	0	0	0	0	181	2,621,728

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)	0	0	0	0	0
24.1 Federal Employees Health Benefits Plan premium (b)	0	0	0	0	0
24.2 Credit (Group and Individual)	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b)	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:	0	0	0	0	0
25.1 Non-cancelable (b)	0	0	0	0	0
25.2 Guaranteed renewable (b)	1,799,627	1,814,975	0	1,073,277	1,048,125
25.3 Non-renewable for stated reasons only (b)	0	0	0	0	0
25.4 Other accident only	24,643	26,541	0	451	259
25.5 All other (b)	0	0	0	0	0
25.6 Totals (sum of Lines 25.1 to 25.5)	1,824,269	1,841,516	0	1,073,727	1,048,384
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,824,269	1,841,516	0	1,073,727	1,048,384

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



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE The Order Of United Commercial Travelers Of America
DIRECT BUSINESS IN THE STATE OF Indiana
DURING THE YEAR 2020
NAIC Group Code 0000 NAIC Company Code 56383

LIFE INSURANCE		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS						
1. Life insurance		30,043	0	0	0	30,043
2. Annuity considerations		0	0	0	0	0
3. Deposit-type contract funds		0	XXX	0	XXX	0
4. Other considerations		0	0	0	0	0
5. Totals (Sum of Lines 1 to 4)		30,043	0	0	0	30,043
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS						
Life insurance:						
6.1 Paid in cash or left on deposit		0	0	0	0	0
6.2 Applied to pay renewal premiums		0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period		0	0	0	0	0
6.4 Other		0	0	0	0	0
6.5 Totals (Sum of Lines 6.1 to 6.4)		0	0	0	0	0
Annuities:						
7.1 Paid in cash or left on deposit		0	0	0	0	0
7.2 Applied to provide paid-up annuities		0	0	0	0	0
7.3 Other		0	0	0	0	0
7.4 Totals (Sum of Lines 7.1 to 7.3)		0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)		0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits		41,907	0	0	0	41,907
10. Matured endowments		0	0	0	0	0
11. Annuity benefits		93,804	0	0	0	93,804
12. Surrender values and withdrawals for life contracts		11,206	0	0	0	11,206
13. Aggregate write-ins for miscellaneous direct claims and benefits paid		0	0	0	0	0
14. All other benefits, except accident and health		0	0	0	0	0
15. Totals		146,916	0	0	0	146,916
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page		0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)		0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year	4	41,682	0	0	0	0	0	0	4	41,682
Settled during current year:										
18.1 By payment in full	4	41,682	0	0	0	0	0	0	4	41,682
18.2 By payment on compromised claims	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	4	41,682	0	0	0	0	0	0	4	41,682
18.4 Reduction by compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements	4	41,682	0	0	0	0	0	0	4	41,682
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	109	2,013,299	0	(a)	0	0	0	0	109	2,013,299
21. Issued during year	0	0	0	0	0	0	0	0	0	0
22. Other changes to in force (Net)	(6)	(90,062)	0	0	0	0	0	0	(6)	(90,062)
23. In force December 31 of current year	103	1,923,237	0	(a)	0	0	0	0	103	1,923,237

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)	0	0	0	0	0
24.1 Federal Employees Health Benefits Plan premium (b)	0	0	0	0	0
24.2 Credit (Group and Individual)	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b)	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:	0	0	0	0	0
25.1 Non-cancelable (b)	0	0	0	0	0
25.2 Guaranteed renewable (b)	2,598,894	2,621,060	0	1,638,625	1,600,225
25.3 Non-renewable for stated reasons only (b)	0	0	0	0	0
25.4 Other accident only	13,371	14,401	0	7,656	4,400
25.5 All other (b)	0	0	0	0	0
25.6 Totals (sum of Lines 25.1 to 25.5)	2,612,265	2,635,461	0	1,646,281	1,604,625
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	2,612,265	2,635,461	0	1,646,281	1,604,625

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0 .



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE The Order Of United Commercial Travelers Of America
 DIRECT BUSINESS IN THE STATE OF Iowa
 DURING THE YEAR 2020
 NAIC Group Code 0000 NAIC Company Code 56383

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance		5,855	0	0	0	5,855
2. Annuity considerations		0	0	0	0	0
3. Deposit-type contract funds		0	XXX	0	XXX	0
4. Other considerations		0	0	0	0	0
5. Totals (Sum of Lines 1 to 4)		5,855	0	0	0	5,855
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS						
Life insurance:						
6.1 Paid in cash or left on deposit		0	0	0	0	0
6.2 Applied to pay renewal premiums		0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period		0	0	0	0	0
6.4 Other		0	0	0	0	0
6.5 Totals (Sum of Lines 6.1 to 6.4)		0	0	0	0	0
Annuities:						
7.1 Paid in cash or left on deposit		0	0	0	0	0
7.2 Applied to provide paid-up annuities		0	0	0	0	0
7.3 Other		0	0	0	0	0
7.4 Totals (Sum of Lines 7.1 to 7.3)		0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)		0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits		28,141	0	0	0	28,141
10. Matured endowments		0	0	0	0	0
11. Annuity benefits		5,495	0	0	0	5,495
12. Surrender values and withdrawals for life contracts		2,286	0	0	0	2,286
13. Aggregate write-ins for miscellaneous direct claims and benefits paid		0	0	0	0	0
14. All other benefits, except accident and health		0	0	0	0	0
15. Totals		35,922	0	0	0	35,922
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page		0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)		0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year	6	33,000	0	0	0	0	0	0	6	33,000
Settled during current year:										
18.1 By payment in full	5	28,000	0	0	0	0	0	0	5	28,000
18.2 By payment on compromised claims	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	5	28,000	0	0	0	0	0	0	5	28,000
18.4 Reduction by compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements	5	28,000	0	0	0	0	0	0	5	28,000
19. Unpaid Dec. 31, current year (16+17-18.6)	1	5,000	0	0	0	0	0	0	1	5,000
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	.42	359,280	0	(a)	0	0	0	0	.42	.359,280
21. Issued during year	0	0	0	0	0	0	0	0	0	0
22. Other changes to in force (Net)	(6)	(33,000)	0	0	0	0	0	0	(6)	(33,000)
23. In force December 31 of current year	36	326,280	0	(a)	0	0	0	0	36	326,280

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
					Direct Premiums
24. Group Policies (b)	0	0	0	0	0
24.1 Federal Employees Health Benefits Plan premium (b)	0	0	0	0	0
24.2 Credit (Group and Individual)	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b)	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b)	0	0	0	0	0
25.2 Guaranteed renewable (b)	1,121,488	1,131,053	0	783,801	.765,433
25.3 Non-renewable for stated reasons only (b)	0	0	0	0	0
25.4 Other accident only	7,045	7,587	0	0	0
25.5 All other (b)	0	0	0	0	0
25.6 Totals (sum of Lines 25.1 to 25.5)	1,128,533	1,138,641	0	783,801	.765,433
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,128,533	1,138,641	0	783,801	.765,433

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



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE The Order Of United Commercial Travelers Of America
 DIRECT BUSINESS IN THE STATE OF Kansas
 NAIC Group Code 0000

DURING THE YEAR 2020
 NAIC Company Code 56383

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	6,258		0	0	0	6,258
2. Annuity considerations	1,650		0	0	0	1,650
3. Deposit-type contract funds	0	XXX		0	XXX	0
4. Other considerations	0	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4)	7,908	0	0	0	0	7,908
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS						
Life insurance:						
6.1 Paid in cash or left on deposit	0	0	0	0	0	0
6.2 Applied to pay renewal premiums	0	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	0	0	0	0	0	0
6.4 Other	0	0	0	0	0	0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0	0
Annuites:						
7.1 Paid in cash or left on deposit	0	0	0	0	0	0
7.2 Applied to provide paid-up annuities	0	0	0	0	0	0
7.3 Other	0	0	0	0	0	0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits	35,220		0	0	0	35,220
10. Matured endowments	0		0	0	0	0
11. Annuity benefits	5,931		0	0	0	5,931
12. Surrender values and withdrawals for life contracts	3,235		0	0	0	3,235
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0	0
14. All other benefits, except accident and health	0	0	0	0	0	0
15. Totals	44,386	0	0	0	0	44,386
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page	0	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year	5	38,000	0	0	0	0	0	0	5	38,000
Settled during current year:										
18.1 By payment in full	4	35,000	0	0	0	0	0	0	4	35,000
18.2 By payment on compromised claims	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	4	35,000	0	0	0	0	0	0	4	35,000
18.4 Reduction by compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements	4	35,000	0	0	0	0	0	0	4	35,000
19. Unpaid Dec. 31, current year (16+17-18.6)	1	3,000	0	0	0	0	0	0	1	3,000
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year .....	.38	293,236	0	(a)	0	0	0	0	.38	293,236
21. Issued during year	0	0	0	0	0	0	0	0	0	0
22. Other changes to in force (Net)	(5)	(42,000)	0	0	0	0	0	0	(5)	(42,000)
23. In force December 31 of current year	33	251,236	0	(a)	0	0	0	0	33	251,236

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	0	0	0	0	0
24.1 Federal Employees Health Benefits Plan premium (b)	0	0	0	0	0
24.2 Credit (Group and Individual)	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b)	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:	0	0	0	0	0
25.1 Non-cancelable (b)	0	0	0	0	0
25.2 Guaranteed renewable (b)	249,599	251,727	0	134,851	131,691
25.3 Non-renewable for stated reasons only (b)	0	0	0	0	0
25.4 Other accident only	5,898	6,352	0	621	357
25.5 All other (b)	0	0	0	0	0
25.6 Totals (sum of Lines 25.1 to 25.5)	255,496	258,079	0	135,473	132,048
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	255,496	258,079	0	135,473	132,048

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



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE The Order Of United Commercial Travelers Of America
 DIRECT BUSINESS IN THE STATE OF Kentucky
 DURING THE YEAR 2020
 NAIC Group Code 0000 NAIC Company Code 56383

LIFE INSURANCE		5 6 3 9 3 2 0 2 0 4 3 0 1 8 1 0 0				
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance		17,367	0	0	0	17,367
2. Annuity considerations		0	0	0	0	0
3. Deposit-type contract funds		0	XXX	0	XXX	0
4. Other considerations		0	0	0	0	0
5. Totals (Sum of Lines 1 to 4)		17,367	0	0	0	17,367
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS						
Life insurance:						
6.1 Paid in cash or left on deposit		0	0	0	0	0
6.2 Applied to pay renewal premiums		0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period		0	0	0	0	0
6.4 Other		0	0	0	0	0
6.5 Totals (Sum of Lines 6.1 to 6.4)		0	0	0	0	0
Annuities:						
7.1 Paid in cash or left on deposit		0	0	0	0	0
7.2 Applied to provide paid-up annuities		0	0	0	0	0
7.3 Other		0	0	0	0	0
7.4 Totals (Sum of Lines 7.1 to 7.3)		0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)		0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits		25,249	0	0	0	25,249
10. Matured endowments		0	0	0	0	0
11. Annuity benefits		19,021	0	0	0	19,021
12. Surrender values and withdrawals for life contracts		8,397	0	0	0	8,397
13. Aggregate write-ins for miscellaneous direct claims and benefits paid		0	0	0	0	0
14. All other benefits, except accident and health		0	0	0	0	0
15. Totals		52,667	0	0	0	52,667
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page		0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)		0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
16. Unpaid December 31, prior year	1	10,000	0	0	0	0	0	0	1	10,000
17. Incurred during current year	2	15,000	0	0	0	0	0	0	2	15,000
Settled during current year:										
18.1 By payment in full	3	25,000	0	0	0	0	0	0	3	25,000
18.2 By payment on compromised claims	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	3	25,000	0	0	0	0	0	0	3	25,000
18.4 Reduction by compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements	3	25,000	0	0	0	0	0	0	3	25,000
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	87	1,540,072	0	(a)	0	0	0	0	87	1,540,072
21. Issued during year	0	0	0	0	0	0	0	0	0	0
22. Other changes to in force (Net)	(7)	(70,000)	0	0	0	0	0	0	(7)	(70,000)
23. In force December 31 of current year	80	1,470,072	0	(a)	0	0	0	0	80	1,470,072

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)		0	0	0	0	0
24.1 Federal Employees Health Benefits Plan premium (b)		0	0	0	0	0
24.2 Credit (Group and Individual)		0	0	0	0	0
24.3 Collectively renewable policies/certificates (b)		0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:		0	0	0	0	0
25.1 Non-cancellable (b)		0	0	0	0	0
25.2 Guaranteed renewable (b)		95,760	96,577	0	25,154	24,565
25.3 Non-renewable for stated reasons only (b)		0	0	0	0	0
25.4 Other accident only		3,761	4,051	0	0	0
25.5 All other (b)		0	0	0	0	0
25.6 Totals (sum of Lines 25.1 to 25.5)		99,521	100,628	0	25,154	24,565
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)		99,521	100,628	0	25,154	24,565

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



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE The Order Of United Commercial Travelers Of America
 DIRECT BUSINESS IN THE STATE OF Louisiana
 DURING THE YEAR 2020
 NAIC Group Code 0000 NAIC Company Code 56383

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance		17,070	0	0	0	17,070
2. Annuity considerations		0	0	0	0	0
3. Deposit-type contract funds		0	XXX	0	XXX	0
4. Other considerations		0	0	0	0	0
5. Totals (Sum of Lines 1 to 4)		17,070	0	0	0	17,070
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS						
Life insurance:						
6.1 Paid in cash or left on deposit		0	0	0	0	0
6.2 Applied to pay renewal premiums		0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period		0	0	0	0	0
6.4 Other		0	0	0	0	0
6.5 Totals (Sum of Lines 6.1 to 6.4)		0	0	0	0	0
Annuites:						
7.1 Paid in cash or left on deposit		0	0	0	0	0
7.2 Applied to provide paid-up annuities		0	0	0	0	0
7.3 Other		0	0	0	0	0
7.4 Totals (Sum of Lines 7.1 to 7.3)		0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)		0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits		35,131	0	0	0	35,131
10. Matured endowments		0	0	0	0	0
11. Annuity benefits		0	0	0	0	0
12. Surrender values and withdrawals for life contracts		0	0	0	0	0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid		0	0	0	0	0
14. All other benefits, except accident and health		0	0	0	0	0
15. Totals		35,131	0	0	0	35,131
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page		0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)		0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year	5	49,000	0	0	0	0	0	0	5	49,000
Settled during current year:										
18.1 By payment in full	3	35,000	0	0	0	0	0	0	3	35,000
18.2 By payment on compromised claims	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	3	35,000	0	0	0	0	0	0	3	35,000
18.4 Reduction by compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements	3	35,000	0	0	0	0	0	0	3	35,000
19. Unpaid Dec. 31, current year (16+17-18.6)	2	14,000	0	0	0	0	0	0	2	14,000
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	54	993,883	0	(a) 0	0	0	0	0	.54	.993,883
21. Issued during year	1	7,000	0	0	0	0	0	0	.1	.7,000
22. Other changes to in force (Net)	(3)	(35,000)	0	0	0	0	0	0	(3)	(35,000)
23. In force December 31 of current year	52	965,883	0	(a) 0	0	0	0	0	52	965,883

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	0	0	0	0	0
24.1 Federal Employees Health Benefits Plan premium (b)	0	0	0	0	0
24.2 Credit (Group and Individual)	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b)	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b)	0	0	0	0	0
25.2 Guaranteed renewable (b)	1,083,133	1,092,371	0	601,843	.587,740
25.3 Non-renewable for stated reasons only (b)	0	0	0	0	0
25.4 Other accident only	2,109	2,271	0	0	0
25.5 All other (b)	0	0	0	0	0
25.6 Totals (sum of Lines 25.1 to 25.5)	1,085,242	1,094,642	0	601,843	.587,740
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,085,242	1,094,642	0	601,843	.587,740

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



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE The Order Of United Commercial Travelers Of America
 DIRECT BUSINESS IN THE STATE OF Maine
 DURING THE YEAR 2020
 NAIC Group Code 0000 NAIC Company Code 56383

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		LIFE INSURANCE			
		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial
1. Life insurance	0	0	0	0	0
2. Annuity considerations	0	0	0	0	0
3. Deposit-type contract funds	0	XXX	0	XXX	0
4. Other considerations	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4)	0	0	0	0	0
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	0	0	0	0	0
6.2 Applied to pay renewal premiums	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	0	0	0	0	0
6.4 Other	0	0	0	0	0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuites:					
7.1 Paid in cash or left on deposit	0	0	0	0	0
7.2 Applied to provide paid-up annuities	0	0	0	0	0
7.3 Other	0	0	0	0	0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	0	0	0	0	0
10. Matured endowments	0	0	0	0	0
11. Annuity benefits	5,688	0	0	0	5,688
12. Surrender values and withdrawals for life contracts	0	0	0	0	0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health	0	0	0	0	0
15. Totals	5,688	0	0	0	5,688
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

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

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

ACCIDENT AND HEALTH INSURANCE

	1		2		3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
	Direct Premiums	Direct Premiums Earned					
24. Group Policies (b)	0	0			0	0	0
24.1 Federal Employees Health Benefits Plan premium (b)	0	0			0	0	0
24.2 Credit (Group and Individual)	0	0			0	0	0
24.3 Collectively renewable policies/certificates (b)	0	0			0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:	0	0			0	0	0
25.1 Non-cancelable (b)	0	0			0	0	0
25.2 Guaranteed renewable (b)	5,459	5,505			0	3,251	3,175
25.3 Non-renewable for stated reasons only (b)	0	0			0	0	0
25.4 Other accident only	1,670	1,799			0	0	0
25.5 All other (b)	0	0			0	0	0
25.6 Totals (sum of Lines 25.1 to 25.5)	7,129	7,304			0	3,251	3,175
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	7,129	7,304			0	3,251	3,175

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



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE The Order Of United Commercial Travelers Of America
 DIRECT BUSINESS IN THE STATE OF Maryland
 NAIC Group Code 0000

DURING THE YEAR 2020

NAIC Company Code 56383

LIFE INSURANCE

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

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year	0	0	0	0	0	0	0	0	0	0
Settled during current year:										
18.1 By payment in full	0	0	0	0	0	0	0	0	0	0
18.2 By payment on compromised claims	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	7	31,355	0	(a)	0	0	0	0	7	31,355
21. Issued during year	0	0	0	0	0	0	0	0	0	0
22. Other changes to in force (Net)	0	0	0	0	0	0	0	0	0	0
23. In force December 31 of current year	7	31,355	0	(a)	0	0	0	0	7	31,355

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	0	0	0	0	0
24.1 Federal Employees Health Benefits Plan premium (b)	0	0	0	0	0
24.2 Credit (Group and Individual)	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b)	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:	0	0	0	0	0
25.1 Non-cancelable (b)	0	0	0	0	0
25.2 Guaranteed renewable (b)	33,581	33,867	0	23,149	22,606
25.3 Non-renewable for stated reasons only (b)	0	0	0	0	0
25.4 Other accident only	1,586	1,708	0	0	0
25.5 All other (b)	0	0	0	0	0
25.6 Totals (sum of Lines 25.1 to 25.5)	35,167	35,576	0	23,149	22,606
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	35,167	35,576	0	23,149	22,606

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



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE The Order Of United Commercial Travelers Of America
DIRECT BUSINESS IN THE STATE OF Massachusetts DURING THE YEAR 2020
NAIC Group Code 0000 NAIC Company Code 56383

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance		2,248	0	0	0	2,248
2. Annuity considerations		0	0	0	0	0
3. Deposit-type contract funds		0	XXX	0	XXX	0
4. Other considerations		0	0	0	0	0
5. Totals (Sum of Lines 1 to 4)		2,248	0	0	0	2,248
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS						
Life insurance:						
6.1 Paid in cash or left on deposit		0	0	0	0	0
6.2 Applied to pay renewal premiums		0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period		0	0	0	0	0
6.4 Other		0	0	0	0	0
6.5 Totals (Sum of Lines 6.1 to 6.4)		0	0	0	0	0
Annuites:						
7.1 Paid in cash or left on deposit		0	0	0	0	0
7.2 Applied to provide paid-up annuities		0	0	0	0	0
7.3 Other		0	0	0	0	0
7.4 Totals (Sum of Lines 7.1 to 7.3)		0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)		0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits		35,433	0	0	0	35,433
10. Matured endowments		0	0	0	0	0
11. Annuity benefits		0	0	0	0	0
12. Surrender values and withdrawals for life contracts		0	0	0	0	0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid		0	0	0	0	0
14. All other benefits, except accident and health		0	0	0	0	0
15. Totals		35,433	0	0	0	35,433
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page		0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)		0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year	2	35,000	0	0	0	0	0	0	2	35,000
Settled during current year:										
18.1 By payment in full	2	35,000	0	0	0	0	0	0	2	35,000
18.2 By payment on compromised claims	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	2	35,000	0	0	0	0	0	0	2	35,000
18.4 Reduction by compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements	2	35,000	0	0	0	0	0	0	2	35,000
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	16	114,886	0	(a)	0	0	0	0	16	114,886
21. Issued during year	0	0	0	0	0	0	0	0	0	0
22. Other changes to in force (Net)	(2)	(35,000)	0	0	0	0	0	0	(2)	(35,000)
23. In force December 31 of current year	14	79,886	0	(a)	0	0	0	0	14	79,886

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)	0	0	0	0	0
24.1 Federal Employees Health Benefits Plan premium (b)	0	0	0	0	0
24.2 Credit (Group and Individual)	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b)	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:	0	0	0	0	0
25.1 Non-cancelable (b)	0	0	0	0	0
25.2 Guaranteed renewable (b)	40,995	41,345	0	14,124	13,794
25.3 Non-renewable for stated reasons only (b)	0	0	0	0	0
25.4 Other accident only	7,133	7,682	0	0	0
25.5 All other (b)	18	(167)	0	0	0
25.6 Totals (sum of Lines 25.1 to 25.5)	48,146	48,860	0	14,124	13,794
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	48,146	48,860	0	14,124	13,794

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



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE The Order Of United Commercial Travelers Of America
 DIRECT BUSINESS IN THE STATE OF Michigan
 NAIC Group Code 0000 DURING THE YEAR 2020
 NAIC Company Code 56383

LIFE INSURANCE		5 6 3 9 3 2 0 2 0 4 3 0 2 3 1 0 0				
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance		62,902	0	0	0	62,902
2. Annuity considerations		0	0	0	0	0
3. Deposit-type contract funds		0	XXX	0	XXX	0
4. Other considerations		0	0	0	0	0
5. Totals (Sum of Lines 1 to 4)		62,902	0	0	0	62,902
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS						
Life insurance:						
6.1 Paid in cash or left on deposit		0	0	0	0	0
6.2 Applied to pay renewal premiums		0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period		0	0	0	0	0
6.4 Other		0	0	0	0	0
6.5 Totals (Sum of Lines 6.1 to 6.4)		0	0	0	0	0
Annuities:						
7.1 Paid in cash or left on deposit		0	0	0	0	0
7.2 Applied to provide paid-up annuities		0	0	0	0	0
7.3 Other		0	0	0	0	0
7.4 Totals (Sum of Lines 7.1 to 7.3)		0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)		0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits		257,371	0	0	0	257,371
10. Matured endowments		2,670	0	0	0	2,670
11. Annuity benefits		16,652	0	0	0	16,652
12. Surrender values and withdrawals for life contracts		10,882	0	0	0	10,882
13. Aggregate write-ins for miscellaneous direct claims and benefits paid		0	0	0	0	0
14. All other benefits, except accident and health		0	0	0	0	0
15. Totals		287,575	0	0	0	287,575
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page		0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)		0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year	28	270,846	0	0	0	0	0	0	28	270,846
Settled during current year:										
18.1 By payment in full	26	255,846	0	0	0	0	0	0	26	255,846
18.2 By payment on compromised claims	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	26	255,846	0	0	0	0	0	0	26	255,846
18.4 Reduction by compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements	26	255,846	0	0	0	0	0	0	26	255,846
19. Unpaid Dec. 31, current year (16+17-18.6)	2	15,000	0	0	0	0	0	0	2	15,000
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	340	5,754,834	0	(a)	0	0	0	0	340	5,754,834
21. Issued during year	0	0	0	0	0	0	0	0	0	0
22. Other changes to in force (Net)	(30)	(310,297)	0	0	0	0	0	0	(30)	(310,297)
23. In force December 31 of current year	310	5,444,537	0	(a)	0	0	0	0	310	5,444,537

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)		0	0	0	0	0
24.1 Federal Employees Health Benefits Plan premium (b)		0	0	0	0	0
24.2 Credit (Group and Individual)		0	0	0	0	0
24.3 Collectively renewable policies/certificates (b)		0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:		0	0	0	0	0
25.1 Non-cancelable (b)		0	0	0	0	0
25.2 Guaranteed renewable (b)		991,221	999,675	0	545,863	533,072
25.3 Non-renewable for stated reasons only (b)		0	0	0	0	0
25.4 Other accident only		26,153	28,168	0	1,211	696
25.5 All other (b)		0	0	0	0	0
25.6 Totals (sum of Lines 25.1 to 25.5)		1,017,374	1,027,843	0	547,075	533,768
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)		1,017,374	1,027,843	0	547,075	533,768

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



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE The Order Of United Commercial Travelers Of America
 DIRECT BUSINESS IN THE STATE OF Minnesota
 NAIC Group Code 0000

DURING THE YEAR 2020
 NAIC Company Code 56383

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	1,029		0	0	0	1,029
2. Annuity considerations	0		0	0	0	0
3. Deposit-type contract funds	0	XXX		0	XXX	0
4. Other considerations	0		0	0	0	0
5. Totals (Sum of Lines 1 to 4)	1,029	0	0	0	0	1,029
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS						
Life insurance:						
6.1 Paid in cash or left on deposit	0	0	0	0	0	0
6.2 Applied to pay renewal premiums	0	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	0	0	0	0	0	0
6.4 Other	0	0	0	0	0	0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0	0
Annuites:						
7.1 Paid in cash or left on deposit	0	0	0	0	0	0
7.2 Applied to provide paid-up annuities	0	0	0	0	0	0
7.3 Other	0	0	0	0	0	0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits	20,092	0	0	0	0	20,092
10. Matured endowments	0	0	0	0	0	0
11. Annuity benefits	0	0	0	0	0	0
12. Surrender values and withdrawals for life contracts	0	0	0	0	0	0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0	0
14. All other benefits, except accident and health	0	0	0	0	0	0
15. Totals	20,092	0	0	0	0	20,092
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page	0	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year	2	20,000	0	0	0	0	0	0	2	20,000
Settled during current year:										
18.1 By payment in full	2	20,000	0	0	0	0	0	0	2	20,000
18.2 By payment on compromised claims	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	2	20,000	0	0	0	0	0	0	2	20,000
18.4 Reduction by compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements	2	20,000	0	0	0	0	0	0	2	20,000
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	13	197,466	0	(a)	0	0	0	0	13	197,466
21. Issued during year	0	0	0	0	0	0	0	0	0	0
22. Other changes to in force (Net)	(2)	(58,987)	0	0	0	0	0	0	(2)	(58,987)
23. In force December 31 of current year	11	138,479	0	(a)	0	0	0	0	11	138,479

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)	0	0	0	0	0
24.1 Federal Employees Health Benefits Plan premium (b)	0	0	0	0	0
24.2 Credit (Group and Individual)	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b)	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:	0	0	0	0	0
25.1 Non-cancelable (b)	0	0	0	0	0
25.2 Guaranteed renewable (b)	80,840	81,529	0	29,641	28,946
25.3 Non-renewable for stated reasons only (b)	0	0	0	0	0
25.4 Other accident only	7,746	8,343	0	11,960	6,873
25.5 All other (b)	0	0	0	0	0
25.6 Totals (sum of Lines 25.1 to 25.5)	88,586	89,872	0	41,601	35,820
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	88,586	89,872	0	41,601	35,820

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



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE The Order Of United Commercial Travelers Of America
 DIRECT BUSINESS IN THE STATE OF Mississippi
 DURING THE YEAR 2020

NAIC Group Code 0000

LIFE INSURANCE

NAIC Company Code 56383

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	24,092		0	0	0	24,092
2. Annuity considerations	0		0	0	0	0
3. Deposit-type contract funds	0	XXX		0	XXX	0
4. Other considerations	0		0	0	0	0
5. Totals (Sum of Lines 1 to 4)	24,092	0	0	0	0	24,092
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS						
Life insurance:						
6.1 Paid in cash or left on deposit	0	0	0	0	0	0
6.2 Applied to pay renewal premiums	0	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	0	0	0	0	0	0
6.4 Other	0	0	0	0	0	0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0	0
Annuites:						
7.1 Paid in cash or left on deposit	0	0	0	0	0	0
7.2 Applied to provide paid-up annuities	0	0	0	0	0	0
7.3 Other	0	0	0	0	0	0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits	27,757	0	0	0	0	27,757
10. Matured endowments	0	0	0	0	0	0
11. Annuity benefits	430	0	0	0	0	430
12. Surrender values and withdrawals for life contracts	2,051	0	0	0	0	2,051
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0	0
14. All other benefits, except accident and health	0	0	0	0	0	0
15. Totals	30,238	0	0	0	0	30,238
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page	0	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
16. Unpaid December 31, prior year	1	10,000	0	0	0	0	0	0	1	10,000
17. Incurred during current year	4	20,623	0	0	0	0	0	0	4	20,623
Settled during current year:										
18.1 By payment in full	4	27,623	0	0	0	0	0	0	4	27,623
18.2 By payment on compromised claims	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	4	27,623	0	0	0	0	0	0	4	27,623
18.4 Reduction by compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements	4	27,623	0	0	0	0	0	0	4	27,623
19. Unpaid Dec. 31, current year (16+17-18.6)	1	3,000	0	0	0	0	0	0	1	3,000
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	87	990,075	0	(a) 0	0	0	0	0	.87	.990,075
21. Issued during year	0	0	0	0	0	0	0	0	0	0
22. Other changes to in force (Net)	(7)	(41,093)	0	0	0	0	0	0	(7)	(41,093)
23. In force December 31 of current year	80	948,982	0	(a) 0	0	0	0	0	80	948,982

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4	5
				Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	0	0	0	0	0
24.1 Federal Employees Health Benefits Plan premium (b)	0	0	0	0	0
24.2 Credit (Group and Individual)	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b)	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b)	0	0	0	0	0
25.2 Guaranteed renewable (b)	2,601,144	2,623,329	0	1,667,901	1,628,816
25.3 Non-renewable for stated reasons only (b)	0	0	0	0	0
25.4 Other accident only	1,755	1,890	0	0	0
25.5 All other (b)	0	0	0	0	0
25.6 Totals (sum of Lines 25.1 to 25.5)	2,602,899	2,625,219	0	1,667,901	1,628,816
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	2,602,899	2,625,219	0	1,667,901	1,628,816

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



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE The Order Of United Commercial Travelers Of America
 DIRECT BUSINESS IN THE STATE OF Missouri
 NAIC Group Code 0000

DURING THE YEAR 2020

NAIC Company Code 56383

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance		12,635	0	0	0	12,635
2. Annuity considerations		0	0	0	0	0
3. Deposit-type contract funds		0	XXX	0	XXX	0
4. Other considerations		0	0	0	0	0
5. Totals (Sum of Lines 1 to 4)		12,635	0	0	0	12,635
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS						
Life insurance:						
6.1 Paid in cash or left on deposit		0	0	0	0	0
6.2 Applied to pay renewal premiums		0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period		0	0	0	0	0
6.4 Other		0	0	0	0	0
6.5 Totals (Sum of Lines 6.1 to 6.4)		0	0	0	0	0
Annuites:						
7.1 Paid in cash or left on deposit		0	0	0	0	0
7.2 Applied to provide paid-up annuities		0	0	0	0	0
7.3 Other		0	0	0	0	0
7.4 Totals (Sum of Lines 7.1 to 7.3)		0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)		0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits		27,643	0	0	0	27,643
10. Matured endowments		0	0	0	0	0
11. Annuity benefits		0	0	0	0	0
12. Surrender values and withdrawals for life contracts		3,197	0	0	0	3,197
13. Aggregate write-ins for miscellaneous direct claims and benefits paid		0	0	0	0	0
14. All other benefits, except accident and health		0	0	0	0	0
15. Totals		30,840	0	0	0	30,840
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page		0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)		0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year	4	27,500	0	0	0	0	0	0	4	27,500
Settled during current year:										
18.1 By payment in full	4	27,500	0	0	0	0	0	0	4	27,500
18.2 By payment on compromised claims	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	4	27,500	0	0	0	0	0	0	4	27,500
18.4 Reduction by compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements	4	27,500	0	0	0	0	0	0	4	27,500
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	62	492,221	0	(a)	0	0	0	0	62	492,221
21. Issued during year	0	0	0	0	0	0	0	0	0	0
22. Other changes to in force (Net)	(5)	(36,047)	0	0	0	0	0	0	(5)	(36,047)
23. In force December 31 of current year	57	456,174	0	(a)	0	0	0	0	57	456,174

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)		0	0	0	0	0
24.1 Federal Employees Health Benefits Plan premium (b)		0	0	0	0	0
24.2 Credit (Group and Individual)		0	0	0	0	0
24.3 Collectively renewable policies/certificates (b)		0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:		0	0	0	0	0
25.1 Non-cancellable (b)		0	0	0	0	0
25.2 Guaranteed renewable (b)		564,674	569,490	0	271,742	265,374
25.3 Non-renewable for stated reasons only (b)		0	0	0	0	0
25.4 Other accident only		7,104	7,651	0	16,550	9,511
25.5 All other (b)		0	0	0	0	0
25.6 Totals (sum of Lines 25.1 to 25.5)		571,778	577,141	0	288,292	274,885
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)		571,778	577,141	0	288,292	274,885

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0 .



