



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

## ANNUAL STATEMENT

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

### United Benefit Life Insurance Company

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

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

Country of Domicile United States of America

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

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

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

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

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

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

Internet Website Address www.CignaSupplementalBenefits.com

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

#### OFFICERS

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

#### OTHER

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

#### DIRECTORS OR TRUSTEES

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

State of Tennessee SS:  
County of Davidson

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

\_\_\_\_\_  
Stephen Burnett Jones  
President

\_\_\_\_\_  
Byron Keith Buescher  
Treasurer and Chief Accounting Officer

\_\_\_\_\_  
Jill Mary Stadelman  
Secretary

Subscribed and sworn to before me this  
day of \_\_\_\_\_

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

Yes [ X ] No [ ]



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

DIRECT BUSINESS IN THE STATE OF Alabama

NAIC Group Code 0901

DURING THE YEAR 2020

NAIC Company Code 65269

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

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 .....										
17. Incurred during current year Settled during current year: 18.1 By payment in full .....										
18.2 By payment on compromised claims .....										
18.3 Totals paid .....										
18.4 Reduction by compromise .....										
18.5 Amount rejected .....										
18.6 Total settlements .....										
19. Unpaid Dec. 31, current year (16+17-18.6) .....										
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year .....										
21. Issued during year .....										
22. Other changes to in force (Net) .....										
23. In force December 31 of current year .....										

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

**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) .....					
24.1 Federal Employees Health Benefits Plan premium (b) .....					
24.2 Credit (Group and Individual) .....					
24.3 Collectively renewable policies/certificates (b) .....					
24.4 Medicare Title XVIII exempt from state taxes or fee Other Individual Policies: 25.1 Non-cancellable (b) .....					
25.2 Guaranteed renewable (b) .....					
25.3 Non-renewable for stated reasons only (b) .....					
25.4 Other accident only .....					
25.5 All other (b) .....					
25.6 Totals (sum of Lines 25.1 to 25.5) .....					
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) .....					

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

**NONE**



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

DIRECT BUSINESS IN THE STATE OF Alaska

NAIC Group Code 0901

DURING THE YEAR 2020

NAIC Company Code 65269

**LIFE INSURANCE**

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

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	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 .....										
17. Incurred during current year Settled during current year: 18.1 By payment in full .....										
18.2 By payment on compromised claims .....										
18.3 Totals paid .....										
18.4 Reduction by compromise .....										
18.5 Amount rejected .....										
18.6 Total settlements .....										
19. Unpaid Dec. 31, current year (16+17-18.6) .....										
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year .....										
21. Issued during year .....										
22. Other changes to in force (Net) .....										
23. In force December 31 of current year .....										

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

**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) .....					
24.1 Federal Employees Health Benefits Plan premium (b) .....					
24.2 Credit (Group and Individual) .....					
24.3 Collectively renewable policies/certificates (b) .....					
24.4 Medicare Title XVIII exempt from state taxes or fee Other Individual Policies: 25.1 Non-cancellable (b) .....					
25.2 Guaranteed renewable (b) .....					
25.3 Non-renewable for stated reasons only (b) .....					
25.4 Other accident only .....					
25.5 All other (b) .....					
25.6 Totals (sum of Lines 25.1 to 25.5) .....					
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) .....					

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

**NONE**



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

DIRECT BUSINESS IN THE STATE OF Arizona

NAIC Group Code 0901

DURING THE YEAR 2020

NAIC Company Code 65269

**LIFE INSURANCE**

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

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	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 .....										
17. Incurred during current year .....										
Settled during current year:										
18.1 By payment in full .....										
18.2 By payment on compromised claims .....										
18.3 Totals paid .....										
18.4 Reduction by compromise .....										
18.5 Amount rejected .....										
18.6 Total settlements .....										
19. Unpaid Dec. 31, current year (16+17-18.6) .....										
<b>POLICY EXHIBIT</b>					No. of Policies					
20. In force December 31, prior year .....			(a)							
21. Issued during year .....										
22. Other changes to in force (Net) .....										
23. In force December 31 of current year .....			(a)							

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

**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) .....					
24.1 Federal Employees Health Benefits Plan premium (b) .....					
24.2 Credit (Group and Individual) .....					
24.3 Collectively renewable policies/certificates (b) .....					
24.4 Medicare Title XVIII exempt from state taxes or fee .....					
Other Individual Policies:					
25.1 Non-cancellable (b) .....					
25.2 Guaranteed renewable (b) .....					
25.3 Non-renewable for stated reasons only (b) .....					
25.4 Other accident only .....					
25.5 All other (b) .....					
25.6 Totals (sum of Lines 25.1 to 25.5) .....					
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) .....					

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



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

DIRECT BUSINESS IN THE STATE OF Arkansas

NAIC Group Code 0901

DURING THE YEAR 2020

NAIC Company Code 65269

**LIFE INSURANCE**

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

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	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 .....										
17. Incurred during current year Settled during current year: 18.1 By payment in full .....										
18.2 By payment on compromised claims .....										
18.3 Totals paid .....										
18.4 Reduction by compromise .....										
18.5 Amount rejected .....										
18.6 Total settlements .....										
19. Unpaid Dec. 31, current year (16+17-18.6) .....										
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year .....										
21. Issued during year .....										
22. Other changes to in force (Net) .....										
23. In force December 31 of current year .....										

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

**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) .....					
24.1 Federal Employees Health Benefits Plan premium (b) .....					
24.2 Credit (Group and Individual) .....					
24.3 Collectively renewable policies/certificates (b) .....					
24.4 Medicare Title XVIII exempt from state taxes or fee Other Individual Policies: 25.1 Non-cancellable (b) .....					
25.2 Guaranteed renewable (b) .....					
25.3 Non-renewable for stated reasons only (b) .....					
25.4 Other accident only .....					
25.5 All other (b) .....					
25.6 Totals (sum of Lines 25.1 to 25.5) .....					
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) .....					

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

**NONE**



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

DIRECT BUSINESS IN THE STATE OF California

NAIC Group Code 0901

DURING THE YEAR 2020

NAIC Company Code 65269

**LIFE INSURANCE**

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

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	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 .....										
17. Incurred during current year Settled during current year: 18.1 By payment in full .....										
18.2 By payment on compromised claims .....										
18.3 Totals paid .....										
18.4 Reduction by compromise .....										
18.5 Amount rejected .....										
18.6 Total settlements .....										
19. Unpaid Dec. 31, current year (16+17-18.6) .....										
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year .....										
21. Issued during year .....										
22. Other changes to in force (Net) .....										
23. In force December 31 of current year .....										

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

**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) .....					
24.1 Federal Employees Health Benefits Plan premium (b) .....					
24.2 Credit (Group and Individual) .....					
24.3 Collectively renewable policies/certificates (b) .....					
24.4 Medicare Title XVIII exempt from state taxes or fee Other Individual Policies: 25.1 Non-cancellable (b) .....					
25.2 Guaranteed renewable (b) .....					
25.3 Non-renewable for stated reasons only (b) .....					
25.4 Other accident only .....					
25.5 All other (b) .....					
25.6 Totals (sum of Lines 25.1 to 25.5) .....					
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) .....					

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

**NONE**



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

DIRECT BUSINESS IN THE STATE OF Colorado

NAIC Group Code 0901

DURING THE YEAR 2020

NAIC Company Code 65269

**LIFE INSURANCE**

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

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

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

**ACCIDENT AND HEALTH INSURANCE**

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

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

**NONE**



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

DIRECT BUSINESS IN THE STATE OF Connecticut

NAIC Group Code 0901

DURING THE YEAR 2020

NAIC Company Code 65269

**LIFE INSURANCE**

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

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	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 .....										
17. Incurred during current year Settled during current year: 18.1 By payment in full .....										
18.2 By payment on compromised claims .....										
18.3 Totals paid .....										
18.4 Reduction by compromise .....										
18.5 Amount rejected .....										
18.6 Total settlements .....										
19. Unpaid Dec. 31, current year (16+17-18.6) .....										
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year .....										
21. Issued during year .....										
22. Other changes to in force (Net) .....										
23. In force December 31 of current year .....										

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

**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) .....					
24.1 Federal Employees Health Benefits Plan premium (b) .....					
24.2 Credit (Group and Individual) .....					
24.3 Collectively renewable policies/certificates (b) .....					
24.4 Medicare Title XVIII exempt from state taxes or fee Other Individual Policies: 25.1 Non-cancellable (b) .....					
25.2 Guaranteed renewable (b) .....					
25.3 Non-renewable for stated reasons only (b) .....					
25.4 Other accident only .....					
25.5 All other (b) .....					
25.6 Totals (sum of Lines 25.1 to 25.5) .....					
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) .....					

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

**NONE**



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

DIRECT BUSINESS IN THE STATE OF Delaware

NAIC Group Code 0901

DURING THE YEAR 2020

NAIC Company Code 65269

**LIFE INSURANCE**

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

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	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 .....										
17. Incurred during current year Settled during current year: 18.1 By payment in full .....										
18.2 By payment on compromised claims .....										
18.3 Totals paid .....										
18.4 Reduction by compromise .....										
18.5 Amount rejected .....										
18.6 Total settlements .....										
19. Unpaid Dec. 31, current year (16+17-18.6) .....										
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year .....										
21. Issued during year .....										
22. Other changes to in force (Net) .....										
23. In force December 31 of current year .....										

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

**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) .....					
24.1 Federal Employees Health Benefits Plan premium (b) .....					
24.2 Credit (Group and Individual) .....					
24.3 Collectively renewable policies/certificates (b) .....					
24.4 Medicare Title XVIII exempt from state taxes or fee Other Individual Policies: 25.1 Non-cancellable (b) .....					
25.2 Guaranteed renewable (b) .....					
25.3 Non-renewable for stated reasons only (b) .....					
25.4 Other accident only .....					
25.5 All other (b) .....					
25.6 Totals (sum of Lines 25.1 to 25.5) .....					
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) .....					

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

**NONE**



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

DIRECT BUSINESS IN THE STATE OF District of Columbia

NAIC Group Code 0901

DURING THE YEAR 2020

NAIC Company Code 65269

**LIFE INSURANCE**

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

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	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 .....										
17. Incurred during current year Settled during current year: 18.1 By payment in full .....										
18.2 By payment on compromised claims .....										
18.3 Totals paid .....										
18.4 Reduction by compromise .....										
18.5 Amount rejected .....										
18.6 Total settlements .....										
19. Unpaid Dec. 31, current year (16+17-18.6) .....										
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year .....										
21. Issued during year .....										
22. Other changes to in force (Net) .....										
23. In force December 31 of current year .....										

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

**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) .....					
24.1 Federal Employees Health Benefits Plan premium (b) .....					
24.2 Credit (Group and Individual) .....					
24.3 Collectively renewable policies/certificates (b) .....					
24.4 Medicare Title XVIII exempt from state taxes or fee Other Individual Policies: 25.1 Non-cancellable (b) .....					
25.2 Guaranteed renewable (b) .....					
25.3 Non-renewable for stated reasons only (b) .....					
25.4 Other accident only .....					
25.5 All other (b) .....					
25.6 Totals (sum of Lines 25.1 to 25.5) .....					
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) .....					