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE The Order Of United Commercial Travelers Of America
 DIRECT BUSINESS IN THE STATE OF Montana
 NAIC Group Code 0000

DURING THE YEAR 2020

NAIC Company Code 56383

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	434		0	0	0	434
2. Annuity considerations	0		0	0	0	0
3. Deposit-type contract funds	0	XXX		0	XXX	0
4. Other considerations	0		0	0	0	0
5. Totals (Sum of Lines 1 to 4)	434	0	0	0	0	434
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS						
Life insurance:						
6.1 Paid in cash or left on deposit	0	0	0	0	0	0
6.2 Applied to pay renewal premiums	0	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	0	0	0	0	0	0
6.4 Other	0	0	0	0	0	0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0	0
Annuites:						
7.1 Paid in cash or left on deposit	0	0	0	0	0	0
7.2 Applied to provide paid-up annuities	0	0	0	0	0	0
7.3 Other	0	0	0	0	0	0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits	0	0	0	0	0	0
10. Matured endowments	0	0	0	0	0	0
11. Annuity benefits	0	0	0	0	0	0
12. Surrender values and withdrawals for life contracts	0	0	0	0	0	0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0	0
14. All other benefits, except accident and health	0	0	0	0	0	0
15. Totals	0	0	0	0	0	0
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page	0	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year	0	0	0	0	0	0	0	0	0	0
Settled during current year:										
18.1 By payment in full	0	0	0	0	0	0	0	0	0	0
18.2 By payment on compromised claims	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	2	15,396	0	(a)	0	0	0	0	2	15,396
21. Issued during year	0	0	0	0	0	0	0	0	0	0
22. Other changes to in force (Net)	0	(3,500)	0	0	0	0	0	0	0	(3,500)
23. In force December 31 of current year	2	11,896	0	(a)	0	0	0	0	2	11,896

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	0	0	0	0	0
24.1 Federal Employees Health Benefits Plan premium (b)	0	0	0	0	0
24.2 Credit (Group and Individual)	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b)	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:	0	0	0	0	0
25.1 Non-cancelable (b)	0	0	0	0	0
25.2 Guaranteed renewable (b)	851,395	858,656	0	429,882	419,809
25.3 Non-renewable for stated reasons only (b)	0	0	0	0	0
25.4 Other accident only	4,705	5,067	0	120	69
25.5 All other (b)	0	0	0	0	0
25.6 Totals (sum of Lines 25.1 to 25.5)	856,099	863,723	0	430,002	419,878
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	856,099	863,723	0	430,002	419,878

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



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE The Order Of United Commercial Travelers Of America
 DIRECT BUSINESS IN THE STATE OF Nebraska
 DURING THE YEAR 2020
 NAIC Group Code 0000 NAIC Company Code 56383

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance		11,867	0	0	0	11,867
2. Annuity considerations		0	0	0	0	0
3. Deposit-type contract funds		0	XXX	0	XXX	0
4. Other considerations		0	0	0	0	0
5. Totals (Sum of Lines 1 to 4)		11,867	0	0	0	11,867
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS						
Life insurance:						
6.1 Paid in cash or left on deposit		0	0	0	0	0
6.2 Applied to pay renewal premiums		0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period		0	0	0	0	0
6.4 Other		0	0	0	0	0
6.5 Totals (Sum of Lines 6.1 to 6.4)		0	0	0	0	0
Annuities:						
7.1 Paid in cash or left on deposit		0	0	0	0	0
7.2 Applied to provide paid-up annuities		0	0	0	0	0
7.3 Other		0	0	0	0	0
7.4 Totals (Sum of Lines 7.1 to 7.3)		0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)		0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits		5,056	0	0	0	5,056
10. Matured endowments		0	0	0	0	0
11. Annuity benefits		5,184	0	0	0	5,184
12. Surrender values and withdrawals for life contracts		0	0	0	0	0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid		0	0	0	0	0
14. All other benefits, except accident and health		0	0	0	0	0
15. Totals		10,240	0	0	0	10,240
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page		0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)		0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year	1	5,000	0	0	0	0	0	0	1	5,000
Settled during current year:										
18.1 By payment in full	1	5,000	0	0	0	0	0	0	1	5,000
18.2 By payment on compromised claims	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	1	5,000	0	0	0	0	0	0	1	5,000
18.4 Reduction by compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements	1	5,000	0	0	0	0	0	0	1	5,000
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	29	643,984	0	(a)	0	0	0	0	29	.643,984
21. Issued during year	1	10,000	0	0	0	0	0	0	1	10,000
22. Other changes to in force (Net)	(1)	(8,500)	0	0	0	0	0	0	(1)	(8,500)
23. In force December 31 of current year	29	645,484	0	(a)	0	0	0	0	29	645,484

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)	0	0	0	0	0
24.1 Federal Employees Health Benefits Plan premium (b)	0	0	0	0	0
24.2 Credit (Group and Individual)	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b)	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:	0	0	0	0	0
25.1 Non-cancelable (b)	0	0	0	0	0
25.2 Guaranteed renewable (b)	3,847,187	3,879,999	0	2,253,710	2,200,897
25.3 Non-renewable for stated reasons only (b)	0	0	0	0	0
25.4 Other accident only	10,408	11,210	0	5,365	3,083
25.5 All other (b)	0	0	0	0	0
25.6 Totals (sum of Lines 25.1 to 25.5)	3,857,595	3,891,209	0	2,259,076	2,203,980
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	3,857,595	3,891,209	0	2,259,076	2,203,980

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



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE The Order Of United Commercial Travelers Of America
 DIRECT BUSINESS IN THE STATE OF Nevada
 NAIC Group Code 0000

DURING THE YEAR 2020
 NAIC Company Code 56383

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	1,943		0	0	0	1,943
2. Annuity considerations	0		0	0	0	0
3. Deposit-type contract funds	0	XXX		0	XXX	0
4. Other considerations	0		0	0	0	0
5. Totals (Sum of Lines 1 to 4)	1,943	0	0	0	0	1,943
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS						
Life insurance:						
6.1 Paid in cash or left on deposit	0	0	0	0	0	0
6.2 Applied to pay renewal premiums	0	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	0	0	0	0	0	0
6.4 Other	0	0	0	0	0	0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0	0
Annuites:						
7.1 Paid in cash or left on deposit	0	0	0	0	0	0
7.2 Applied to provide paid-up annuities	0	0	0	0	0	0
7.3 Other	0	0	0	0	0	0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits	0	0	0	0	0	0
10. Matured endowments	0	0	0	0	0	0
11. Annuity benefits	0	0	0	0	0	0
12. Surrender values and withdrawals for life contracts	0	0	0	0	0	0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0	0
14. All other benefits, except accident and health	0	0	0	0	0	0
15. Totals	0	0	0	0	0	0
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page	0	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0	0

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

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	0	0	0	0	0
24.1 Federal Employees Health Benefits Plan premium (b)	0	0	0	0	0
24.2 Credit (Group and Individual)	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b)	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:	0	0	0	0	0
25.1 Non-cancelable (b)	0	0	0	0	0
25.2 Guaranteed renewable (b)	316,361	319,059	0	154,534	150,913
25.3 Non-renewable for stated reasons only (b)	0	0	0	0	0
25.4 Other accident only	1,077	1,160	0	0	0
25.5 All other (b)	0	0	0	0	0
25.6 Totals (sum of Lines 25.1 to 25.5)	317,438	320,219	0	154,534	150,913
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	317,438	320,219	0	154,534	150,913

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



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE The Order Of United Commercial Travelers Of America
 DIRECT BUSINESS IN THE STATE OF New Hampshire
 DURING THE YEAR 2020
 NAIC Group Code 0000 NAIC Company Code 56383

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance		1,048	0	0	0	1,048
2. Annuity considerations		0	0	0	0	0
3. Deposit-type contract funds		0	XXX	0	XXX	0
4. Other considerations		0	0	0	0	0
5. Totals (Sum of Lines 1 to 4)		1,048	0	0	0	1,048
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS						
Life insurance:						
6.1 Paid in cash or left on deposit		0	0	0	0	0
6.2 Applied to pay renewal premiums		0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period		0	0	0	0	0
6.4 Other		0	0	0	0	0
6.5 Totals (Sum of Lines 6.1 to 6.4)		0	0	0	0	0
Annuities:						
7.1 Paid in cash or left on deposit		0	0	0	0	0
7.2 Applied to provide paid-up annuities		0	0	0	0	0
7.3 Other		0	0	0	0	0
7.4 Totals (Sum of Lines 7.1 to 7.3)		0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)		0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits		0	0	0	0	0
10. Matured endowments		0	0	0	0	0
11. Annuity benefits		0	0	0	0	0
12. Surrender values and withdrawals for life contracts		0	0	0	0	0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid		0	0	0	0	0
14. All other benefits, except accident and health		0	0	0	0	0
15. Totals		0	0	0	0	0
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page		0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)		0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year	0	0	0	0	0	0	0	0	0	0
Settled during current year:										
18.1 By payment in full	0	0	0	0	0	0	0	0	0	0
18.2 By payment on compromised claims	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	4	14,067	0	(a)	0	0	0	0	4	14,067
21. Issued during year	0	0	0	0	0	0	0	0	0	0
22. Other changes to in force (Net)	0	(379)	0	0	0	0	0	0	0	(379)
23. In force December 31 of current year	4	13,688	0	(a)	0	0	0	0	4	13,688

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
					Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	0	0	0	0	0
24.1 Federal Employees Health Benefits Plan premium (b)	0	0	0	0	0
24.2 Credit (Group and Individual)	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b)	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b)	0	0	0	0	0
25.2 Guaranteed renewable (b)	11,545	11,643	0	2,168	2,118
25.3 Non-renewable for stated reasons only (b)	0	0	0	0	0
25.4 Other accident only	1,952	2,102	0	0	0
25.5 All other (b)	0	0	0	0	0
25.6 Totals (sum of Lines 25.1 to 25.5)	13,497	13,746	0	2,168	2,118
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	13,497	13,746	0	2,168	2,118

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



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE The Order Of United Commercial Travelers Of America
DIRECT BUSINESS IN THE STATE OF New Jersey DURING THE YEAR 2020
NAIC Group Code 0000 NAIC Company Code 56383

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance		10,057	0	0	0	10,057
2. Annuity considerations		0	0	0	0	0
3. Deposit-type contract funds		0	XXX	0	XXX	0
4. Other considerations		0	0	0	0	0
5. Totals (Sum of Lines 1 to 4)		10,057	0	0	0	10,057
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS						
Life insurance:						
6.1 Paid in cash or left on deposit		0	0	0	0	0
6.2 Applied to pay renewal premiums		0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period		0	0	0	0	0
6.4 Other		0	0	0	0	0
6.5 Totals (Sum of Lines 6.1 to 6.4)		0	0	0	0	0
Annuities:						
7.1 Paid in cash or left on deposit		0	0	0	0	0
7.2 Applied to provide paid-up annuities		0	0	0	0	0
7.3 Other		0	0	0	0	0
7.4 Totals (Sum of Lines 7.1 to 7.3)		0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)		0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits		55,297	0	0	0	55,297
10. Matured endowments		0	0	0	0	0
11. Annuity benefits		0	0	0	0	0
12. Surrender values and withdrawals for life contracts		0	0	0	0	0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid		0	0	0	0	0
14. All other benefits, except accident and health		0	0	0	0	0
15. Totals		55,297	0	0	0	55,297
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page		0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)		0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year	5	70,000	0	0	0	0	0	0	5	70,000
Settled during current year:										
18.1 By payment in full	4	55,000	0	0	0	0	0	0	4	55,000
18.2 By payment on compromised claims	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	4	55,000	0	0	0	0	0	0	4	55,000
18.4 Reduction by compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements	4	55,000	0	0	0	0	0	0	4	55,000
19. Unpaid Dec. 31, current year (16+17-18.6)	1	15,000	0	0	0	0	0	0	1	15,000
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year .....	.63	448,406	0	(a) 0	0	0	0	0	.63	448,406
21. Issued during year	0	0	0	0	0	0	0	0	0	0
22. Other changes to in force (Net)	(4)	(55,000)	0	0	0	0	0	0	(4)	(55,000)
23. In force December 31 of current year	59	393,406	0	(a) 0	0	0	0	0	59	393,406

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)	0	0	0	0	0
24.1 Federal Employees Health Benefits Plan premium (b)	0	0	0	0	0
24.2 Credit (Group and Individual)	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b)	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:	0	0	0	0	0
25.1 Non-cancelable (b)	0	0	0	0	0
25.2 Guaranteed renewable (b)	11,281	11,377	0	11,131	10,870
25.3 Non-renewable for stated reasons only (b)	0	0	0	0	0
25.4 Other accident only	464	500	0	0	0
25.5 All other (b)	0	0	0	0	0
25.6 Totals (sum of Lines 25.1 to 25.5)	11,745	11,877	0	11,131	10,870
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	11,745	11,877	0	11,131	10,870

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



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE The Order Of United Commercial Travelers Of America
 DIRECT BUSINESS IN THE STATE OF New Mexico
 DURING THE YEAR 2020
 NAIC Group Code 0000 NAIC Company Code 56383

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance		20	0	0	0	20
2. Annuity considerations		0	0	0	0	0
3. Deposit-type contract funds		0	XXX	0	XXX	0
4. Other considerations		0	0	0	0	0
5. Totals (Sum of Lines 1 to 4)		20	0	0	0	20
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS						
Life insurance:						
6.1 Paid in cash or left on deposit		0	0	0	0	0
6.2 Applied to pay renewal premiums		0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period		0	0	0	0	0
6.4 Other		0	0	0	0	0
6.5 Totals (Sum of Lines 6.1 to 6.4)		0	0	0	0	0
Annuities:						
7.1 Paid in cash or left on deposit		0	0	0	0	0
7.2 Applied to provide paid-up annuities		0	0	0	0	0
7.3 Other		0	0	0	0	0
7.4 Totals (Sum of Lines 7.1 to 7.3)		0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)		0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits		0	0	0	0	0
10. Matured endowments		0	0	0	0	0
11. Annuity benefits		0	0	0	0	0
12. Surrender values and withdrawals for life contracts		0	0	0	0	0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid		0	0	0	0	0
14. All other benefits, except accident and health		0	0	0	0	0
15. Totals		0	0	0	0	0
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page		0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)		0	0	0	0	0

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

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4	5
				Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	0	0	0	0	0
24.1 Federal Employees Health Benefits Plan premium (b)	0	0	0	0	0
24.2 Credit (Group and Individual)	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b)	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:	0	0	0	0	0
25.1 Non-cancelable (b)	0	0	0	0	0
25.2 Guaranteed renewable (b)	21,124	21,305	0	12,463	12,171
25.3 Non-renewable for stated reasons only (b)	0	0	0	0	0
25.4 Other accident only	66	71	0	0	0
25.5 All other (b)	0	0	0	0	0
25.6 Totals (sum of Lines 25.1 to 25.5)	21,190	21,376	0	12,463	12,171
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	21,190	21,376	0	12,463	12,171

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



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE The Order Of United Commercial Travelers Of America
 DIRECT BUSINESS IN THE STATE OF New York
 NAIC Group Code 0000

DURING THE YEAR 2020

NAIC Company Code 56383

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	1,344		0	0	0	1,344
2. Annuity considerations	0		0	0	0	0
3. Deposit-type contract funds	0	XXX		0	XXX	0
4. Other considerations	0		0	0	0	0
5. Totals (Sum of Lines 1 to 4)	1,344	0	0	0	0	1,344
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS						
Life insurance:						
6.1 Paid in cash or left on deposit	0	0	0	0	0	0
6.2 Applied to pay renewal premiums	0	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	0	0	0	0	0	0
6.4 Other	0	0	0	0	0	0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0	0
Annuites:						
7.1 Paid in cash or left on deposit	0	0	0	0	0	0
7.2 Applied to provide paid-up annuities	0	0	0	0	0	0
7.3 Other	0	0	0	0	0	0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits	0	0	0	0	0	0
10. Matured endowments	0	0	0	0	0	0
11. Annuity benefits	0	0	0	0	0	0
12. Surrender values and withdrawals for life contracts	0	0	0	0	0	0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0	0
14. All other benefits, except accident and health	0	0	0	0	0	0
15. Totals	0	0	0	0	0	0
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page	0	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year	0	0	0	0	0	0	0	0	0	0
Settled during current year:										
18.1 By payment in full	0	0	0	0	0	0	0	0	0	0
18.2 By payment on compromised claims	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	3	10,518	0	(a)	0	0	0	0	3	10,518
21. Issued during year	0	0	0	0	0	0	0	0	0	0
22. Other changes to in force (Net)	0	0	0	0	0	0	0	0	0	0
23. In force December 31 of current year	3	10,518	0	(a)	0	0	0	0	3	10,518

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	0	0	0	0	0
24.1 Federal Employees Health Benefits Plan premium (b)	0	0	0	0	0
24.2 Credit (Group and Individual)	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b)	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:	0	0	0	0	0
25.1 Non-cancelable (b)	0	0	0	0	0
25.2 Guaranteed renewable (b)	50,764	51,197	0	25,358	24,763
25.3 Non-renewable for stated reasons only (b)	0	0	0	0	0
25.4 Other accident only	11,167	12,027	0	0	0
25.5 All other (b)	0	0	0	0	0
25.6 Totals (sum of Lines 25.1 to 25.5)	61,932	63,225	0	25,358	24,763
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	61,932	63,225	0	25,358	24,763

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



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE The Order Of United Commercial Travelers Of America
 DIRECT BUSINESS IN THE STATE OF North Carolina
 DURING THE YEAR 2020
 NAIC Group Code 0000 NAIC Company Code 56383

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance		21,385	0	0	0	21,385
2. Annuity considerations		0	0	0	0	0
3. Deposit-type contract funds		0	XXX	0	XXX	0
4. Other considerations		0	0	0	0	0
5. Totals (Sum of Lines 1 to 4)		21,385	0	0	0	21,385
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS						
Life insurance:						
6.1 Paid in cash or left on deposit		0	0	0	0	0
6.2 Applied to pay renewal premiums		0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period		0	0	0	0	0
6.4 Other		0	0	0	0	0
6.5 Totals (Sum of Lines 6.1 to 6.4)		0	0	0	0	0
Annuities:						
7.1 Paid in cash or left on deposit		0	0	0	0	0
7.2 Applied to provide paid-up annuities		0	0	0	0	0
7.3 Other		0	0	0	0	0
7.4 Totals (Sum of Lines 7.1 to 7.3)		0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)		0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits		20,000	0	0	0	20,000
10. Matured endowments		0	0	0	0	0
11. Annuity benefits		0	0	0	0	0
12. Surrender values and withdrawals for life contracts		1,173	0	0	0	1,173
13. Aggregate write-ins for miscellaneous direct claims and benefits paid		0	0	0	0	0
14. All other benefits, except accident and health		0	0	0	0	0
15. Totals		21,173	0	0	0	21,173
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page		0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)		0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year	1	20,000	0	0	0	0	0	0	1	20,000
Settled during current year:										
18.1 By payment in full	1	20,000	0	0	0	0	0	0	1	20,000
18.2 By payment on compromised claims	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	1	20,000	0	0	0	0	0	0	1	20,000
18.4 Reduction by compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements	1	20,000	0	0	0	0	0	0	1	20,000
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	.49	631,610	0	(a)	0	0	0	0	.49	.631,610
21. Issued during year	9	177,811	0	0	0	0	0	0	9	177,811
22. Other changes to in force (Net)	(4)	(76,000)	0	0	0	0	0	0	(4)	(76,000)
23. In force December 31 of current year	54	733,421	0	(a)	0	0	0	0	54	733,421

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)	0	0	0	0	0
24.1 Federal Employees Health Benefits Plan premium (b)	0	0	0	0	0
24.2 Credit (Group and Individual)	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b)	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancellable (b)	0	0	0	0	0
25.2 Guaranteed renewable (b)	1,014,783	1,023,438	0	570,591	.557,220
25.3 Non-renewable for stated reasons only (b)	0	0	0	0	0
25.4 Other accident only	5,669	6,105	0	0	0
25.5 All other (b)	0	0	0	0	0
25.6 Totals (sum of Lines 25.1 to 25.5)	1,020,452	1,029,544	0	570,591	.557,220
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,020,452	1,029,544	0	570,591	.557,220

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



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE The Order Of United Commercial Travelers Of America
 DIRECT BUSINESS IN THE STATE OF North Dakota
 DURING THE YEAR 2020
 NAIC Group Code 0000 NAIC Company Code 56383

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance		4,853	0	0	0	4,853
2. Annuity considerations		0	0	0	0	0
3. Deposit-type contract funds		0	XXX	0	XXX	0
4. Other considerations		0	0	0	0	0
5. Totals (Sum of Lines 1 to 4)		4,853	0	0	0	4,853
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS						
Life insurance:						
6.1 Paid in cash or left on deposit		0	0	0	0	0
6.2 Applied to pay renewal premiums		0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period		0	0	0	0	0
6.4 Other		0	0	0	0	0
6.5 Totals (Sum of Lines 6.1 to 6.4)		0	0	0	0	0
Annuites:						
7.1 Paid in cash or left on deposit		0	0	0	0	0
7.2 Applied to provide paid-up annuities		0	0	0	0	0
7.3 Other		0	0	0	0	0
7.4 Totals (Sum of Lines 7.1 to 7.3)		0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)		0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits		1,742	0	0	0	1,742
10. Matured endowments		0	0	0	0	0
11. Annuity benefits		198	0	0	0	198
12. Surrender values and withdrawals for life contracts		0	0	0	0	0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid		0	0	0	0	0
14. All other benefits, except accident and health		0	0	0	0	0
15. Totals		1,940	0	0	0	1,940
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page		0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)		0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year	1	1,659	0	0	0	0	0	0	1	1,659
Settled during current year:										
18.1 By payment in full	1	1,659	0	0	0	0	0	0	1	1,659
18.2 By payment on compromised claims	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	1	1,659	0	0	0	0	0	0	1	1,659
18.4 Reduction by compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements	1	1,659	0	0	0	0	0	0	1	1,659
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	27	314,817	0	(a)	0	0	0	0	27	314,817
21. Issued during year	0	0	0	0	0	0	0	0	0	0
22. Other changes to in force (Net)	(1)	(1,659)	0	0	0	0	0	0	(1)	(1,659)
23. In force December 31 of current year	26	313,158	0	(a)	0	0	0	0	26	313,158

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	0	0	0	0	0
24.1 Federal Employees Health Benefits Plan premium (b)	0	0	0	0	0
24.2 Credit (Group and Individual)	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b)	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b)	0	0	0	0	0
25.2 Guaranteed renewable (b)	728,720	734,935	0	473,532	462,436
25.3 Non-renewable for stated reasons only (b)	0	0	0	0	0
25.4 Other accident only	3,172	3,416	0	5,030	2,891
25.5 All other (b)	0	0	0	0	0
25.6 Totals (sum of Lines 25.1 to 25.5)	731,892	738,351	0	478,562	465,326
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	731,892	738,351	0	478,562	465,326

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



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE The Order Of United Commercial Travelers Of America
 DIRECT BUSINESS IN THE STATE OF Ohio
 NAIC Group Code 0000

DURING THE YEAR 2020

NAIC Company Code 56383

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance		54,212	0	0	0	54,212
2. Annuity considerations		90	0	0	0	90
3. Deposit-type contract funds		0	XXX	0	XXX	0
4. Other considerations		0	0	0	0	0
5. Totals (Sum of Lines 1 to 4)		54,302	0	0	0	54,302
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS						
Life insurance:						
6.1 Paid in cash or left on deposit		0	0	0	0	0
6.2 Applied to pay renewal premiums		0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period		0	0	0	0	0
6.4 Other		0	0	0	0	0
6.5 Totals (Sum of Lines 6.1 to 6.4)		0	0	0	0	0
Annuites:						
7.1 Paid in cash or left on deposit		0	0	0	0	0
7.2 Applied to provide paid-up annuities		0	0	0	0	0
7.3 Other		0	0	0	0	0
7.4 Totals (Sum of Lines 7.1 to 7.3)		0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)		0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits		91,729	0	0	0	91,729
10. Matured endowments		0	0	0	0	0
11. Annuity benefits		0	0	0	0	0
12. Surrender values and withdrawals for life contracts		13,343	0	0	0	13,343
13. Aggregate write-ins for miscellaneous direct claims and benefits paid		0	0	0	0	0
14. All other benefits, except accident and health		0	0	0	0	0
15. Totals		105,072	0	0	0	105,072
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page		0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)		0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
16. Unpaid December 31, prior year	2	8,000	0	0	0	0	0	0	2	8,000
17. Incurred during current year	17	100,897	0	0	0	0	0	0	17	100,897
Settled during current year:										
18.1 By payment in full	15	96,254	0	0	0	0	0	0	15	96,254
18.2 By payment on compromised claims	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	15	96,254	0	0	0	0	0	0	15	96,254
18.4 Reduction by compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements	15	96,254	0	0	0	0	0	0	15	96,254
19. Unpaid Dec. 31, current year (16+17-18.6)	4	12,643	0	0	0	0	0	0	4	12,643
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	299	4,475,156	0	(a) 0	0	0	0	0	299	4,475,156
21. Issued during year	2	50,000	0	0	0	0	0	0	2	50,000
22. Other changes to in force (Net)	(17)	(139,549)	0	0	0	0	0	0	(17)	(139,549)
23. In force December 31 of current year	284	4,385,607	0	(a) 0	0	0	0	0	284	4,385,607

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
					Direct Premiums
24. Group Policies (b)	0	0	0	0	0
24.1 Federal Employees Health Benefits Plan premium (b)	0	0	0	0	0
24.2 Credit (Group and Individual)	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b)	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b)	52	52	0	0	0
25.2 Guaranteed renewable (b)	1,322,168	1,333,444	0	830,375	810,916
25.3 Non-renewable for stated reasons only (b)	0	0	0	0	0
25.4 Other accident only	37,584	40,479	0	1,965	1,129
25.5 All other (b)	0	0	0	0	0
25.6 Totals (sum of Lines 25.1 to 25.5)	1,359,803	1,373,975	0	832,340	812,046
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,359,803	1,373,975	0	832,340	812,046

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



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE The Order Of United Commercial Travelers Of America
 DIRECT BUSINESS IN THE STATE OF Oklahoma
 DURING THE YEAR 2020
 NAIC Group Code 0000 NAIC Company Code 56383

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance		10,868	0	0	0	10,868
2. Annuity considerations		10,000	0	0	0	10,000
3. Deposit-type contract funds		0	XXX	0	XXX	0
4. Other considerations		0	0	0	0	0
5. Totals (Sum of Lines 1 to 4)		20,868	0	0	0	20,868
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS						
Life insurance:						
6.1 Paid in cash or left on deposit		0	0	0	0	0
6.2 Applied to pay renewal premiums		0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period		0	0	0	0	0
6.4 Other		0	0	0	0	0
6.5 Totals (Sum of Lines 6.1 to 6.4)		0	0	0	0	0
Annuities:						
7.1 Paid in cash or left on deposit		0	0	0	0	0
7.2 Applied to provide paid-up annuities		0	0	0	0	0
7.3 Other		0	0	0	0	0
7.4 Totals (Sum of Lines 7.1 to 7.3)		0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)		0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits		6,720	0	0	0	6,720
10. Matured endowments		0	0	0	0	0
11. Annuity benefits		1,455	0	0	0	1,455
12. Surrender values and withdrawals for life contracts		0	0	0	0	0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid		0	0	0	0	0
14. All other benefits, except accident and health		0	0	0	0	0
15. Totals		8,176	0	0	0	8,176
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page		0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)		0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year	3	16,608	0	0	0	0	0	0	3	16,608
Settled during current year:										
18.1 By payment in full	2	6,608	0	0	0	0	0	0	2	6,608
18.2 By payment on compromised claims	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	2	6,608	0	0	0	0	0	0	2	6,608
18.4 Reduction by compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements	2	6,608	0	0	0	0	0	0	2	6,608
19. Unpaid Dec. 31, current year (16+17-18.6)	1	10,000	0	0	0	0	0	0	1	10,000
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	.40	516,672	0	(a)	0	0	0	0	.40	.516,672
21. Issued during year	0	0	0	0	0	0	0	0	0	0
22. Other changes to in force (Net)	(2)	(7,665)	0	0	0	0	0	0	(2)	(7,665)
23. In force December 31 of current year	38	509,007	0	(a)	0	0	0	0	38	509,007

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)	0	0	0	0	0
24.1 Federal Employees Health Benefits Plan premium (b)	0	0	0	0	0
24.2 Credit (Group and Individual)	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b)	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b)	0	0	0	0	0
25.2 Guaranteed renewable (b)	329,179	331,987	0	152,162	148,596
25.3 Non-renewable for stated reasons only (b)	0	0	0	0	0
25.4 Other accident only	5,904	6,358	0	441	253
25.5 All other (b)	0	0	0	0	0
25.6 Totals (sum of Lines 25.1 to 25.5)	335,083	338,345	0	152,603	148,849
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	335,083	338,345	0	152,603	148,849

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



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE The Order Of United Commercial Travelers Of America
 DIRECT BUSINESS IN THE STATE OF Oregon
 NAIC Group Code 0000

DURING THE YEAR 2020

NAIC Company Code 56383

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	16,532		0	0	0	16,532
2. Annuity considerations	0		0	0	0	0
3. Deposit-type contract funds	0	XXX		0	XXX	0
4. Other considerations	0		0	0	0	0
5. Totals (Sum of Lines 1 to 4)	16,532	0	0	0	0	16,532
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS						
Life insurance:						
6.1 Paid in cash or left on deposit	0	0	0	0	0	0
6.2 Applied to pay renewal premiums	0	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	0	0	0	0	0	0
6.4 Other	0	0	0	0	0	0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0	0
Annuites:						
7.1 Paid in cash or left on deposit	0	0	0	0	0	0
7.2 Applied to provide paid-up annuities	0	0	0	0	0	0
7.3 Other	0	0	0	0	0	0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits	0	0	0	0	0	0
10. Matured endowments	0	0	0	0	0	0
11. Annuity benefits	0	0	0	0	0	0
12. Surrender values and withdrawals for life contracts	0	0	0	0	0	0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0	0
14. All other benefits, except accident and health	0	0	0	0	0	0
15. Totals	0	0	0	0	0	0
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page	0	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year	0	0	0	0	0	0	0	0	0	0
Settled during current year:										
18.1 By payment in full	0	0	0	0	0	0	0	0	0	0
18.2 By payment on compromised claims	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year .....	.37	1,406,260	0	(a) 0	0	0	0	0	.37	1,406,260
21. Issued during year	2	35,000	0	0	0	0	0	0	2	35,000
22. Other changes to in force (Net)	(2)	(140,000)	0	0	0	0	0	0	(2)	(140,000)
23. In force December 31 of current year	37	1,301,260	0	(a) 0	0	0	0	0	37	1,301,260

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4	5
				Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	0	0	0	0	0
24.1 Federal Employees Health Benefits Plan premium (b)	0	0	0	0	0
24.2 Credit (Group and Individual)	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b)	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:	0	0	0	0	0
25.1 Non-cancelable (b)	0	0	0	0	0
25.2 Guaranteed renewable (b)	1,740,226	1,755,069	0	1,134,417	1,107,833
25.3 Non-renewable for stated reasons only (b)	0	0	0	0	0
25.4 Other accident only	3,739	4,027	0	0	0
25.5 All other (b)	0	0	0	0	0
25.6 Totals (sum of Lines 25.1 to 25.5)	1,743,965	1,759,096	0	1,134,417	1,107,833
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,743,965	1,759,096	0	1,134,417	1,107,833

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



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE The Order Of United Commercial Travelers Of America
 DIRECT BUSINESS IN THE STATE OF Pennsylvania
 DURING THE YEAR 2020
 NAIC Group Code 0000 NAIC Company Code 56383

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance		28,360	0	0	0	28,360
2. Annuity considerations		250	0	0	0	250
3. Deposit-type contract funds		0	XXX	0	XXX	0
4. Other considerations		0	0	0	0	0
5. Totals (Sum of Lines 1 to 4)		28,610	0	0	0	28,610
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS						
Life insurance:						
6.1 Paid in cash or left on deposit		0	0	0	0	0
6.2 Applied to pay renewal premiums		0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period		0	0	0	0	0
6.4 Other		0	0	0	0	0
6.5 Totals (Sum of Lines 6.1 to 6.4)		0	0	0	0	0
Annuities:						
7.1 Paid in cash or left on deposit		0	0	0	0	0
7.2 Applied to provide paid-up annuities		0	0	0	0	0
7.3 Other		0	0	0	0	0
7.4 Totals (Sum of Lines 7.1 to 7.3)		0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)		0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits		57,524	0	0	0	57,524
10. Matured endowments		0	0	0	0	0
11. Annuity benefits		4,356	0	0	0	4,356
12. Surrender values and withdrawals for life contracts		9,104	0	0	0	9,104
13. Aggregate write-ins for miscellaneous direct claims and benefits paid		0	0	0	0	0
14. All other benefits, except accident and health		0	0	0	0	0
15. Totals		70,983	0	0	0	70,983
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page		0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)		0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year	8	64,305	0	0	0	0	0	0	8	64,305
Settled during current year:										
18.1 By payment in full	7	57,500	0	0	0	0	0	0	7	57,500
18.2 By payment on compromised claims	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	7	57,500	0	0	0	0	0	0	7	57,500
18.4 Reduction by compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements	7	57,500	0	0	0	0	0	0	7	57,500
19. Unpaid Dec. 31, current year (16+17-18.6)	1	6,805	0	0	0	0	0	0	1	6,805
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	164	1,825,897	0	(a)	0	0	0	0	164	1,825,897
21. Issued during year	2	30,000	0	0	0	0	0	0	2	30,000
22. Other changes to in force (Net)	(10)	(102,465)	0	0	0	0	0	0	(10)	(102,465)
23. In force December 31 of current year	156	1,753,432	0	(a)	0	0	0	0	156	1,753,432

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
					Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	0	0	0	0	0
24.1 Federal Employees Health Benefits Plan premium (b)	0	0	0	0	0
24.2 Credit (Group and Individual)	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b)	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b)	0	0	0	0	0
25.2 Guaranteed renewable (b)	588,945	593,968	0	347,390	339,249
25.3 Non-renewable for stated reasons only (b)	0	0	0	0	0
25.4 Other accident only	15,943	17,171	0	407	234
25.5 All other (b)	0	0	0	0	0
25.6 Totals (sum of Lines 25.1 to 25.5)	604,888	611,139	0	347,797	339,483
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	604,888	611,139	0	347,797	339,483

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



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE The Order Of United Commercial Travelers Of America
 DIRECT BUSINESS IN THE STATE OF Rhode Island
 DURING THE YEAR 2020
 NAIC Group Code 0000 NAIC Company Code 56383

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance		1,690	0	0	0	1,690
2. Annuity considerations		0	0	0	0	0
3. Deposit-type contract funds		0	XXX	0	XXX	0
4. Other considerations		0	0	0	0	0
5. Totals (Sum of Lines 1 to 4)		1,690	0	0	0	1,690
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS						
Life insurance:						
6.1 Paid in cash or left on deposit		0	0	0	0	0
6.2 Applied to pay renewal premiums		0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period		0	0	0	0	0
6.4 Other		0	0	0	0	0
6.5 Totals (Sum of Lines 6.1 to 6.4)		0	0	0	0	0
Annuities:						
7.1 Paid in cash or left on deposit		0	0	0	0	0
7.2 Applied to provide paid-up annuities		0	0	0	0	0
7.3 Other		0	0	0	0	0
7.4 Totals (Sum of Lines 7.1 to 7.3)		0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)		0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits		0	0	0	0	0
10. Matured endowments		0	0	0	0	0
11. Annuity benefits		0	0	0	0	0
12. Surrender values and withdrawals for life contracts		0	0	0	0	0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid		0	0	0	0	0
14. All other benefits, except accident and health		0	0	0	0	0
15. Totals		0	0	0	0	0
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page		0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)		0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
16. Unpaid December 31, prior year	1	2,500	0	0	0	0	0	0	1	2,500
17. Incurred during current year	1	25,000	0	0	0	0	0	0	1	25,000
Settled during current year:										
18.1 By payment in full	1	2,500	0	0	0	0	0	0	1	2,500
18.2 By payment on compromised claims	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	1	2,500	0	0	0	0	0	0	1	2,500
18.4 Reduction by compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements	1	2,500	0	0	0	0	0	0	1	2,500
19. Unpaid Dec. 31, current year (16+17-18.6)	1	25,000	0	0	0	0	0	0	1	25,000
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	10	94,304	0	(a)	0	0	0	0	10	94,304
21. Issued during year	0	0	0	0	0	0	0	0	0	0
22. Other changes to in force (Net)	0	0	0	0	0	0	0	0	0	0
23. In force December 31 of current year	10	94,304	0	(a)	0	0	0	0	10	94,304

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	0	0	0	0	0
24.1 Federal Employees Health Benefits Plan premium (b)	0	0	0	0	0
24.2 Credit (Group and Individual)	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b)	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b)	0	0	0	0	0
25.2 Guaranteed renewable (b)	523	527	0	450	439
25.3 Non-renewable for stated reasons only (b)	0	0	0	0	0
25.4 Other accident only	4,551	4,901	0	5,991	3,443
25.5 All other (b)	0	0	0	0	0
25.6 Totals (sum of Lines 25.1 to 25.5)	5,074	5,429	0	6,441	3,883
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	5,074	5,429	0	6,441	3,883

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



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE The Order Of United Commercial Travelers Of America
 DIRECT BUSINESS IN THE STATE OF South Carolina
 DURING THE YEAR 2020
 NAIC Group Code 0000 NAIC Company Code 56383

LIFE INSURANCE		1	2	3	4	5
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance		3,898	0	0	0	3,898
2. Annuity considerations		0	0	0	0	0
3. Deposit-type contract funds		0	XXX	0	XXX	0
4. Other considerations		0	0	0	0	0
5. Totals (Sum of Lines 1 to 4)		3,898	0	0	0	3,898
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS						
Life insurance:						
6.1 Paid in cash or left on deposit		0	0	0	0	0
6.2 Applied to pay renewal premiums		0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period		0	0	0	0	0
6.4 Other		0	0	0	0	0
6.5 Totals (Sum of Lines 6.1 to 6.4)		0	0	0	0	0
Annuities:						
7.1 Paid in cash or left on deposit		0	0	0	0	0
7.2 Applied to provide paid-up annuities		0	0	0	0	0
7.3 Other		0	0	0	0	0
7.4 Totals (Sum of Lines 7.1 to 7.3)		0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)		0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits		0	0	0	0	0
10. Matured endowments		0	0	0	0	0
11. Annuity benefits		0	0	0	0	0
12. Surrender values and withdrawals for life contracts		6,942	0	0	0	6,942
13. Aggregate write-ins for miscellaneous direct claims and benefits paid		0	0	0	0	0
14. All other benefits, except accident and health		0	0	0	0	0
15. Totals		6,942	0	0	0	6,942
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page		0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)		0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year	0	0	0	0	0	0	0	0	0	0
Settled during current year:										
18.1 By payment in full	0	0	0	0	0	0	0	0	0	0
18.2 By payment on compromised claims	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	22	255,426	0	(a)	0	0	0	0	22	255,426
21. Issued during year	0	0	0	0	0	0	0	0	0	0
22. Other changes to in force (Net)	(1)	(14,747)	0	0	0	0	0	0	(1)	(14,747)
23. In force December 31 of current year	21	240,679	0	(a)	0	0	0	0	21	240,679

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	0	0	0	0	0
24.1 Federal Employees Health Benefits Plan premium (b)	0	0	0	0	0
24.2 Credit (Group and Individual)	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b)	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancellable (b)	0	0	0	0	0
25.2 Guaranteed renewable (b)	388,821	392,137	0	240,232	234,602
25.3 Non-renewable for stated reasons only (b)	0	0	0	0	0
25.4 Other accident only	1,808	1,947	0	5,000	2,873
25.5 All other (b)	0	0	0	0	0
25.6 Totals (sum of Lines 25.1 to 25.5)	390,628	394,084	0	245,232	237,475
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	390,628	394,084	0	245,232	237,475

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



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE The Order Of United Commercial Travelers Of America
 DIRECT BUSINESS IN THE STATE OF South Dakota
 DURING THE YEAR 2020
 NAIC Group Code 0000

LIFE INSURANCE

NAIC Company Code 56383

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	5,854		0	0	0	5,854
2. Annuity considerations	0		0	0	0	0
3. Deposit-type contract funds	0	XXX		0	XXX	0
4. Other considerations	0		0	0	0	0
5. Totals (Sum of Lines 1 to 4)	5,854		0	0	0	5,854
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS						
Life insurance:						
6.1 Paid in cash or left on deposit	0	0	0	0	0	0
6.2 Applied to pay renewal premiums	0	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	0	0	0	0	0	0
6.4 Other	0	0	0	0	0	0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0	0
Annuites:						
7.1 Paid in cash or left on deposit	0	0	0	0	0	0
7.2 Applied to provide paid-up annuities	0	0	0	0	0	0
7.3 Other	0	0	0	0	0	0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits	20,193		0	0	0	20,193
10. Matured endowments	0		0	0	0	0
11. Annuity benefits	0		0	0	0	0
12. Surrender values and withdrawals for life contracts	11,222		0	0	0	11,222
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0	0
14. All other benefits, except accident and health	0	0	0	0	0	0
15. Totals	31,415		0	0	0	31,415
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page	0	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year	3	20,000	0	0	0	0	0	0	3	20,000
Settled during current year:										
18.1 By payment in full	3	20,000	0	0	0	0	0	0	3	20,000
18.2 By payment on compromised claims	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	3	20,000	0	0	0	0	0	0	3	20,000
18.4 Reduction by compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements	3	20,000	0	0	0	0	0	0	3	20,000
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	29	219,058	0	(a) 0	0	0	0	0	29	219,058
21. Issued during year	0	0	0	0	0	0	0	0	0	0
22. Other changes to in force (Net)	(4)	(45,000)	0	0	0	0	0	0	(4)	(45,000)
23. In force December 31 of current year	25	174,058	0	(a) 0	0	0	0	0	25	174,058

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	0	0	0	0	0
24.1 Federal Employees Health Benefits Plan premium (b)	0	0	0	0	0
24.2 Credit (Group and Individual)	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b)	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b)	0	0	0	0	0
25.2 Guaranteed renewable (b)	341,428	344,340	0	186,882	182,502
25.3 Non-renewable for stated reasons only (b)	0	0	0	0	0
25.4 Other accident only	3,102	3,341	0	406	233
25.5 All other (b)	0	0	0	0	0
25.6 Totals (sum of Lines 25.1 to 25.5)	344,530	347,681	0	187,288	182,736
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	344,530	347,681	0	187,288	182,736

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



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE The Order Of United Commercial Travelers Of America
DIRECT BUSINESS IN THE STATE OF Tennessee
DURING THE YEAR 2020
NAIC Group Code 0000 NAIC Company Code 56383

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance		21,373	0	0	0	21,373
2. Annuity considerations		400	0	0	0	400
3. Deposit-type contract funds		0	XXX	0	XXX	0
4. Other considerations		0	0	0	0	0
5. Totals (Sum of Lines 1 to 4)		21,773	0	0	0	21,773
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS						
Life insurance:						
6.1 Paid in cash or left on deposit		0	0	0	0	0
6.2 Applied to pay renewal premiums		0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period		0	0	0	0	0
6.4 Other		0	0	0	0	0
6.5 Totals (Sum of Lines 6.1 to 6.4)		0	0	0	0	0
Annuites:						
7.1 Paid in cash or left on deposit		0	0	0	0	0
7.2 Applied to provide paid-up annuities		0	0	0	0	0
7.3 Other		0	0	0	0	0
7.4 Totals (Sum of Lines 7.1 to 7.3)		0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)		0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits		81,546	0	0	0	81,546
10. Matured endowments		0	0	0	0	0
11. Annuity benefits		0	0	0	0	0
12. Surrender values and withdrawals for life contracts		0	0	0	0	0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid		0	0	0	0	0
14. All other benefits, except accident and health		0	0	0	0	0
15. Totals		81,546	0	0	0	81,546
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page		0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)		0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year	8	81,007	0	0	0	0	0	0	8	81,007
Settled during current year:										
18.1 By payment in full	8	81,007	0	0	0	0	0	0	8	81,007
18.2 By payment on compromised claims	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	8	81,007	0	0	0	0	0	0	8	81,007
18.4 Reduction by compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements	8	81,007	0	0	0	0	0	0	8	81,007
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	103	818,947	0	(a)	0	0	0	0	103	818,947
21. Issued during year	0	0	0	0	0	0	0	0	0	0
22. Other changes to in force (Net)	(8)	(156,007)	0	0	0	0	0	0	(8)	(156,007)
23. In force December 31 of current year	95	662,940	0	(a)	0	0	0	0	95	662,940

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)	0	0	0	0	0
24.1 Federal Employees Health Benefits Plan premium (b)	0	0	0	0	0
24.2 Credit (Group and Individual)	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b)	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:	0	0	0	0	0
25.1 Non-cancelable (b)	0	0	0	0	0
25.2 Guaranteed renewable (b)	248,502	250,622	0	151,012	147,473
25.3 Non-renewable for stated reasons only (b)	0	0	0	0	0
25.4 Other accident only	3,622	3,901	0	845	486
25.5 All other (b)	0	0	0	0	0
25.6 Totals (sum of Lines 25.1 to 25.5)	252,124	254,523	0	151,857	147,959
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	252,124	254,523	0	151,857	147,959

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



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE The Order Of United Commercial Travelers Of America
 DIRECT BUSINESS IN THE STATE OF Texas
 DURING THE YEAR 2020
 NAIC Group Code 0000 NAIC Company Code 56383

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance		49,924	0	0	0	49,924
2. Annuity considerations		0	0	0	0	0
3. Deposit-type contract funds		0	XXX	0	XXX	0
4. Other considerations		0	0	0	0	0
5. Totals (Sum of Lines 1 to 4)		49,924	0	0	0	49,924
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS						
Life insurance:						
6.1 Paid in cash or left on deposit		0	0	0	0	0
6.2 Applied to pay renewal premiums		0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period		0	0	0	0	0
6.4 Other		0	0	0	0	0
6.5 Totals (Sum of Lines 6.1 to 6.4)		0	0	0	0	0
Annuities:						
7.1 Paid in cash or left on deposit		0	0	0	0	0
7.2 Applied to provide paid-up annuities		0	0	0	0	0
7.3 Other		0	0	0	0	0
7.4 Totals (Sum of Lines 7.1 to 7.3)		0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)		0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits		19,903	0	0	0	19,903
10. Matured endowments		0	0	0	0	0
11. Annuity benefits		0	0	0	0	0
12. Surrender values and withdrawals for life contracts		14,959	0	0	0	14,959
13. Aggregate write-ins for miscellaneous direct claims and benefits paid		0	0	0	0	0
14. All other benefits, except accident and health		0	0	0	0	0
15. Totals		34,862	0	0	0	34,862
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page		0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)		0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year	7	27,286	0	0	0	0	0	0	7	27,286
Settled during current year:										
18.1 By payment in full	5	19,786	0	0	0	0	0	0	5	19,786
18.2 By payment on compromised claims	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	5	19,786	0	0	0	0	0	0	5	19,786
18.4 Reduction by compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements	5	19,786	0	0	0	0	0	0	5	19,786
19. Unpaid Dec. 31, current year (16+17-18.6)	2	7,500	0	0	0	0	0	0	2	7,500
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	193	3,466,196	0	(a)	0	0	0	0	193	3,466,196
21. Issued during year	0	0	0	0	0	0	0	0	0	0
22. Other changes to in force (Net)	(9)	(247,991)	0	0	0	0	0	0	(9)	(247,991)
23. In force December 31 of current year	184	3,218,205	0	(a)	0	0	0	0	184	3,218,205

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)	0	0	0	0	0
24.1 Federal Employees Health Benefits Plan premium (b)	0	0	0	0	0
24.2 Credit (Group and Individual)	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b)	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:	0	0	0	0	0
25.1 Non-cancelable (b)	0	0	0	0	0
25.2 Guaranteed renewable (b)	1,007,205	1,015,795	0	603,535	589,391
25.3 Non-renewable for stated reasons only (b)	0	0	0	0	0
25.4 Other accident only	7,923	8,534	0	5,090	2,925
25.5 All other (b)	0	0	0	0	0
25.6 Totals (sum of Lines 25.1 to 25.5)	1,015,128	1,024,329	0	608,625	592,316
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,015,128	1,024,329	0	608,625	592,316

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



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE The Order Of United Commercial Travelers Of America
 DIRECT BUSINESS IN THE STATE OF Utah
 NAIC Group Code 0000

DURING THE YEAR 2020
 NAIC Company Code 56383

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	1,206		0	0	0	1,206
2. Annuity considerations	0		0	0	0	0
3. Deposit-type contract funds	0	XXX		0	XXX	0
4. Other considerations	0		0	0	0	0
5. Totals (Sum of Lines 1 to 4)	1,206		0	0	0	1,206
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS						
Life insurance:						
6.1 Paid in cash or left on deposit	0	0	0	0	0	0
6.2 Applied to pay renewal premiums	0	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	0	0	0	0	0	0
6.4 Other	0	0	0	0	0	0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0	0
Annuites:						
7.1 Paid in cash or left on deposit	0	0	0	0	0	0
7.2 Applied to provide paid-up annuities	0	0	0	0	0	0
7.3 Other	0	0	0	0	0	0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits	0	0	0	0	0	0
10. Matured endowments	0	0	0	0	0	0
11. Annuity benefits	0	0	0	0	0	0
12. Surrender values and withdrawals for life contracts	0	0	0	0	0	0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0	0
14. All other benefits, except accident and health	0	0	0	0	0	0
15. Totals	0	0	0	0	0	0
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page	0	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0	0

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

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	0	0	0	0	0
24.1 Federal Employees Health Benefits Plan premium (b)	0	0	0	0	0
24.2 Credit (Group and Individual)	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b)	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:	0	0	0	0	0
25.1 Non-cancelable (b)	0	0	0	0	0
25.2 Guaranteed renewable (b)	638,517	643,963	0	386,328	377,275
25.3 Non-renewable for stated reasons only (b)	0	0	0	0	0
25.4 Other accident only	1,932	2,081	0	0	0
25.5 All other (b)	0	0	0	0	0
25.6 Totals (sum of Lines 25.1 to 25.5)	640,449	646,043	0	386,328	377,275
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	640,449	646,043	0	386,328	377,275

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



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE The Order Of United Commercial Travelers Of America
 DIRECT BUSINESS IN THE STATE OF Vermont
 NAIC Group Code 0000 DURING THE YEAR 2020
 NAIC Company Code 56383

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

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

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	0	0	0	0	0
24.1 Federal Employees Health Benefits Plan premium (b)	0	0	0	0	0
24.2 Credit (Group and Individual)	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b)	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b)	0	0	0	0	0
25.2 Guaranteed renewable (b)	5,196	5,241	0	656	640
25.3 Non-renewable for stated reasons only (b)	0	0	0	0	0
25.4 Other accident only	421	453	0	0	0
25.5 All other (b)	0	0	0	0	0
25.6 Totals (sum of Lines 25.1 to 25.5)	5,617	5,694	0	656	640
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	5,617	5,694	0	656	640

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



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE The Order Of United Commercial Travelers Of America
DIRECT BUSINESS IN THE STATE OF Virginia
NAIC Group Code 0000

DURING THE YEAR 2020
NAIC Company Code 56383

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	15,184		0	0	0	15,184
2. Annuity considerations	0		0	0	0	0
3. Deposit-type contract funds	0		XXX	0	XXX	0
4. Other considerations	0		0	0	0	0
5. Totals (Sum of Lines 1 to 4)	15,184		0	0	0	15,184
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS						
Life insurance:						
6.1 Paid in cash or left on deposit	0		0	0	0	0
6.2 Applied to pay renewal premiums	0		0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	0		0	0	0	0
6.4 Other	0		0	0	0	0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0		0	0	0	0
Annuites:						
7.1 Paid in cash or left on deposit	0		0	0	0	0
7.2 Applied to provide paid-up annuities	0		0	0	0	0
7.3 Other	0		0	0	0	0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0		0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0		0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits	15,081		0	0	0	15,081
10. Matured endowments	0		0	0	0	0
11. Annuity benefits	0		0	0	0	0
12. Surrender values and withdrawals for life contracts	1,856		0	0	0	1,856
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0		0	0	0	0
14. All other benefits, except accident and health	0		0	0	0	0
15. Totals	16,937		0	0	0	16,937
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page	0		0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0		0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
16. Unpaid December 31, prior year	1	5,000	0	0	0	0	0	0	1	5,000
17. Incurred during current year Settled during current year:	1	10,000	0	0	0	0	0	0	1	10,000
18.1 By payment in full	2	15,000	0	0	0	0	0	0	2	15,000
18.2 By payment on compromised claims	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	2	15,000	0	0	0	0	0	0	2	15,000
18.4 Reduction by compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements	2	15,000	0	0	0	0	0	0	2	15,000
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	92	1,043,278	0	(a) 0	0	0	0	0	92	1,043,278
21. Issued during year	1	10,000	0	0	0	0	0	0	1	10,000
22. Other changes to in force (Net)	(3)	(34,809)	0	0	0	0	0	0	(3)	(34,809)
23. In force December 31 of current year	90	1,018,469	0	(a) 0	0	0	0	0	90	1,018,469

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)	0	0	0	0	0
24.1 Federal Employees Health Benefits Plan premium (b)	0	0	0	0	0
24.2 Credit (Group and Individual)	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b)	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:	0	0	0	0	0
25.1 Non-cancelable (b)	0	0	0	0	0
25.2 Guaranteed renewable (b)	1,968,069	1,984,854	0	1,131,520	1,105,004
25.3 Non-renewable for stated reasons only (b)	0	0	0	0	0
25.4 Other accident only	10,147	10,928	0	1,500	862
25.5 All other (b)	0	0	0	0	0
25.6 Totals (sum of Lines 25.1 to 25.5)	1,978,216	1,995,783	0	1,133,020	1,105,866
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,978,216	1,995,783	0	1,133,020	1,105,866

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



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE The Order Of United Commercial Travelers Of America
 DIRECT BUSINESS IN THE STATE OF Washington DURING THE YEAR 2020
 NAIC Group Code 0000 NAIC Company Code 56383

LIFE INSURANCE

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

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

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	0	0	0	0	0
24.1 Federal Employees Health Benefits Plan premium (b)	0	0	0	0	0
24.2 Credit (Group and Individual)	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b)	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b)	0	0	0	0	0
25.2 Guaranteed renewable (b)	99,716	100,567	0	56,200	54,883
25.3 Non-renewable for stated reasons only (b)	0	0	0	0	0
25.4 Other accident only	2,486	2,678	0	0	0
25.5 All other (b)	0	0	0	0	0
25.6 Totals (sum of Lines 25.1 to 25.5)	102,202	103,244	0	56,200	54,883
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	102,202	103,244	0	56,200	54,883

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



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE The Order Of United Commercial Travelers Of America
 DIRECT BUSINESS IN THE STATE OF West Virginia
 NAIC Group Code 0000

DURING THE YEAR 2020

NAIC Company Code 56383

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	9,629		0	0	0	9,629
2. Annuity considerations	0		0	0	0	0
3. Deposit-type contract funds	0	XXX		0	XXX	0
4. Other considerations	0		0	0	0	0
5. Totals (Sum of Lines 1 to 4)	9,629	0	0	0	0	9,629
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS						
Life insurance:						
6.1 Paid in cash or left on deposit	0	0	0	0	0	0
6.2 Applied to pay renewal premiums	0	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	0	0	0	0	0	0
6.4 Other	0	0	0	0	0	0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0	0
Annuites:						
7.1 Paid in cash or left on deposit	0	0	0	0	0	0
7.2 Applied to provide paid-up annuities	0	0	0	0	0	0
7.3 Other	0	0	0	0	0	0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits	0	0	0	0	0	0
10. Matured endowments	0	0	0	0	0	0
11. Annuity benefits	0	0	0	0	0	0
12. Surrender values and withdrawals for life contracts	0	0	0	0	0	0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0	0
14. All other benefits, except accident and health	0	0	0	0	0	0
15. Totals	0	0	0	0	0	0
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page	0	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year	0	0	0	0	0	0	0	0	0	0
Settled during current year:										
18.1 By payment in full	0	0	0	0	0	0	0	0	0	0
18.2 By payment on compromised claims	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	19	833,487	0	(a)	0	0	0	0	19	.833,487
21. Issued during year	0	0	0	0	0	0	0	0	0	0
22. Other changes to in force (Net)	0	0	0	0	0	0	0	0	0	0
23. In force December 31 of current year	19	833,487	0	(a)	0	0	0	0	19	833,487

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	0	0	0	0	0
24.1 Federal Employees Health Benefits Plan premium (b)	0	0	0	0	0
24.2 Credit (Group and Individual)	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b)	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:	0	0	0	0	0
25.1 Non-cancelable (b)	0	0	0	0	0
25.2 Guaranteed renewable (b)	991,340	999,795	0	641,770	626,731
25.3 Non-renewable for stated reasons only (b)	0	0	0	0	0
25.4 Other accident only	5,132	5,527	0	251	144
25.5 All other (b)	0	0	0	0	0
25.6 Totals (sum of Lines 25.1 to 25.5)	996,471	1,005,321	0	642,021	626,875
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	996,471	1,005,321	0	642,021	626,875

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



5 6 3 8 3 2 0 2 0 4 3 0 5 0 1 0 0

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE The Order Of United Commercial Travelers Of America
 DIRECT BUSINESS IN THE STATE OF Wisconsin
 NAIC Group Code 0000

DURING THE YEAR 2020

NAIC Company Code 56383

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	11,548		0	0	0	11,548
2. Annuity considerations	10,000		0	0	0	10,000
3. Deposit-type contract funds	0	XXX		0	XXX	0
4. Other considerations	0	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4)	21,548	0	0	0	0	21,548
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS						
Life insurance:						
6.1 Paid in cash or left on deposit	0	0	0	0	0	0
6.2 Applied to pay renewal premiums	0	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	0	0	0	0	0	0
6.4 Other	0	0	0	0	0	0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0	0
Annuites:						
7.1 Paid in cash or left on deposit	0	0	0	0	0	0
7.2 Applied to provide paid-up annuities	0	0	0	0	0	0
7.3 Other	0	0	0	0	0	0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits	25,083		0	0	0	25,083
10. Matured endowments	0		0	0	0	0
11. Annuity benefits	0		0	0	0	0
12. Surrender values and withdrawals for life contracts	0		0	0	0	0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0		0	0	0	0
14. All other benefits, except accident and health	0		0	0	0	0
15. Totals	25,083		0	0	0	25,083
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page	0		0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0		0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year	1	25,000	0	0	0	0	0	0	1	25,000
Settled during current year:										
18.1 By payment in full	1	25,000	0	0	0	0	0	0	1	25,000
18.2 By payment on compromised claims	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	1	25,000	0	0	0	0	0	0	1	25,000
18.4 Reduction by compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements	1	25,000	0	0	0	0	0	0	1	25,000
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	34	452,924	0	(a)	0	0	0	0	34	452,924
21. Issued during year	0	0	0	0	0	0	0	0	0	0
22. Other changes to in force (Net)	(1)	(25,000)	0	0	0	0	0	0	(1)	(25,000)
23. In force December 31 of current year	33	427,924	0	(a)	0	0	0	0	33	427,924

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)	0	0	0	0	0
24.1 Federal Employees Health Benefits Plan premium (b)	0	0	0	0	0
24.2 Credit (Group and Individual)	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b)	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:	0	0	0	0	0
25.1 Non-cancelable (b)	0	0	0	0	0
25.2 Guaranteed renewable (b)	1,689,344	1,703,752	0	1,048,874	1,024,295
25.3 Non-renewable for stated reasons only (b)	0	0	0	0	0
25.4 Other accident only	17,544	18,896	0	200	115
25.5 All other (b)	0	0	0	0	0
25.6 Totals (sum of Lines 25.1 to 25.5)	1,706,888	1,722,648	0	1,049,075	1,024,410
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,706,888	1,722,648	0	1,049,075	1,024,410

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



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE The Order Of United Commercial Travelers Of America
 DIRECT BUSINESS IN THE STATE OF Wyoming
 NAIC Group Code 0000

DURING THE YEAR 2020

NAIC Company Code 56383

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance		589	0	0	0	589
2. Annuity considerations		0	0	0	0	0
3. Deposit-type contract funds		0	XXX	0	XXX	0
4. Other considerations		0	0	0	0	0
5. Totals (Sum of Lines 1 to 4)		589	0	0	0	589
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS						
Life insurance:						
6.1 Paid in cash or left on deposit		0	0	0	0	0
6.2 Applied to pay renewal premiums		0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period		0	0	0	0	0
6.4 Other		0	0	0	0	0
6.5 Totals (Sum of Lines 6.1 to 6.4)		0	0	0	0	0
Annuites:						
7.1 Paid in cash or left on deposit		0	0	0	0	0
7.2 Applied to provide paid-up annuities		0	0	0	0	0
7.3 Other		0	0	0	0	0
7.4 Totals (Sum of Lines 7.1 to 7.3)		0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)		0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits		0	0	0	0	0
10. Matured endowments		0	0	0	0	0
11. Annuity benefits		0	0	0	0	0
12. Surrender values and withdrawals for life contracts		0	0	0	0	0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid		0	0	0	0	0
14. All other benefits, except accident and health		0	0	0	0	0
15. Totals		0	0	0	0	0
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page		0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)		0	0	0	0	0

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

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	0	0	0	0	0
24.1 Federal Employees Health Benefits Plan premium (b)	0	0	0	0	0
24.2 Credit (Group and Individual)	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b)	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:	0	0	0	0	0
25.1 Non-cancelable (b)	0	0	0	0	0
25.2 Guaranteed renewable (b)	950,007	958,109	0	599,846	585,790
25.3 Non-renewable for stated reasons only (b)	0	0	0	0	0
25.4 Other accident only	607	653	0	0	0
25.5 All other (b)	0	0	0	0	0
25.6 Totals (sum of Lines 25.1 to 25.5)	950,613	958,763	0	599,846	585,790
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	950,613	958,763	0	599,846	585,790

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



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE The Order Of United Commercial Travelers Of America
 DIRECT BUSINESS IN THE STATE OF Canada
 NAIC Group Code 0000

DURING THE YEAR 2020
 NAIC Company Code 56383

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	0		0	0	0	0
2. Annuity considerations	0		0	0	0	0
3. Deposit-type contract funds	0		XXX	0	XXX	0
4. Other considerations	0		0	0	0	0
5. Totals (Sum of Lines 1 to 4)	0		0	0	0	0
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS						
Life insurance:						
6.1 Paid in cash or left on deposit	0	0	0	0	0	0
6.2 Applied to pay renewal premiums	0	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	0	0	0	0	0	0
6.4 Other	0	0	0	0	0	0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0	0
Annuites:						
7.1 Paid in cash or left on deposit	0	0	0	0	0	0
7.2 Applied to provide paid-up annuities	0	0	0	0	0	0
7.3 Other	0	0	0	0	0	0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits	0	0	0	0	0	0
10. Matured endowments	0	0	0	0	0	0
11. Annuity benefits	0	0	0	0	0	0
12. Surrender values and withdrawals for life contracts	75	0	0	0	0	75
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0	0
14. All other benefits, except accident and health	0	0	0	0	0	0
15. Totals	75	0	0	0	0	75
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page	0	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year	0	0	0	0	0	0	0	0	0	0
Settled during current year:										
18.1 By payment in full	0	0	0	0	0	0	0	0	0	0
18.2 By payment on compromised claims	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT				No. of Policies						
20. In force December 31, prior year	5	393	0		0	0	0	0	5	393
21. Issued during year	0	0	0		0	0	0	0	0	0
22. Other changes to in force (Net)	(2)	(103)	0		0	0	0	0	(2)	(103)
23. In force December 31 of current year	3	290	0		0	0	0	0	3	290