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

**NONE**



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

DIRECT BUSINESS IN THE STATE OF Florida

NAIC Group Code 0901

DURING THE YEAR 2020

NAIC Company Code 65269

**LIFE INSURANCE**

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

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	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 .....										
17. Incurred during current year Settled during current year: 18.1 By payment in full .....										
18.2 By payment on compromised claims .....										
18.3 Totals paid .....										
18.4 Reduction by compromise .....										
18.5 Amount rejected .....										
18.6 Total settlements .....										
19. Unpaid Dec. 31, current year (16+17-18.6) .....										
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year .....										
21. Issued during year .....										
22. Other changes to in force (Net) .....										
23. In force December 31 of current year .....										

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

**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) .....					
24.1 Federal Employees Health Benefits Plan premium (b) .....					
24.2 Credit (Group and Individual) .....					
24.3 Collectively renewable policies/certificates (b) .....					
24.4 Medicare Title XVIII exempt from state taxes or fee Other Individual Policies: 25.1 Non-cancellable (b) .....					
25.2 Guaranteed renewable (b) .....					
25.3 Non-renewable for stated reasons only (b) .....					
25.4 Other accident only .....					
25.5 All other (b) .....					
25.6 Totals (sum of Lines 25.1 to 25.5) .....					
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) .....					

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

**NONE**



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

DIRECT BUSINESS IN THE STATE OF Georgia

NAIC Group Code 0901

DURING THE YEAR 2020

NAIC Company Code 65269

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

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 .....										
17. Incurred during current year Settled during current year: 18.1 By payment in full .....										
18.2 By payment on compromised claims .....										
18.3 Totals paid .....										
18.4 Reduction by compromise .....										
18.5 Amount rejected .....										
18.6 Total settlements .....										
19. Unpaid Dec. 31, current year (16+17-18.6) .....										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year .....			(a)							
21. Issued during year .....										
22. Other changes to in force (Net) .....										
23. In force December 31 of current year .....			(a)							

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

**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) .....					
24.1 Federal Employees Health Benefits Plan premium (b) .....					
24.2 Credit (Group and Individual) .....					
24.3 Collectively renewable policies/certificates (b) .....					
24.4 Medicare Title XVIII exempt from state taxes or fee Other Individual Policies: 25.1 Non-cancellable (b) .....					
25.2 Guaranteed renewable (b) .....					
25.3 Non-renewable for stated reasons only (b) .....					
25.4 Other accident only .....					
25.5 All other (b) .....					
25.6 Totals (sum of Lines 25.1 to 25.5) .....					
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) .....					

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

**NONE**



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

DIRECT BUSINESS IN THE STATE OF Hawaii

NAIC Group Code 0901

DURING THE YEAR 2020

NAIC Company Code 65269

**LIFE INSURANCE**

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

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	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 .....										
17. Incurred during current year Settled during current year: 18.1 By payment in full .....										
18.2 By payment on compromised claims .....										
18.3 Totals paid .....										
18.4 Reduction by compromise .....										
18.5 Amount rejected .....										
18.6 Total settlements .....										
19. Unpaid Dec. 31, current year (16+17-18.6) .....										
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year .....										
21. Issued during year .....										
22. Other changes to in force (Net) .....										
23. In force December 31 of current year .....										

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

**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) .....					
24.1 Federal Employees Health Benefits Plan premium (b) .....					
24.2 Credit (Group and Individual) .....					
24.3 Collectively renewable policies/certificates (b) .....					
24.4 Medicare Title XVIII exempt from state taxes or fee Other Individual Policies: 25.1 Non-cancellable (b) .....					
25.2 Guaranteed renewable (b) .....					
25.3 Non-renewable for stated reasons only (b) .....					
25.4 Other accident only .....					
25.5 All other (b) .....					
25.6 Totals (sum of Lines 25.1 to 25.5) .....					
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) .....					

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

**NONE**



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

DIRECT BUSINESS IN THE STATE OF Idaho

NAIC Group Code 0901

DURING THE YEAR 2020

NAIC Company Code 65269

**LIFE INSURANCE**

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

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	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 .....										
17. Incurred during current year Settled during current year: 18.1 By payment in full .....										
18.2 By payment on compromised claims .....										
18.3 Totals paid .....										
18.4 Reduction by compromise .....										
18.5 Amount rejected .....										
18.6 Total settlements .....										
19. Unpaid Dec. 31, current year (16+17-18.6) .....										
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year .....										
21. Issued during year .....										
22. Other changes to in force (Net) .....										
23. In force December 31 of current year .....										

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

**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) .....					
24.1 Federal Employees Health Benefits Plan premium (b) .....					
24.2 Credit (Group and Individual) .....					
24.3 Collectively renewable policies/certificates (b) .....					
24.4 Medicare Title XVIII exempt from state taxes or fee Other Individual Policies: 25.1 Non-cancellable (b) .....					
25.2 Guaranteed renewable (b) .....					
25.3 Non-renewable for stated reasons only (b) .....					
25.4 Other accident only .....					
25.5 All other (b) .....					
25.6 Totals (sum of Lines 25.1 to 25.5) .....					
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) .....					

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

**NONE**



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

DIRECT BUSINESS IN THE STATE OF Illinois

NAIC Group Code 0901

DURING THE YEAR 2020

NAIC Company Code 65269

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

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 .....										
17. Incurred during current year Settled during current year: 18.1 By payment in full .....										
18.2 By payment on compromised claims .....										
18.3 Totals paid .....										
18.4 Reduction by compromise .....										
18.5 Amount rejected .....										
18.6 Total settlements .....										
19. Unpaid Dec. 31, current year (16+17-18.6) .....										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year .....			(a)							
21. Issued during year .....										
22. Other changes to in force (Net) .....										
23. In force December 31 of current year .....			(a)							

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

**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) .....					
24.1 Federal Employees Health Benefits Plan premium (b) .....					
24.2 Credit (Group and Individual) .....					
24.3 Collectively renewable policies/certificates (b) .....					
24.4 Medicare Title XVIII exempt from state taxes or fee Other Individual Policies: 25.1 Non-cancellable (b) .....					
25.2 Guaranteed renewable (b) .....					
25.3 Non-renewable for stated reasons only (b) .....					
25.4 Other accident only .....					
25.5 All other (b) .....					
25.6 Totals (sum of Lines 25.1 to 25.5) .....					
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) .....					

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

**NONE**



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

DIRECT BUSINESS IN THE STATE OF Indiana

NAIC Group Code 0901

DURING THE YEAR 2020

NAIC Company Code 65269

**LIFE INSURANCE**

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

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	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 .....										
17. Incurred during current year Settled during current year: 18.1 By payment in full .....										
18.2 By payment on compromised claims .....										
18.3 Totals paid .....										
18.4 Reduction by compromise .....										
18.5 Amount rejected .....										
18.6 Total settlements .....										
19. Unpaid Dec. 31, current year (16+17-18.6) .....										
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year .....										
21. Issued during year .....										
22. Other changes to in force (Net) .....										
23. In force December 31 of current year .....										

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

**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) .....					
24.1 Federal Employees Health Benefits Plan premium (b) .....					
24.2 Credit (Group and Individual) .....					
24.3 Collectively renewable policies/certificates (b) .....					
24.4 Medicare Title XVIII exempt from state taxes or fee Other Individual Policies: 25.1 Non-cancellable (b) .....					
25.2 Guaranteed renewable (b) .....					
25.3 Non-renewable for stated reasons only (b) .....					
25.4 Other accident only .....					
25.5 All other (b) .....					
25.6 Totals (sum of Lines 25.1 to 25.5) .....					
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) .....					

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

**NONE**



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

DIRECT BUSINESS IN THE STATE OF Iowa

NAIC Group Code 0901

DURING THE YEAR 2020

NAIC Company Code 65269

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

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 .....										
17. Incurred during current year Settled during current year: 18.1 By payment in full .....										
18.2 By payment on compromised claims .....										
18.3 Totals paid .....										
18.4 Reduction by compromise .....										
18.5 Amount rejected .....										
18.6 Total settlements .....										
19. Unpaid Dec. 31, current year (16+17-18.6) .....										
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year .....										
21. Issued during year .....										
22. Other changes to in force (Net) .....										
23. In force December 31 of current year .....										

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

**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) .....					
24.1 Federal Employees Health Benefits Plan premium (b) .....					
24.2 Credit (Group and Individual) .....					
24.3 Collectively renewable policies/certificates (b) .....					
24.4 Medicare Title XVIII exempt from state taxes or fee Other Individual Policies: 25.1 Non-cancellable (b) .....					
25.2 Guaranteed renewable (b) .....					
25.3 Non-renewable for stated reasons only (b) .....					
25.4 Other accident only .....					
25.5 All other (b) .....					
25.6 Totals (sum of Lines 25.1 to 25.5) .....					
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) .....					

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

**NONE**



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

DIRECT BUSINESS IN THE STATE OF Kansas

NAIC Group Code 0901

DURING THE YEAR 2020

NAIC Company Code 65269

**LIFE INSURANCE**

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

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	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 .....										
17. Incurred during current year Settled during current year: 18.1 By payment in full .....										
18.2 By payment on compromised claims .....										
18.3 Totals paid .....										
18.4 Reduction by compromise .....										
18.5 Amount rejected .....										
18.6 Total settlements .....										
19. Unpaid Dec. 31, current year (16+17-18.6) .....										
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year .....										
21. Issued during year .....										
22. Other changes to in force (Net) .....										
23. In force December 31 of current year .....										

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

**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) .....					
24.1 Federal Employees Health Benefits Plan premium (b) .....					
24.2 Credit (Group and Individual) .....					
24.3 Collectively renewable policies/certificates (b) .....					
24.4 Medicare Title XVIII exempt from state taxes or fee Other Individual Policies: 25.1 Non-cancellable (b) .....					
25.2 Guaranteed renewable (b) .....					
25.3 Non-renewable for stated reasons only (b) .....					
25.4 Other accident only .....					
25.5 All other (b) .....					
25.6 Totals (sum of Lines 25.1 to 25.5) .....					
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) .....					

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

**NONE**



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

DIRECT BUSINESS IN THE STATE OF Kentucky

NAIC Group Code 0901

DURING THE YEAR 2020

NAIC Company Code 65269

**LIFE INSURANCE**

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

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	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 .....										
17. Incurred during current year Settled during current year: 18.1 By payment in full .....										
18.2 By payment on compromised claims .....										
18.3 Totals paid .....										
18.4 Reduction by compromise .....										
18.5 Amount rejected .....										
18.6 Total settlements .....										
19. Unpaid Dec. 31, current year (16+17-18.6) .....										
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year .....										
21. Issued during year .....										
22. Other changes to in force (Net) .....										
23. In force December 31 of current year .....										

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

**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) .....					
24.1 Federal Employees Health Benefits Plan premium (b) .....					
24.2 Credit (Group and Individual) .....					
24.3 Collectively renewable policies/certificates (b) .....					
24.4 Medicare Title XVIII exempt from state taxes or fee Other Individual Policies: 25.1 Non-cancellable (b) .....					
25.2 Guaranteed renewable (b) .....					
25.3 Non-renewable for stated reasons only (b) .....					
25.4 Other accident only .....					
25.5 All other (b) .....					
25.6 Totals (sum of Lines 25.1 to 25.5) .....					
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) .....					