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	0	0	0	0	0
24.1 Federal Employees Health Benefits Plan premium (b)	0	0	0	0	0
24.2 Credit (Group and Individual)	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b)	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:	0	0	0	0	0
25.1 Non-cancelable (b)	0	0	0	0	0
25.2 Guaranteed renewable (b)	322	325	0	0	0
25.3 Non-renewable for stated reasons only (b)	0	0	0	0	0
25.4 Other accident only	275	297	0	175	101
25.5 All other (b)	0	0	0	0	0
25.6 Totals (sum of Lines 25.1 to 25.5)	598	622	0	175	101
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	598	622	0	175	101

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



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE The Order Of United Commercial Travelers Of America
 DIRECT BUSINESS IN THE STATE OF Grand Total
 NAIC Group Code 0000

DURING THE YEAR 2020

NAIC Company Code 56383

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance		627,044	0	0	0	627,044
2. Annuity considerations		32,890	0	0	0	32,890
3. Deposit-type contract funds		0	XXX	0	XXX	0
4. Other considerations		0	0	0	0	0
5. Totals (Sum of Lines 1 to 4)		659,934	0	0	0	659,934
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS						
Life insurance:						
6.1 Paid in cash or left on deposit		0	0	0	0	0
6.2 Applied to pay renewal premiums		0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period		0	0	0	0	0
6.4 Other		0	0	0	0	0
6.5 Totals (Sum of Lines 6.1 to 6.4)		0	0	0	0	0
Annuites:						
7.1 Paid in cash or left on deposit		0	0	0	0	0
7.2 Applied to provide paid-up annuities		0	0	0	0	0
7.3 Other		0	0	0	0	0
7.4 Totals (Sum of Lines 7.1 to 7.3)		0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)		0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits		1,296,642	0	0	0	1,296,642
10. Matured endowments		10,576	0	0	0	10,576
11. Annuity benefits		160,587	0	0	0	160,587
12. Surrender values and withdrawals for life contracts		134,733	0	0	0	134,733
13. Aggregate write-ins for miscellaneous direct claims and benefits paid		0	0	0	0	0
14. All other benefits, except accident and health		0	0	0	0	0
15. Totals		1,602,538	0	0	0	1,602,538
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page		0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)		0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
16. Unpaid December 31, prior year	10	47,147	0	0	0	0	0	0	10	47,147
17. Incurred during current year	165	1,458,235	0	0	0	0	0	0	165	1,458,235
Settled during current year:										
18.1 By payment in full	150	1,305,492	0	0	0	0	0	0	150	1,305,492
18.2 By payment on compromised claims	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	150	1,305,492	0	0	0	0	0	0	150	1,305,492
18.4 Reduction by compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements	150	1,305,492	0	0	0	0	0	0	150	1,305,492
19. Unpaid Dec. 31, current year (16+17-18.6)	25	199,890	0	0	0	0	0	0	25	199,890
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	2,764	39,502,445	0	(a) 0	0	0	0	0	2,764	39,502,445
21. Issued during year	18	319,811	0	0	0	0	0	0	18	319,811
22. Other changes to in force (Net)	(201)	(2,372,370)	0	0	0	0	0	0	(201)	(2,372,370)
23. In force December 31 of current year	2,581	37,449,886	0	(a) 0	0	0	0	0	2,581	37,449,886

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)	0	0	0	0	0
24.1 Federal Employees Health Benefits Plan premium (b)	0	0	0	0	0
24.2 Credit (Group and Individual)	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b)	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:	0	0	0	0	0
25.1 Non-cancellable (b)	52	.52	0	0	0
25.2 Guaranteed renewable (b)	39,860,505	40,200,472	0	24,968,672	24,383,556
25.3 Non-renewable for stated reasons only (b)	0	0	0	0	0
25.4 Other accident only	309,590	333,439	0	.76,312	43,854
25.5 All other (b)	(6)	.54	0	101	101
25.6 Totals (sum of Lines 25.1 to 25.5)	40,170,141	40,534,017	0	25,045,086	24,427,511
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	40,170,141	40,534,017	0	25,045,086	24,427,511

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

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE The Order Of United Commercial Travelers Of America
FORM FOR CALCULATING THE INTEREST MAINTENANCE RESERVE

INTEREST MAINTENANCE RESERVE

	1 Amount
1. Reserve as of December 31, Prior Year	60,488
2. Current year's realized pre-tax capital gains/(losses) of \$ 0 transferred into the reserve net of taxes of \$ 0	0
3. Adjustment for current year's liability gains/(losses) released from the reserve	0
4. Balance before reduction for amount transferred to Summary of Operations (Line 1 + Line 2 + Line 3)	60,488
5. Current year's amortization released to Summary of Operations (Amortization, Line 1, Column 4)	4,133
6. Reserve as of December 31, current year (Line 4 minus Line 5)	56,355

AMORTIZATION

Year of Amortization	1 Reserve as of December 31, Prior Year	2 Current Year's Realized Capital Gains/(Losses) Transferred into the Reserve Net of Taxes	3 Adjustment for Current Year's Liability Gains/(Losses) Released From the Reserve	4 Balance Before Reduction for Current Year's Amortization (Cols. 1 + 2 + 3)
1. 2020	4,133	0	0	4,133
2. 2021	4,129	0	0	4,129
3. 2022	4,634	0	0	4,634
4. 2023	5,233	0	0	5,233
5. 2024	5,896	0	0	5,896
6. 2025	6,147	0	0	6,147
7. 2026	6,033	0	0	6,033
8. 2027	5,312	0	0	5,312
9. 2028	4,990	0	0	4,990
10. 2029	4,485	0	0	4,485
11. 2030	3,204	0	0	3,204
12. 2031	2,102	0	0	2,102
13. 2032	1,536	0	0	1,536
14. 2033	1,243	0	0	1,243
15. 2034	947	0	0	947
16. 2035	567	0	0	567
17. 2036	160	0	0	160
18. 2037	(42)	0	0	(42)
19. 2038	(36)	0	0	(36)
20. 2039	(33)	0	0	(33)
21. 2040	(33)	0	0	(33)
22. 2041	(31)	0	0	(31)
23. 2042	(29)	0	0	(29)
24. 2043	(23)	0	0	(23)
25. 2044	(17)	0	0	(17)
26. 2045	(11)	0	0	(11)
27. 2046	(6)	0	0	(6)
28. 2047	(2)	0	0	(2)
29. 2048	0	0	0	0
30. 2049	0	0	0	0
31. 2050 and Later	0	0	0	0
32. Total (Lines 1 to 31)	60,488	0	0	60,488

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE The Order Of United Commercial Travelers Of America

ASSET VALUATION RESERVE

	Default Component			Equity Component			7 Total Amount (Cols. 3 + 6)
	1 Other Than Mortgage Loans	2 Mortgage Loans	3 Total (Cols. 1 + 2)	4 Common Stock	5 Real Estate and Other Invested Assets	6 Total (Cols. 4 + 5)	
1. Reserve as of December 31, prior year	44,664	0	44,664	0	0	0	44,664
2. Realized capital gains/(losses) net of taxes - General Account	0	0	0	0	0	0	0
3. Realized capital gains/(losses) net of taxes - Separate Accounts	0	0	0	0	0	0	0
4. Unrealized capital gains/(losses) net of deferred taxes - General Account	0	0	0	0	0	0	0
5. Unrealized capital gains/(losses) net of deferred taxes - Separate Accounts	0	0	0	0	0	0	0
6. Capital gains credited/(losses charged) to contract benefits, payments or reserves	0	0	0	0	0	0	0
7. Basic contribution	9,828	0	9,828	0	0	0	9,828
8. Accumulated balances (Lines 1 through 5 - 6 + 7)	54,492	0	54,492	0	0	0	54,492
9. Maximum reserve	51,708	0	51,708	0	0	0	51,708
10. Reserve objective	29,617	0	29,617	0	0	0	29,617
11. 20% of (Line 10 - Line 8)	(4,975)	0	(4,975)	0	0	0	(4,975)
12. Balance before transfers (Lines 8 + 11)	49,517	0	49,517	0	0	0	49,517
13. Transfers	0	0	0	0	0	0	0
14. Voluntary contribution	0	0	0	0	0	0	0
15. Adjustment down to maximum/up to zero	0	0	0	0	0	0	0
16. Reserve as of December 31, current year (Lines 12 + 13 + 14 + 15)	49,517	0	49,517	0	0	0	49,517

ASSET VALUATION RESERVE
BASIC CONTRIBUTION, RESERVE OBJECTIVE AND MAXIMUM RESERVE CALCULATIONS
DEFAULT COMPONENT

Line Number	NAIC Designation	Description	1 Book/Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	Basic Contribution		Reserve Objective		Maximum Reserve	
							5 Factor	6 Amount (Cols. 4 x 5)	7 Factor	8 Amount (Cols. 4 x 7)	9 Factor	10 Amount (Cols. 4 x 9)
1.		LONG-TERM BONDS										
1.		Exempt Obligations	2,318,786	XXX	XXX	2,318,786	0.0000	0	0.0000	0	0.0000	0
2.1	1	NAIC Designation Category 1.A	3,066,785	XXX	XXX	3,066,785	0.0005	1,533	0.0016	4,907	0.0033	10,120
2.2	1	NAIC Designation Category 1.B	96,720	XXX	XXX	96,720	0.0005	48	0.0016	155	0.0033	319
2.3	1	NAIC Designation Category 1.C	400,708	XXX	XXX	400,708	0.0005	200	0.0016	641	0.0033	1,322
2.4	1	NAIC Designation Category 1.D	533,719	XXX	XXX	533,719	0.0005	267	0.0016	854	0.0033	1,761
2.5	1	NAIC Designation Category 1.E	1,003,631	XXX	XXX	1,003,631	0.0005	502	0.0016	1,606	0.0033	3,312
2.6	1	NAIC Designation Category 1.F	848,666	XXX	XXX	848,666	0.0005	424	0.0016	1,358	0.0033	2,801
2.7	1	NAIC Designation Category 1.G	0	XXX	XXX	0	0.0005	0	0.0016	0	0.0033	0
2.8		Subtotal NAIC 1 (2.1+2.2+2.3+2.4+2.5+2.6+2.7)	5,950,229	XXX	XXX	5,950,229	XXX	2,975	XXX	9,520	XXX	19,636
3.1	2	NAIC Designation Category 2.A	1,199,905	XXX	XXX	1,199,905	0.0021	2,520	0.0064	7,679	0.0106	12,719
3.2	2	NAIC Designation Category 2.B	904,120	XXX	XXX	904,120	0.0021	1,899	0.0064	5,786	0.0106	9,584
3.3	2	NAIC Designation Category 2.C	199,822	XXX	XXX	199,822	0.0021	420	0.0064	1,279	0.0106	2,118
3.4		Subtotal NAIC 2 (3.1+3.2+3.3)	2,303,847	XXX	XXX	2,303,847	XXX	4,838	XXX	14,745	XXX	24,421
4.1	3	NAIC Designation Category 3.A	0	XXX	XXX	0	0.0099	0	0.0263	0	0.0376	0
4.2	3	NAIC Designation Category 3.B	0	XXX	XXX	0	0.0099	0	0.0263	0	0.0376	0
4.3	3	NAIC Designation Category 3.C	203,494	XXX	XXX	203,494	0.0099	2,015	0.0263	5,352	0.0376	7,651
4.4		Subtotal NAIC 3 (4.1+4.2+4.3)	203,494	XXX	XXX	203,494	XXX	2,015	XXX	5,352	XXX	7,651
5.1	4	NAIC Designation Category 4.A	0	XXX	XXX	0	0.0245	0	0.0572	0	0.0817	0
5.2	4	NAIC Designation Category 4.B	0	XXX	XXX	0	0.0245	0	0.0572	0	0.0817	0
5.3	4	NAIC Designation Category 4.C	0	XXX	XXX	0	0.0245	0	0.0572	0	0.0817	0
5.4		Subtotal NAIC 4 (5.1+5.2+5.3)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
6.1	5	NAIC Designation Category 5.A	0	XXX	XXX	0	0.0630	0	0.1128	0	0.1880	0
6.2	5	NAIC Designation Category 5.B	0	XXX	XXX	0	0.0630	0	0.1128	0	0.1880	0
6.3	5	NAIC Designation Category 5.C	0	XXX	XXX	0	0.0630	0	0.1128	0	0.1880	0
6.4		Subtotal NAIC 5 (6.1+6.2+6.3)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
7.	6	NAIC 6	0	XXX	XXX	0	0.0000	0	0.2370	0	0.2370	0
8.		Total Unrated Multi-class Securities Acquired by Conversion	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
9.		Total Long-Term Bonds (1+2.8+3.4+4.4+5.4+6.4+7+8)	10,776,356	XXX	XXX	10,776,356	XXX	9,828	XXX	29,617	XXX	51,708
		PREFERRED STOCKS										
10.	1	Highest Quality	0	XXX	XXX	0	0.0005	0	0.0016	0	0.0033	0
11.	2	High Quality	0	XXX	XXX	0	0.0021	0	0.0064	0	0.0106	0
12.	3	Medium Quality	0	XXX	XXX	0	0.0099	0	0.0263	0	0.0376	0
13.	4	Low Quality	0	XXX	XXX	0	0.0245	0	0.0572	0	0.0817	0
14.	5	Lower Quality	0	XXX	XXX	0	0.0630	0	0.1128	0	0.1880	0
15.	6	In or Near Default	0	XXX	XXX	0	0.0000	0	0.2370	0	0.2370	0
16.		Affiliated Life with AVR	0	XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
17.		Total Preferred Stocks (Sum of Lines 10 through 16)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0

ASSET VALUATION RESERVE (Continued)
BASIC CONTRIBUTION, RESERVE OBJECTIVE AND MAXIMUM RESERVE CALCULATIONS
DEFAULT COMPONENT

Line Number	NAIC Designation	Description	1 Book/Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	Basic Contribution		Reserve Objective		Maximum Reserve	
							5 Factor	6 Amount (Cols. 4 x 5)	7 Factor	8 Amount (Cols. 4 x 7)	9 Factor	10 Amount (Cols. 4 x 9)
18.		SHORT-TERM BONDS										
19.1	1	Exempt Obligations	0	XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
19.1	1	NAIC Designation Category 1.A	0	XXX	XXX	0	0.0005	0	0.0016	0	0.0033	0
19.2	1	NAIC Designation Category 1.B	0	XXX	XXX	0	0.0005	0	0.0016	0	0.0033	0
19.3	1	NAIC Designation Category 1.C	0	XXX	XXX	0	0.0005	0	0.0016	0	0.0033	0
19.4	1	NAIC Designation Category 1.D	0	XXX	XXX	0	0.0005	0	0.0016	0	0.0033	0
19.5	1	NAIC Designation Category 1.E	0	XXX	XXX	0	0.0005	0	0.0016	0	0.0033	0
19.6	1	NAIC Designation Category 1.F	0	XXX	XXX	0	0.0005	0	0.0016	0	0.0033	0
19.7	1	NAIC Designation Category 1.G	0	XXX	XXX	0	0.0005	0	0.0016	0	0.0033	0
19.8		Subtotal NAIC 1 (19.1+19.2+19.3+19.4+19.5+19.6+19.7)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
20.1	2	NAIC Designation Category 2.A	0	XXX	XXX	0	0.0021	0	0.0064	0	0.0106	0
20.2	2	NAIC Designation Category 2.B	0	XXX	XXX	0	0.0021	0	0.0064	0	0.0106	0
20.3	2	NAIC Designation Category 2.C	0	XXX	XXX	0	0.0021	0	0.0064	0	0.0106	0
20.4		Subtotal NAIC 2 (20.1+20.2+20.3)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
21.1	3	NAIC Designation Category 3.A	0	XXX	XXX	0	0.0099	0	0.0263	0	0.0376	0
21.2	3	NAIC Designation Category 3.B	0	XXX	XXX	0	0.0099	0	0.0263	0	0.0376	0
21.3	3	NAIC Designation Category 3.C	0	XXX	XXX	0	0.0099	0	0.0263	0	0.0376	0
21.4		Subtotal NAIC 3 (21.1+21.2+21.3)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
22.1	4	NAIC Designation Category 4.A	0	XXX	XXX	0	0.0245	0	0.0572	0	0.0817	0
22.2	4	NAIC Designation Category 4.B	0	XXX	XXX	0	0.0245	0	0.0572	0	0.0817	0
22.3	4	NAIC Designation Category 4.C	0	XXX	XXX	0	0.0245	0	0.0572	0	0.0817	0
22.4		Subtotal NAIC 4 (22.1+22.2+22.3)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
23.1	5	NAIC Designation Category 5.A	0	XXX	XXX	0	0.0630	0	0.1128	0	0.1880	0
23.2	5	NAIC Designation Category 5.B	0	XXX	XXX	0	0.0630	0	0.1128	0	0.1880	0
23.3	5	NAIC Designation Category 5.C	0	XXX	XXX	0	0.0630	0	0.1128	0	0.1880	0
23.4		Subtotal NAIC 5 (23.1+23.2+23.3)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
24.	6	NAIC 6	0	XXX	XXX	0	0.0000	0	0.2370	0	0.2370	0
25.		Total Short-Term Bonds (18+19.8+20.4+21.4+22.4+23.4+24)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
		DERIVATIVE INSTRUMENTS										
26.		Exchange Traded	0	XXX	XXX	0	0.0005	0	0.0016	0	0.0033	0
27.	1	Highest Quality	0	XXX	XXX	0	0.0005	0	0.0016	0	0.0033	0
28.	2	High Quality	0	XXX	XXX	0	0.0021	0	0.0064	0	0.0106	0
29.	3	Medium Quality	0	XXX	XXX	0	0.0099	0	0.0263	0	0.0376	0
30.	4	Low Quality	0	XXX	XXX	0	0.0245	0	0.0572	0	0.0817	0
31.	5	Lower Quality	0	XXX	XXX	0	0.0630	0	0.1128	0	0.1880	0
32.	6	In or Near Default	0	XXX	XXX	0	0.0000	0	0.2370	0	0.2370	0
33.		Total Derivative Instruments	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
34.		Total (Lines 9 + 17 + 25 + 33)	10,776,356	XXX	XXX	10,776,356	XXX	9,828	XXX	29,617	XXX	51,708

ASSET VALUATION RESERVE (Continued)
BASIC CONTRIBUTION, RESERVE OBJECTIVE AND MAXIMUM RESERVE CALCULATIONS
DEFAULT COMPONENT

Line Number	NAIC Designation	Description	1 Book/Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	Basic Contribution		Reserve Objective		Maximum Reserve	
							5 Factor	6 Amount (Cols. 4 x 5)	7 Factor	8 Amount (Cols. 4 x 7)	9 Factor	10 Amount (Cols. 4 x 9)
32		MORTGAGE LOANS										
		In Good Standing:										
35.		Farm Mortgages - CM1 - Highest Quality	0	0	XXX	0	0.0011	0	0.0057	0	0.0074	0
36.		Farm Mortgages - CM2 - High Quality	0	0	XXX	0	0.0040	0	0.0114	0	0.0149	0
37.		Farm Mortgages - CM3 - Medium Quality	0	0	XXX	0	0.0069	0	0.0200	0	0.0257	0
38.		Farm Mortgages - CM4 - Low Medium Quality	0	0	XXX	0	0.0120	0	0.0343	0	0.0428	0
39.		Farm Mortgages - CM5 - Low Quality	0	0	XXX	0	0.0183	0	0.0486	0	0.0628	0
40.		Residential Mortgages - Insured or Guaranteed	0	0	XXX	0	0.0003	0	0.0007	0	0.0011	0
41.		Residential Mortgages - All Other	0	0	XXX	0	0.0015	0	0.0034	0	0.0046	0
42.		Commercial Mortgages - Insured or Guaranteed	0	0	XXX	0	0.0003	0	0.0007	0	0.0011	0
43.		Commercial Mortgages - All Other - CM1 - Highest Quality	0	0	XXX	0	0.0011	0	0.0057	0	0.0074	0
44.		Commercial Mortgages - All Other - CM2 - High Quality	0	0	XXX	0	0.0040	0	0.0114	0	0.0149	0
45.		Commercial Mortgages - All Other - CM3 - Medium Quality	0	0	XXX	0	0.0069	0	0.0200	0	0.0257	0
46.		Commercial Mortgages - All Other - CM4 - Low Medium Quality	0	0	XXX	0	0.0120	0	0.0343	0	0.0428	0
47.		Commercial Mortgages - All Other - CM5 - Low Quality	0	0	XXX	0	0.0183	0	0.0486	0	0.0628	0
Overdue, Not in Process:												
48.		Farm Mortgages	0	0	XXX	0	0.0480	0	0.0868	0	0.1371	0
49.		Residential Mortgages - Insured or Guaranteed	0	0	XXX	0	0.0006	0	0.0014	0	0.0023	0
50.		Residential Mortgages - All Other	0	0	XXX	0	0.0029	0	0.0066	0	0.0103	0
51.		Commercial Mortgages - Insured or Guaranteed	0	0	XXX	0	0.0006	0	0.0014	0	0.0023	0
52.		Commercial Mortgages - All Other	0	0	XXX	0	0.0480	0	0.0868	0	0.1371	0
In Process of Foreclosure:												
53.		Farm Mortgages	0	0	XXX	0	0.0000	0	0.1942	0	0.1942	0
54.		Residential Mortgages - Insured or Guaranteed	0	0	XXX	0	0.0000	0	0.0046	0	0.0046	0
55.		Residential Mortgages - All Other	0	0	XXX	0	0.0000	0	0.0149	0	0.0149	0
56.		Commercial Mortgages - Insured or Guaranteed	0	0	XXX	0	0.0000	0	0.0046	0	0.0046	0
57.		Commercial Mortgages - All Other	0	0	XXX	0	0.0000	0	0.1942	0	0.1942	0
58.		Total Schedule B Mortgages (Sum of Lines 35 through 57)	0	0	XXX	0	XXX	0	XXX	0	XXX	0
59.		Schedule DA Mortgages	0	0	XXX	0	0.0034	0	0.0114	0	0.0149	0
60.		Total Mortgage Loans on Real Estate (Lines 58 + 59)	0	0	XXX	0	XXX	0	XXX	0	XXX	0

Asset Valuation Reserve - Equity Component
N O N E

Asset Valuation Reserve - Replications (Synthetic) Assets
N O N E

Schedule F - Claims
N O N E

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE The Order Of United Commercial Travelers Of America

SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT

	Total		Group Accident and Health		Credit Accident and Health (Group and Individual)		Collectively Renewable		Other Individual Contracts									
	1 Amount	2 %							1 Amount	2 %	3 Amount	4 %	5 Amount	6 %	7 Amount	8 %	9 Amount	10 %
PART 1. - ANALYSIS OF UNDERWRITING OPERATIONS																		
1. Premiums written	12,328,320	XXX	0	XXX	0	XXX	0	XXX	.52	XXX	12,034,319	XXX	0	XXX	293,955	XXX	(6)	XXX
2. Premiums earned	12,384,739	XXX	0	XXX	0	XXX	0	XXX	.52	XXX	12,066,194	XXX	0	XXX	318,439	XXX	.54	XXX
3. Incurred claims	7,440,676	60.1	0	0.0	0	0.0	0	0.0	0	0.0	7,396,720	61.3	0	0.0	43,855	13.8	101	187.0
4. Cost containment expenses	.0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
5. Incurred claims and cost containment expenses (Lines 3 and 4)	7,440,676	60.1	0	0.0	0	0.0	0	0.0	0	0.0	7,396,720	61.3	0	0.0	43,855	13.8	101	187.0
6. Increase in contract reserves	85,726	0.7	0	0.0	0	0.0	0	0.0	1	1.9	95,171	0.8	0	0.0	(9,417)	(3.0)	(29)	(53.7)
7. Commissions (a)	(467,539)	(3.8)	0	0.0	0	0.0	0	0.0	0	0.0	(467,539)	(3.9)	0	0.0	0	0.0	0	0.0
8. Other general insurance expenses	5,326,415	43.0	0	0.0	0	0.0	0	0.0	0	0.0	5,286,627	43.8	0	0.0	39,788	12.5	0	0.0
9. Taxes, licenses and fees	249,647	2.0	0	0.0	0	0.0	0	0.0	0	0.0	247,782	2.1	0	0.0	1,865	0.6	0	0.0
10. Total other expenses incurred	5,108,523	41.2	0	0.0	0	0.0	0	0.0	0	0.0	5,066,870	42.0	0	0.0	41,653	13.1	0	0.0
11. Aggregate write-ins for deductions	.0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
12. Gain from underwriting before dividends or refunds	(250,186)	(2.0)	0	0.0	0	0.0	0	0.0	.51	98.1	(492,567)	(4.1)	0	0.0	242,348	76.1	(18)	(33.3)
13. Dividends or refunds	.0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
14. Gain from underwriting after dividends or refunds	(250,186)	(2.0)	0	0.0	0	0.0	0	0.0	51	98.1	(492,567)	(4.1)	0	0.0	242,348	76.1	(18)	(33.3)
DETAILS OF WRITE-INS																		
1101.																		
1102.																		
1103.																		
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
1199. Totals (Lines 1101 thru 1103 plus 1198)(Line 11 above)	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

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

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE The Order Of United Commercial Travelers Of America

SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT (Continued)

	1 Total	2 Group Accident and Health	3 Credit Accident and Health (Group and Individual)	4 Collectively Renewable	Other Individual Contracts				
					5 Non-Cancelable	6 Guaranteed Renewable	7 Non-Renewable for Stated Reasons Only	8 Other Accident Only	9 All Other
PART 2. - RESERVES AND LIABILITIES									
A. Premium Reserves:									
1. Unearned premiums	479,688	0	0	0	4	393,612	0	86,070	2
2. Advance premiums	84,329	0	0	0	0	51,159	0	33,170	0
3. Reserve for rate credits	0	0	0	0	0	0	0	0	0
4. Total premium reserves, current year	564,017	0	0	0	4	444,771	0	119,240	2
5. Total premium reserves, prior year	620,436	0	0	0	4	476,646	0	143,725	.61
6. Increase in total premium reserves	(56,419)	0	0	0	0	(31,875)	0	(24,485)	(59)
B. Contract Reserves:									
1. Additional reserves (a)	486,149	0	0	0	84	475,558	0	10,500	7
2. Reserve for future contingent benefits	0	0	0	0	0	0	0	0	0
3. Total contract reserves, current year	486,149	0	0	0	84	475,558	0	10,500	.7
4. Total contract reserves, prior year.	400,423	0	0	0	83	380,387	0	19,917	.36
5. Increase in contract reserves	85,726	0	0	0	1	95,171	0	(9,417)	(29)
C. Claim Reserves and Liabilities:									
1. Total current year	929,305	0	0	0	0	889,305	0	40,000	0
2. Total prior year	1,002,245	0	0	0	0	929,787	0	72,458	0
3. Increase	(72,940)	0	0	0	0	(40,482)	0	(32,458)	0

PART 3. - TEST OF PRIOR YEAR'S CLAIM RESERVES AND LIABILITIES									
1. Claims paid during the year:									
1.1 On claims incurred prior to current year	850,147	0	0	0	0	807,920	0	42,227	0
1.2 On claims incurred during current year	6,663,469	0	0	0	0	6,629,282	0	34,086	101
2. Claim reserves and liabilities, December 31, current year:									
2.1 On claims incurred prior to current year	.11,152	0	0	0	0	10,672	0	480	0
2.2 On claims incurred during current year	918,153	0	0	0	0	878,633	0	39,520	0
3. Test:									
3.1 Lines 1.1 and 2.1	861,299	0	0	0	0	818,592	0	42,707	0
3.2 Claim reserves and liabilities, December 31, prior year	1,002,245	0	0	0	0	929,787	0	72,458	0
3.3 Line 3.1 minus Line 3.2	(140,946)	0	0	0	0	(111,195)	0	(29,751)	0

PART 4. - REINSURANCE									
A. Reinsurance Assumed:									
1. Premiums written	0	0	0	0	0	0	0	0	0
2. Premiums earned	0	0	0	0	0	0	0	0	0
3. Incurred claims	0	0	0	0	0	0	0	0	0
4. Commissions	0	0	0	0	0	0	0	0	0
B. Reinsurance Ceded:									
1. Premiums written	27,853,456	0	0	0	0	27,838,456	0	15,000	0
2. Premiums earned	28,149,278	0	0	0	0	28,134,278	0	15,000	0
3. Incurred claims	16,986,837	0	0	0	0	16,986,837	0	0	0
4. Commissions	3,035,062	0	0	0	0	3,035,062	0	0	0

(a) Includes \$ 155,259 premium deficiency reserve.