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

**NONE**



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

DIRECT BUSINESS IN THE STATE OF Louisiana

NAIC Group Code 0901

DURING THE YEAR 2020

NAIC Company Code 65269

**LIFE INSURANCE**

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

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

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

**ACCIDENT AND HEALTH INSURANCE**

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

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



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

DIRECT BUSINESS IN THE STATE OF Maine

NAIC Group Code 0901

DURING THE YEAR 2020

NAIC Company Code 65269

**LIFE INSURANCE**

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

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

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

**ACCIDENT AND HEALTH INSURANCE**

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

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



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

DIRECT BUSINESS IN THE STATE OF Maryland

NAIC Group Code 0901

DURING THE YEAR 2020

NAIC Company Code 65269

**LIFE INSURANCE**

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

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	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 .....										
17. Incurred during current year Settled during current year: 18.1 By payment in full .....										
18.2 By payment on compromised claims .....										
18.3 Totals paid .....										
18.4 Reduction by compromise .....										
18.5 Amount rejected .....										
18.6 Total settlements .....										
19. Unpaid Dec. 31, current year (16+17-18.6) .....										
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year .....										
21. Issued during year .....										
22. Other changes to in force (Net) .....										
23. In force December 31 of current year .....										

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

**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) .....					
24.1 Federal Employees Health Benefits Plan premium (b) .....					
24.2 Credit (Group and Individual) .....					
24.3 Collectively renewable policies/certificates (b) .....					
24.4 Medicare Title XVIII exempt from state taxes or fee Other Individual Policies: 25.1 Non-cancellable (b) .....					
25.2 Guaranteed renewable (b) .....					
25.3 Non-renewable for stated reasons only (b) .....					
25.4 Other accident only .....					
25.5 All other (b) .....					
25.6 Totals (sum of Lines 25.1 to 25.5) .....					
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) .....					

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

**NONE**



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

DIRECT BUSINESS IN THE STATE OF Massachusetts

NAIC Group Code 0901

DURING THE YEAR 2020

NAIC Company Code 65269

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

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 .....										
17. Incurred during current year Settled during current year: 18.1 By payment in full .....										
18.2 By payment on compromised claims .....										
18.3 Totals paid .....										
18.4 Reduction by compromise .....										
18.5 Amount rejected .....										
18.6 Total settlements .....										
19. Unpaid Dec. 31, current year (16+17-18.6)										
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year .....										
21. Issued during year .....										
22. Other changes to in force (Net) .....										
23. In force December 31 of current year										

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

**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) .....					
24.1 Federal Employees Health Benefits Plan premium (b) .....					
24.2 Credit (Group and Individual) .....					
24.3 Collectively renewable policies/certificates (b) .....					
24.4 Medicare Title XVIII exempt from state taxes or fee Other Individual Policies:					
25.1 Non-cancellable (b) .....					
25.2 Guaranteed renewable (b) .....					
25.3 Non-renewable for stated reasons only (b) .....					
25.4 Other accident only .....					
25.5 All other (b) .....					
25.6 Totals (sum of Lines 25.1 to 25.5)					
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					

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



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

DIRECT BUSINESS IN THE STATE OF Michigan

NAIC Group Code 0901

DURING THE YEAR 2020

NAIC Company Code 65269

**LIFE INSURANCE**

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

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	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 .....										
17. Incurred during current year Settled during current year: 18.1 By payment in full .....										
18.2 By payment on compromised claims .....										
18.3 Totals paid .....										
18.4 Reduction by compromise .....										
18.5 Amount rejected .....										
18.6 Total settlements .....										
19. Unpaid Dec. 31, current year (16+17-18.6) .....										
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year .....										
21. Issued during year .....										
22. Other changes to in force (Net) .....										
23. In force December 31 of current year .....										

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

**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) .....					
24.1 Federal Employees Health Benefits Plan premium (b) .....					
24.2 Credit (Group and Individual) .....					
24.3 Collectively renewable policies/certificates (b) .....					
24.4 Medicare Title XVIII exempt from state taxes or fee Other Individual Policies: 25.1 Non-cancellable (b) .....					
25.2 Guaranteed renewable (b) .....					
25.3 Non-renewable for stated reasons only (b) .....					
25.4 Other accident only .....					
25.5 All other (b) .....					
25.6 Totals (sum of Lines 25.1 to 25.5) .....					
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) .....					

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

**NONE**



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

DIRECT BUSINESS IN THE STATE OF Minnesota

NAIC Group Code 0901

DURING THE YEAR 2020

NAIC Company Code 65269

**LIFE INSURANCE**

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

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	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 .....										
17. Incurred during current year Settled during current year: 18.1 By payment in full .....										
18.2 By payment on compromised claims .....										
18.3 Totals paid .....										
18.4 Reduction by compromise .....										
18.5 Amount rejected .....										
18.6 Total settlements .....										
19. Unpaid Dec. 31, current year (16+17-18.6) .....										
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year .....										
21. Issued during year .....										
22. Other changes to in force (Net) .....										
23. In force December 31 of current year .....										

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

**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) .....					
24.1 Federal Employees Health Benefits Plan premium (b) .....					
24.2 Credit (Group and Individual) .....					
24.3 Collectively renewable policies/certificates (b) .....					
24.4 Medicare Title XVIII exempt from state taxes or fee Other Individual Policies: 25.1 Non-cancellable (b) .....					
25.2 Guaranteed renewable (b) .....					
25.3 Non-renewable for stated reasons only (b) .....					
25.4 Other accident only .....					
25.5 All other (b) .....					
25.6 Totals (sum of Lines 25.1 to 25.5) .....					
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) .....					

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

**NONE**



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

DIRECT BUSINESS IN THE STATE OF Mississippi

NAIC Group Code 0901

DURING THE YEAR 2020

NAIC Company Code 65269

**LIFE INSURANCE**

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

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	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 .....										
17. Incurred during current year Settled during current year: 18.1 By payment in full .....										
18.2 By payment on compromised claims .....										
18.3 Totals paid .....										
18.4 Reduction by compromise .....										
18.5 Amount rejected .....										
18.6 Total settlements .....										
19. Unpaid Dec. 31, current year (16+17-18.6) .....										
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year .....										
21. Issued during year .....										
22. Other changes to in force (Net) .....										
23. In force December 31 of current year .....										

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

**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) .....					
24.1 Federal Employees Health Benefits Plan premium (b) .....					
24.2 Credit (Group and Individual) .....					
24.3 Collectively renewable policies/certificates (b) .....					
24.4 Medicare Title XVIII exempt from state taxes or fee Other Individual Policies: 25.1 Non-cancellable (b) .....					
25.2 Guaranteed renewable (b) .....					
25.3 Non-renewable for stated reasons only (b) .....					
25.4 Other accident only .....					
25.5 All other (b) .....					
25.6 Totals (sum of Lines 25.1 to 25.5) .....					
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) .....					

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

**NONE**



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

DIRECT BUSINESS IN THE STATE OF Missouri

NAIC Group Code 0901

DURING THE YEAR 2020

NAIC Company Code 65269

**LIFE INSURANCE**

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

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	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 .....										
17. Incurred during current year Settled during current year: 18.1 By payment in full .....										
18.2 By payment on compromised claims .....										
18.3 Totals paid .....										
18.4 Reduction by compromise .....										
18.5 Amount rejected .....										
18.6 Total settlements .....										
19. Unpaid Dec. 31, current year (16+17-18.6) .....										
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year .....										
21. Issued during year .....										
22. Other changes to in force (Net) .....										
23. In force December 31 of current year .....										

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

**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) .....					
24.1 Federal Employees Health Benefits Plan premium (b) .....					
24.2 Credit (Group and Individual) .....					
24.3 Collectively renewable policies/certificates (b) .....					
24.4 Medicare Title XVIII exempt from state taxes or fee Other Individual Policies: 25.1 Non-cancellable (b) .....					
25.2 Guaranteed renewable (b) .....					
25.3 Non-renewable for stated reasons only (b) .....					
25.4 Other accident only .....					
25.5 All other (b) .....					
25.6 Totals (sum of Lines 25.1 to 25.5) .....					
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) .....					

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

**NONE**



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

DIRECT BUSINESS IN THE STATE OF Montana

NAIC Group Code 0901

DURING THE YEAR 2020

NAIC Company Code 65269

**LIFE INSURANCE**

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

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	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 .....										
17. Incurred during current year Settled during current year: 18.1 By payment in full .....										
18.2 By payment on compromised claims .....										
18.3 Totals paid .....										
18.4 Reduction by compromise .....										
18.5 Amount rejected .....										
18.6 Total settlements .....										
19. Unpaid Dec. 31, current year (16+17-18.6) .....										
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year .....										
21. Issued during year .....										
22. Other changes to in force (Net) .....										
23. In force December 31 of current year .....										

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

**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) .....					
24.1 Federal Employees Health Benefits Plan premium (b) .....					
24.2 Credit (Group and Individual) .....					
24.3 Collectively renewable policies/certificates (b) .....					
24.4 Medicare Title XVIII exempt from state taxes or fee Other Individual Policies: 25.1 Non-cancellable (b) .....					
25.2 Guaranteed renewable (b) .....					
25.3 Non-renewable for stated reasons only (b) .....					
25.4 Other accident only .....					
25.5 All other (b) .....					
25.6 Totals (sum of Lines 25.1 to 25.5) .....					
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) .....					

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

**NONE**



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

DIRECT BUSINESS IN THE STATE OF Nebraska

NAIC Group Code 0901

DURING THE YEAR 2020

NAIC Company Code 65269

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

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 .....										
17. Incurred during current year Settled during current year: 18.1 By payment in full .....										
18.2 By payment on compromised claims .....										
18.3 Totals paid .....										
18.4 Reduction by compromise .....										
18.5 Amount rejected .....										
18.6 Total settlements .....										
19. Unpaid Dec. 31, current year (16+17-18.6) .....										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year .....			(a)							
21. Issued during year .....										
22. Other changes to in force (Net) .....										
23. In force December 31 of current year .....			(a)							

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

**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) .....					
24.1 Federal Employees Health Benefits Plan premium (b) .....					
24.2 Credit (Group and Individual) .....					
24.3 Collectively renewable policies/certificates (b) .....					
24.4 Medicare Title XVIII exempt from state taxes or fee Other Individual Policies: 25.1 Non-cancellable (b) .....					
25.2 Guaranteed renewable (b) .....					
25.3 Non-renewable for stated reasons only (b) .....					
25.4 Other accident only .....					
25.5 All other (b) .....					
25.6 Totals (sum of Lines 25.1 to 25.5) .....					
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) .....					

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

**NONE**



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

DIRECT BUSINESS IN THE STATE OF Nevada

NAIC Group Code 0901

DURING THE YEAR 2020

NAIC Company Code 65269

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

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 .....										
17. Incurred during current year .....										
Settled during current year:										
18.1 By payment in full .....										
18.2 By payment on compromised claims .....										
18.3 Totals paid .....										
18.4 Reduction by compromise .....										
18.5 Amount rejected .....										
18.6 Total settlements .....										
19. Unpaid Dec. 31, current year (16+17-18.6) .....										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year .....			(a)							
21. Issued during year .....										
22. Other changes to in force (Net) .....										
23. In force December 31 of current year .....			(a)							

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

**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) .....					
24.1 Federal Employees Health Benefits Plan premium (b) .....					
24.2 Credit (Group and Individual) .....					
24.3 Collectively renewable policies/certificates (b) .....					
24.4 Medicare Title XVIII exempt from state taxes or fee .....					
Other Individual Policies:					
25.1 Non-cancellable (b) .....					
25.2 Guaranteed renewable (b) .....					
25.3 Non-renewable for stated reasons only (b) .....					
25.4 Other accident only .....					
25.5 All other (b) .....					
25.6 Totals (sum of Lines 25.1 to 25.5) .....					
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) .....					