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE The Order Of United Commercial Travelers Of America
SCHEDULE H - PART 5 - HEALTH CLAIMS

	1 Medical	2 Dental	3 Other	4 Total
A. Direct:				
1. Incurred Claims	0	0	24,427,511	24,427,511
2. Beginning Claim Reserves and Liabilities	0	0	3,606,322	3,606,322
3. Ending Claim Reserves and Liabilities	0	0	2,988,747	2,988,747
4. Claims Paid	0	0	25,045,086	25,045,086
B. Assumed Reinsurance:				
5. Incurred Claims.....	0	0	0	0
6. Beginning Claim Reserves and Liabilities	0	0	0	0
7. Ending Claim Reserves and Liabilities	0	0	0	0
8. Claims Paid	0	0	0	0
C. Ceded Reinsurance:				
9. Incurred Claims.....	0	0	16,986,837	16,986,837
10. Beginning Claim Reserves and Liabilities	0	0	2,604,076	2,604,076
11. Ending Claim Reserves and Liabilities	0	0	2,059,443	2,059,443
12. Claims Paid	0	0	17,531,470	17,531,470
D. Net:				
13. Incurred Claims.....	0	0	7,440,674	7,440,674
14. Beginning Claim Reserves and Liabilities	0	0	1,002,246	1,002,246
15. Ending Claim Reserves and Liabilities	0	0	929,304	929,304
16. Claims Paid	0	0	7,513,616	7,513,616
E. Net Incurred Claims and Cost Containment Expenses:				
17. Incurred Claims and Cost Containment Expenses	0	0	7,440,674	7,440,674
18. Beginning Reserves and Liabilities	0	0	1,002,245	1,002,245
19. Ending Reserves and Liabilities	0	0	929,304	929,304
20. Paid Claims and Cost Containment Expenses	0	0	7,513,615	7,513,615

Schedule S - Part 1 - Section 1

N O N E

Schedule S - Part 1 - Section 2

N O N E

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE The Order Of United Commercial Travelers Of America

SCHEDULE S - PART 2

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Paid Losses	7 Unpaid Losses
0399999. Total Life and Annuity - U.S. Affiliates					0	0
0699999. Total Life and Annuity - Non-U.S. Affiliates					0	0
0799999. Total Life and Annuity - Affiliates					0	0
88340 ... 59-2859797 ... 12/31/1997 ... Hannover Life Reinsurance Company of America				FL	147,503	
0899999. Life and Annuity - U.S. Non-Affiliates					147,503	0
1099999. Total Life and Annuity - Non-Affiliates					147,503	0
1199999. Total Life and Annuity					147,503	0
1499999. Total Accident and Health - U.S. Affiliates					0	0
1799999. Total Accident and Health - Non-U.S. Affiliates					0	0
1899999. Total Accident and Health - Affiliates					0	0
2199999. Total Accident and Health - Non-Affiliates					0	0
2299999. Total Accident and Health					0	0
2399999. Total U.S. (Sum of 0399999, 0899999, 1499999 and 1999999)					147,503	0
2499999. Total Non-U.S. (Sum of 0699999, 0999999, 1799999 and 2099999)					0	0
99999999 Totals - Life, Annuity and Accident and Health					147,503	0

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE The Order Of United Commercial Travelers Of America

SCHEDULE S - PART 3 - SECTION 1

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domi- ciliary Juris- diction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Amount in Force at End of Year	Reserve Credit Taken		11 Premiums	Outstanding Surplus Relief		14 Modified Coinsurance Reserve	15 Funds Withheld Under Coinsurance
								9 Current Year	10 Prior Year		12 Current Year	13 Prior Year		
0399999.			Total General Account - Authorized U.S. Affiliates				0	0	0	0	0	0	0	0
0699999.			Total General Account - Authorized Non-U.S. Affiliates				0	0	0	0	0	0	0	0
0799999.			Total General Account - Authorized Affiliates				0	0	0	0	0	0	0	0
88099	.75-1608507	01/01/1994	Optimum Re Insurance Company	TX	YRT/I.	OL	2,061,650	31,767	30,183	0	0	0	0	0
88099	.75-1608507	06/29/1997	Optimum Re Insurance Company	TX	CO/I.	OL	1,982,489	742,125	728,284	50,009	0	0	0	0
88340	.59-2859797	12/31/1997	Hannover Life Reinsurance Company of America	FL	CO/I.	OL	23,790,113	7,764,117	8,328,667	409,583	0	0	0	0
88340	.59-2859797	12/31/1997	Hannover Life Reinsurance Company of America	FL	CO/I.	FA	0	1,910,457	1,960,626	11,771	0	0	0	0
0899999.			General Account - Authorized U.S. Non-Affiliates				27,834,252	10,448,466	11,047,760	471,363	0	0	0	0
1099999.			Total General Account - Authorized Non-Affiliates				27,834,252	10,448,466	11,047,760	471,363	0	0	0	0
1199999.			Total General Account Authorized				27,834,252	10,448,466	11,047,760	471,363	0	0	0	0
1499999.			Total General Account - Unauthorized U.S. Affiliates				0	0	0	0	0	0	0	0
1799999.			Total General Account - Unauthorized Non-U.S. Affiliates				0	0	0	0	0	0	0	0
1899999.			Total General Account - Unauthorized Affiliates				0	0	0	0	0	0	0	0
2199999.			Total General Account - Unauthorized Non-Affiliates				0	0	0	0	0	0	0	0
2299999.			Total General Account Unauthorized				0	0	0	0	0	0	0	0
2599999.			Total General Account - Certified U.S. Affiliates				0	0	0	0	0	0	0	0
2899999.			Total General Account - Certified Non-U.S. Affiliates				0	0	0	0	0	0	0	0
2999999.			Total General Account - Certified Affiliates				0	0	0	0	0	0	0	0
3299999.			Total General Account - Certified Non-Affiliates				0	0	0	0	0	0	0	0
3399999.			Total General Account Certified				0	0	0	0	0	0	0	0
3699999.			Total General Account - Reciprocal Jurisdiction U.S. Affiliates				0	0	0	0	0	0	0	0
3999999.			Total General Account - Reciprocal Jurisdiction Non-U.S. Affiliates				0	0	0	0	0	0	0	0
4099999.			Total General Account - Reciprocal Jurisdiction Affiliates				0	0	0	0	0	0	0	0
4399999.			Total General Account - Reciprocal Jurisdiction Non-Affiliates				0	0	0	0	0	0	0	0
4499999.			Total General Account Reciprocal Jurisdiction				0	0	0	0	0	0	0	0
4599999.			Total General Account Authorized, Unauthorized, Reciprocal Jurisdiction, and Certified				27,834,252	10,448,466	11,047,760	471,363	0	0	0	0
4899999.			Total Separate Accounts - Authorized U.S. Affiliates				0	0	0	0	0	0	0	0
5199999.			Total Separate Accounts - Authorized Non-U.S. Affiliates				0	0	0	0	0	0	0	0
5299999.			Total Separate Accounts - Authorized Affiliates				0	0	0	0	0	0	0	0
5599999.			Total Separate Accounts - Authorized Non-Affiliates				0	0	0	0	0	0	0	0
5699999.			Total Separate Accounts Authorized				0	0	0	0	0	0	0	0
5999999.			Total Separate Accounts - Unauthorized U.S. Affiliates				0	0	0	0	0	0	0	0
6299999.			Total Separate Accounts - Unauthorized Non-U.S. Affiliates				0	0	0	0	0	0	0	0
6399999.			Total Separate Accounts - Unauthorized Affiliates				0	0	0	0	0	0	0	0
6699999.			Total Separate Accounts - Unauthorized Non-Affiliates				0	0	0	0	0	0	0	0
6799999.			Total Separate Accounts Unauthorized				0	0	0	0	0	0	0	0
7099999.			Total Separate Accounts - Certified U.S. Affiliates				0	0	0	0	0	0	0	0
7399999.			Total Separate Accounts - Certified Non-U.S. Affiliates				0	0	0	0	0	0	0	0
7499999.			Total Separate Accounts - Certified Affiliates				0	0	0	0	0	0	0	0
7799999.			Total Separate Accounts - Certified Non-Affiliates				0	0	0	0	0	0	0	0
7899999.			Total Separate Accounts Certified				0	0	0	0	0	0	0	0
8199999.			Total Separate Accounts - Reciprocal Jurisdiction U.S. Affiliates				0	0	0	0	0	0	0	0
8499999.			Total Separate Accounts - Reciprocal Jurisdiction Non-U.S. Affiliates				0	0	0	0	0	0	0	0
8599999.			Total Separate Accounts - Reciprocal Jurisdiction Affiliates				0	0	0	0	0	0	0	0
8899999.			Total Separate Accounts - Reciprocal Jurisdiction Non-Affiliates				0	0	0	0	0	0	0	0
8999999.			Total Separate Accounts Reciprocal Jurisdiction				0	0	0	0	0	0	0	0
9099999.			Total Separate Accounts Authorized, Unauthorized, Reciprocal Jurisdiction and Certified				0	0	0	0	0	0	0	0
9199999.			Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3699999, 4199999, 4899999, 5399999, 5999999, 6499999, 7099999, 7599999, 8199999 and 8699999)				27,834,252	10,448,466	11,047,760	471,363	0	0	0	0
9299999.			Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2899999, 3199999, 3999999, 4299999, 5199999, 5499999, 6299999, 6599999, 7399999, 7699999, 8499999 and 8799999)				0	0	0	0	0	0	0	0
9999999 - Totals							27,834,252	10,448,466	11,047,760	471,363	0	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE The Order Of United Commercial Travelers Of America

SCHEDULE S - PART 3 - SECTION 2

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domi- ciliary Juris- diction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Premiums	9 Unearned Premiums (Estimated)	10 Reserve Credit Taken Other than for Unearned Premiums	Outstanding Surplus Relief		13 Modified Coinsurance Reserve	14 Funds Withheld Under Coinsurance
										11 Current Year	12 Prior Year		
0399999.	Total General Account - Authorized U.S. Affiliates						0	0	0	0	0	0	0
0699999.	Total General Account - Authorized Non-U.S. Affiliates						0	0	0	0	0	0	0
0799999.	Total General Account - Authorized Affiliates						0	0	0	0	0	0	0
86258 ..	13-257294 ..	12/31/1998 ..	Gen Re Life Corporation	CT	QA/I	MS	27,231,257	1,334,569	5,898,912	0	0	0	0
70688 ..	36-6071399 ..	12/31/2001 ..	Transamerica Financial Life Insurance Company	NY	QA/I	MD	27,690	3,218	15,989	0	0	0	0
66346 ..	58-0828824 ..	07/07/2009 ..	Munich American Reinsurance Company	GA	QA/I	STM	698,285	46,732	110,500	0	0	0	0
0899999.	General Account - Authorized U.S. Non-Affiliates						27,957,232	1,384,519	6,025,401	0	0	0	0
1099999.	Total General Account - Authorized Non-Affiliates						27,957,232	1,384,519	6,025,401	0	0	0	0
1199999.	Total General Account Authorized						27,957,232	1,384,519	6,025,401	0	0	0	0
1499999.	Total General Account - Unauthorized U.S. Affiliates						0	0	0	0	0	0	0
1799999.	Total General Account - Unauthorized Non-U.S. Affiliates						0	0	0	0	0	0	0
1899999.	Total General Account - Unauthorized Affiliates						0	0	0	0	0	0	0
00000 ..	AA-1440076 ..	02/01/2005 ..	Sirius International Insurance Company	SWE	SSL/I	A	15,000	0	0	0	0	0	0
2099999.	General Account - Unauthorized Non-U.S. Non-Affiliates						15,000	0	0	0	0	0	0
2199999.	Total General Account - Unauthorized Non-Affiliates						15,000	0	0	0	0	0	0
2299999.	Total General Account Unauthorized						15,000	0	0	0	0	0	0
2599999.	Total General Account - Certified U.S. Affiliates						0	0	0	0	0	0	0
2899999.	Total General Account - Certified Non-U.S. Affiliates						0	0	0	0	0	0	0
2999999.	Total General Account - Certified Affiliates						0	0	0	0	0	0	0
3299999.	Total General Account - Certified Non-Affiliates						0	0	0	0	0	0	0
3399999.	Total General Account Certified						0	0	0	0	0	0	0
3699999.	Total General Account - Reciprocal Jurisdiction U.S. Affiliates						0	0	0	0	0	0	0
3999999.	Total General Account - Reciprocal Jurisdiction Non-U.S. Affiliates						0	0	0	0	0	0	0
4099999.	Total General Account - Reciprocal Jurisdiction Affiliates						0	0	0	0	0	0	0
4399999.	Total General Account - Reciprocal Jurisdiction Non-Affiliates						0	0	0	0	0	0	0
4499999.	Total General Account Reciprocal Jurisdiction						0	0	0	0	0	0	0
4599999.	Total General Account Authorized, Unauthorized, Reciprocal Jurisdiction and Certified						27,972,232	1,384,519	6,025,401	0	0	0	0
4899999.	Total Separate Accounts - Authorized U.S. Affiliates						0	0	0	0	0	0	0
5199999.	Total Separate Accounts - Authorized Non-U.S. Affiliates						0	0	0	0	0	0	0
5299999.	Total Separate Accounts - Authorized Affiliates						0	0	0	0	0	0	0
5599999.	Total Separate Accounts - Authorized Non-Affiliates						0	0	0	0	0	0	0
5699999.	Total Separate Accounts Authorized						0	0	0	0	0	0	0
5999999.	Total Separate Accounts - Unauthorized U.S. Affiliates						0	0	0	0	0	0	0
6299999.	Total Separate Accounts - Unauthorized Non-U.S. Affiliates						0	0	0	0	0	0	0
6399999.	Total Separate Accounts - Unauthorized Affiliates						0	0	0	0	0	0	0
6699999.	Total Separate Accounts - Unauthorized Non-Affiliates						0	0	0	0	0	0	0
6799999.	Total Separate Accounts Unauthorized						0	0	0	0	0	0	0
7099999.	Total Separate Accounts - Certified U.S. Affiliates						0	0	0	0	0	0	0
7399999.	Total Separate Accounts - Certified Non-U.S. Affiliates						0	0	0	0	0	0	0
7499999.	Total Separate Accounts - Certified Affiliates						0	0	0	0	0	0	0
7799999.	Total Separate Accounts - Certified Non-Affiliates						0	0	0	0	0	0	0
7899999.	Total Separate Accounts Certified						0	0	0	0	0	0	0
8199999.	Total Separate Accounts - Reciprocal Jurisdiction U.S. Affiliates						0	0	0	0	0	0	0
8499999.	Total Separate Accounts - Reciprocal Jurisdiction Non-U.S. Affiliates						0	0	0	0	0	0	0
8599999.	Total Separate Accounts - Reciprocal Jurisdiction Affiliates						0	0	0	0	0	0	0
8899999.	Total Separate Accounts - Reciprocal Jurisdiction Non-Affiliates						0	0	0	0	0	0	0
8999999.	Total Separate Accounts Reciprocal Jurisdiction						0	0	0	0	0	0	0
9099999.	Total Separate Accounts Authorized, Unauthorized, Reciprocal Jurisdiction and Certified						0	0	0	0	0	0	0
9199999.	Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3699999, 4199999, 4899999, 5399999, 5999999, 6499999, 7099999, 7599999, 8199999 and 8699999)						27,957,232	1,384,519	6,025,401	0	0	0	0
9299999.	Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2899999, 3199999, 3999999, 4299999, 5199999, 5499999, 6299999, 6599999, 7399999, 7699999, 8499999 and 8799999)						15,000	0	0	0	0	0	0
9999999.	Totals						27,972,232	1,384,519	6,025,401	0	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE The Order Of United Commercial Travelers Of America

SCHEDULE S - PART 4

Reinsurance Ceded to Unauthorized Companies

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsurer	5 Reserve Credit Taken	6 Paid and Unpaid Losses Recoverable (Debit)	7 Other Debits	8 Total (Cols.5+6+7)	9 Letters of Credit	10 Issuing or Confirming Bank Reference Number (a)	11 Trust Agreements	12 Funds Deposited by and Withheld from Reinsurers	13 Other	14 Miscellaneous Balances (Credit)	15 Sum of Cols. 9+11+12+13 +14 but not in Excess of Col. 8
0399999. Total General Account - Life and Annuity U.S. Affiliates				0	0	0	0	0	XXX	0	0	0	0	0
0699999. Total General Account - Life and Annuity Non-U.S. Affiliates				0	0	0	0	0	XXX	0	0	0	0	0
0799999. Total General Account - Life and Annuity Affiliates				0	0	0	0	0	XXX	0	0	0	0	0
1099999. Total General Account - Life and Annuity Non-Affiliates				0	0	0	0	0	XXX	0	0	0	0	0
1199999. Total General Account Life and Annuity				0	0	0	0	0	XXX	0	0	0	0	0
1499999. Total General Account - Accident and Health U.S. Affiliates				0	0	0	0	0	XXX	0	0	0	0	0
1799999. Total General Account - Accident and Health Non-U.S. Affiliates				0	0	0	0	0	XXX	0	0	0	0	0
1899999. Total General Account - Accident and Health Affiliates				0	0	0	0	0	XXX	0	0	0	0	0
...0000 AA-1440076 ... 02/01/2005, Sirius International Insurance Company				0	0	0	0	0	0	0	0	0	0	0
2099999. General Account - Accident and Health Non-U.S. Non-Affiliates				0	0	0	0	0	XXX	0	0	0	0	0
2199999. Total General Account - Accident and Health Non-Affiliates				0	0	0	0	0	XXX	0	0	0	0	0
2299999. Total General Account Accident and Health				0	0	0	0	0	XXX	0	0	0	0	0
2399999. Total General Account				0	0	0	0	0	XXX	0	0	0	0	0
2699999. Total Separate Accounts - U.S. Affiliates				0	0	0	0	0	XXX	0	0	0	0	0
2999999. Total Separate Accounts - Non-U.S. Affiliates				0	0	0	0	0	XXX	0	0	0	0	0
3099999. Total Separate Accounts - Affiliates				0	0	0	0	0	XXX	0	0	0	0	0
3399999. Total Separate Accounts - Non-Affiliates				0	0	0	0	0	XXX	0	0	0	0	0
3499999. Total Separate Accounts				0	0	0	0	0	XXX	0	0	0	0	0
3599999. Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2699999 and 3199999)				0	0	0	0	0	XXX	0	0	0	0	0
3699999. Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2999999 and 3299999)				0	0	0	0	0	XXX	0	0	0	0	0
9999999 - Totals				0	0	0	0	0	XXX	0	0	0	0	0

(a)	Issuing or Confirming Bank Reference Number	Letters of Credit Code	American Bankers Association (ABA) Routing Number	Issuing or Confirming Bank Name	Letters of Credit Amount

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE The Order Of United Commercial Travelers Of America

SCHEDULE S - PART 5

Reinsurance Ceded to Certified Reinsurers as of December 31, Current Year (\$000 Omitted)

NON

24

(a)	Issuing or Confirming Bank Reference Number	Letters of Credit Code	American Bankers Association (ABA) Routing Number	Issuing or Confirming Bank Name	Letters of Credit Amount
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SCHEDULE S - PART 6Five Year Exhibit of Reinsurance Ceded Business
(\$000 Omitted)

	1 2020	2 2019	3 2018	4 2017	5 2016
A. OPERATIONS ITEMS					
1. Premiums and annuity considerations for life and accident and health contracts	28,444	32,374	36,558	41,080	46,105
2. Commissions and reinsurance expense allowances	3,126	3,543	3,966	4,599	5,287
3. Contract claims	18,431	23,221	26,755	30,423	32,772
4. Surrender benefits and withdrawals for life contracts	115	133	191	177	300
5. Dividends to policyholders and refunds to members	0	0	0	0	0
6. Reserve adjustments on reinsurance ceded	0	0	0	0	0
7. Increase in aggregate reserve for life and accident and health contracts	(2,087)	(1,847)	(1,216)	(1,413)	(2,190)
B. BALANCE SHEET ITEMS					
8. Premiums and annuity considerations for life and accident and health contracts deferred and uncollected	225	242	254	279	338
9. Aggregate reserves for life and accident and health contracts	17,858	19,946	21,793	23,010	24,422
10. Liability for deposit-type contracts	13	18	22	4	7
11. Contract claims unpaid	2,205	2,701	3,107	3,405	3,928
12. Amounts recoverable on reinsurance	168	189	402	495	189
13. Experience rating refunds due or unpaid	0	0	0	0	0
14. Policyholders' dividends and refunds to members (not included in Line 10)	0	0	0	0	0
15. Commissions and reinsurance expense allowances due	0	0	0	0	0
16. Unauthorized reinsurance offset	0	0	0	0	0
17. Offset for reinsurance with Certified Reinsurers	0	0	0	0	0
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
18. Funds deposited by and withheld from (F)	0	0	0	0	0
19. Letters of credit (L)	0	0	0	0	0
20. Trust agreements (T)	0	0	0	0	0
21. Other (O)	0	0	0	0	0
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
22. Multiple Beneficiary Trust	0	0	0	0	0
23. Funds deposited by and withheld from (F)	0	0	0	0	0
24. Letters of credit (L)	0	0	0	0	0
25. Trust agreements (T)	0	0	0	0	0
26. Other (O)	0	0	0	0	0

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit for Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	13,758,672	0	13,758,672
2. Reinsurance (Line 16)	231,159	(231,159)	0
3. Premiums and considerations (Line 15)	91,658	224,704	316,362
4. Net credit for ceded reinsurance	XXX	20,348,077	20,348,077
5. All other admitted assets (balance)	242,531	0	242,531
6. Total assets excluding Separate Accounts (Line 26)	14,324,020	20,341,622	34,665,642
7. Separate Account assets (Line 27)	0	0	0
8. Total assets (Line 28)	14,324,020	20,341,622	34,665,642
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
9. Contract reserves (Lines 1 and 2)	3,848,861	17,858,386	21,707,247
10. Liability for deposit-type contracts (Line 3)	13,421	0	13,421
11. Claim reserves (Line 4)	939,867	2,204,880	3,144,747
12. Policyholder dividends/member refunds/reserves (Lines 5 through 7)	0	0	0
13. Premium & annuity considerations received in advance (Line 8) .....	.84,583	.278,356	.362,939
14. Other contract liabilities (Line 9) .....	.56,355	0	.56,355
15. Reinsurance in unauthorized companies (Line 24.02 minus inset amount)	0	0	0
16. Funds held under reinsurance treaties with unauthorized reinsurers (Line 24.03 minus inset amount)	0	0	0
17. Reinsurance with Certified Reinsurers (Line 24.02 inset amount)	0	0	0
18. Funds held under reinsurance treaties with Certified Reinsurers (Line 24.03 inset amount)	0	0	0
19. All other liabilities (balance)	1,931,550	0	1,931,550
20. Total liabilities excluding Separate Accounts (Line 26)	6,874,637	20,341,622	27,216,259
21. Separate Account liabilities (Line 27)	0	0	0
22. Total liabilities (Line 28)	6,874,637	20,341,622	27,216,259
23. Capital & surplus (Line 38)	7,449,383	XXX	7,449,383
24. Total liabilities, capital & surplus (Line 39)	14,324,020	20,341,622	34,665,642
NET CREDIT FOR CEDED REINSURANCE			
25. Contract reserves	17,858,386		
26. Claim reserves	2,204,880		
27. Policyholder dividends/reserves	0		
28. Premium & annuity considerations received in advance	278,356		
29. Liability for deposit-type contracts	0		
30. Other contract liabilities	0		
31. Reinsurance ceded assets	231,159		
32. Other ceded reinsurance recoverables	0		
33. Total ceded reinsurance recoverables	20,572,781		
34. Premiums and considerations	224,704		
35. Reinsurance in unauthorized companies	0		
36. Funds held under reinsurance treaties with unauthorized reinsurers	0		
37. Reinsurance with Certified Reinsurers	0		
38. Funds held under reinsurance treaties with Certified Reinsurers	0		
39. Other ceded reinsurance payables/offsets	0		
40. Total ceded reinsurance payable/offsets	224,704		
41. Total net credit for ceded reinsurance	20,348,077		

SCHEDULE T - PART 2
INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

States, Etc.		Direct Business Only					
		1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	6 Totals
1. Alabama	AL	9,412	0	0	0	0	9,412
2. Alaska	AK	266	0	0	0	0	266
3. Arizona	AZ	4,574	0	0	0	0	4,574
4. Arkansas	AR	4,133	0	0	0	0	4,133
5. California	CA	35,288	0	0	0	0	35,288
6. Colorado	CO	598	10,500	0	0	0	11,098
7. Connecticut	CT	4,699	0	0	0	0	4,699
8. Delaware	DE	0	0	0	0	0	0
9. District of Columbia	DC	0	0	0	0	0	0
10. Florida	FL	45,835	0	0	0	0	45,835
11. Georgia	GA	23,747	0	0	0	0	23,747
12. Hawaii	HI	0	0	0	0	0	0
13. Idaho	ID	0	0	0	0	0	0
14. Illinois	IL	32,981	0	0	0	0	32,981
15. Indiana	IN	30,043	0	0	0	0	30,043
16. Iowa	IA	5,855	0	0	0	0	5,855
17. Kansas	KS	6,258	1,650	0	0	0	7,908
18. Kentucky	KY	17,367	0	0	0	0	17,367
19. Louisiana	LA	17,070	0	0	0	0	17,070
20. Maine	ME	0	0	0	0	0	0
21. Maryland	MD	2,195	0	0	0	0	2,195
22. Massachusetts	MA	2,248	0	0	0	0	2,248
23. Michigan	MI	62,902	0	0	0	0	62,902
24. Minnesota	MN	1,029	0	0	0	0	1,029
25. Mississippi	MS	24,092	0	0	0	0	24,092
26. Missouri	MO	12,635	0	0	0	0	12,635
27. Montana	MT	434	0	0	0	0	434
28. Nebraska	NE	11,867	0	0	0	0	11,867
29. Nevada	NV	1,943	0	0	0	0	1,943
30. New Hampshire	NH	1,048	0	0	0	0	1,048
31. New Jersey	NJ	10,057	0	0	0	0	10,057
32. New Mexico	NM	20	0	0	0	0	20
33. New York	NY	1,344	0	0	0	0	1,344
34. North Carolina	NC	21,385	0	0	0	0	21,385
35. North Dakota	ND	4,853	0	0	0	0	4,853
36. Ohio	OH	54,212	90	0	0	0	54,302
37. Oklahoma	OK	10,868	10,000	0	0	0	20,868
38. Oregon	OR	16,532	0	0	0	0	16,532
39. Pennsylvania	PA	28,360	250	0	0	0	28,610
40. Rhode Island	RI	1,690	0	0	0	0	1,690
41. South Carolina	SC	3,898	0	0	0	0	3,898
42. South Dakota	SD	5,854	0	0	0	0	5,854
43. Tennessee	TN	21,373	400	0	0	0	21,773
44. Texas	TX	49,924	0	0	0	0	49,924
45. Utah	UT	1,206	0	0	0	0	1,206
46. Vermont	VT	0	0	0	0	0	0
47. Virginia	VA	15,184	0	0	0	0	15,184
48. Washington	WA	0	0	0	0	0	0
49. West Virginia	WV	9,629	0	0	0	0	9,629
50. Wisconsin	WI	11,548	10,000	0	0	0	21,548
51. Wyoming	WY	589	0	0	0	0	589
52. American Samoa	AS	0	0	0	0	0	0
53. Guam	GU	0	0	0	0	0	0
54. Puerto Rico	PR	0	0	0	0	0	0
55. U.S. Virgin Islands	VI	0	0	0	0	0	0
56. Northern Mariana Islands	MP	0	0	0	0	0	0
57. Canada	CAN	0	0	0	0	0	0
58. Aggregate Other Alien	OT	0	0	0	0	0	0
59. Total		627,044	32,890	0	0	0	659,934

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE The Order Of United Commercial Travelers Of America

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

Asterisk	Explanation
1	This entity is a 501(c)(3) charitable organization that provides scholarships. The Board of Directors of UCT Charities is appointed by the Board of The Order of United Commercial Travelers of America.

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE The Order Of United Commercial Travelers Of America

SCHEDULE Y

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

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

		Responses
MARCH FILING		
1.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
2.	Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	YES
3.	Will the confidential Risk-based Capital Report be filed with the state of domicile, if required, by March 1?	YES
4.	Will an actuarial opinion be filed by March 1?	YES
APRIL FILING		
5.	Will Management's Discussion and Analysis be filed by April 1?	YES
6.	Will the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit be filed with the state of domicile and the NAIC by April 1? (Not applicable to fraternal benefit societies)	WAIVED
7.	Will the Adjustments to the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit (if required) be filed with the state of domicile and the NAIC by April 1? (Not applicable to fraternal benefit societies)	WAIVED
8.	Will the Supplemental Investment Risks Interrogatories be filed by April 1?	YES
JUNE FILING		
9.	Will an audited financial report be filed by June 1?	YES
10.	Will Accountant's Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	YES
AUGUST FILING		
11.	Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1?	YES
<p>The following supplemental reports are required to be filed as part of your annual statement filing <u>if your company is engaged in the type of business covered by the supplement. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below.</u> If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.</p>		
MARCH FILING		
12.	Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1? (Not applicable to fraternal benefit societies) ...	NO
13.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	YES
14.	Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC by March 1?	NO
15.	Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 to Exhibit 5 be filed with the state of domicile and electronically with the NAIC by March 1?	NO
16.	Will the actuarial opinion on non-guaranteed elements as required in interrogatory #3 to Exhibit 5 be filed with the state of domicile and electronically with the NAIC by March 1?	YES
17.	Will the actuarial opinion on X-Factors be filed with the state of domicile and electronically with the NAIC by March 1?	NO
18.	Will the actuarial opinion on Separate Accounts Funding Guaranteed Minimum Benefit be filed with the state of domicile and electronically with the NAIC by March 1?	NO
19.	Will the actuarial opinion on Synthetic Guaranteed Investment Contracts be filed with the state of domicile and electronically with the NAIC by March 1?	NO
20.	Will the Reasonableness of Assumptions Certification required by Actuarial Guideline XXXV be filed with the state of domicile and electronically with the NAIC by March 1?	NO
21.	Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXV be filed with the state of domicile and electronically with the NAIC by March 1?	NO
22.	Will the Reasonableness of Assumptions Certification for Implied Guaranteed Rate Method required by Actuarial Guideline XXXVI be filed with the state of domicile and electronically with the NAIC by March 1?	NO
23.	Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Average Market Value) be filed with the state of domicile and electronically with the NAIC by March 1?	NO
24.	Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Market Value) be filed with the state of domicile and electronically with the NAIC by March 1?	NO
25.	Will the C-3 RBC Certifications required under C-3 Phase I be filed with the state of domicile and electronically with the NAIC by March 1?	NO
26.	Will the C-3 RBC Certifications required under C-3 Phase II be filed with the state of domicile and electronically with the NAIC by March 1?	NO

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE The Order Of United Commercial Travelers Of America
SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

27. Will the Actuarial Certifications Related to Annuity Nonforfeiture Ongoing Compliance for Equity Indexed Annuities be filed with the state of domicile and electronically with the NAIC by March 1?	.....	NO
28. Will the actuarial opinion required by the Modified Guaranteed Annuity Model Regulation be filed with the state of domicile and electronically with the NAIC by March 1?	.....	NO
29. Will the Actuarial Certifications Related to Hedging required by Actuarial Guideline XLIII be filed with the state of domicile and electronically with the NAIC by March 1?	.....
30. Will the Financial Officer Certification Related to Clearly Defined Hedging Strategy required by Actuarial Guideline XLIII be filed with the state of domicile and electronically with the NAIC by March 1?	.....
31. Will the Management Certification That the Valuation Reflects Management's Intent required by Actuarial Guideline XLIII be filed with the state of domicile and electronically with the NAIC by March 1?	.....
32. Will the Actuarial Certification Related to the Reserves required by Actuarial Guideline XLIII be filed with the state of domicile and electronically with the NAIC by March 1?	.....
33. Will the Actuarial Certification regarding the use of 2001 Preferred Class Tables required by the Model Regulation Permitting the Recognition of Preferred Mortality Tables for Use in Determining Minimum Reserve Liabilities be filed with the state of domicile and electronically with the NAIC by March 1?	.....	NO
34. Will the Worker's Compensation Carve-Out Supplement be filed by March 1? (Not applicable to fraternal benefit societies)	.....	NO
35. Will Supplemental Schedule O be filed with the state of domicile and the NAIC by March 1?	.....	YES
36. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	.....	NO
37. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	.....	NO
38. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	.....	NO
39. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?	.....	NO
40. Will the VM-20 Reserves Supplement be filed with the state of domicile and the NAIC by March 1?	.....	YES

APRIL FILING

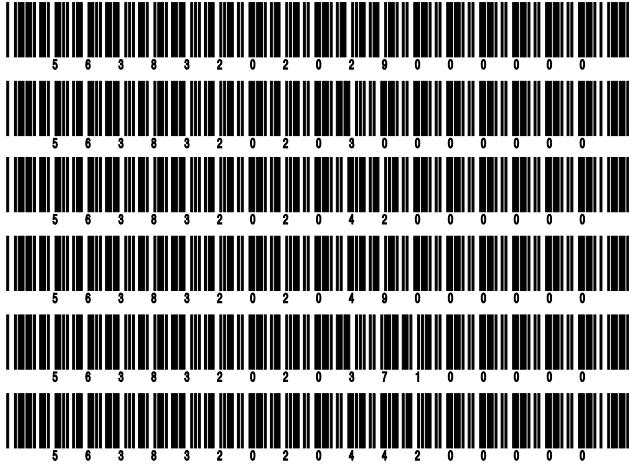
41. Will the confidential Regulatory Asset Adequacy Issues Summary (RAAIS) required by the Valuation Manual be filed with the state of domicile by April 1?	.....	YES
42. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	.....	YES
43. Will the Credit Insurance Experience Exhibit be filed with the state of domicile and the NAIC by April 1? (Not applicable to fraternal benefit societies)	.....	NO
44. Will the Accident and Health Policy Experience Exhibit be filed by April 1?	.....	YES
45. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	.....	NO
46. Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile and the NAIC by April 1?	.....	NO
47. Will the confidential Actuarial Memorandum required by Actuarial Guideline XXXVIII 8D be filed with the state of domicile by April 30?	.....	NO
48. Will the Supplemental Term and Universal Life Insurance Reinsurance Exhibit be filed with the state of domicile and the NAIC by April 1?	.....	NO
49. Will the Variable Annuities Supplement be filed with the state of domicile and the NAIC by April 1?	.....	NO
50. Will the confidential Executive Summary of the PBR Actuarial Report be filed with the state of domicile by April 1?	.....	NO
51. Will the confidential Life Summary of the PBR Actuarial Report be filed with the state of domicile by April 1?	.....	NO
52. Will the confidential Variable Annuities Summary of the PBR Actuarial Report be filed with the state of domicile by April 1?	.....	NO

AUGUST FILING

53. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	.....	NO
Explanations:		
12. The data for this supplement is not required to be filed.	.....
14. The data for this supplement is not required to be filed.	.....
15. The data for this supplement is not required to be filed.	.....
17. The data for this supplement is not required to be filed.	.....
18. The data for this supplement is not required to be filed.	.....
19. The data for this supplement is not required to be filed.	.....
20. The data for this supplement is not required to be filed.	.....
21. The data for this supplement is not required to be filed.	.....
22. The data for this supplement is not required to be filed.	.....
23. The data for this supplement is not required to be filed.	.....
24. The data for this supplement is not required to be filed.	.....
25. The data for this supplement is not required to be filed.	.....
26. The data for this supplement is not required to be filed.	.....
27. The data for this supplement is not required to be filed.	.....
28. The data for this supplement is not required to be filed.	.....
33. The data for this supplement is not required to be filed.	.....
34. The data for this supplement is not required to be filed.	.....
36. The data for this supplement is not required to be filed.	.....
38. The data for this supplement is not required to be filed.	.....
39. The data for this supplement is not required to be filed.	.....
43. The data for this supplement is not required to be filed.	.....
45. The data for this supplement is not required to be filed.	.....
46. The data for this supplement is not required to be filed.	.....
47. The data for this supplement is not required to be filed.	.....
48. The data for this supplement is not required to be filed.	.....
49. The data for this supplement is not required to be filed.	.....
50. The data for this supplement is not required to be filed.	.....
51. The data for this supplement is not required to be filed.	.....
52. The data for this supplement is not required to be filed.	.....
53. The data for this supplement is not required to be filed.	.....