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



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

DIRECT BUSINESS IN THE STATE OF New Hampshire

NAIC Group Code 0901

DURING THE YEAR 2020

NAIC Company Code 65269

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

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 .....										
17. Incurred during current year Settled during current year: 18.1 By payment in full .....										
18.2 By payment on compromised claims .....										
18.3 Totals paid .....										
18.4 Reduction by compromise .....										
18.5 Amount rejected .....										
18.6 Total settlements .....										
19. Unpaid Dec. 31, current year (16+17-18.6)										
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year .....										
21. Issued during year .....										
22. Other changes to in force (Net) .....										
23. In force December 31 of current year										

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

**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) .....					
24.1 Federal Employees Health Benefits Plan premium (b) .....					
24.2 Credit (Group and Individual) .....					
24.3 Collectively renewable policies/certificates (b) .....					
24.4 Medicare Title XVIII exempt from state taxes or fee Other Individual Policies:					
25.1 Non-cancellable (b) .....					
25.2 Guaranteed renewable (b) .....					
25.3 Non-renewable for stated reasons only (b) .....					
25.4 Other accident only .....					
25.5 All other (b) .....					
25.6 Totals (sum of Lines 25.1 to 25.5)					
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					

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



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

DIRECT BUSINESS IN THE STATE OF New Jersey

NAIC Group Code 0901

DURING THE YEAR 2020

NAIC Company Code 65269

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

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 .....										
17. Incurred during current year Settled during current year: 18.1 By payment in full .....										
18.2 By payment on compromised claims .....										
18.3 Totals paid .....										
18.4 Reduction by compromise .....										
18.5 Amount rejected .....										
18.6 Total settlements .....										
19. Unpaid Dec. 31, current year (16+17-18.6) .....										
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year .....										
21. Issued during year .....										
22. Other changes to in force (Net) .....										
23. In force December 31 of current year .....										

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

**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) .....					
24.1 Federal Employees Health Benefits Plan premium (b) .....					
24.2 Credit (Group and Individual) .....					
24.3 Collectively renewable policies/certificates (b) .....					
24.4 Medicare Title XVIII exempt from state taxes or fee Other Individual Policies: 25.1 Non-cancellable (b) .....					
25.2 Guaranteed renewable (b) .....					
25.3 Non-renewable for stated reasons only (b) .....					
25.4 Other accident only .....					
25.5 All other (b) .....					
25.6 Totals (sum of Lines 25.1 to 25.5) .....					
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) .....					

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

**NONE**



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

DIRECT BUSINESS IN THE STATE OF New Mexico

NAIC Group Code 0901

DURING THE YEAR 2020

NAIC Company Code 65269

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

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 .....										
17. Incurred during current year Settled during current year: 18.1 By payment in full .....										
18.2 By payment on compromised claims .....										
18.3 Totals paid .....										
18.4 Reduction by compromise .....										
18.5 Amount rejected .....										
18.6 Total settlements .....										
19. Unpaid Dec. 31, current year (16+17-18.6) .....										
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year .....										
21. Issued during year .....										
22. Other changes to in force (Net) .....										
23. In force December 31 of current year .....										

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

**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) .....					
24.1 Federal Employees Health Benefits Plan premium (b) .....					
24.2 Credit (Group and Individual) .....					
24.3 Collectively renewable policies/certificates (b) .....					
24.4 Medicare Title XVIII exempt from state taxes or fee Other Individual Policies: 25.1 Non-cancellable (b) .....					
25.2 Guaranteed renewable (b) .....					
25.3 Non-renewable for stated reasons only (b) .....					
25.4 Other accident only .....					
25.5 All other (b) .....					
25.6 Totals (sum of Lines 25.1 to 25.5) .....					
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) .....					

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

**NONE**



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

DIRECT BUSINESS IN THE STATE OF New York

NAIC Group Code 0901

DURING THE YEAR 2020

NAIC Company Code 65269

**LIFE INSURANCE**

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

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	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 .....										
17. Incurred during current year Settled during current year: 18.1 By payment in full .....										
18.2 By payment on compromised claims .....										
18.3 Totals paid .....										
18.4 Reduction by compromise .....										
18.5 Amount rejected .....										
18.6 Total settlements .....										
19. Unpaid Dec. 31, current year (16+17-18.6) .....										
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year .....										
21. Issued during year .....										
22. Other changes to in force (Net) .....										
23. In force December 31 of current year .....										

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

**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) .....					
24.1 Federal Employees Health Benefits Plan premium (b) .....					
24.2 Credit (Group and Individual) .....					
24.3 Collectively renewable policies/certificates (b) .....					
24.4 Medicare Title XVIII exempt from state taxes or fee Other Individual Policies: 25.1 Non-cancellable (b) .....					
25.2 Guaranteed renewable (b) .....					
25.3 Non-renewable for stated reasons only (b) .....					
25.4 Other accident only .....					
25.5 All other (b) .....					
25.6 Totals (sum of Lines 25.1 to 25.5) .....					
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) .....					

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



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

DIRECT BUSINESS IN THE STATE OF North Carolina

NAIC Group Code 0901

DURING THE YEAR 2020

NAIC Company Code 65269

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

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 .....										
17. Incurred during current year Settled during current year: 18.1 By payment in full .....										
18.2 By payment on compromised claims .....										
18.3 Totals paid .....										
18.4 Reduction by compromise .....										
18.5 Amount rejected .....										
18.6 Total settlements .....										
19. Unpaid Dec. 31, current year (16+17-18.6) .....										
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year .....										
21. Issued during year .....										
22. Other changes to in force (Net) .....										
23. In force December 31 of current year .....										

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

**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) .....					
24.1 Federal Employees Health Benefits Plan premium (b) .....					
24.2 Credit (Group and Individual) .....					
24.3 Collectively renewable policies/certificates (b) .....					
24.4 Medicare Title XVIII exempt from state taxes or fee Other Individual Policies: 25.1 Non-cancellable (b) .....					
25.2 Guaranteed renewable (b) .....					
25.3 Non-renewable for stated reasons only (b) .....					
25.4 Other accident only .....					
25.5 All other (b) .....					
25.6 Totals (sum of Lines 25.1 to 25.5) .....					
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) .....					

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

**NONE**



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

DIRECT BUSINESS IN THE STATE OF North Dakota

NAIC Group Code 0901

DURING THE YEAR 2020

NAIC Company Code 65269

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

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 .....										
17. Incurred during current year Settled during current year: 18.1 By payment in full .....										
18.2 By payment on compromised claims .....										
18.3 Totals paid .....										
18.4 Reduction by compromise .....										
18.5 Amount rejected .....										
18.6 Total settlements .....										
19. Unpaid Dec. 31, current year (16+17-18.6) .....										
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year .....										
21. Issued during year .....										
22. Other changes to in force (Net) .....										
23. In force December 31 of current year .....										

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

**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) .....					
24.1 Federal Employees Health Benefits Plan premium (b) .....					
24.2 Credit (Group and Individual) .....					
24.3 Collectively renewable policies/certificates (b) .....					
24.4 Medicare Title XVIII exempt from state taxes or fee Other Individual Policies: 25.1 Non-cancellable (b) .....					
25.2 Guaranteed renewable (b) .....					
25.3 Non-renewable for stated reasons only (b) .....					
25.4 Other accident only .....					
25.5 All other (b) .....					
25.6 Totals (sum of Lines 25.1 to 25.5) .....					
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) .....					

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

**NONE**



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

DIRECT BUSINESS IN THE STATE OF Ohio

NAIC Group Code 0901

DURING THE YEAR 2020

NAIC Company Code 65269

**LIFE INSURANCE**

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

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	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 .....										
17. Incurred during current year Settled during current year: 18.1 By payment in full .....										
18.2 By payment on compromised claims .....										
18.3 Totals paid .....										
18.4 Reduction by compromise .....										
18.5 Amount rejected .....										
18.6 Total settlements .....										
19. Unpaid Dec. 31, current year (16+17-18.6) .....										
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year .....										
21. Issued during year .....										
22. Other changes to in force (Net) .....										
23. In force December 31 of current year .....										

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

**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) .....					
24.1 Federal Employees Health Benefits Plan premium (b) .....					
24.2 Credit (Group and Individual) .....					
24.3 Collectively renewable policies/certificates (b) .....					
24.4 Medicare Title XVIII exempt from state taxes or fee Other Individual Policies: 25.1 Non-cancellable (b) .....					
25.2 Guaranteed renewable (b) .....					
25.3 Non-renewable for stated reasons only (b) .....					
25.4 Other accident only .....					
25.5 All other (b) .....					
25.6 Totals (sum of Lines 25.1 to 25.5) .....					
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) .....					

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

**NONE**



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

DIRECT BUSINESS IN THE STATE OF Oklahoma

NAIC Group Code 0901

DURING THE YEAR 2020

NAIC Company Code 65269

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

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 .....										
17. Incurred during current year .....										
Settled during current year:										
18.1 By payment in full .....										
18.2 By payment on compromised claims .....										
18.3 Totals paid .....										
18.4 Reduction by compromise .....										
18.5 Amount rejected .....										
18.6 Total settlements .....										
19. Unpaid Dec. 31, current year (16+17-18.6) .....										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year .....			(a)							
21. Issued during year .....										
22. Other changes to in force (Net) .....										
23. In force December 31 of current year .....			(a)							

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

**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) .....					
24.1 Federal Employees Health Benefits Plan premium (b) .....					
24.2 Credit (Group and Individual) .....					
24.3 Collectively renewable policies/certificates (b) .....					
24.4 Medicare Title XVIII exempt from state taxes or fee .....					
Other Individual Policies:					
25.1 Non-cancellable (b) .....					
25.2 Guaranteed renewable (b) .....					
25.3 Non-renewable for stated reasons only (b) .....					
25.4 Other accident only .....					
25.5 All other (b) .....					
25.6 Totals (sum of Lines 25.1 to 25.5) .....					
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) .....					

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



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

DIRECT BUSINESS IN THE STATE OF Oregon

NAIC Group Code 0901

DURING THE YEAR 2020

NAIC Company Code 65269

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

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 .....										
17. Incurred during current year Settled during current year: 18.1 By payment in full .....										
18.2 By payment on compromised claims .....										
18.3 Totals paid .....										
18.4 Reduction by compromise .....										
18.5 Amount rejected .....										
18.6 Total settlements .....										
19. Unpaid Dec. 31, current year (16+17-18.6) .....										
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year .....										
21. Issued during year .....										
22. Other changes to in force (Net) .....										
23. In force December 31 of current year .....										

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

**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) .....					
24.1 Federal Employees Health Benefits Plan premium (b) .....					
24.2 Credit (Group and Individual) .....					
24.3 Collectively renewable policies/certificates (b) .....					
24.4 Medicare Title XVIII exempt from state taxes or fee Other Individual Policies: 25.1 Non-cancellable (b) .....					
25.2 Guaranteed renewable (b) .....					
25.3 Non-renewable for stated reasons only (b) .....					
25.4 Other accident only .....					
25.5 All other (b) .....					
25.6 Totals (sum of Lines 25.1 to 25.5) .....					
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) .....					