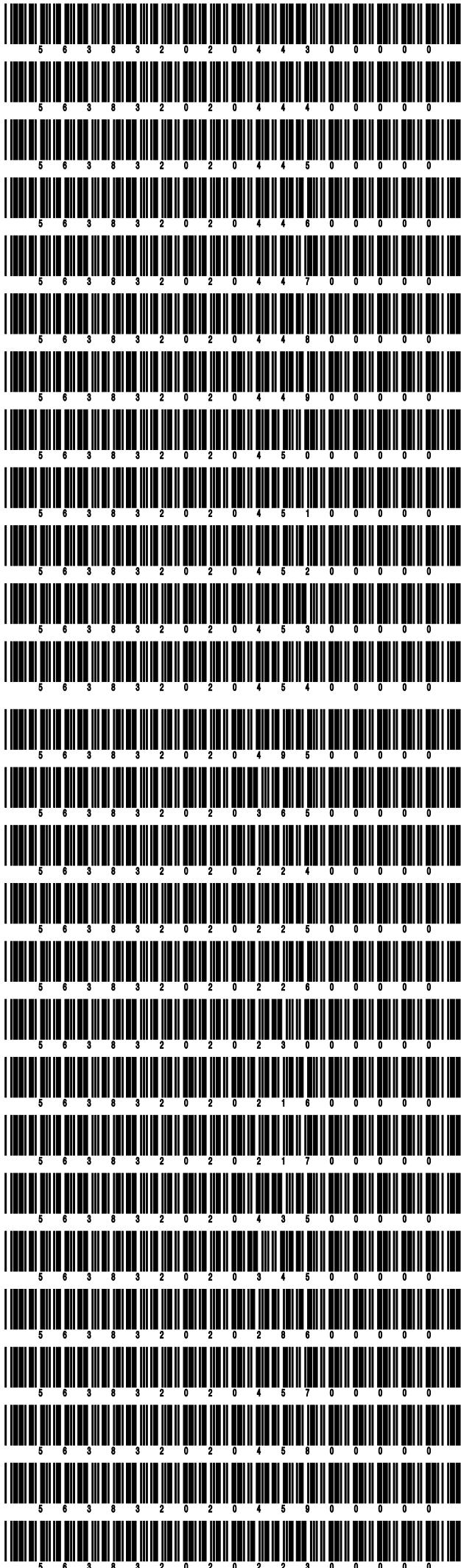
Bar Codes:

- 6. Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit [Document Identifier 290]
- 7. Adjustments to the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit [Document Identifier 300]
- 12. SIS Stockholder Information Supplement [Document Identifier 420]
- 14. Trusteed Surplus Statement [Document Identifier 490]
- 15. Participating Opinion for Exhibit 5 [Document Identifier 371]
- 17. Actuarial Opinion on X-Factors [Document Identifier 442]



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE The Order Of United Commercial Travelers Of America
SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

18. Actuarial Opinion on Separate Accounts Funding Guaranteed Minimum Benefit [Document Identifier 443]
19. Actuarial Opinion on Synthetic Guaranteed Investment Contracts [Document Identifier 444]
20. Reasonableness of Assumptions Certification required by Actuarial Guideline XXXV [Document Identifier 445]
21. Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXV [Document Identifier 446]
22. Reasonableness of Assumptions Certification for Implied Guaranteed Rate Method required by Actuarial Guideline XXXVI [Document Identifier 447]
23. Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI [Document Identifier 448]
24. Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Market Value) [Document Identifier 449]
25. C-3 RBC Certifications Required Under C-3 Phase I [Document Identifier 450]
26. C-3 RBC Certifications Required Under C-3 Phase II [Document Identifier 451]
27. Actuarial Certifications Related to Annuity Nonforfeiture Ongoing Compliance for Equity Indexed Annuities [Document Identifier 452]
28. Modified Guaranteed Annuity Model Regulation [Document Identifier 453]
33. Actuarial Certification regarding the use of 2001 Preferred Class Tables required by the Model Regulation Permitting the Recognition of Preferred Mortality Tables for Use in Determining Minimum Reserve Liabilities [Document Identifier 454]
34. Workers' Compensation Carve-Out Supplement [Document Identifier 495]
36. Medicare Part D Coverage Supplement [Document Identifier 365]
37. Relief from the five-year rotation requirement for lead audit partner [Document Identifier 224]
38. Relief from the one-year cooling off period for independent CPA [Document Identifier 225]
39. Relief from the Requirements for Audit Committees [Document Identifier 226]
43. Credit Insurance Experience Exhibit [Document Identifier 230]
45. Supplemental Health Care Exhibit (Parts 1, 2 and 3) [Document Identifier 216]
46. Supplemental Health Care Exhibit's Expense Allocation Report [Document Identifier 217]
47. Actuarial Memorandum Required by Actuarial Guideline XXXVIII 8D [Document Identifier 435]
48. Supplemental Term and Universal Life Insurance Reinsurance Exhibit [Document Identifier 345]
49. Variable Annuities Supplement [Document Identifier 286]
50. Executive Summary of the PBR Actuarial Report [Document Identifier 457]
51. Life Summary of the PBR Actuarial Report [Document Identifier 458]
52. Variable Annuities Summary of the PBR Actuarial Report [Document Identifier 459]
53. Management's Report of Internal Control Over Financial Reporting [Document Identifier 223]



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE The Order Of United Commercial Travelers Of America
OVERFLOW PAGE FOR WRITE-INS

Additional Write-ins for Exhibit 2 Line 9.3

	Insurance			5 All Other Lines of Business	6 Investment	7 Fraternal			
	1 Life	Accident and Health							
		2 Cost Containment	3 All Other						
09.304. Agent Services	2,298	0	35,917	0	0	.0			
09.305. Product Development	45,000	0	30,000	0	0	0			
09.306. Temporary Workers	1,012	0	15,809	0	0	0			
09.307. Claims Outsourcing .....	.0	0	382,244	0	0	.382,244		
09.308. Records Storage	1,218	0	19,029	0	0	.401			
09.309. Benevolent Payments .....	.0	0	.0	0	0	.32,676		
09.310. UCT Foundation .....	.0	0	.0	0	0	.262		
09.311. Charitable Contributions .....	.9	0	141	0	0	0		
09.312. Lodge Supplies .....	.0	0	.0	0	0	2,835		
09.313. Canada Discontinuation	7,202	0	112,546	0	0	.0			
09.397. Summary of remaining write-ins for Line 9.3 from overflow page	56,739	0	595,686	0	0	36,174			
						688,599			



**SUPPLEMENT FOR THE YEAR 2020 OF THE The Order Of United Commercial Travelers Of America
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2020
(To Be Filed by March 1)

FOR THE STATE OF Alabama.....

NAIC Group Code 0000..... NAIC Company Code 56383

ADDRESS (City, State and Zip Code) Columbus , OH 43215

Person Completing This Exhibit

Title

Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2017			14	Policies Issued in 2018; 2019; 2020			
										11	Incurred Claims			15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12	13	Number of Covered Lives	Premiums Earned	16	17	Number of Covered Lives
YES	MS(B)-91	B.	NO.		02/07/1995			07/01/1997	PLAN B ISSUE AGE	3,945	87	2.2	.1	0	0	0.0	0
YES	MS(C)-91	C.	NO.		02/07/1995			07/01/1997	PLAN C ISSUE AGE	23,709	12,965	54.7	.5	0	0	0.0	0
YES	MS(F)-91	F.	NO.		02/07/1995			07/01/1997	PLAN F ISSUE AGE	9,770	11,512	117.8	.2	0	0	0.0	0
YES	MS(C)-04	C.	NO.		03/12/2004			12/31/2005	PLAN C ATTAINED AGE	0	(232)	0.0	.0	0	0	0.0	0
YES	MS AC 06	C.	NO.		08/20/2005			05/31/2010	PLAN C ATTAINED AGE	25,554	22,664	88.7	.5	0	0	0.0	0
YES	MS AF 06	F.	NO.		08/20/2005			05/31/2010	PLAN F ATTAINED AGE	359,352	163,483	45.5	.74	0	0	0.0	0
YES	MS AG 06	G.	NO.		08/20/2005			05/31/2010	PLAN G ATTAINED AGE	27,699	21,647	78.2	.6	0	0	0.0	0
YES	MSAAF2010	F.	NO.		04/19/2010				PLAN F ATTAINED AGE (2010)	0	(29)	0.0	.0	0	0	0.0	0
YES	MSAAG2010	G.	NO.		04/19/2010				PLAN G ATTAINED AGE (2010)	3,037	417	13.7	.1	0	0	0.0	0
YES	MSAAN2010	N.	NO.		04/19/2010				PLAN N ATTAINED AGE (2010)	2,866	(2)	(0.1)	.1	0	0	0.0	0
0199999. Total Experience on Individual Policies										455,932	232,512	51.0	95	0	0	0.0	0

GENERAL INTERROGATORIES

- If response in Column 1 is no, give full and complete details
- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 - Address: 1801 Watermark Drive Suite 100 Columbus , OH 43215
 - Contact Person and Phone Number: Dennis Lee 800-848-0123
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - Address: 1801 Watermark Drive Suite 100 Columbus , OH 43215
 - Contact Person and Phone Number: Denise Sharif 800-848-0123
- Explain any policies identified above as policy type "O".



**SUPPLEMENT FOR THE YEAR 2020 OF THE The Order Of United Commercial Travelers Of America
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2020
(To Be Filed by March 1)

FOR THE STATE OF Arizona

NAIC Group Code 0000

NAIC Company Code 56383

ADDRESS (City, State and Zip Code) Columbus, OH 43215
Person Completing This Exhibit
Title _____ Telephone Number _____

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2017				Policies Issued in 2018; 2019; 2020			
										11	Incurred Claims		14	15	Incurred Claims		18
											Premiums Earned	12	13		Premiums Earned	16	Number of Covered Lives
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Amount	Amount	Percent of Premiums Earned	Number of Covered Lives	Amount	Amount	Percent of Premiums Earned	Number of Covered Lives
YES	MS(F) 00 AZ	F.	NO		08/31/2000		02/03/2006	PLAN F ATTAINED AGE	5,343	293	5.5	1	0	0	0	0.0	0
YES	MS IF 06 AZ	F.	NO		02/03/2006		05/31/2010	PLAN F ISSUE AGE	1,062,281	617,433	58.1	226	0	0	0	0.0	0
YES	MS IG 06 AZ	G.	NO		02/03/2006		05/31/2010	PLAN G ISSUE AGE	48,466	30,371	62.7	11	0	0	0	0.0	0
YES	MSIAF2010 AZ	F.	NO		06/25/2010			PLAN F ISSUE AGE (2010)	5,424	4,348	80.2	1	.74	(356)	(481.1)	0	0
YES	MSIAG2010 AZ	G.	NO		06/25/2010			PLAN G ISSUE AGE (2010)	0	0	0.0	0	3,704	155	4.2	1	1
YES	MSIAN2010 AZ	N.	NO		06/25/2010			PLAN N ISSUE AGE (2010)	0	0	0.0	0	3,635	.99	2.7	2	1
0199999. Total Experience on Individual Policies										1,121,514	652,445	58.2	239	7,413	(102)	(1.4)	2

GENERAL INTERROGATORIES

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- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 - Address: 1801 Watermark Drive Suite 100 Columbus, OH 43215
 - Contact Person and Phone Number: Dennis Lee 800-848-0123
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - Address: 1801 Watermark Drive Suite 100 Columbus, OH 43215
 - Contact Person and Phone Number: Denise Sharif 800-848-0123
- Explain any policies identified above as policy type "O".



**SUPPLEMENT FOR THE YEAR 2020 OF THE The Order Of United Commercial Travelers Of America
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2020
(To Be Filed by March 1)

FOR THE STATE OF Arkansas

NAIC Group Code 0000

NAIC Company Code 56383

ADDRESS (City, State and Zip Code) Columbus , OH 43215

Person Completing This Exhibit

Title

Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2017				Policies Issued in 2018; 2019; 2020			
										11	Incurred Claims		14	15	Incurred Claims		18
											Premiums Earned	12	13		16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Amount	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
YES	MS IF 06 AR	F.	NO.		06/06/2006		05/31/2010	PLAN F ISSUE AGE	1,074,454	734,932	.68.4	256	0	0	0.0	0	
YES	MS IG 06 AR	G.	NO.		06/06/2006		05/31/2010	PLAN G ISSUE AGE	86,515	30,088	.34.8	22	0	0	0.0	0	
YES	MSIAG2010 AR	G.	NO.		05/20/2010			PLAN G ISSUE AGE (2010)	3,704	2,862	.77.3	1	0	0	0.0	0	
0199999. Total Experience on Individual Policies										1,164,673	767,882	65.9	279	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 - 2.1 Address: 1801 Watermark Drive Suite 100 Columbus , OH 43215
 - 2.2 Contact Person and Phone Number: Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - 3.1 Address: 1801 Watermark Drive Suite 100 Columbus , OH 43215
 - 3.2 Contact Person and Phone Number: Denise Sharif 800-848-0123
4. Explain any policies identified above as policy type "O".



**SUPPLEMENT FOR THE YEAR 2020 OF THE The Order Of United Commercial Travelers Of America
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2020
(To Be Filed by March 1)

FOR THE STATE OF California.....
NAIC Group Code 0000

NAIC Company Code 56383

ADDRESS (City, State and Zip Code) Columbus , OH 43215

Person Completing This Exhibit

Title

Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2017			Policies Issued in 2018; 2019; 2020				
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12	13	Number of Covered Lives	Premiums Earned	16	17	Number of Covered Lives
N/A	MS-88	P.	NO.	02/25/1988	08/08/1991	08/01/1992	02/02/2006	02/02/2006	PRE-STANDARD	0	(53)	0.0	0	0	0	0.0	0
YES	MS(C)-91	C.	NO.	02/24/1992					PLAN C ISSUE AGE	0	(28)	0.0	0	0	0	0.0	0
YES	MS(F)-91	F.	NO.	02/24/1992					PLAN F ISSUE AGE	18,786	14,489	77.1	3	0	0	0.0	0
0199999. Total Experience on Individual Policies										18,786	14,408	76.7	3	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 - 2.1 Address: 1801 Watermark Drive Suite 100 Columbus , OH 43215
 - 2.2 Contact Person and Phone Number: Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - 3.1 Address: 1801 Watermark Drive Suite 100 Columbus , OH 43215
 - 3.2 Contact Person and Phone Number: Denise Sharif 800-848-0123
4. Explain any policies identified above as policy type "O".



**SUPPLEMENT FOR THE YEAR 2020 OF THE The Order Of United Commercial Travelers Of America
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2020
(To Be Filed by March 1)

FOR THE STATE OF Colorado.....

NAIC Group Code 0000

NAIC Company Code 56383

ADDRESS (City, State and Zip Code) Columbus , OH 43215

Person Completing This Exhibit

Title

Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2017				Policies Issued in 2018; 2019; 2020			
										11	Incurred Claims		14	15	Incurred Claims		18
											Premiums Earned	12	13		Premiums Earned	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Amount	Amount	Percent of Premiums Earned	Number of Covered Lives	Amount	Amount	Percent of Premiums Earned	Number of Covered Lives
YES	MS(F)-02 CO	F.	NO.		04/29/2002		03/15/2006		PLAN F ATTAINED AGE	58,695	21,098	.35.9	16	0	0	0.0	0
YES	MS(G)-03 CO	G.	NO.		10/10/2003		03/15/2006		PLAN G ATTAINED AGE	15,416	1,299	.8.4	5	0	0	0.0	0
YES	MS AB 06 CO	B.	NO.		03/15/2006		05/31/2010		PLAN B ATTAINED AGE	2,789	320	.11.5	1	0	0	0.0	0
YES	MS AF 06 CO	F.	NO.		03/15/2006		05/31/2010		PLAN F ATTAINED AGE	853,320	494,801	.58.0	226	0	0	0.0	0
YES	MS AG 06 CO	G.	NO.		03/15/2006		05/31/2010		PLAN G ATTAINED AGE	195,720	238,899	.122.1	59	0	0	0.0	0
YES	MS AAF2010 CO	F.	NO.		07/06/2010				PLAN F ATTAINED AGE (2010)	169,908	94,614	.55.7	54	2,297	(293)	(12.8)	0
YES	MS AAG2010 CO	G.	NO.		07/06/2010				PLAN G ATTAINED AGE (2010)	0	303	.0.0	0	0	(145)	0.0	0
YES	MS AAN2010 CO	N.	NO.		07/06/2010				PLAN N ATTAINED AGE	8,453	1,868	.22.1	3	2,087	669	32.1	1
0199999. Total Experience on Individual Policies										1,304,301	853,202	65.4	364	4,384	231	5.3	1

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 - 2.1 Address: 1801 Watermark Drive Suite 100 Columbus , OH 43215
 - 2.2 Contact Person and Phone Number: Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - 3.1 Address: 1801 Watermark Drive Suite 100 Columbus , OH 43215
 - 3.2 Contact Person and Phone Number: Denise Sharif 800-848-0123
4. Explain any policies identified above as policy type "O".



**SUPPLEMENT FOR THE YEAR 2020 OF THE The Order Of United Commercial Travelers Of America
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2020
(To Be Filed by March 1)

FOR THE STATE OF Florida.....
NAIC Group Code 0000

NAIC Company Code 56383

ADDRESS (City, State and Zip Code) Columbus , OH 43215

Person Completing This Exhibit

Title

Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2017			14	Policies Issued in 2018; 2019; 2020			
										11	Incurred Claims			15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12	13	Number of Covered Lives	Premiums Earned	16	17	Number of Covered Lives
YES	MS(A)-91	A.	NO.	04/17/1992		04/17/1992		07/01/2004	PLAN A ISSUE AGE	47,540	17,572	37.0	20	0	0	0.0	
YES	MS(B)-91	B.	NO.	04/08/1992				07/01/2004	PLAN B ISSUE AGE	89,260	67,590	75.7	33	0	0	0.0	
YES	MS(C)-91	C.	NO.	01/27/1994				07/01/2004	PLAN C ISSUE AGE	865,844	774,663	89.5	294	0	0	0.0	
YES	MS(F)-91	F.	NO.	04/23/1992				07/01/2004	PLAN F ISSUE AGE	1,070,178	835,712	78.1	329	0	0	0.0	
0199999. Total Experience on Individual Policies										2,072,822	1,695,537	81.8	676	0	0	0.0	

GENERAL INTERROGATORIES

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 - Contact Person and Phone Number: Dennis Lee 800-848-0123
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - Address: 1801 Watermark Drive Suite 100 Columbus , OH 43215
 - Contact Person and Phone Number: Denise Sharif 800-848-0123
- Explain any policies identified above as policy type "O".



**SUPPLEMENT FOR THE YEAR 2020 OF THE The Order Of United Commercial Travelers Of America
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2020
(To Be Filed by March 1)

FOR THE STATE OF Georgia

NAIC Group Code 0000

NAIC Company Code 56383

ADDRESS (City, State and Zip Code) Columbus, OH 43215

Person Completing This Exhibit

Title

Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2017				Policies Issued in 2018; 2019; 2020			
										11	Incurred Claims		14	15	Incurred Claims		18
											Premiums Earned	12	13		Premiums Earned	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Amount	Amount	Percent of Premiums Earned	Number of Covered Lives	Amount	Amount	Percent of Premiums Earned	Number of Covered Lives
N/A	MS-88	P.	NO		05/24/1988		05/23/1991	01/01/1992	PRE-STANDARD	127	0	0.0	0	0	0	0.0	0
YES	MS(A)-91	A.	NO		02/15/1994			01/13/2006	PLAN A ISSUE AGE	2,968	.88	3.0	.1	0	0	0.0	0
YES	MS(B)-91	B.	NO		02/15/1994			01/13/2006	PLAN B ISSUE AGE	14,505	3,684	25.4	.4	0	0	0.0	0
YES	MS(C)-91	C.	NO		02/15/1994			01/13/2006	PLAN C ISSUE AGE	29,301	.21,500	.73.4	.6	0	0	0.0	0
YES	MS(F)-91	F.	NO		02/15/1994			01/13/2006	PLAN F ISSUE AGE	23,327	.45,691	.195.9	.4	0	0	0.0	0
YES	MSIAF2010 GA	F.	NO		10/23/2013				PLAN F ISSUE AGE (2010)	1,832	.839	.45.8	.0	7,285	2,734	.37.5	5
YES	MSIAG2010 GA	G.	NO		10/23/2013				PLAN G ISSUE AGE (2010)	2,238	.539	.24.1	.0	82,477	27,065	.32.8	.71
0199999. Total Experience on Individual Policies										74,298	72,341	97.4	15	89,762	29,799	33.2	76

GENERAL INTERROGATORIES

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- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 - Address: 1801 Watermark Drive Suite 100 Columbus, OH 43215
 - Contact Person and Phone Number: Dennis Lee 800-848-0123
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - Address: 1801 Watermark Drive Suite 100 Columbus, OH 43215
 - Contact Person and Phone Number: Denise Sharif 800-848-0123
- Explain any policies identified above as policy type "O".



**SUPPLEMENT FOR THE YEAR 2020 OF THE The Order Of United Commercial Travelers Of America
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2020
(To Be Filed by March 1)

FOR THE STATE OF Idaho.....

NAIC Group Code 0000

NAIC Company Code 56383

ADDRESS (City, State and Zip Code) Columbus , OH 43215

Person Completing This Exhibit

Title

Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2017			Policies Issued in 2018; 2019; 2020				
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12	13	Number of Covered Lives	Premiums Earned	16	17	Number of Covered Lives
YES	MS IF 06 ID	F.	NO.		06/06/2006		05/31/2010		PLAN F ISSUE AGE	1,635,649	1,030,507	.63.0	382	0	0	0.0	
YES	MS IG 06 ID	G.	NO.		06/06/2006		05/31/2010		PLAN G ISSUE AGE	358,415	351,633	.98.1	111	0	0	0.0	
YES	MSIAF2010	F.	NO.		07/29/2010				PLAN F ISSUE AGE (2010)	12,679	3,206	.25.3	3	0	0	0.0	
YES	MSIAG2010	G.	NO.		07/29/2010				PLAN G ISSUE AGE (2010)	2,883	.713	.24.7	.1	0	0	0.0	
0199999. Total Experience on Individual Policies										2,009,626	1,386,059	69.0	497	0	0	0.0	

GENERAL INTERROGATORIES

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- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 - Address: 1801 Watermark Drive Suite 100 Columbus , OH 43215
 - Contact Person and Phone Number: Dennis Lee 800-848-0123
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - Address: 1801 Watermark Drive Suite 100 Columbus , OH 43215
 - Contact Person and Phone Number: Denise Sharif 800-848-0123
- Explain any policies identified above as policy type "O".



**SUPPLEMENT FOR THE YEAR 2020 OF THE The Order Of United Commercial Travelers Of America
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2020
(To Be Filed by March 1)

FOR THE STATE OF Illinois.....

NAIC Group Code 0000

NAIC Company Code 56383

ADDRESS (City, State and Zip Code) Columbus , OH 43215

Person Completing This Exhibit

Title

Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2017				Policies Issued in 2018; 2019; 2020			
										11	Incurred Claims		14	15	Incurred Claims		18
											Premiums Earned	12	13		Premiums Earned	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Amount	Amount	Percent of Premiums Earned	Number of Covered Lives	Amount	Amount	Percent of Premiums Earned	Number of Covered Lives
YES	MS(C)-91	C.	NO		10/07/1993			02/05/2001	PLAN C ISSUE AGE	30,704	11,057	36.0	5	0	0	0.0	0
YES	MS(F)-91	F.	NO		01/15/1992			02/05/2001	PLAN F ISSUE AGE	132,505	50,842	38.4	19	0	0	0.0	0
YES	MS(F)-00	F.	NO		02/05/2001			12/31/2005	PLAN F ATTAINED AGE	5,946	2,288	38.5	1	0	0	0.0	0
YES	MS AD 06 IL	D.	NO		09/12/2005			05/31/2010	PLAN D ATTAINED AGE	5,064	755	14.9	1	0	0	0.0	0
YES	MS AF 06 IL	F.	NO		09/12/2005			05/31/2010	PLAN F ATTAINED AGE	584,124	313,112	53.6	109	0	0	0.0	0
YES	MS AG 06 IL	G.	NO		09/12/2005			05/31/2010	PLAN G ATTAINED AGE	133,983	89,601	66.9	31	0	0	0.0	0
YES	MS AAF 2010 IL	F.	NO		05/22/2010				PLAN F ATTAINED AGE (2010)	29,876	14,867	49.8	5	0	0	0.0	0
YES	MS AAG 2010IL	G.	NO		05/22/2010				PLAN G ATTAINED AGE (2010)	8,900	22,796	256.1	2	0	0	0.0	0
YES	MS AAN 2010IL	N.	NO		05/22/2010				PLAN N ATTAINED AGE (2010)	0	0	0.0	0	7,279	14,828	203.7	5
0199999. Total Experience on Individual Policies										931,102	505,318	54.3	173	7,279	14,828	203.7	5

GENERAL INTERROGATORIES

- If response in Column 1 is no, give full and complete details
- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 - Address: 1801 Watermark Drive Suite 100 Columbus , OH 43215
 - Contact Person and Phone Number: Dennis Lee 800-848-0123
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - Address: 1801 Watermark Drive Suite 100 Columbus , OH 43215
 - Contact Person and Phone Number: Denise Sharif 800-848-0123
- Explain any policies identified above as policy type "O".



**SUPPLEMENT FOR THE YEAR 2020 OF THE The Order Of United Commercial Travelers Of America
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2020
(To Be Filed by March 1)

FOR THE STATE OF Indiana

NAIC Group Code 0000

NAIC Company Code 56383

ADDRESS (City, State and Zip Code) Columbus, OH 43215

Person Completing This Exhibit

Title

Telephone Number

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2017				Policies Issued in 2018; 2019; 2020			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	MS(A)-91	A.	NO		03/28/1994		03/28/1994	10/16/2000	PLAN A ISSUE AGE	2,535	133	5.2	.1	0	0	0.0	
YES	MS(C)-91	C.	NO		03/28/1994		03/28/1994	10/16/2000	PLAN C ISSUE AGE	46,750	10,935	23.4	.8	0	0	0.0	
YES	MS(F)-91	F.	NO		03/28/1994		03/28/1994	10/16/2000	PLAN F ISSUE AGE	80,569	27,823	34.5	.16	0	0	0.0	
YES	MS(C)-00	C.	NO		10/16/2000		10/16/2000	12/31/2005	PLAN C ATTAINED AGE	9,046	482	5.3	.2	0	0	0.0	
YES	MS(F)-00	F.	NO		10/16/2000		10/16/2000	12/31/2005	PLAN F ATTAINED AGE	110,976	49,738	44.8	.22	0	0	0.0	
YES	MS(G)-03	G.	NO		10/10/2003		10/10/2003	12/31/2005	PLAN G ATTAINED AGE	52,084	21,766	41.8	.14	0	0	0.0	
YES	MS AC 06	C.	NO		12/27/2005		12/27/2005	05/31/2010	PLAN C ATTAINED AGE	19,571	29,961	153.1	.4	0	0	0.0	
YES	MS AD 06	D.	NO		12/27/2005		12/27/2005	05/31/2010	PLAN D ATTAINED AGE	4,104	1,362	33.2	.1	0	0	0.0	
YES	MS AF 06	F.	NO		12/27/2005		12/27/2005	05/31/2010	PLAN F ATTAINED AGE	740,239	464,576	62.8	.154	0	0	0.0	
YES	MS AG 06	G.	NO		12/27/2006		12/27/2006	05/31/2010	PLAN G ATTAINED AGE	1,100,378	699,651	63.6	.289	0	0	0.0	
YES	MS AAF 2010	F.	NO		05/28/2010		05/28/2010		PLAN F ATTAINED AGE	20,805	4,321	20.8	.5	0	0	0.0	
YES	MS AAG 2010	G.	NO		05/28/2010		05/28/2010		PLAN G ATTAINED AGE (2010)	10,109	10,047	99.4	.3	2,482	(30)	(1.2)	
0199999. Total Experience on Individual Policies										2,197,166	1,320,795	60.1	519	2,482	(30)	(1.2)	
1																	

GENERAL INTERROGATORIES

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 - Address: 1801 Watermark Drive Suite 100 Columbus, OH 43215
 - Contact Person and Phone Number: Dennis Lee 800-848-0123
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 - Address: 1801 Watermark Drive Suite 100 Columbus, OH 43215
 - Contact Person and Phone Number: Denise Sharif 800-848-0123
- Explain any policies identified above as policy type "O".



**SUPPLEMENT FOR THE YEAR 2020 OF THE The Order Of United Commercial Travelers Of America
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2020
(To Be Filed by March 1)

FOR THE STATE OF Iowa
NAIC Group Code 0000 NAIC Company Code 56383
ADDRESS (City, State and Zip Code) Columbus, OH 43215
Person Completing This Exhibit _____
Title _____ Telephone Number _____

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2017			Policies Issued in 2018; 2019; 2020				
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
YES	MS(C)-91	C.	NO		03/15/1995		08/03/2000	08/03/2000	PLAN C ISSUE AGE	0	(1)	0.0	0	0	0	0.0	0
YES	MS(F)-91	F.	NO		03/15/1995		08/03/2000	08/03/2000	PLAN F ISSUE AGE	36,504	4,207	11.5	5	0	0	0.0	0
YES	MS AF 06	F.	NO		09/09/2005		05/31/2010	05/31/2010	PLAN F ATTAINED AGE	215,258	136,777	63.5	40	0	0	0.0	0
YES	MS AG 08	G.	NO		07/30/2008		05/31/2010	05/31/2010	PLAN G ATTAINED AGE	9,156	11,866	129.6	2	0	0	0.0	0
YES	MSAAF2010	F.	NO		05/25/2010		(2010)		PLAN F ATTAINED AGE	5,136	16,692	325.0	1	0	0	0.0	0
0199999. Total Experience on Individual Policies										266,054	169,541	63.7	48	0	0	0.0	0

GENERAL INTERROGATORIES

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- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 - Address: 1801 Watermark Drive Suite 100 Columbus, OH 43215
 - Contact Person and Phone Number: Dennis Lee 800-848-0123
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - Address: 1801 Watermark Drive Suite 100 Columbus, OH 43215
 - Contact Person and Phone Number: Denise Sharif 800-848-0123
- Explain any policies identified above as policy type "O".



**SUPPLEMENT FOR THE YEAR 2020 OF THE The Order Of United Commercial Travelers Of America
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2020
(To Be Filed by March 1)

FOR THE STATE OF Kansas

NAIC Group Code 0000

NAIC Company Code 56383

ADDRESS (City, State and Zip Code) Columbus, OH 43215

Person Completing This Exhibit

Title

Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2017			Policies Issued in 2018; 2019; 2020				
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12	13	Number of Covered Lives	Premiums Earned	16	17	Number of Covered Lives
YES	MS(C)-91	C.	NO		01/03/1995			.11/05/2007	PLAN C ISSUE AGE	69,302	29,628	.42.8	.11	0	0	0.0	
YES	MS(F)-91	F.	NO		.05/06/1992			.11/05/2007	PLAN F ISSUE AGE	21,399	9,734	.45.5	.3	0	0	0.0	
YES	MSAAF2010 KS	F.	NO		.08/17/2010				PLAN F ATTAINED AGE (2010)	10,473	3,020	.28.8	.3	0	0	0.0	
0199999. Total Experience on Individual Policies										101,174	42,382	41.9	17	0	0	0.0	

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 - 2.1 Address: 1801 Watermark Drive Suite 100 Columbus, OH 43215
 - 2.2 Contact Person and Phone Number: Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - 3.1 Address: 1801 Watermark Drive Suite 100 Columbus, OH 43215
 - 3.2 Contact Person and Phone Number: Denise Sharif 800-848-0123
4. Explain any policies identified above as policy type "O".



**SUPPLEMENT FOR THE YEAR 2020 OF THE The Order Of United Commercial Travelers Of America
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2020
(To Be Filed by March 1)

FOR THE STATE OF Kentucky

NAIC Group Code 0000

NAIC Company Code 56383

ADDRESS (City, State and Zip Code) Columbus, OH 43215
Person Completing This Exhibit
Title _____ Telephone Number _____

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2017				Policies Issued in 2018; 2019; 2020			
										11	Incurred Claims		14	15	Incurred Claims		18
											Premiums Earned	12	13		Premiums Earned	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Amount	Amount	Percent of Premiums Earned	Number of Covered Lives	Amount	Amount	Percent of Premiums Earned	Number of Covered Lives
N/A	MS-88	P.	NO.		01/26/1988		02/01/1991	01/01/1992	PRE-STANDARD	1,809	(881)	(48.7)	.1	0	0	0.0	0
YES	MS(A)-91	A.	NO.		03/11/1992			01/03/2001	PLAN A ISSUE AGE	3,058	3,249	106.2	.1	0	0	0.0	0
YES	MS(C)-91	C.	NO.		12/02/1993			01/03/2001	PLAN C ISSUE AGE	19,661	4,870	24.8	.4	0	0	0.0	0
YES	MS(F)-91	F.	NO.		05/06/1992			01/03/2001	PLAN F ISSUE AGE	31,609	3,634	11.5	.6	0	0	0.0	0
YES	MSAAC2010 KY	C.	NO.		07/20/2010				PLAN C ATTAINED (2010)	(135)	15	(11.1)	0	10,403	4,877	46.9	3
YES	MSAAF2010 KY	F.	NO.		07/20/2010				PLAN F ATTAINED AGE (2010)	2,700	270	10.0	.1	0	0	0.0	0
YES	MSAAG2010 KY	G.	NO.		07/20/2010				PLAN G ATTAINED AGE (2010)	1,771	222	12.5	.0	1,718	(190)	(11.1)	2
0199999. Total Experience on Individual Policies										60,473	11,379	18.8	13	12,121	4,687	38.7	5

GENERAL INTERROGATORIES

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- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 - Address: 1801 Watermark Drive Suite 100 Columbus, OH 43215
 - Contact Person and Phone Number: Dennis Lee 800-848-0123
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - Address: 1801 Watermark Drive Suite 100 Columbus, OH 43215
 - Contact Person and Phone Number: Denise Sharif 800-848-0123
- Explain any policies identified above as policy type "O".



**SUPPLEMENT FOR THE YEAR 2020 OF THE The Order Of United Commercial Travelers Of America
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2020
(To Be Filed by March 1)

FOR THE STATE OF Louisiana.....
NAIC Group Code 0000

NAIC Company Code 56383

ADDRESS (City, State and Zip Code) Columbus , OH 43215

Person Completing This Exhibit

Title

Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2017				Policies Issued in 2018; 2019; 2020			
										11	Incurred Claims		14	15	Incurred Claims		18
											Premiums Earned	12	13		Premiums Earned	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Amount	Amount	Percent of Premiums Earned	Number of Covered Lives	Amount	Amount	Percent of Premiums Earned	Number of Covered Lives
YES	MS(C)-91	C.	NO.		11/15/1993		05/24/2001		PLAN C ISSUE AGE	4,970	460	9.3	.1	0	0	0.0	0
YES	MS(F)-91	F.	NO.		.08/14/1992		05/24/2001		PLAN F ISSUE AGE	12,133	3,007	24.8	.2	0	0	0.0	0
YES	MS(G)-04 LA	G.	NO.		.02/20/2004		.02/16/2006		PLAN G ATTAINED AGE	5,538	(55)	(1.0)	.1	0	0	0.0	0
YES	MS AC 06 LA	C.	NO.		.02/16/2006		.05/31/2010		PLAN C ATTAINED AGE	6,272	237	3.8	.1	0	0	0.0	0
YES	MS AD 06 LA	D.	NO.		.02/16/2006		.05/31/2010		PLAN D ATTAINED AGE	0	(53)	0.0	.0	0	0	0.0	0
YES	MS AF 06 LA	F.	NO.		.02/16/2006		.05/31/2010		PLAN F ATTAINED AGE	886,480	437,881	49.4	.135	0	0	0.0	0
YES	MS AG 06 LA	G.	NO.		.02/16/2006		.05/31/2010		PLAN G ATTAINED AGE	153,993	101,262	65.8	.27	0	0	0.0	0
	MSAAF2010 LA	F.	NO.		.06/25/2010				PLAN F ATTAINED AGE (2010)	0	0	0.0	.0	0	0	0.0	0
0199999. Total Experience on Individual Policies										1,069,386	542,739	50.8	167	0	0	0.0	0

GENERAL INTERROGATORIES

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- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 - Address: 1801 Watermark Drive Suite 100 Columbus , OH 43215
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- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - Address: 1801 Watermark Drive Suite 100 Columbus , OH 43215
 - Contact Person and Phone Number: Denise Sharif 800-848-0123
- Explain any policies identified above as policy type "O".



**SUPPLEMENT FOR THE YEAR 2020 OF THE The Order Of United Commercial Travelers Of America
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2020
(To Be Filed by March 1)

FOR THE STATE OF Michigan

NAIC Group Code 0000

NAIC Company Code 56383

ADDRESS (City, State and Zip Code) Columbus, OH 43215

Person Completing This Exhibit

Title

Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2017				Policies Issued in 2018; 2019; 2020			
										11	Incurred Claims		14	15	Incurred Claims		18
											Premiums Earned	12	13		Premiums Earned	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Amount	Amount	Percent of Premiums Earned	Number of Covered Lives	Amount	Amount	Percent of Premiums Earned	Number of Covered Lives
YES	MS(C)-91	C.	NO		08/19/1993		08/01/2000	08/01/2000	PLAN C ISSUE AGE	31,039	7,788	25.1	5	0	0	0.0	0
YES	MS(F)-91	F.	NO		05/04/1992		08/01/2000	08/01/2000	PLAN F ISSUE AGE	18,414	3,382	18.4	2	0	0	0.0	0
YES	MS(C)-00	C.	NO		08/01/2000		12/31/2005	12/31/2005	PLAN C ATTAINED AGE	16,894	901	5.3	2	0	0	0.0	0
YES	MS(D)-00	D.	NO		08/01/2000		12/31/2005	12/31/2005	PLAN D ATTAINED AGE	10,676	3,879	36.3	2	0	0	0.0	0
YES	MS AC 06	C.	NO		12/09/2005		05/31/2010	05/31/2010	PLAN C ATTAINED AGE	17,057	6,408	37.6	3	0	0	0.0	0
YES	MS AF 06	F.	NO		12/09/2005		05/31/2010	05/31/2010	PLAN F ATTAINED AGE	245,514	150,916	61.5	46	0	0	0.0	0
YES	MS AG 06	G.	NO		12/09/2005		05/31/2010	05/31/2010	PLAN G ATTAINED AGE	159,816	72,041	45.1	31	0	0	0.0	0
YES	MSAAF2010	F.	NO		04/23/2010				PLAN F ATTAINED AGE (2010)	0	0	0.0	0	0	0	0.0	0
YES	MSAAN2010	N.	NO		04/23/2010				PLAN N ATTAINED AGE (2010)	0	0	0.0	0	0	0	0.0	0
0199999. Total Experience on Individual Policies										499,410	245,315	49.1	91	0	0	0.0	0

GENERAL INTERROGATORIES

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- Explain any policies identified above as policy type "O".



**SUPPLEMENT FOR THE YEAR 2020 OF THE The Order Of United Commercial Travelers Of America
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2020
(To Be Filed by March 1)

FOR THE STATE OF Mississippi

NAIC Group Code 0000

NAIC Company Code 56383

ADDRESS (City, State and Zip Code) Columbus, OH 43215

Person Completing This Exhibit

Title

Telephone Number

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2017			Policies Issued in 2018; 2019; 2020					
										11 Premiums Earned	12 Incurred Claims Amount	13 Percent of Premiums Earned	14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims Amount	17 Percent of Premiums Earned	18 Number of Covered Lives	
NO	MS-88	P.	NO	01/22/1988	12/26/1990	07/01/1992	08/18/2000	12/04/2002	12/31/2005	PRE-STANDARD	4,601	.195	.4.2	.1	0	0	0.0	0
YES	MS(C)-91MS	C.	NO	08/16/1996			08/18/2000			PLAN C ISSUE AGE	5,596	2,138	.38.2	.1	0	0	0.0	0
YES	MS(F)-91 MS	F.	NO	08/16/1996			08/18/2000			PLAN F ISSUE AGE	18,031	5,900	.32.7	3	0	0	0.0	0
YES	MS(C)-00 MS	C.	NO	08/18/2000			12/04/2002			PLAN C ATTAINED AGE	4,525	1,519	.33.6	.1	0	0	0.0	0
YES	MS(F)-00 MS	F.	NO	08/18/2000			12/04/2002			PLAN F ATTAINED AGE	5,522	454	.8.2	.1	0	0	0.0	0
YES	MS AC 06 MS	C.	NO	09/12/2005			05/31/2010			PLAN C ATTAINED AGE	45,481	48,438	.106.5	7	0	0	0.0	0
YES	MS AD 06 MS	D.	NO	09/12/2005			05/31/2010			PLAN D ATTAINED AGE	11,697	1,245	.10.6	2	0	0	0.0	0
YES	MS AF 06 MS	F.	NO	09/12/2005			05/31/2010			PLAN F ATTAINED AGE	2,379,696	1,475,686	.62.0	403	0	0	0.0	0
YES	MS G 06 MS	G.	NO	12/14/2006			05/31/2010			PLAN G ATTAINED AGE	60,379	44,984	.74.5	11	0	0	0.0	0
YES	MSAAC2010 MS	C.	NO	07/21/2010						PLAN C ATTAINED AGE (2010)	32,007	58,917	.184.1	.5	0	0	0.0	0
YES	MSAAF2010 MS	F.	NO	07/21/2010						PLAN F ATTAINED AGE (2010)	.868	4,568	.526.3	.0	0	0	0.0	0
YES	MSAAG2010 MS	G.	NO	07/21/2010						PLAN G ATTAINED AGE (2010)	.0	-(165)	.0.0	.0	0	0	0.0	0
YES	MSAAN2010 MS	N.	NO	07/21/2010						PLAN N ATTAINED AGE (2010)	3,087	-(361)	-(11.7)	.1	0	0	0.0	0
0199999. Total Experience on Individual Policies											2,571,490	1,643,518	63.9	436	0	0	0.0	0

GENERAL INTERROGATORIES

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- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
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 - Contact Person and Phone Number: Denise Sharif 800-848-0123
- Explain any policies identified above as policy type "O".



**SUPPLEMENT FOR THE YEAR 2020 OF THE The Order Of United Commercial Travelers Of America
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2020
(To Be Filed by March 1)

FOR THE STATE OF Missouri.....

NAIC Group Code 0000

NAIC Company Code 56383

ADDRESS (City, State and Zip Code) Columbus , OH 43215

Person Completing This Exhibit

Title

Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2017				Policies Issued in 2018; 2019; 2020			
										11	Incurred Claims		14	15	Incurred Claims		18
											Premiums Earned	12	13		Premiums Earned	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Amount	Amount	Percent of Premiums Earned	Number of Covered Lives	Amount	Amount	Percent of Premiums Earned	Number of Covered Lives
N/A	MS-88	P.	NO		02/16/1998		01/23/1991	07/30/1992	PRE-STANDARD	3,357	124	3.7	1	0	0	0.0	0
YES	MS(B)-91	B.	NO		01/14/1992			12/31/2005	PLAN B ISSUE AGE	4,360	35	0.8	1	0	0	0.0	0
YES	MS(C)-91	C.	NO		11/10/1993			12/31/2005	PLAN C ISSUE AGE	25,121	28,290	112.6	4	0	0	0.0	0
YES	MS(F)-91	F.	NO		06/01/1992			12/31/2005	PLAN F ISSUE AGE	14,123	5,804	41.1	3	0	0	0.0	0
YES	MSIAB2010	B.	NO		08/10/2010				PLAN B ISSUE AGE (2010)	2,508	1,467	58.5	1	0	0	0.0	0
YES	MSIAC2010	C.	NO		08/10/2010				PLAN C ISSUE AGE (2010)	6,553	3,338	50.9	2	0	(235)	0.0	0
YES	MSIAD2010	D.	NO		08/10/2010				PLAN D ISSUE AGE (2010)	41,350	29,063	70.3	15	274	.28	10.2	1
YES	MSIAF2010	F.	NO		08/10/2010				PLAN F ISSUE AGE (2010)	62,597	80,597	128.8	20	2,232	(113)	(5.1)	0
YES	MSIAG2010	G.	NO		08/10/2010				PLAN G ISSUE AGE (2010)	44,324	17,403	39.3	16	362	(261)	(72.1)	1
YES	MSIAN2010	N.	NO		08/10/2010				PLAN N ISSUE AGE (2010)	54,217	25,068	46.2	24	0	0	0.0	0
0199999. Total Experience on Individual Policies										258,510	191,189	74.0	87	2,868	(581)	(20.3)	2

GENERAL INTERROGATORIES

- If response in Column 1 is no, give full and complete details
- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 - Address: 1801 Watermark Drive Suite 100 Columbus , OH 43215
 - Contact Person and Phone Number: Dennis Lee 800-848-0123
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - Address: 1801 Watermark Drive Suite 100 Columbus , OH 43215
 - Contact Person and Phone Number: Denise Sharif 800-848-0123
- Explain any policies identified above as policy type "O".



**SUPPLEMENT FOR THE YEAR 2020 OF THE The Order Of United Commercial Travelers Of America
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2020
(To Be Filed by March 1)

FOR THE STATE OF Montana.....
NAIC Group Code 0000

NAIC Company Code 56383

ADDRESS (City, State and Zip Code) Columbus , OH 43215

Person Completing This Exhibit

Title

Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2017				Policies Issued in 2018; 2019; 2020			
										11	Incurred Claims		14	15	Incurred Claims		18
											Premiums Earned	12	13		Premiums Earned	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Amount	Amount	Percent of Premiums Earned	Number of Covered Lives	Amount	Amount	Percent of Premiums Earned	Number of Covered Lives
YES	MS AC 06 MT	C.	NO		01/17/2006			05/31/2010	PLAN C ATTAINED AGE	7,596	1,229	16.2	2	0	0	0.0	0
YES	MS AD 06 MT	D.	NO		01/17/2006			05/31/2010	PLAN D ATTAINED AGE	7,639	4,583	60.0	2	0	0	0.0	0
YES	MS AF 06 MT	F.	NO		01/17/2006			05/31/2010	PLAN F ATTAINED AGE	727,768	369,357	50.8	171	0	0	0.0	0
YES	MS AG 06 MT	G.	NO		01/17/2006			05/31/2010	PLAN G ATTAINED AGE	67,707	43,104	63.7	20	0	0	0.0	0
YES	MS AAC 2010 MT	C.	NO		07/12/2010				PLAN C ATTAINED AGE (2010)	3,586	629	17.5	1	0	0	0.0	0
YES	MS AAF 2010 MT	F.	NO		07/12/2010				PLAN F ATTAINED AGE (2010)	8,941	4,422	49.5	2	0	0	0.0	0
0199999. Total Experience on Individual Policies										823,237	423,324	51.4	198	0	0	0.0	0

GENERAL INTERROGATORIES

- If response in Column 1 is no, give full and complete details
- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 - Address: 1801 Watermark Drive Suite 100 Columbus , OH 43215
 - Contact Person and Phone Number: Dennis Lee 800-848-0123
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - Address: 1801 Watermark Drive Suite 100 Columbus , OH 43215
 - Contact Person and Phone Number: Denise Sharif 800-848-0123
- Explain any policies identified above as policy type "O".



**SUPPLEMENT FOR THE YEAR 2020 OF THE The Order Of United Commercial Travelers Of America
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2020
(To Be Filed by March 1)

FOR THE STATE OF Nebraska.....

NAIC Group Code 0000

NAIC Company Code 56383

ADDRESS (City, State and Zip Code) Columbus , OH 43215

Person Completing This Exhibit

Title

Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2017				Policies Issued in 2018; 2019; 2020			
										11	Incurred Claims		14	15	Incurred Claims		18
											Premiums Earned	12	13		Premiums Earned	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Amount	Amount	Percent of Premiums Earned	Number of Covered Lives	Amount	Amount	Percent of Premiums Earned	Number of Covered Lives
N/A	MS-88	P.	NO.	05/01/1989	02/28/1991	05/01/1992	05/01/1992	05/01/1992	PRE-STANDARD	2,400	5,130	213.8	.1	0	0	0.0	0
YES	MS(B)-91	B.	NO.	05/22/1995		10/04/2000	10/04/2000	10/04/2000	PLAN B ISSUE AGE	2,073	2,085	100.6	.0	0	0	0.0	0
YES	MS(F)-91	F.	NO.	05/22/1995		10/04/2000	10/04/2000	10/04/2000	PLAN F ISSUE AGE	9,029	9,611	106.4	.1	0	0	0.0	0
YES	MS(F)-00	F.	NO.	10/04/2000		01/05/2006	01/05/2006	01/05/2006	PLAN F ATTAINED AGE	10,276	164	1.6	.1	0	0	0.0	0
YES	MS AC 06	C.	NO.	01/05/2006		05/31/2010	05/31/2010	05/31/2010	PLAN C ATTAINED AGE	3,950	4,920	124.6	.0	0	0	0.0	0
YES	MS AF 06	F.	NO.	01/05/2006		05/31/2010	05/31/2010	05/31/2010	PLAN F ATTAINED AGE	2,797,163	1,919,386	68.6	488	0	0	0.0	0
YES	MS AG 06	G.	NO.	01/05/2006		05/31/2010	05/31/2010	05/31/2010	PLAN G ATTAINED AGE	41,708	31,985	76.7	8	0	0	0.0	0
0199999. Total Experience on Individual Policies										2,866,599	1,973,281	68.8	499	0	0	0.0	0

GENERAL INTERROGATORIES

- If response in Column 1 is no, give full and complete details
- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 - Address: 1801 Watermark Drive Suite 100 Columbus , OH 43215
 - Contact Person and Phone Number: Dennis Lee 800-848-0123
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - Address: 1801 Watermark Drive Suite 100 Columbus , OH 43215
 - Contact Person and Phone Number: Denise Sharif 800-848-0123
- Explain any policies identified above as policy type "O".



**SUPPLEMENT FOR THE YEAR 2020 OF THE The Order Of United Commercial Travelers Of America
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2020
(To Be Filed by March 1)

FOR THE STATE OF Nevada

NAIC Group Code 0000

NAIC Company Code 56383

ADDRESS (City, State and Zip Code) Columbus, OH 43215
Person Completing This Exhibit
Title _____ Telephone Number _____

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2017				Policies Issued in 2018; 2019; 2020			
										11	Incurred Claims		14	15	Incurred Claims		18
											Premiums Earned	12	13		Premiums Earned	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Amount	Amount	Percent of Premiums Earned	Number of Covered Lives	Amount	Amount	Percent of Premiums Earned	Number of Covered Lives
YES	MSF 06 NV	F.	NO		02/16/2007			05/31/2010	PLAN F ATTAINED AGE	188,340	114,009	60.5	34	0	0	0.0	0
YES	MSG 06 NV	G.	NO		02/16/2007			05/31/2010	PLAN G ATTAINED AGE	93,902	34,965	37.2	19	0	0	0.0	0
YES	MSAAF2010 NV	F.	NO		06/21/2010				PLAN F ATTAINED AGE (2010)	14,621	2,981	20.4	3	0	0	0.0	0
YES	MS AAG 2010 NV	G.	NO		06/21/2010				PLAN G ATTAINED AGE (2010)	3,663	218	6.0	1	2,436	1,344	55.2	.1
YES	MS AAN 2010 NV	N.	NO		06/21/2010				PLAN N ATTAINED AGE (2010)	0	0	0.0	0	2,896	(56)	(1.9)	.1
0199999. Total Experience on Individual Policies										300,526	152,173	50.6	57	5,332	1,288	24.2	2

GENERAL INTERROGATORIES

- If response in Column 1 is no, give full and complete details
- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 - Address: 1801 Watermark Drive Suite 100 Columbus, OH 43215
 - Contact Person and Phone Number: Dennis Lee 800-848-0123
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - Address: 1801 Watermark Drive Suite 100 Columbus, OH 43215
 - Contact Person and Phone Number: Denise Sharif 800-848-0123
- Explain any policies identified above as policy type "O".



**SUPPLEMENT FOR THE YEAR 2020 OF THE The Order Of United Commercial Travelers Of America
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2020
(To Be Filed by March 1)

FOR THE STATE OF North Carolina.....

NAIC Group Code 0000

NAIC Company Code 56383

ADDRESS (City, State and Zip Code) Columbus , OH 43215

Person Completing This Exhibit

Title

Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2017				Policies Issued in 2018; 2019; 2020			
										11	Incurred Claims		14	15	Incurred Claims		18
											Premiums Earned	12	13		16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Amount	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
NO	MS-88	P.	NO		.10/24/1989			01/01/1992	PRE-STANDARD	(90)	(684)	.760.0	0	0	0	0.0	0
YES	MS(A)-91	A.	NO		.09/14/1992			02/16/2001	PLAN A ISSUE AGE	0	(17)	0.0	0	0	0	0.0	0
YES	MS(C)-91	C.	NO		.07/22/1994			02/16/2001	PLAN C ISSUE AGE	14,563	11,500	.79.0	2	0	0	0.0	0
YES	MS(F)-91	F.	NO		.07/22/1994			02/16/2001	PLAN F ISSUE AGE	644	(40)	(6.2)	0	0	0	0.0	0
YES	MS AC 06 NC	C.	NO		.01/23/2006			05/31/2010	PLAN C ATTAINED AGE	81,388	92,754	.114.0	13	0	0	0.0	0
YES	MS AD 06 NC	D.	NO		.01/23/2006			05/31/2010	PLAN D ATTAINED AGE	5,330	363	.6.8	.1	0	0	0.0	0
YES	MS AF 06 NC	F.	NO		.01/23/2006			05/31/2010	PLAN F ATTAINED AGE	508,292	227,550	.44.8	.85	0	0	0.0	0
YES	MS AG 08 NC	G.	NO		.08/22/2008			05/31/2010	PLAN G ATTAINED AGE	134,368	70,162	.52.2	.31	0	0	0.0	0
YES	MS AAC 2010 NC	C.	NO		.06/01/2010				PLAN C ATTAINED AGE (2010)	6,701	11,393	.170.0	.1	0	0	0.0	0
YES	MS AAG 2010 NC	G.	NO		.06/01/2010				PLAN G ATTAINED AGE (2010)	2,049	(281)	(13.7)	0	0	0	0.0	0
0199999. Total Experience on Individual Policies										753,245	412,700	54.8	133	0	0	0.0	0

GENERAL INTERROGATORIES

- If response in Column 1 is no, give full and complete details
- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 - Address: 1801 Watermark Drive Suite 100 Columbus , OH 43215
 - Contact Person and Phone Number: Dennis Lee 800-848-0123
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - Address: 1801 Watermark Drive Suite 100 Columbus , OH 43215
 - Contact Person and Phone Number: Denise Sharif 800-848-0123
- Explain any policies identified above as policy type "O".



**SUPPLEMENT FOR THE YEAR 2020 OF THE The Order Of United Commercial Travelers Of America
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2020
(To Be Filed by March 1)

FOR THE STATE OF North Dakota.....
NAIC Group Code 0000

NAIC Company Code 56383

ADDRESS (City, State and Zip Code) Columbus , OH 43215

Person Completing This Exhibit

Title

Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2017				Policies Issued in 2018; 2019; 2020			
										11	Incurred Claims		14	15	Incurred Claims		18
											Premiums Earned	12	13	Number of Covered Lives	Premiums Earned	16	17	Number of Covered Lives
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
N/A	MS-88	P.	NO		12/30/1989		01/15/1991	01/01/1992	PRE-STANDARD	3,597	529	14.7	1	0	0	0.0	0
YES	MS(B)-91	B.	NO		.08/09/1993			08/08/2000	PLAN B ISSUE AGE	0	(1)	0.0	0	0	0	0.0	0
YES	MS(C)-91	C.	NO		.08/09/1993			08/08/2000	PLAN C ISSUE AGE	17,118	4,889	28.6	4	0	0	0.0	0
YES	MS(F)-91	F.	NO		11/18/1992			08/08/2000	PLAN F ISSUE AGE	25,267	11,968	47.4	5	0	0	0.0	0
YES	MS(F)-00	F.	NO		.08/08/2000			12/31/2005	PLAN F ATTAINED AGE	4,255	3,162	74.3	1	0	0	0.0	0
YES	MS AC 06 ND	C.	NO		10/31/2005			05/31/2010	PLAN C ATTAINED AGE	13,608	2,698	19.8	3	0	0	0.0	0
YES	MS AF 06 ND	F.	NO		.10/31/2005			05/31/2010	PLAN F ATTAINED AGE	618,126	378,588	61.2	134	0	0	0.0	0
YES	MSG 06 ND	G.	NO		.01/05/2007			05/31/2010	PLAN G ATTAINED AGE	3,202	3,203	100.0	1	0	0	0.0	0
0199999. Total Experience on Individual Policies										685,173	405,036	59.1	149	0	0	0.0	0

GENERAL INTERROGATORIES

- If response in Column 1 is no, give full and complete details
- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 - Address: 1801 Watermark Drive Suite 100 Columbus , OH 43215
 - Contact Person and Phone Number: Dennis Lee 800-848-0123
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - Address: 1801 Watermark Drive Suite 100 Columbus , OH 43215
 - Contact Person and Phone Number: Denise Sharif 800-848-0123
- Explain any policies identified above as policy type "O".



**SUPPLEMENT FOR THE YEAR 2020 OF THE The Order Of United Commercial Travelers Of America
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2020
(To Be Filed by March 1)

FOR THE STATE OF Ohio.....

NAIC Group Code 0000

NAIC Company Code 56383

ADDRESS (City, State and Zip Code) Columbus , OH 43215

Person Completing This Exhibit

Title

Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2017				Policies Issued in 2018; 2019; 2020			
										11	Incurred Claims		14	15	Incurred Claims		18
											Premiums Earned	12	13		Premiums Earned	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Amount	Amount	Percent of Premiums Earned	Number of Covered Lives	Amount	Amount	Percent of Premiums Earned	Number of Covered Lives
N/A	MS-88	P.	NO		01/27/1988		01/09/1991	01/01/1992	PRE-STANDARD	6,932	38,584	556.6	.1	0	0	0.0	0
YES	MS(A)-91	A.	NO		01/01/1992			07/14/2000	PLAN A ISSUE AGE	0	.6	0.0	.0	0	0	0.0	0
YES	MS(B)-91	B.	NO		01/30/1992			07/14/2000	PLAN B ISSUE AGE	3,591	1,304	36.3	.1	0	0	0.0	0
YES	MS(C)-91	C.	NO		06/24/1993			07/14/2000	PLAN C ISSUE AGE	104,054	39,272	37.7	.21	0	0	0.0	0
YES	MS(F)-91	F.	NO		01/30/1992			07/14/2000	PLAN F ISSUE AGE	14,257	13,588	95.0	.3	0	0	0.0	0
YES	MS AF 06 OH	F.	NO		09/15/2005			05/31/2010	PLAN F ATTAINED AGE	6,860	1,529	22.3	.1	0	0	0.0	0
YES	MSAAC2010 OH	C.	NO		06/29/2010				PLAN C ATTAINED AGE								
									(2010)	11,457	7,236	63.2	.5	43,465	23,876	54.9	.20
YES	MSAAD2010 OH	D.	NO		06/29/2010				PLAN D ATTAINED AGE								
									(2010)	9,583	1,398	14.6	.4	7,620	3,452	45.3	.4
YES	MSAAF2010 OH	F.	NO		06/29/2010				PLAN F ATTAINED AGE								
									(2010)	45,523	36,738	80.7	.17	.51,120	.41,314	.80.8	.26
YES	MSAAG2010 OH	G.	NO		06/29/2010				PLAN G ATTAINED AGE								
									(2010)	.84,355	.45,299	.53.7	.43	406,070	236,223	.58.2	.282
YES	MSAAN2010 OH	N.	NO		06/29/2010				PLAN N ATTAINED AGE								
									(2010)	.27,455	.24,866	.90.6	.15	.12,179	.3,308	.27.2	.17
0199999. Total Experience on Individual Policies										314,067	209,770	66.8	111	520,454	308,173	59.2	349

GENERAL INTERROGATORIES

- If response in Column 1 is no, give full and complete details
- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 - Address: 1801 Watermark Drive Suite 100 Columbus , OH 43215
 - Contact Person and Phone Number: Dennis Lee 800-848-0123
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - Address: 1801 Watermark Drive Suite 100 Columbus , OH 43215
 - Contact Person and Phone Number: Denise Sharif 800-848-0123
- Explain any policies identified above as policy type "O".



**SUPPLEMENT FOR THE YEAR 2020 OF THE The Order Of United Commercial Travelers Of America
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2020
(To Be Filed by March 1)

FOR THE STATE OF Oklahoma.....

NAIC Group Code 0000

NAIC Company Code 56383

ADDRESS (City, State and Zip Code) Columbus , OH 43215

Person Completing This Exhibit

Title

Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2017				Policies Issued in 2018; 2019; 2020			
										11	Incurred Claims		14	15	Incurred Claims		18
											Premiums Earned	12	13		Premiums Earned	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Amount	Amount	Percent of Premiums Earned	Number of Covered Lives	Amount	Amount	Percent of Premiums Earned	Number of Covered Lives
YES	MS(A)-91	A.	NO.		01/01/1992		08/18/2000		PLAN A ISSUE AGE	4,595	2,163	.47.1	2	0	0	0.0	0
YES	MS(B)-91	B.	NO.		09/23/1993		08/18/2000		PLAN B ISSUE AGE	3,640	481	.13.2	1	0	0	0.0	0
YES	MS(C)-91	C.	NO.		09/23/1993		08/18/2000		PLAN C ISSUE AGE	56,111	14,733	.26.3	13	0	0	0.0	0
YES	MS(F)-91	F.	NO.		04/03/1992		08/18/2000		PLAN F ISSUE AGE	57,400	38,896	.67.8	11	0	0	0.0	0
YES	MS(A)-00	A.	NO.		08/18/2000		12/31/2005		PLAN A ATTAINED AGE	2,272	7,229	.318.2	1	0	0	0.0	0
YES	MS(C)-00	C.	NO.		08/18/2000		12/31/2005		PLAN C ATTAINED AGE	21,446	5,033	.23.5	3	0	0	0.0	0
YES	MS(F)-00	F.	NO.		08/18/2000		12/31/2005		PLAN F ATTAINED AGE	82,255	23,016	.28.0	11	0	0	0.0	0
YES	MS(G)-03	G.	NO.		11/04/2003		12/31/2005		PLAN G ATTAINED AGE	5,796	3,907	.67.4	0	0	0	0.0	0
YES	MS AF 06 OK	F.	NO.		09/23/2005		05/31/2010		PLAN F ATTAINED AGE	35,950	14,693	.40.9	6	0	0	0.0	0
0199999. Total Experience on Individual Policies										269,465	110,151	40.9	48	0	0	0.0	0

GENERAL INTERROGATORIES

- If response in Column 1 is no, give full and complete details
- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 - Address: 1801 Watermark Drive Suite 100 Columbus , OH 43215
 - Contact Person and Phone Number: Dennis Lee 800-848-0123
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - Address: 1801 Watermark Drive Suite 100 Columbus , OH 43215
 - Contact Person and Phone Number: Denise Sharif 800-848-0123
- Explain any policies identified above as policy type "O".



**SUPPLEMENT FOR THE YEAR 2020 OF THE The Order Of United Commercial Travelers Of America
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2020
(To Be Filed by March 1)

FOR THE STATE OF Oregon
NAIC Group Code 0000 NAIC Company Code 56383

ADDRESS (City, State and Zip Code) Columbus, OH 43215

Person Completing This Exhibit

Title _____ Telephone Number _____

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2017			Policies Issued in 2018; 2019; 2020			
										11 Premiums Earned	12 Incurred Claims Amount	13 Percent of Premiums Earned	14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims Amount	17 Percent of Premiums Earned	18 Number of Covered Lives
N/A	MS-89	P.	NO.	03/20/1989	01/24/1991	01/01/1992	PRE-STANDARD	2,902	4,723	162.7	0	0	0	0.0	0	
YES	MSF 06	F.	NO.	01/25/2007		05/31/2010	PLAN F ATTAINED AGE	576,935	199,530	34.6	109	0	0	0.0	0	
YES	MSG 06	G.	NO.	01/25/2007		05/31/2010	PLAN G ATTAINED AGE	13,868	2,665	19.2	3	0	0	0.0	0	
YES	MS AAF 2010	F.	NO.	04/28/2010		(2010)	PLAN F ATTAINED AGE	4,197	214	5.1	1	0	0	0.0	0	
0199999. Total Experience on Individual Policies										597,902	207,132	34.6	113	0	0	0.0

GENERAL INTERROGATORIES

- If response in Column 1 is no, give full and complete details
- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 - Address: 1801 Watermark Drive Suite 100 Columbus, OH 43215
 - Contact Person and Phone Number: Dennis Lee 800-848-0123
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - Address: 1801 Watermark Drive Suite 100 Columbus, OH 43215
 - Contact Person and Phone Number: Denise Sharif 800-848-0123
- Explain any policies identified above as policy type "O".