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

**NONE**



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

DIRECT BUSINESS IN THE STATE OF Pennsylvania

NAIC Group Code 0901

DURING THE YEAR 2020

NAIC Company Code 65269

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

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 .....										
17. Incurred during current year Settled during current year: 18.1 By payment in full .....										
18.2 By payment on compromised claims .....										
18.3 Totals paid .....										
18.4 Reduction by compromise .....										
18.5 Amount rejected .....										
18.6 Total settlements .....										
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year .....			(a)							
21. Issued during year .....										
22. Other changes to in force (Net) .....										
23. In force December 31 of current year			(a)							

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

**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) .....					
24.1 Federal Employees Health Benefits Plan premium (b) .....					
24.2 Credit (Group and Individual) .....					
24.3 Collectively renewable policies/certificates (b) .....					
24.4 Medicare Title XVIII exempt from state taxes or fee Other Individual Policies:					
25.1 Non-cancellable (b) .....					
25.2 Guaranteed renewable (b) .....					
25.3 Non-renewable for stated reasons only (b) .....					
25.4 Other accident only .....					
25.5 All other (b) .....					
25.6 Totals (sum of Lines 25.1 to 25.5) .....					
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					

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

**NONE**



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

DIRECT BUSINESS IN THE STATE OF Rhode Island

NAIC Group Code 0901

DURING THE YEAR 2020

NAIC Company Code 65269

**LIFE INSURANCE**

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

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	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 .....										
17. Incurred during current year Settled during current year: 18.1 By payment in full .....										
18.2 By payment on compromised claims .....										
18.3 Totals paid .....										
18.4 Reduction by compromise .....										
18.5 Amount rejected .....										
18.6 Total settlements .....										
19. Unpaid Dec. 31, current year (16+17-18.6) .....										
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year .....										
21. Issued during year .....										
22. Other changes to in force (Net) .....										
23. In force December 31 of current year .....										

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

**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) .....					
24.1 Federal Employees Health Benefits Plan premium (b) .....					
24.2 Credit (Group and Individual) .....					
24.3 Collectively renewable policies/certificates (b) .....					
24.4 Medicare Title XVIII exempt from state taxes or fee Other Individual Policies: 25.1 Non-cancellable (b) .....					
25.2 Guaranteed renewable (b) .....					
25.3 Non-renewable for stated reasons only (b) .....					
25.4 Other accident only .....					
25.5 All other (b) .....					
25.6 Totals (sum of Lines 25.1 to 25.5) .....					
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) .....					

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

**NONE**



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

DIRECT BUSINESS IN THE STATE OF South Carolina

NAIC Group Code 0901

DURING THE YEAR 2020

NAIC Company Code 65269

**LIFE INSURANCE**

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

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	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 .....										
17. Incurred during current year .....										
Settled during current year:										
18.1 By payment in full .....										
18.2 By payment on compromised claims .....										
18.3 Totals paid .....										
18.4 Reduction by compromise .....										
18.5 Amount rejected .....										
18.6 Total settlements .....										
19. Unpaid Dec. 31, current year (16+17-18.6) .....										
<b>POLICY EXHIBIT</b>					No. of Policies					
20. In force December 31, prior year .....			(a)							
21. Issued during year .....										
22. Other changes to in force (Net) .....										
23. In force December 31 of current year .....			(a)							

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

**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) .....					
24.1 Federal Employees Health Benefits Plan premium (b) .....					
24.2 Credit (Group and Individual) .....					
24.3 Collectively renewable policies/certificates (b) .....					
24.4 Medicare Title XVIII exempt from state taxes or fee .....					
Other Individual Policies:					
25.1 Non-cancellable (b) .....					
25.2 Guaranteed renewable (b) .....					
25.3 Non-renewable for stated reasons only (b) .....					
25.4 Other accident only .....					
25.5 All other (b) .....					
25.6 Totals (sum of Lines 25.1 to 25.5) .....					
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) .....					

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



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

DIRECT BUSINESS IN THE STATE OF South Dakota

NAIC Group Code 0901

DURING THE YEAR 2020

NAIC Company Code 65269

**LIFE INSURANCE**

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

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

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

**ACCIDENT AND HEALTH INSURANCE**

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

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



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

DIRECT BUSINESS IN THE STATE OF Tennessee

NAIC Group Code 0901

DURING THE YEAR 2020

NAIC Company Code 65269

**LIFE INSURANCE**

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

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	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 .....										
17. Incurred during current year Settled during current year: 18.1 By payment in full .....										
18.2 By payment on compromised claims .....										
18.3 Totals paid .....										
18.4 Reduction by compromise .....										
18.5 Amount rejected .....										
18.6 Total settlements .....										
19. Unpaid Dec. 31, current year (16+17-18.6) .....										
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year .....										
21. Issued during year .....										
22. Other changes to in force (Net) .....										
23. In force December 31 of current year .....										

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

**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) .....					
24.1 Federal Employees Health Benefits Plan premium (b) .....					
24.2 Credit (Group and Individual) .....					
24.3 Collectively renewable policies/certificates (b) .....					
24.4 Medicare Title XVIII exempt from state taxes or fee Other Individual Policies: 25.1 Non-cancellable (b) .....					
25.2 Guaranteed renewable (b) .....					
25.3 Non-renewable for stated reasons only (b) .....					
25.4 Other accident only .....					
25.5 All other (b) .....					
25.6 Totals (sum of Lines 25.1 to 25.5) .....					
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) .....					

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

**NONE**



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

DIRECT BUSINESS IN THE STATE OF Texas

NAIC Group Code 0901

DURING THE YEAR 2020

NAIC Company Code 65269

**LIFE INSURANCE**

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

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	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 .....										
17. Incurred during current year Settled during current year: 18.1 By payment in full .....										
18.2 By payment on compromised claims .....										
18.3 Totals paid .....										
18.4 Reduction by compromise .....										
18.5 Amount rejected .....										
18.6 Total settlements .....										
19. Unpaid Dec. 31, current year (16+17-18.6) .....										
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year .....										
21. Issued during year .....										
22. Other changes to in force (Net) .....										
23. In force December 31 of current year .....										

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

**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) .....					
24.1 Federal Employees Health Benefits Plan premium (b) .....					
24.2 Credit (Group and Individual) .....					
24.3 Collectively renewable policies/certificates (b) .....					
24.4 Medicare Title XVIII exempt from state taxes or fee Other Individual Policies: 25.1 Non-cancellable (b) .....					
25.2 Guaranteed renewable (b) .....					
25.3 Non-renewable for stated reasons only (b) .....					
25.4 Other accident only .....					
25.5 All other (b) .....					
25.6 Totals (sum of Lines 25.1 to 25.5) .....					
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) .....					

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

**NONE**



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

DIRECT BUSINESS IN THE STATE OF Utah

NAIC Group Code 0901

DURING THE YEAR 2020

NAIC Company Code 65269

**LIFE INSURANCE**

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

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	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 .....										
17. Incurred during current year Settled during current year: 18.1 By payment in full .....										
18.2 By payment on compromised claims .....										
18.3 Totals paid .....										
18.4 Reduction by compromise .....										
18.5 Amount rejected .....										
18.6 Total settlements .....										
19. Unpaid Dec. 31, current year (16+17-18.6) .....										
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year .....										
21. Issued during year .....										
22. Other changes to in force (Net) .....										
23. In force December 31 of current year .....										

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

**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) .....					
24.1 Federal Employees Health Benefits Plan premium (b) .....					
24.2 Credit (Group and Individual) .....					
24.3 Collectively renewable policies/certificates (b) .....					
24.4 Medicare Title XVIII exempt from state taxes or fee Other Individual Policies: 25.1 Non-cancellable (b) .....					
25.2 Guaranteed renewable (b) .....					
25.3 Non-renewable for stated reasons only (b) .....					
25.4 Other accident only .....					
25.5 All other (b) .....					
25.6 Totals (sum of Lines 25.1 to 25.5) .....					
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) .....					

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

**NONE**



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

DIRECT BUSINESS IN THE STATE OF Vermont

NAIC Group Code 0901

DURING THE YEAR 2020

NAIC Company Code 65269

**LIFE INSURANCE**

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

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	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 .....										
17. Incurred during current year Settled during current year: 18.1 By payment in full .....										
18.2 By payment on compromised claims .....										
18.3 Totals paid .....										
18.4 Reduction by compromise .....										
18.5 Amount rejected .....										
18.6 Total settlements .....										
19. Unpaid Dec. 31, current year (16+17-18.6) .....										
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year .....										
21. Issued during year .....										
22. Other changes to in force (Net) .....										
23. In force December 31 of current year .....										

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

**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) .....					
24.1 Federal Employees Health Benefits Plan premium (b) .....					
24.2 Credit (Group and Individual) .....					
24.3 Collectively renewable policies/certificates (b) .....					
24.4 Medicare Title XVIII exempt from state taxes or fee Other Individual Policies: 25.1 Non-cancellable (b) .....					
25.2 Guaranteed renewable (b) .....					
25.3 Non-renewable for stated reasons only (b) .....					
25.4 Other accident only .....					
25.5 All other (b) .....					
25.6 Totals (sum of Lines 25.1 to 25.5) .....					
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) .....					

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

**NONE**



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

DIRECT BUSINESS IN THE STATE OF Virginia

NAIC Group Code 0901

DURING THE YEAR 2020

NAIC Company Code 65269

**LIFE INSURANCE**

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

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	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 .....										
17. Incurred during current year Settled during current year: 18.1 By payment in full .....										
18.2 By payment on compromised claims .....										
18.3 Totals paid .....										
18.4 Reduction by compromise .....										
18.5 Amount rejected .....										
18.6 Total settlements .....										
19. Unpaid Dec. 31, current year (16+17-18.6) .....										
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year .....										
21. Issued during year .....										
22. Other changes to in force (Net) .....										
23. In force December 31 of current year .....										

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

**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) .....					
24.1 Federal Employees Health Benefits Plan premium (b) .....					
24.2 Credit (Group and Individual) .....					
24.3 Collectively renewable policies/certificates (b) .....					
24.4 Medicare Title XVIII exempt from state taxes or fee Other Individual Policies: 25.1 Non-cancellable (b) .....					
25.2 Guaranteed renewable (b) .....					
25.3 Non-renewable for stated reasons only (b) .....					
25.4 Other accident only .....					
25.5 All other (b) .....					
25.6 Totals (sum of Lines 25.1 to 25.5) .....					
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) .....					

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

**NONE**



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

DIRECT BUSINESS IN THE STATE OF Washington

NAIC Group Code 0901

DURING THE YEAR 2020

NAIC Company Code 65269

**LIFE INSURANCE**

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

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	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 .....										
17. Incurred during current year Settled during current year: 18.1 By payment in full .....										
18.2 By payment on compromised claims .....										
18.3 Totals paid .....										
18.4 Reduction by compromise .....										
18.5 Amount rejected .....										
18.6 Total settlements .....										
19. Unpaid Dec. 31, current year (16+17-18.6) .....										
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year .....										
21. Issued during year .....										
22. Other changes to in force (Net) .....										
23. In force December 31 of current year .....										

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

**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) .....					
24.1 Federal Employees Health Benefits Plan premium (b) .....					
24.2 Credit (Group and Individual) .....					
24.3 Collectively renewable policies/certificates (b) .....					
24.4 Medicare Title XVIII exempt from state taxes or fee Other Individual Policies: 25.1 Non-cancellable (b) .....					
25.2 Guaranteed renewable (b) .....					
25.3 Non-renewable for stated reasons only (b) .....					
25.4 Other accident only .....					
25.5 All other (b) .....					
25.6 Totals (sum of Lines 25.1 to 25.5) .....					
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) .....					

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

**NONE**



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

DIRECT BUSINESS IN THE STATE OF West Virginia

NAIC Group Code 0901

DURING THE YEAR 2020

NAIC Company Code 65269

**LIFE INSURANCE**

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

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	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 .....										
17. Incurred during current year Settled during current year: 18.1 By payment in full .....										
18.2 By payment on compromised claims .....										
18.3 Totals paid .....										
18.4 Reduction by compromise .....										
18.5 Amount rejected .....										
18.6 Total settlements .....										
19. Unpaid Dec. 31, current year (16+17-18.6) .....										
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year .....										
21. Issued during year .....										
22. Other changes to in force (Net) .....										
23. In force December 31 of current year .....										

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

**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) .....					
24.1 Federal Employees Health Benefits Plan premium (b) .....					
24.2 Credit (Group and Individual) .....					
24.3 Collectively renewable policies/certificates (b) .....					
24.4 Medicare Title XVIII exempt from state taxes or fee Other Individual Policies: 25.1 Non-cancellable (b) .....					
25.2 Guaranteed renewable (b) .....					
25.3 Non-renewable for stated reasons only (b) .....					
25.4 Other accident only .....					
25.5 All other (b) .....					
25.6 Totals (sum of Lines 25.1 to 25.5) .....					
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) .....					

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

**NONE**



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

DIRECT BUSINESS IN THE STATE OF Wisconsin

NAIC Group Code 0901

DURING THE YEAR 2020

NAIC Company Code 65269

**LIFE INSURANCE**

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

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	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 .....										
17. Incurred during current year Settled during current year: 18.1 By payment in full .....										
18.2 By payment on compromised claims .....										
18.3 Totals paid .....										
18.4 Reduction by compromise .....										
18.5 Amount rejected .....										
18.6 Total settlements .....										
19. Unpaid Dec. 31, current year (16+17-18.6) .....										
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year .....										
21. Issued during year .....										
22. Other changes to in force (Net) .....										
23. In force December 31 of current year .....										

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

**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) .....					
24.1 Federal Employees Health Benefits Plan premium (b) .....					
24.2 Credit (Group and Individual) .....					
24.3 Collectively renewable policies/certificates (b) .....					
24.4 Medicare Title XVIII exempt from state taxes or fee Other Individual Policies: 25.1 Non-cancellable (b) .....					
25.2 Guaranteed renewable (b) .....					
25.3 Non-renewable for stated reasons only (b) .....					
25.4 Other accident only .....					
25.5 All other (b) .....					
25.6 Totals (sum of Lines 25.1 to 25.5) .....					
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) .....					

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

**NONE**



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

DIRECT BUSINESS IN THE STATE OF Wyoming

NAIC Group Code 0901

DURING THE YEAR 2020

NAIC Company Code 65269

**LIFE INSURANCE**

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

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

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

**ACCIDENT AND HEALTH INSURANCE**

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

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



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

DIRECT BUSINESS IN THE STATE OF Grand Total

NAIC Group Code 0901

DURING THE YEAR 2020

NAIC Company Code 65269

**LIFE INSURANCE**

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

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

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

**ACCIDENT AND HEALTH INSURANCE**

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

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

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE United Benefit Life Insurance Company  
**FORM FOR CALCULATING THE INTEREST MAINTENANCE RESERVE**

**INTEREST MAINTENANCE RESERVE**

	1 Amount
1. Reserve as of December 31, Prior Year .....	31,038
2. Current year's realized pre-tax capital gains/(losses) of \$ ..... transferred into the reserve net of taxes of \$ .....	
3. Adjustment for current year's liability gains/(losses) released from the reserve .....	
4. Balance before reduction for amount transferred to Summary of Operations (Line 1 + Line 2 + Line 3) .....	31,038
5. Current year's amortization released to Summary of Operations (Amortization, Line 1, Column 4) .....	4,076
6. Reserve as of December 31, current year (Line 4 minus Line 5) .....	26,962

**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 .....	4,076			4,076
2. 2021 .....	4,316			4,316
3. 2022 .....	4,689			4,689
4. 2023 .....	4,932			4,932
5. 2024 .....	4,563			4,563
6. 2025 .....	3,651			3,651
7. 2026 .....	2,666			2,666
8. 2027 .....	1,607			1,607
9. 2028 .....	538			538
10. 2029 .....				
11. 2030 .....				
12. 2031 .....				
13. 2032 .....				
14. 2033 .....				
15. 2034 .....				
16. 2035 .....				
17. 2036 .....				
18. 2037 .....				
19. 2038 .....				
20. 2039 .....				
21. 2040 .....				
22. 2041 .....				
23. 2042 .....				
24. 2043 .....				
25. 2044 .....				
26. 2045 .....				
27. 2046 .....				
28. 2047 .....				
29. 2048 .....				
30. 2049 .....				
31. 2050 and Later .....				
32. Total (Lines 1 to 31) .....	31,038			31,038

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

**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 .....	114		114				114
2. Realized capital gains/(losses) net of taxes - General Account .....							
3. Realized capital gains/(losses) net of taxes - Separate Accounts .....							
4. Unrealized capital gains/(losses) net of deferred taxes - General Account .....							
5. Unrealized capital gains/(losses) net of deferred taxes - Separate Accounts .....							
6. Capital gains credited/(losses charged) to contract benefits, payments or reserves .....							
7. Basic contribution .....	79		79				79
8. Accumulated balances (Lines 1 through 5 - 6 + 7) .....	193		193				193
9. Maximum reserve .....	523		523				523
10. Reserve objective .....	253		253				253
11. 20% of (Line 10 - Line 8) .....	12		12				12
12. Balance before transfers (Lines 8 + 11) .....	205		205				205
13. Transfers .....							
14. Voluntary contribution .....							
15. Adjustment down to maximum/up to zero .....							
16. Reserve as of December 31, current year (Lines 12 + 13 + 14 + 15)	205		205				205

**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	2,578,537	XXX	XXX	2,578,537	0.0000		0.0000		0.0000	
2.1	1	NAIC Designation Category 1.A		XXX	XXX		0.0005		0.0016		0.0033	
2.2	1	NAIC Designation Category 1.B		XXX	XXX		0.0005		0.0016		0.0033	
2.3	1	NAIC Designation Category 1.C		XXX	XXX		0.0005		0.0016		0.0033	
2.4	1	NAIC Designation Category 1.D		XXX	XXX		0.0005		0.0016		0.0033	
2.5	1	NAIC Designation Category 1.E		XXX	XXX		0.0005		0.0016		0.0033	
2.6	1	NAIC Designation Category 1.F		XXX	XXX		0.0005		0.0016		0.0033	
2.7	1	NAIC Designation Category 1.G		XXX	XXX		0.0005		0.0016		0.0033	
2.8		Subtotal NAIC 1 (2.1+2.2+2.3+2.4+2.5+2.6+2.7)		XXX	XXX		XXX		XXX		XXX	
3.1	2	NAIC Designation Category 2.A		XXX	XXX		0.0021		0.0064		0.0106	
3.2	2	NAIC Designation Category 2.B		XXX	XXX		0.0021		0.0064		0.0106	
3.3	2	NAIC Designation Category 2.C		XXX	XXX		0.0021		0.0064		0.0106	
3.4		Subtotal NAIC 2 (3.1+3.2+3.3)		XXX	XXX		XXX		XXX		XXX	
4.1	3	NAIC Designation Category 3.A		XXX	XXX		0.0099		0.0263		0.0376	
4.2	3	NAIC Designation Category 3.B		XXX	XXX		0.0099		0.0263		0.0376	
4.3	3	NAIC Designation Category 3.C		XXX	XXX		0.0099		0.0263		0.0376	
4.4		Subtotal NAIC 3 (4.1+4.2+4.3)		XXX	XXX		XXX		XXX		XXX	
5.1	4	NAIC Designation Category 4.A		XXX	XXX		0.0245		0.0572		0.0817	
5.2	4	NAIC Designation Category 4.B		XXX	XXX		0.0245		0.0572		0.0817	
5.3	4	NAIC Designation Category 4.C		XXX	XXX		0.0245		0.0572		0.0817	
5.4		Subtotal NAIC 4 (5.1+5.2+5.3)		XXX	XXX		XXX		XXX		XXX	
6.1	5	NAIC Designation Category 5.A		XXX	XXX		0.0630		0.1128		0.1880	
6.2	5	NAIC Designation Category 5.B		XXX	XXX		0.0630		0.1128		0.1880	
6.3	5	NAIC Designation Category 5.C		XXX	XXX		0.0630		0.1128		0.1880	
6.4		Subtotal NAIC 5 (6.1+6.2+6.3)		XXX	XXX		XXX		XXX		XXX	
7.	6	NAIC 6		XXX	XXX		0.0000		0.2370		0.2370	
8.		Total Unrated Multi-class Securities Acquired by Conversion		XXX	XXX		XXX		XXX		XXX	
9.		Total Long-Term Bonds (1+2.8+3.4+4.4+5.4+6.4+7+8)	2,578,537	XXX	XXX	2,578,537	XXX		XXX		XXX	
		PREFERRED STOCKS										
10.	1	Highest Quality		XXX	XXX		0.0005		0.0016		0.0033	
11.	2	High Quality		XXX	XXX		0.0021		0.0064		0.0106	
12.	3	Medium Quality		XXX	XXX		0.0099		0.0263		0.0376	
13.	4	Low Quality		XXX	XXX		0.0245		0.0572		0.0817	
14.	5	Lower Quality		XXX	XXX		0.0630		0.1128		0.1880	
15.	6	In or Near Default		XXX	XXX		0.0000		0.2370		0.2370	
16.		Affiliated Life with AVR		XXX	XXX		0.0000		0.0000		0.0000	
17.		Total Preferred Stocks (Sum of Lines 10 through 16)		XXX	XXX		XXX		XXX		XXX	