**SUPPLEMENT FOR THE YEAR 2020 OF THE The Order Of United Commercial Travelers Of America
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2020
(To Be Filed by March 1)

FOR THE STATE OF Pennsylvania.....
NAIC Group Code 0000

NAIC Company Code 56383

ADDRESS (City, State and Zip Code) Columbus , OH 43215

Person Completing This Exhibit

Title

Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2017			14	Policies Issued in 2018; 2019; 2020			
										11	Incurred Claims			15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
YES	MS(A)-91	A.	NO.		12/06/1993			10/11/2001	PLAN A ISSUE AGE	4,863	632	13.0	2	0	0	0.0	0
YES	MS(B)-91	B.	NO.		12/06/1993			10/11/2001	PLAN B ISSUE AGE	12,844	248	1.9	4	0	0	0.0	0
YES	MS(C)-91	C.	NO.		12/06/1993			10/11/2001	PLAN C ISSUE AGE	268,582	149,704	55.7	63	0	0	0.0	0
YES	MS AAC 2010 PA	C.	NO.		06/01/2010				PLAN C ATTAINED AGE (2010)	9,288	7,776	83.7	4	0	0	0.0	0
YES	MS AAF 2010 PA	F.	NO.		06/01/2010				PLAN F ATTAINED AGE (2010)	12,041	3,633	30.2	5	18,819	17,415	92.5	9
YES	MS AAG 2010 PA	G.	NO.		06/01/2010				PLAN G ATTAINED AGE (2010)	0	0	0.0	0	39,559	11,663	29.5	30
YES	MS AAN 2010 PA	N.	NO.		06/01/2010				PLAN N ATTAINED AGE (2010)	6,655	4,925	74.0	4	5,522	3,703	67.1	8
0199999. Total Experience on Individual Policies										314,273	166,918	53.1	82	63,900	32,781	51.3	47

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 - 2.1 Address: 1801 Watermark Drive Suite 100 Columbus , OH 43215
 - 2.2 Contact Person and Phone Number: Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - 3.1 Address: 1801 Watermark Drive Suite 100 Columbus , OH 43215
 - 3.2 Contact Person and Phone Number: Denise Sharif 800-848-0123
4. Explain any policies identified above as policy type "O".



**SUPPLEMENT FOR THE YEAR 2020 OF THE The Order Of United Commercial Travelers Of America
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2020
(To Be Filed by March 1)

FOR THE STATE OF South Carolina.....

NAIC Group Code 0000

NAIC Company Code 56383

ADDRESS (City, State and Zip Code) Columbus , OH 43215

Person Completing This Exhibit

Title

Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2017			Policies Issued in 2018; 2019; 2020				
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12	13	Number of Covered Lives	Premiums Earned	16	17	Number of Covered Lives
YES	MS(C)-91	C.	NO.		03/14/1995		09/14/2000		PLAN C ISSUE AGE	0	(39)	0.0	0	0	0	0.0	0
YES	MS(F)-91	F.	NO.		03/14/1995		09/14/2000		PLAN F ISSUE AGE	20,113	12,105	60.2	4	0	0	0.0	0
YES	MS(F)-00	F.	NO.		09/14/2000		12/31/2005		PLAN F ATTAINED AGE	25,182	9,523	37.8	5	0	0	0.0	0
YES	MS AB 06 SC	B.	NO.		12/06/2005		05/31/2010		PLAN B ATTAINED AGE	6,127	2,093	34.2	1	0	0	0.0	0
YES	MS AC 06 SC	C.	NO.		12/06/2005		05/31/2010		PLAN C ATTAINED AGE	4,642	(24)	(0.5)	1	0	0	0.0	0
YES	MS AF 06 SC	F.	NO.		12/06/2005		05/31/2010		PLAN F ATTAINED AGE	43,468	40,674	93.6	8	0	0	0.0	0
YES	MS AG 06 SC	G.	NO.		12/06/2005		05/31/2010		PLAN G ATTAINED AGE	7,377	1,141	15.5	2	0	0	0.0	0
0199999. Total Experience on Individual Policies										106,909	65,473	61.2	21	0	0	0.0	0

GENERAL INTERROGATORIES

- If response in Column 1 is no, give full and complete details
- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 - Address: 1801 Watermark Drive Suite 100 Columbus , OH 43215
 - Contact Person and Phone Number: Dennis Lee 800-848-0123
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - Address: 1801 Watermark Drive Suite 100 Columbus , OH 43215
 - Contact Person and Phone Number: Denise Sharif 800-848-0123
- Explain any policies identified above as policy type "O".



**SUPPLEMENT FOR THE YEAR 2020 OF THE The Order Of United Commercial Travelers Of America
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2020
(To Be Filed by March 1)

FOR THE STATE OF South Dakota.....
NAIC Group Code 0000

NAIC Company Code 56383

ADDRESS (City, State and Zip Code) Columbus , OH 43215

Person Completing This Exhibit

Title Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2017			Policies Issued in 2018; 2019; 2020				
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12	13	Number of Covered Lives	Premiums Earned	16	17	Number of Covered Lives
YES	MS(F)-91	F.	NO		09/20/1993		06/27/2000	06/27/2000	PLAN F ISSUE AGE	6,089	729	12.0	.1	0	0	0.0	
YES	MS(F)-00	F.	NO		06/27/2000		12/31/2005	12/31/2005	PLAN F ATTAINED AGE	22,788	32,197	141.3	3	0	0	0.0	
YES	MS AF 06 SD	F.	NO		09/01/2005		05/31/2010	05/31/2010	PLAN F ATTAINED AGE	197,542	78,721	39.9	39	0	0	0.0	
YES	MS AG 06 SD	G.	NO		09/01/2005		05/31/2010	05/31/2010	PLAN G ATTAINED AGE	6,308	1,177	18.7	.1	0	0	0.0	
0199999. Total Experience on Individual Policies										232,727	112,824	48.5	44	0	0	0.0	

GENERAL INTERROGATORIES

- If response in Column 1 is no, give full and complete details
- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 - Address: 1801 Watermark Drive Suite 100 Columbus , OH 43215
 - Contact Person and Phone Number: Dennis Lee 800-848-0123
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - Address: 1801 Watermark Drive Suite 100 Columbus , OH 43215
 - Contact Person and Phone Number: Denise Sharif 800-848-0123
- Explain any policies identified above as policy type "O".



**SUPPLEMENT FOR THE YEAR 2020 OF THE The Order Of United Commercial Travelers Of America
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2020
(To Be Filed by March 1)

FOR THE STATE OF Tennessee.....
NAIC Group Code 0000

NAIC Company Code 56383

ADDRESS (City, State and Zip Code) Columbus , OH 43215

Person Completing This Exhibit

Title Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2017				Policies Issued in 2018; 2019; 2020				
										11	Incurred Claims		14	15	Incurred Claims		18	
Compliance with OBRA		Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Premiums Earned	12	13	Number of Covered Lives	Premiums Earned	16	17	Number of Covered Lives	
.....YES.....		MS(C)-91	C.	NO.	.....08/02/1994 .....	.....08/11/2000 .....	.....PLAN C ISSUE AGE .....	.....6,239 .....	.....290 .....	.....4.6 .....	.....1 .....	.....0 .....	.....0 .....	.....0 .....	.....0 .....	.....0 .....	.....0
.....YES.....		MS(F)-91	F.	NO.	.....08/02/1994 .....	.....08/11/2000 .....	.....PLAN F ISSUE AGE .....	.....18,769 .....	.....8,209 .....	.....43.7 .....	.....3 .....	.....0 .....	.....0 .....	.....0 .....	.....0 .....	.....0 .....	.....0
.....YES.....		MS(F)-00 TN	F.	NO.	.....08/11/2000 .....	.....12/31/2005 .....	.....PLAN F ATTAINED AGE .....	.....2,248 .....	.....(195) .....	.....(8.7) .....	.....0 .....	.....0 .....	.....0 .....	.....0 .....	.....0 .....	.....0 .....	.....0
.....YES.....		MSAAF2010	F.	NO.	.....07/23/2010 .....	.....(2010) .....	.....PLAN F ATTAINED AGE .....	.....3,086 .....	.....4,330 .....	.....140.3 .....	.....1 .....	.....0 .....	.....0 .....	.....0 .....	.....0 .....	.....0 .....	.....0
0199999. Total Experience on Individual Policies										30,342	12,634	41.6	5	0	0	0.0	0	

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 - 2.1 Address: 1801 Watermark Drive Suite 100 Columbus , OH 43215
 - 2.2 Contact Person and Phone Number: Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - 3.1 Address: 1801 Watermark Drive Suite 100 Columbus , OH 43215
 - 3.2 Contact Person and Phone Number: Denise Sharif 800-848-0123
4. Explain any policies identified above as policy type "O".



**SUPPLEMENT FOR THE YEAR 2020 OF THE The Order Of United Commercial Travelers Of America
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2020
(To Be Filed by March 1)

FOR THE STATE OF Texas

NAIC Group Code 0000

NAIC Company Code 56383

ADDRESS (City, State and Zip Code) Columbus, OH 43215

Person Completing This Exhibit

Title

Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2017				Policies Issued in 2018; 2019; 2020			
										11	Incurred Claims		14	15	Incurred Claims		18
											Premiums Earned	12	13	Number of Covered Lives	Premiums Earned	16	17	Number of Covered Lives
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name								
N/A	MS-89-TX	P.	NO		02/16/1990		01/14/1991	03/01/1992	PRE-STANDARD	11,885	4,704	.39.6	2	0	0	0.0	0
YES	MS(A)-91	A.	NO		08/20/1992			11/14/2000	PLAN A ISSUE AGE	4,004	1,562	.39.0	.1	0	0	0.0	0
YES	MS(C)-91	C.	NO		10/19/1993			11/14/2000	PLAN C ISSUE AGE	66,484	30,036	.45.2	.11	0	0	0.0	0
YES	MS(F)-91	F.	NO		08/20/1992			11/14/2000	PLAN F ISSUE AGE	172,304	90,561	.52.6	.24	0	0	0.0	0
YES	MS(F)-00	F.	NO		11/14/2000		03/03/2006		PLAN F ATTAINED AGE	7,490	218	.2.9	.1	0	0	0.0	0
YES	MS AA 06 TX	A.	NO		03/03/2006			05/31/2010	PLAN A ATTAINED AGE	44,226	111,679	.252.5	.5	0	0	0.0	0
YES	MSAAA2010 TX	A.	NO		09/09/2010				PLAN A ATTAINED AGE (2010)	2,623	7,588	.289.3	.1	0	0	0.0	0
YES	MSAAG2010 TX	G.	NO		09/09/2010				PLAN G ATTAINED AGE (2010)	0	0	.0.0	0	0	(141)	0.0	0
0199999. Total Experience on Individual Policies										309,016	246,348	79.7	45	0	(141)	0.0	0

GENERAL INTERROGATORIES

- If response in Column 1 is no, give full and complete details
- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 - Address: 1801 Watermark Drive Suite 100 Columbus, OH 43215
 - Contact Person and Phone Number: Dennis Lee 800-848-0123
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - Address: 1801 Watermark Drive Suite 100 Columbus, OH 43215
 - Contact Person and Phone Number: Denise Sharif 800-848-0123
- Explain any policies identified above as policy type "O".



**SUPPLEMENT FOR THE YEAR 2020 OF THE The Order Of United Commercial Travelers Of America
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2020
(To Be Filed by March 1)

FOR THE STATE OF Utah.....
NAIC Group Code 0000..... NAIC Company Code 56383

ADDRESS (City, State and Zip Code) Columbus , OH 43215

Person Completing This Exhibit

Title

Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2017				Policies Issued in 2018; 2019; 2020			
										11	Incurred Claims		14	15	Incurred Claims		18
											Premiums Earned	12	13		Premiums Earned	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Amount	Amount	Percent of Premiums Earned	Number of Covered Lives	Amount	Amount	Percent of Premiums Earned	Number of Covered Lives
YES	MSF 06 UT	F.	NO		11/15/2006			05/31/2010	PLAN F ATTAINED AGE	142,421	81,903	.57.5	.31	0	0	0.0	0
YES	MSG 06 UT	G.	NO		11/15/2006			05/31/2010	PLAN G ATTAINED AGE	7,502	1,597	.21.3	2	0	0	0.0	0
YES	MSAAF2010 UT	F.	NO		07/22/2010				PLAN F ATTAINED AGE (2010)	10,153	4,862	.47.9	3	0	0	0.0	0
YES	MSAAG2010 UT	G.	NO		07/22/2010				PLAN G ATTAINED AGE (2010)	7,152	5,151	.72.0	3	2,293	559	24.4	.1
YES	MSAAN2010 UT	N.	NO		07/22/2010				PLAN N ATTAINED AGE (2010)	2,685	572	.21.3	.1	0	0	0.0	0
0199999. Total Experience on Individual Policies										169,913	94,085	55.4	40	2,293	559	24.4	1

GENERAL INTERROGATORIES

- If response in Column 1 is no, give full and complete details
- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 - Address: 1801 Watermark Drive Suite 100 Columbus , OH 43215
 - Contact Person and Phone Number: Dennis Lee 800-848-0123
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - Address: 1801 Watermark Drive Suite 100 Columbus , OH 43215
 - Contact Person and Phone Number: Denise Sharif 800-848-0123
- Explain any policies identified above as policy type "O".



**SUPPLEMENT FOR THE YEAR 2020 OF THE The Order Of United Commercial Travelers Of America
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2020
(To Be Filed by March 1)

FOR THE STATE OF Virginia

NAIC Group Code 0000

NAIC Company Code 56383

ADDRESS (City, State and Zip Code) Columbus, OH 43215

Person Completing This Exhibit

Title

Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2017			Policies Issued in 2018; 2019; 2020				
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
YES	MS(C)-91	C.	NO.	04/15/1994		01/11/2006	PLAN C ISSUE AGE	6,021	.477	7.9	.1	0	0	0	0.0	0	
YES	MS AE 06 VA	E.	NO.	.06/18/2007		05/31/2010	PLAN E ATTAINED AGE	34,802	8,624	24.8	10	0	0	0	0.0	0	
YES	MS AF 06 VA	F.	NO.	.06/18/2007		05/31/2010	PLAN F ATTAINED AGE	1,699,844	953,691	56.1	349	0	0	0	0.0	0	
YES	MS AG 06 VA	G.	NO.	.06/18/2007		05/31/2010	PLAN G ATTAINED AGE	158,261	94,987	60.0	42	0	0	0	0.0	0	
0199999. Total Experience on Individual Policies										1,898,928	1,057,779	55.7	402	0	0	0.0	0

GENERAL INTERROGATORIES

- If response in Column 1 is no, give full and complete details
- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 - Address: 1801 Watermark Drive Suite 100 Columbus, OH 43215
 - Contact Person and Phone Number: Dennis Lee 800-848-0123
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - Address: 1801 Watermark Drive Suite 100 Columbus, OH 43215
 - Contact Person and Phone Number: Denise Sharif 800-848-0123
- Explain any policies identified above as policy type "O".



**SUPPLEMENT FOR THE YEAR 2020 OF THE The Order Of United Commercial Travelers Of America
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2020
(To Be Filed by March 1)

FOR THE STATE OF West Virginia.....

NAIC Group Code 0000

NAIC Company Code 56383

ADDRESS (City, State and Zip Code) Columbus , OH 43215

Person Completing This Exhibit

Title

Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2017				Policies Issued in 2018; 2019; 2020			
										11	Incurred Claims		14	15	Incurred Claims		18
											Premiums Earned	12	13		Premiums Earned	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Amount	Amount	Percent of Premiums Earned	Number of Covered Lives	Amount	Amount	Percent of Premiums Earned	Number of Covered Lives
YES	MS AE 06 WV	E	NO		06/07/2006		05/31/2010	PLAN E ATTAINED AGE	13,362	14,768	110.5	3	0	0	0.0	0	
YES	MS AF 06 WV	F	NO		06/07/2006		05/31/2010	PLAN F ATTAINED AGE	908,134	565,256	62.2	185	0	0	0.0	0	
YES	MS AG 06 WV	G	NO		06/07/2006		05/31/2010	PLAN G ATTAINED AGE	106,175	51,193	48.2	27	0	0	0.0	0	
YES	MS AAF 2010 WV	F	NO		06/03/2010			(2010)	7,491	4,431	59.2	2	12,117	1,643	13.6	3	
0199999. Total Experience on Individual Policies										1,035,162	635,648	61.4	217	12,117	1,643	13.6	3

GENERAL INTERROGATORIES

- If response in Column 1 is no, give full and complete details
- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 - Address: 1801 Watermark Drive Suite 100 Columbus , OH 43215
 - Contact Person and Phone Number: Dennis Lee 800-848-0123
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - Address: 1801 Watermark Drive Suite 100 Columbus , OH 43215
 - Contact Person and Phone Number: Denise Sharif 800-848-0123
- Explain any policies identified above as policy type "O".



**SUPPLEMENT FOR THE YEAR 2020 OF THE The Order Of United Commercial Travelers Of America
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2020
(To Be Filed by March 1)

FOR THE STATE OF Wisconsin.....

NAIC Group Code 0000

NAIC Company Code 56383

ADDRESS (City, State and Zip Code) Columbus , OH 43215

Person Completing This Exhibit

Title

Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2017				Policies Issued in 2018; 2019; 2020					
										11	Incurred Claims		14	15	Incurred Claims		18		
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12	13	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16	17	Percent of Premiums Earned	Number of Covered Lives
YES	MS-AT (BP) WI-04	0	NO		04/14/2004			05/31/2010	MED SUPP WI CORE & RIDERS	1,633,614	917,529	56.2	277	0	0	0	0.0	0	
0199999. Total Experience on Individual Policies										1,633,614	917,529	56.2	277	0	0	0	0.0	0	

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 - 2.1 Address: 1801 Watermark Drive Suite 100 Columbus , OH 43215
 - 2.2 Contact Person and Phone Number: Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - 3.1 Address: 1801 Watermark Drive Suite 100 Columbus , OH 43215
 - 3.2 Contact Person and Phone Number: Denise Sharif 800-848-0123
4. Explain any policies identified above as policy type "O".



**SUPPLEMENT FOR THE YEAR 2020 OF THE The Order Of United Commercial Travelers Of America
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2020
(To Be Filed by March 1)

FOR THE STATE OF Wyoming
NAIC Group Code 0000 NAIC Company Code 56383

ADDRESS (City, State and Zip Code) Columbus, OH 43215
Person Completing This Exhibit
Title Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2017			Policies Issued in 2018; 2019; 2020				
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12	13	Number of Covered Lives	Premiums Earned	16	17	Number of Covered Lives
YES	MS AF 06 WY	F.	NO		09/01/2005		05/31/2010	PLAN F ATTAINED AGE	886,882	523,836	.59.1	202	0	0	0.0	0	
YES	MS AG 06 WY	G.	NO		09/01/2005		05/31/2010	PLAN G ATTAINED AGE	29,298	23,154	.79.0	8	0	0	0.0	0	
YES	MS AAF 2010 WY	F.	NO		06/09/2010			PLAN F ATTAINED AGE (2010)	22,744	5,206	.22.9	6	0	0	0.0	0	
0199999. Total Experience on Individual Policies										938,924	552,196	.58.8	216	0	0	0.0	0

GENERAL INTERROGATORIES

- If response in Column 1 is no, give full and complete details
- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 - Address: 1801 Watermark Drive Suite 100 Columbus, OH 43215
 - Contact Person and Phone Number: Dennis Lee 800-848-0123
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - Address: 1801 Watermark Drive Suite 100 Columbus, OH 43215
 - Contact Person and Phone Number: Denise Sharif 800-848-0123
- Explain any policies identified above as policy type "O".

VM-20 Reserves Supplement - Part 1A

N O N E

VM-20 Reserves Supplement - Part 1B

N O N E

SUPPLEMENT FOR THE YEAR 2020 OF THE The Order Of United Commercial Travelers Of America
VM-20 RESERVES SUPPLEMENT – PART 2

Life PBR Exemption
For The Year Ended December 31, 2020
(To Be Filed by March 1)

Life PBR Exemption as defined in the NAIC adopted Valuation Manual (VM)

1. Has the company filed and been granted a Life PBR Exemption from the reserve requirements of VM-20 of the Valuation Manual by their state of domicile? Yes [] No []
2. If the response to Question 1 is "Yes", then check the source of the granted "Life PBR Exemption" definition? (Check either 2.1, 2.2 or 2.3)
 - 2.1 NAIC Adopted VM []
 - 2.2 State Statute (SVL) [] Complete items "a" and "b" as appropriate.
 - a. Is the criteria in the State Statute (SVL) different from the NAIC adopted VM? Yes [] No []
 - b. If the answer to "a" above is "Yes", provide the criteria the state has used to grant the Life PBR Exemption (e.g., Group/Legal Entity criteria) and the minimum reserve requirements that are required by the state of domicile (if the minimum reserve requirements are the same as the Adopted VM, write SAME AS NAIC VM):
.....
 - 2.3 State Regulation [] Complete items "a" and "b" as appropriate.
 - a. Is the criteria in the State Regulation different from the NAIC adopted VM? Yes [] No []
 - b. If the answer to "a" above is "Yes", provide the criteria the state has used to grant the Life PBR Exemption (e.g., Group/Legal Entity criteria) and the minimum reserve requirements that are required by the state of domicile (if the minimum reserve requirements are the same as the Adopted VM, write SAME AS NAIC VM):
.....

VM-20 RESERVES SUPPLEMENT – PART 3

Other Exclusions from Life PBR
For The Year Ended December 31, 2020
(To Be Filed by March 1)

- 1A. Has the company filed and been granted a Single State Company Exemption from the reserve requirements of VM-20 of the Valuation Manual by their state of domicile? Yes [] No []
- 1B. If the answer to question 1A is "Yes" please discuss any business covered under the Single State Company Exemption.
.....
- 2A. If the answer to question 1A is "Yes", does the company have risks for policies issued outside its state of domicile? Yes [] No []
- 2B. If the answer to question 2A is "Yes" please discuss the risks for policies issued outside the state of domicile, how those risks came to be a responsibility of the company, and why the company would still be considered a Single State Company with such risks.
.....
3. Is all of the company's individual ordinary life insurance business excluded from the requirements of VM-20 pursuant to Section II.B of the Valuation Manual? Yes [] No []

NONE



SUPPLEMENT FOR THE YEAR 2020 OF THE The Order Of United Commercial Travelers Of America

SCHEDULE O SUPPLEMENT

For The Year Ended December 31, 2020
(To Be Filed by March 1)

Of The The Order Of United Commercial Travelers Of America
ADDRESS (City, State and Zip Code) Columbus, OH 43215
NAIC Group Code 0000 NAIC Company Code 56383 Employer's Identification Number (FEIN) 31-4273120

SUPPLEMENTAL SCHEDULE O - PART 1

Development of Incurred Losses

(\$000 Omitted)

Section A - Group Accident and Health

Years in Which Losses Were Incurred	Cumulative Net Amounts Paid Policyholders				
	1 2016	2 2017	3 2018	4 2019	5 2020(a)
1. Prior	.0	0	0	0	0
2. 2016	0	0	0	0	0
3. 2017	XXX	0	0	0	0
4. 2018	XXX	XXX	0	0	0
5. 2019	XXX	XXX	XXX	0	0
6. 2020	XXX	XXX	XXX	XXX	0

Section B - Other Accident and Health

1. Prior	1,253	1,252	1,253	1,250	1,250
2. 2016	6,684	7,524	7,533	7,533	7,533
3. 2017	XXX	6,627	7,554	7,562	7,563
4. 2018	XXX	XXX	7,323	8,208	8,212
5. 2019	XXX	XXX	XXX	7,260	8,097
6. 2020	XXX	XXX	XXX	XXX	6,661

Section C - Credit Accident and Health

1. Prior	.0	0	0	0	0
2. 2016	0	0	0	0	0
3. 2017	XXX	0	0	0	0
4. 2018	XXX	XXX	0	0	0
5. 2019	XXX	XXX	XXX	0	0
6. 2020	XXX	XXX	XXX	XXX	0

Section D - Other Accident and Health

1. Prior	1,253	1,252	1,253	1,250	1,250
2. 2016	6,684	7,524	7,533	7,533	7,533
3. 2017	XXX	6,627	7,554	7,562	7,563
4. 2018	XXX	XXX	7,323	8,208	8,212
5. 2019	XXX	XXX	XXX	7,260	8,097
6. 2020	XXX	XXX	XXX	XXX	6,661

Section E -

1. Prior	0	0	0	0	0
2. 2016	0	0	0	0	0
3. 2017	XXX	0	0	0	0
4. 2018	XXX	XXX	0	0	0
5. 2019	XXX	XXX	XXX	0	0
6. 2020	XXX	XXX	XXX	XXX	0

Section F -

1. Prior	0	0	0	0	0
2. 2016	0	0	0	0	0
3. 2017	XXX	0	0	0	0
4. 2018	XXX	XXX	0	0	0
5. 2019	XXX	XXX	XXX	0	0
6. 2020	XXX	XXX	XXX	XXX	0

Section G -

1. Prior	0	0	0	0	0
2. 2016	0	0	0	0	0
3. 2017	XXX	0	0	0	0
4. 2018	XXX	XXX	0	0	0
5. 2019	XXX	XXX	XXX	0	0
6. 2020	XXX	XXX	XXX	XXX	0

(a) See the Annual Audited Financial Reports section of the annual statement instructions.

SUPPLEMENT FOR THE YEAR 2020 OF THE The Order Of United Commercial Travelers Of America
SCHEDULE O SUPPLEMENT

SUPPLEMENTAL SCHEDULE O - PART 2

Development of Incurred Losses

(\$000 Omitted)

Section A - Group Accident and Health

Years in Which Losses Were Incurred	Net Amounts Paid for Cost Containment Expenses				
	1 2016	2 2017	3 2018	4 2019	5 2020
1. Prior	0	0	0	0	0
2. 2016	0	0	0	0	0
3. 2017	XXX	0	0	0	0
4. 2018	XXX	XXX	0	0	0
5. 2019	XXX	XXX	XXX	0	0
6. 2020	XXX	XXX	XXX	XXX	0

Section B - Other Accident and Health

1. Prior	0	0	0	0	0
2. 2016	0	0	0	0	0
3. 2017	XXX	0	0	0	0
4. 2018	XXX	XXX	0	0	0
5. 2019	XXX	XXX	XXX	0	0
6. 2020	XXX	XXX	XXX	XXX	0

Section C - Credit Accident and Health

1. Prior	0	0	0	0	0
2. 2016	0	0	0	0	0
3. 2017	XXX	0	0	0	0
4. 2018	XXX	XXX	0	0	0
5. 2019	XXX	XXX	XXX	0	0
6. 2020	XXX	XXX	XXX	XXX	0

Section D -

1. Prior	0	0	0	0	0
2. 2016	0	0	0	0	0
3. 2017	XXX	0	0	0	0
4. 2018	XXX	XXX	0	0	0
5. 2019	XXX	XXX	XXX	0	0
6. 2020	XXX	XXX	XXX	XXX	0

Section E -

1. Prior	0	0	0	0	0
2. 2016	0	0	0	0	0
3. 2017	XXX	0	0	0	0
4. 2018	XXX	XXX	0	0	0
5. 2019	XXX	XXX	XXX	0	0
6. 2020	XXX	XXX	XXX	XXX	0

Section F -

1. Prior	0	0	0	0	0
2. 2016	0	0	0	0	0
3. 2017	XXX	0	0	0	0
4. 2018	XXX	XXX	0	0	0
5. 2019	XXX	XXX	XXX	0	0
6. 2020	XXX	XXX	XXX	XXX	0

Section G -

1. Prior	0	0	0	0	0
2. 2016	0	0	0	0	0
3. 2017	XXX	0	0	0	0
4. 2018	XXX	XXX	0	0	0
5. 2019	XXX	XXX	XXX	0	0
6. 2020	XXX	XXX	XXX	XXX	0

SUPPLEMENT FOR THE YEAR 2020 OF THE The Order Of United Commercial Travelers Of America
SCHEDULE O SUPPLEMENT

SUPPLEMENTAL SCHEDULE O - PART 3

Development of Incurred Losses

(\$000 Omitted)

Section A - Group Accident and Health

Years in Which Losses Were Incurred	Sum of Net Cumulative Amount Paid Policyholders and Claim Liability and Reserve Outstanding at End of Year				
	1 2016	2 2017	3 2018	4 2019	5 2020
1. 2016 .....	.0	0	0	XXX	XXX
2. 2017	XXX	0	0	0	XXX
3. 2018	XXX	XXX	0	0	0
4. 2019	XXX	XXX	XXX	0	0
5. 2020	XXX	XXX	XXX	XXX	0

Section B - Other Accident and Health

1. 2016	7,843	7,538	7,533	XXX	XXX
2. 2017	XXX	7,770	7,567	7,562	XXX
3. 2018	XXX	XXX	8,325	8,220	8,212
4. 2019	XXX	XXX	XXX	8,250	8,108
5. 2020	XXX	XXX	XXX	XXX	7,579

Section C - Credit Accident and Health

1. 2016 .....	.0	0	0	XXX	XXX
2. 2017	XXX	0	0	0	XXX
3. 2018	XXX	XXX	0	0	0
4. 2019	XXX	XXX	XXX	0	0
5. 2020	XXX	XXX	XXX	XXX	0

Section D - Other Accident and Health

1. 2016	7,843	7,538	7,533	XXX	XXX
2. 2017	XXX	7,770	7,567	7,562	XXX
3. 2018	XXX	XXX	8,325	8,220	8,212
4. 2019	XXX	XXX	XXX	8,250	8,108
5. 2020	XXX	XXX	XXX	XXX	7,579

Section E -

1. 2016 .....	.0	0	0	XXX	XXX
2. 2017	XXX	0	0	0	XXX
3. 2018	XXX	XXX	0	0	0
4. 2019	XXX	XXX	XXX	0	0
5. 2020	XXX	XXX	XXX	XXX	0

Section F -

1. 2016	0	0	0	XXX	XXX
2. 2017	XXX	0	0	0	XXX
3. 2018	XXX	XXX	0	0	0
4. 2019	XXX	XXX	XXX	0	0
5. 2020	XXX	XXX	XXX	XXX	0

Section G -

1. 2016	0	0	0	XXX	XXX
2. 2017	XXX	0	0	0	XXX
3. 2018	XXX	XXX	0	0	0
4. 2019	XXX	XXX	XXX	0	0
5. 2020	XXX	XXX	XXX	XXX	0

SUPPLEMENT FOR THE YEAR 2020 OF THE The Order Of United Commercial Travelers Of America
SCHEDULE O SUPPLEMENT

SUPPLEMENTAL SCHEDULE O - PART 4

Development of Incurred Losses

(\$000 Omitted)

Section A - Group Accident and Health

Years in Which Losses Were Incurred	Sum of Net Cumulative Amount Paid Policyholders, Cost Containment Expenses, and Claim and Cost Containment Liability and Reserve Outstanding at End of Year				
	1 2016	2 2017	3 2018	4 2019	5 2020
1. 2016 .....	.0	0	0	0	0
2. 2017	XXX	0	0	0	0
3. 2018	XXX	XXX	0	0	0
4. 2019	XXX	XXX	XXX	0	0
5. 2020	XXX	XXX	XXX	XXX	0

Section B - Other Accident and Health

1. 2016	7,843	7,538	7,533	7,533	7,533
2. 2017	XXX	7,770	7,567	7,562	7,563
3. 2018	XXX	XXX	8,325	8,220	8,212
4. 2019	XXX	XXX	XXX	8,250	8,108
5. 2020	XXX	XXX	XXX	XXX	7,579

Section C - Credit Accident and Health

1. 2016 .....	.0	0	0	0	0
2. 2017	XXX	0	0	0	0
3. 2018	XXX	XXX	0	0	0
4. 2019	XXX	XXX	XXX	0	0
5. 2020	XXX	XXX	XXX	XXX	0

Section D - Other Accident and Health

1. 2016	7,843	7,538	7,533	7,533	7,533
2. 2017	XXX	7,770	7,567	7,562	7,563
3. 2018	XXX	XXX	8,325	8,220	8,212
4. 2019	XXX	XXX	XXX	8,250	8,108
5. 2020	XXX	XXX	XXX	XXX	7,579

Section E -

1. 2016 .....	.0	0	0	0	0
2. 2017	XXX	0	0	0	0
3. 2018	XXX	XXX	0	0	0
4. 2019	XXX	XXX	XXX	0	0
5. 2020	XXX	XXX	XXX	XXX	0

Section F -

1. 2016 .....	.0	0	0	0	0
2. 2017	XXX	0	0	0	0
3. 2018	XXX	XXX	0	0	0
4. 2019	XXX	XXX	XXX	0	0
5. 2020	XXX	XXX	XXX	XXX	0

Section G -

1. 2016 .....	.0	0	0	0	0
2. 2017	XXX	0	0	0	0
3. 2018	XXX	XXX	0	0	0
4. 2019	XXX	XXX	XXX	0	0
5. 2020	XXX	XXX	XXX	XXX	0

SUPPLEMENTAL SCHEDULE O - PART 5

(\$000 OMITTED)

Reserve and Liability Methodology - Exhibits 6 and 8

Line of Business	1 Methodology	2 Amount
1. Industrial Life		0
2. Ordinary Life	Other	11
3. Individual Annuity	Other	0
4. Supplementary Contracts		0
5. Credit Life		0
6. Group Life		0
7. Group Annuities		0
8. Group Accident and Health		0
9. Credit Accident and Health		0
10. Other Accident and Health	Development	929
11. Total		940