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

**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		XXX	XXX		0.0000		0.0000		0.0000	
19.1	1	NAIC Designation Category 1.A		XXX	XXX		0.0005		0.0016		0.0033	
19.2	1	NAIC Designation Category 1.B		XXX	XXX		0.0005		0.0016		0.0033	
19.3	1	NAIC Designation Category 1.C		XXX	XXX		0.0005		0.0016		0.0033	
19.4	1	NAIC Designation Category 1.D	158,392	XXX	XXX	158,392	0.0005	79	0.0016	253	0.0033	523
19.5	1	NAIC Designation Category 1.E		XXX	XXX		0.0005		0.0016		0.0033	
19.6	1	NAIC Designation Category 1.F		XXX	XXX		0.0005		0.0016		0.0033	
19.7	1	NAIC Designation Category 1.G		XXX	XXX		0.0005		0.0016		0.0033	
19.8		Subtotal NAIC 1 (19.1+19.2+19.3+19.4+19.5+19.6+19.7)	158,392	XXX	XXX	158,392	XXX	79	XXX	253	XXX	523
20.1	2	NAIC Designation Category 2.A		XXX	XXX		0.0021		0.0064		0.0106	
20.2	2	NAIC Designation Category 2.B		XXX	XXX		0.0021		0.0064		0.0106	
20.3	2	NAIC Designation Category 2.C		XXX	XXX		0.0021		0.0064		0.0106	
20.4		Subtotal NAIC 2 (20.1+20.2+20.3)		XXX	XXX		XXX		XXX		XXX	
21.1	3	NAIC Designation Category 3.A		XXX	XXX		0.0099		0.0263		0.0376	
21.2	3	NAIC Designation Category 3.B		XXX	XXX		0.0099		0.0263		0.0376	
21.3	3	NAIC Designation Category 3.C		XXX	XXX		0.0099		0.0263		0.0376	
21.4		Subtotal NAIC 3 (21.1+21.2+21.3)		XXX	XXX		XXX		XXX		XXX	
22.1	4	NAIC Designation Category 4.A		XXX	XXX		0.0245		0.0572		0.0817	
22.2	4	NAIC Designation Category 4.B		XXX	XXX		0.0245		0.0572		0.0817	
22.3	4	NAIC Designation Category 4.C		XXX	XXX		0.0245		0.0572		0.0817	
22.4		Subtotal NAIC 4 (22.1+22.2+22.3)		XXX	XXX		XXX		XXX		XXX	
23.1	5	NAIC Designation Category 5.A		XXX	XXX		0.0630		0.1128		0.1880	
23.2	5	NAIC Designation Category 5.B		XXX	XXX		0.0630		0.1128		0.1880	
23.3	5	NAIC Designation Category 5.C		XXX	XXX		0.0630		0.1128		0.1880	
23.4		Subtotal NAIC 5 (23.1+23.2+23.3)		XXX	XXX		XXX		XXX		XXX	
24.	6	NAIC 6		XXX	XXX		0.0000		0.2370		0.2370	
25.		Total Short-Term Bonds (18+19.8+20.4+21.4+22.4+23.4+24)	158,392	XXX	XXX	158,392	XXX	79	XXX	253	XXX	523
		DERIVATIVE INSTRUMENTS										
26.		Exchange Traded		XXX	XXX		0.0005		0.0016		0.0033	
27.	1	Highest Quality		XXX	XXX		0.0005		0.0016		0.0033	
28.	2	High Quality		XXX	XXX		0.0021		0.0064		0.0106	
29.	3	Medium Quality		XXX	XXX		0.0099		0.0263		0.0376	
30.	4	Low Quality		XXX	XXX		0.0245		0.0572		0.0817	
31.	5	Lower Quality		XXX	XXX		0.0630		0.1128		0.1880	
32.	6	In or Near Default		XXX	XXX		0.0000		0.2370		0.2370	
33.		Total Derivative Instruments		XXX	XXX		XXX		XXX		XXX	
34.		Total (Lines 9 + 17 + 25 + 33)	2,736,929	XXX	XXX	2,736,929	XXX	79	XXX	253	XXX	523

**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 .....				XXX		0.0011		0.0057		
36.		Farm Mortgages - CM2 - High Quality .....				XXX		0.0040		0.0114		
37.		Farm Mortgages - CM3 - Medium Quality .....				XXX		0.0069		0.0200		
38.		Farm Mortgages - CM4 - Low Medium Quality .....				XXX		0.0120		0.0343		
39.		Farm Mortgages - CM5 - Low Quality .....				XXX		0.0183		0.0486		
40.		Residential Mortgages - Insured or Guaranteed .....				XXX		0.0003		0.0007		
41.		Residential Mortgages - All Other .....				XXX		0.0015		0.0034		
42.		Commercial Mortgages - Insured or Guaranteed .....				XXX		0.0003		0.0007		
43.		Commercial Mortgages - All Other - CM1 - Highest Quality .....				XXX		0.0011		0.0057		
44.		Commercial Mortgages - All Other - CM2 - High Quality .....				XXX		0.0040		0.0114		
45.		Commercial Mortgages - All Other - CM3 - Medium Quality .....				XXX		0.0069		0.0200		
46.		Commercial Mortgages - All Other - CM4 - Low Medium Quality .....				XXX		0.0120		0.0343		
47.		Commercial Mortgages - All Other - CM5 - Low Quality .....				XXX		0.0183		0.0486		
Overdue, Not in Process:												
48.		Farm Mortgages .....				XXX		0.0480		0.0868		
49.		Residential Mortgages - Insured or Guaranteed .....				XXX		0.0006		0.0014		
50.		Residential Mortgages - All Other .....				XXX		0.0029		0.0066		
51.		Commercial Mortgages - Insured or Guaranteed .....				XXX		0.0006		0.0014		
52.		Commercial Mortgages - All Other .....				XXX		0.0480		0.0868		
In Process of Foreclosure:												
53.		Farm Mortgages .....				XXX		0.0000		0.1942		
54.		Residential Mortgages - Insured or Guaranteed .....				XXX		0.0000		0.0046		
55.		Residential Mortgages - All Other .....				XXX		0.0000		0.0149		
56.		Commercial Mortgages - Insured or Guaranteed .....				XXX		0.0000		0.0046		
57.		Commercial Mortgages - All Other .....				XXX		0.0000		0.1942		
58.		Total Schedule B Mortgages (Sum of Lines 35 through 57)				XXX		XXX		XXX		
59.		Schedule DA Mortgages				XXX		0.0034		0.0114		
60.		Total Mortgage Loans on Real Estate (Lines 58 + 59)				XXX		XXX		XXX		

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**

Schedule H - Part 1 - Analysis of Underwriting Operations

**N O N E**

Schedule H - Part 2 - Reserves and Liabilities

**N O N E**

Schedule H - Part 3 - Test of Prior Year's Claim Reserves and Liabilities

**N O N E**

Schedule H - Part 4 - Reinsurance

**N O N E**

Schedule H - Part 5 - Health Claims

**N O N E**

Schedule S - Part 1 - Section 1

**N O N E**

Schedule S - Part 1 - Section 2

**N O N E**

Schedule S - Part 2

**N O N E**

Schedule S - Part 3 - Section 1

**N O N E**

Schedule S - Part 3 - Section 2

**N O N E**

Schedule S - Part 4

**N O N E**

Schedule S - Part 4 - Bank Footnote

**N O N E**

Schedule S - Part 5

**N O N E**

Schedule S - Part 5 - Bank Footnote

**N O N E**

Schedule S - Part 6

**N O N E**

**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)
<b>ASSETS (Page 2, Col. 3)</b>			
1. Cash and invested assets (Line 12) .....	3,069,141		3,069,141
2. Reinsurance (Line 16) .....			
3. Premiums and considerations (Line 15) .....			
4. Net credit for ceded reinsurance .....	XXX		
5. All other admitted assets (balance) .....	42,913		42,913
6. Total assets excluding Separate Accounts (Line 26) .....	3,112,054		3,112,054
7. Separate Account assets (Line 27) .....			
8. Total assets (Line 28) .....	3,112,054		3,112,054
<b>LIABILITIES, CAPITAL AND SURPLUS (Page 3)</b>			
9. Contract reserves (Lines 1 and 2) .....			
10. Liability for deposit-type contracts (Line 3) .....			
11. Claim reserves (Line 4) .....			
12. Policyholder dividends/member refunds/reserves (Lines 5 through 7) .....			
13. Premium & annuity considerations received in advance (Line 8) .....			
14. Other contract liabilities (Line 9) .....	26,962		26,962
15. Reinsurance in unauthorized companies (Line 24.02 minus inset amount) .....			
16. Funds held under reinsurance treaties with unauthorized reinsurers (Line 24.03 minus inset amount) .....			
17. Reinsurance with Certified Reinsurers (Line 24.02 inset amount) .....			
18. Funds held under reinsurance treaties with Certified Reinsurers (Line 24.03 inset amount) .....			
19. All other liabilities (balance) .....	10,711		10,711
20. Total liabilities excluding Separate Accounts (Line 26) .....	37,673		37,673
21. Separate Account liabilities (Line 27) .....			
22. Total liabilities (Line 28) .....	37,673		37,673
23. Capital & surplus (Line 38) .....	3,074,381	XXX	3,074,381
24. Total liabilities, capital & surplus (Line 39) .....	3,112,054		3,112,054
<b>NET CREDIT FOR CEDED REINSURANCE</b>			
25. Contract reserves .....			
26. Claim reserves .....			
27. Policyholder dividends/reserves .....			
28. Premium & annuity considerations received in advance .....			
29. Liability for deposit-type contracts .....			
30. Other contract liabilities .....			
31. Reinsurance ceded assets .....			
32. Other ceded reinsurance recoverables .....			
33. Total ceded reinsurance recoverables .....			
34. Premiums and considerations .....			
35. Reinsurance in unauthorized companies .....			
36. Funds held under reinsurance treaties with unauthorized reinsurers .....			
37. Reinsurance with Certified Reinsurers .....			
38. Funds held under reinsurance treaties with Certified Reinsurers .....			
39. Other ceded reinsurance payables/offsets .....			
40. Total ceded reinsurance payable/offsets .....			
41. Total net credit for ceded reinsurance .....			

**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					
2. Alaska .....	AK					
3. Arizona .....	AZ					
4. Arkansas .....	AR					
5. California .....	CA					
6. Colorado .....	CO					
7. Connecticut .....	CT					
8. Delaware .....	DE					
9. District of Columbia .....	DC					
10. Florida .....	FL					
11. Georgia .....	GA					
12. Hawaii .....	HI					
13. Idaho .....	ID					
14. Illinois .....	IL					
15. Indiana .....	IN					
16. Iowa .....	IA					
17. Kansas .....	KS					
18. Kentucky .....	KY					
19. Louisiana .....	LA					
20. Maine .....	ME					
21. Maryland .....	MD					
22. Massachusetts .....	MA					
23. Michigan .....	MI					
24. Minnesota .....	MN					
25. Mississippi .....	MS					
26. Missouri .....	MO					
27. Montana .....	MT					
28. Nebraska .....	NE					
29. Nevada .....	NV					
30. New Hampshire .....	NH					
31. New Jersey .....	NJ					
32. New Mexico .....	NM					
33. New York .....	NY					
34. North Carolina .....	NC					
35. North Dakota .....	ND					
36. Ohio .....	OH					
37. Oklahoma .....	OK					
38. Oregon .....	OR					
39. Pennsylvania .....	PA					
40. Rhode Island .....	RI					
41. South Carolina .....	SC					
42. South Dakota .....	SD					
43. Tennessee .....	TN					
44. Texas .....	TX					
45. Utah .....	UT					
46. Vermont .....	VT					
47. Virginia .....	VA					
48. Washington .....	WA					
49. West Virginia .....	WV					
50. Wisconsin .....	WI					
51. Wyoming .....	WY					
52. American Samoa .....	AS					
53. Guam .....	GU					
54. Puerto Rico .....	PR					
55. U.S. Virgin Islands .....	VI					
56. Northern Mariana Islands .....	MP					
57. Canada .....	CAN					
58. Aggregate Other Alien .....	OT					
59. Total .....						

NONE

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

**SCHEDULE Y**  
**PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi- ciliary Loca- tion	Rela- tionship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Owner- ship Provide Percent- age	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re- quired? (Y/N)	*
..0901	Cigna Group .....		00-0000000			222 Main Street CARING GP LLC .....	DE.. NIA..	Cigna Affiliates Realty Investment Group, LLC .....	Ownership..	100.000 ..	Cigna Corporation .....		N ..		
..0901	Cigna Group .....		46-4671745			222 Main Street Investors LP .....	DE.. NIA..	Cigna Affiliates Realty Investment Group, LLC .....	Ownership..	90.000 ..	Cigna Corporation .....		N ..		
..0901	Cigna Group .....		46-4926192			3601 North Fairfax Drive Associates, LLC .....	DE.. NIA..	Cigna Affiliates Realty Investment Group, LLC .....	Ownership..	90.000 ..	Cigna Corporation .....		N ..		
..0901	Cigna Group .....		00-0000000			680 Investors LLC .....	CA.. NIA..	SB-SNH LLC .....	Ownership..	85.000 ..	Cigna Corporation .....		N ..		
..0901	Cigna Group .....		00-0000000			685 New Hampshire LLC .....	CA.. NIA..	SB-SNH LLC .....	Ownership..	85.000 ..	Cigna Corporation .....		N ..		
..0901	Cigna Group .....		82-4794800			9171 Wilshire CPI-CII LLC .....	DE.. NIA..	CPI-CII 9171 Wilshire JV LLC .....	Ownership..	90.000 ..	Cigna Corporation .....		N ..		
..0901	Cigna Group .....		11-3358535			Accredo Health Group, Inc. .....	DE.. NIA..	Accredo Health, Incorporated .....	Ownership..	100.000 ..	Cigna Corporation .....		N ..		
..0901	Cigna Group .....		55-0894449			Accredo Health, Incorporated .....	DE.. NIA..	Medco Health Solutions, Inc. .....	Ownership..	100.000 ..	Cigna Corporation .....		N ..		
..0901	Cigna Group .....		13-3888838			AHG of New York, Inc. .....	NY.. NIA..	Accredo Health, Incorporated .....	Ownership..	100.000 ..	Cigna Corporation .....		N ..		
..0901	Cigna Group .....		75-3040465			Airport Holdings, LLC .....	NJ.. NIA..	Express Scripts, Inc. .....	Ownership..	100.000 ..	Cigna Corporation .....		N ..		
..0901	Cigna Group .....		35-2562415			Alegis Care Services, LLC .....	DE.. NIA..	Home Physicians Management, LLC .....	Ownership..	100.000 ..	Cigna Corporation .....		N ..		
..0901	Cigna Group .....		85-0909305			Alegis Care Services of Colorado, LLC .....	CO.. NIA..	Home Physicians Management, LLC .....	Ownership..	100.000 ..	Cigna Corporation .....		N ..		
..0901	Cigna Group .....		81-0400550			Allegiance Benefit Plan Management, Inc. .....	MT.. NIA..	Benefit Management Corp. .....	Ownership..	100.000 ..	Cigna Corporation .....		N ..		
..0901	Cigna Group .....		03-0507057			Allegiance Care Management, LLC .....	MT.. NIA..	Benefit Management Corp. .....	Ownership..	100.000 ..	Cigna Corporation .....		N ..		
..0901	Cigna Group .....		71-0916514			Allegiance COBRA Services, Inc. .....	MT.. NIA..	Benefit Management Corp. .....	Ownership..	100.000 ..	Cigna Corporation .....		N ..		
..0901	Cigna Group .....	12814	20-4433475			Allegiance Life & Health Insurance Company .....	MT.. NIA..	Benefit Management Corp. .....	Ownership..	95.000 ..	Cigna Corporation .....		N ..		
..0901	Cigna Group .....		26-2201582			Allegiance Provider Direct, LLC .....	MT.. NIA..	Benefit Management Corp. .....	Ownership..	100.000 ..	Cigna Corporation .....		N ..		
..0901	Cigna Group .....		20-3851464			Allegiance Re, Inc. .....	MT.. NIA..	Benefit Management Corp. .....	Ownership..	100.000 ..	Cigna Corporation .....		N ..		
..0901	Cigna Group .....		88366	59-2760189		American Retirement Life Insurance Company .....	OH.. NIA..	Loyal American Life Insurance Company .....	Ownership..	100.000 ..	Cigna Corporation .....		N ..		
..0901	Cigna Group .....		82-3315524			Arbor Heights Venture LLC .....	DE.. NIA..	Cigna Affiliates Realty Investment Group, LLC .....	Ownership..	90.000 ..	Cigna Corporation .....		N ..		
..0901	Cigna Group .....		46-4080861			AristalND, Inc. .....	DE.. NIA..	Cigna Ventures, LLC .....	Ownership..	11.100 ..	Cigna Corporation .....		N ..		
..0901	Cigna Group .....		86-3581583			Arizona Health Plan, Inc. .....	AZ.. NIA..	Healthsource, Inc. .....	Ownership..	100.000 ..	Cigna Corporation .....		N ..		
..0901	Cigna Group .....		00-0000000			Ascent Health Services LLC .....	DE.. NIA..	Cigna Spruce Holdings GmbH .....	Ownership..	80.000 ..	Cigna Corporation .....		N ..		
..0901	Cigna Group .....		81-0585518			Benefit Management Corp. .....	MT.. NIA..	Connecticut General Corporation .....	Ownership..	100.000 ..	Cigna Corporation .....		N ..		
..0901	Cigna Group .....		81-2650133			Berwick Apartments LLC .....	DE.. NIA..	Cigna Affiliates Realty Investment Group, LLC .....	Ownership..	85.000 ..	Cigna Corporation .....		N ..		
..0901	Cigna Group .....		43-1815573			Biopartners in Care, Inc. .....	MO.. NIA..	Accredo Health, Incorporated .....	Ownership..	100.000 ..	Cigna Corporation .....		N ..		
..0901	Cigna Group .....		06-1522976			Blodget & Hazard Limited .....	GBR.. NIA..	Cigna Re Corporation .....	Ownership..	100.000 ..	Cigna Corporation .....		N ..		
..0901	Cigna Group .....	10095	52-2259087			Bravo Health Mid-Atlantic, Inc. .....	MD.. NIA..	NewQuest Management Northeast, LLC .....	Ownership..	100.000 ..	Cigna Corporation .....		N ..		
..0901	Cigna Group .....	11524	52-2363406			Bravo Health Pennsylvania, Inc. .....	PA.. NIA..	NewQuest Management Northeast, LLC .....	Ownership..	100.000 ..	Cigna Corporation .....		N ..		
..0901	Cigna Group .....		27-1713977			Brighter, Inc. .....	DE.. NIA..	Connecticut General Corporation .....	Ownership..	100.000 ..	Cigna Corporation .....		N ..		
..0901	Cigna Group .....		46-4918521			Buoy Health, Inc. .....	DE.. NIA..	Cigna Ventures, LLC .....	Ownership..	12.200 ..	Cigna Corporation .....		N ..		
..0901	Cigna Group .....		61-1162797			Care Continuum, Inc. .....	KY.. NIA..	SpectraCare Health Care Ventures, Inc. .....	Ownership..	100.000 ..	Cigna Corporation .....		N ..		
..0901	Cigna Group .....		85-0954556			CareAllies Accountable Care Collaborative LLC .....	DE.. NIA..	CareAllies, Inc. .....	Ownership..	100.000 ..	Cigna Corporation .....		N ..		
..0901	Cigna Group .....		85-0935554			CareAllies Accountable Care Network LLC .....	DE.. NIA..	CareAllies, Inc. .....	Ownership..	100.000 ..	Cigna Corporation .....		N ..		
..0901	Cigna Group .....		26-0180898			CareAllies, Inc. .....	DE.. NIA..	Cigna Holdings, Inc. .....	Ownership..	100.000 ..	Cigna Corporation .....		N ..		
..0901	Cigna Group .....		81-2760646			CareAllies, LLC .....	DE.. NIA..	Connecticut General Life Insurance Company .....	Ownership..	100.000 ..	Cigna Corporation .....		N ..		
..0901	Cigna Group .....		14-1831391			CareCore National, LLC .....	NY.. NIA..	MedSolutions Holdings, Inc. .....	Ownership..	100.000 ..	Cigna Corporation .....		N ..		
..0901	Cigna Group .....	10144	20-1089572			CareCore NJ, LLC .....	NJ.. NIA..	eviCore healthcare MSI, LLC .....	Ownership..	100.000 ..	Cigna Corporation .....		N ..		
..0901	Cigna Group .....		45-2681649			CarePlexus, LLC .....	DE.. NIA..	Cigna Health and Life Insurance Company .....	Ownership..	100.000 ..	Cigna Corporation .....		N ..		
..0901	Cigna Group .....		83-1400586			CARING 18th & Salmon Investor LLC .....	DE.. NIA..	Cigna Affiliates Realty Investment Group, LLC .....	Ownership..	100.000 ..	Cigna Corporation .....		N ..		
..0901	Cigna Group .....		83-2562994			CARING 500 Ygnacio Investor LLC .....	DE.. NIA..	Cigna Affiliates Realty Investment Group, LLC .....	Ownership..	100.000 ..	Cigna Corporation .....		N ..		
..0901	Cigna Group .....		84-1960231			CARING 3130 Investor LLC .....	DE.. NIA..	Cigna Affiliates Realty Investment Group, LLC .....	Ownership..	100.000 ..	Cigna Corporation .....		N ..		
..0901	Cigna Group .....		83-2318410			CARING 9171 Wilshire Investor LLC .....	DE.. NIA..	Cigna Affiliates Realty Investment Group, Ownership..	100.000 ..	Cigna Corporation .....		N ..			

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

**SCHEDULE Y**  
**PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi- ciliary Loca- tion	Rela- tionship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Owner- ship Provide Per- centage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re- quired? (Y/N)	*
.0901	Cigna Group .....		83-2851501 .....			CARING Alta Englewood Investor LLC .....	DE .....	NIA .....	Cigna Affiliates Realty Investment Group, LLC .....	Ownership .....	100.000 .....	Cigna Corporation .....	N .....		
.0901	Cigna Group .....		85-2966766 .....			CARING Alta Leander Investor LLC .....	DE .....	NIA .....	Cigna Affiliates Realty Investment Group, LLC .....	Ownership .....	100.000 .....	Cigna Corporation .....	N .....		
.0901	Cigna Group .....		83-2563284 .....			CARING Alta Woodson Investor LLC .....	DE .....	NIA .....	Cigna Affiliates Realty Investment Group, LLC .....	Ownership .....	100.000 .....	Cigna Corporation .....	N .....		
.0901	Cigna Group .....		85-2966766 .....			CARING Avondale Investor LLC .....	DE .....	NIA .....	Cigna Affiliates Realty Investment Group, LLC .....	Ownership .....	100.000 .....	Cigna Corporation .....	N .....		
.0901	Cigna Group .....		32-0570889 .....			CARING Capitol Hill GP LLC .....	DE .....	NIA .....	Cigna Affiliates Realty Investment Group, LLC .....	Ownership .....	100.000 .....	Cigna Corporation .....	N .....		
.0901	Cigna Group .....		37-1903297 .....			CARING Capitol Hill LP LLC .....	DE .....	NIA .....	Cigna Affiliates Realty Investment Group, LLC .....	Ownership .....	100.000 .....	Cigna Corporation .....	N .....		
.0901	Cigna Group .....		83-2851364 .....			CARING Century Plaza Investor LLC .....	DE .....	NIA .....	Cigna Affiliates Realty Investment Group, LLC .....	Ownership .....	100.000 .....	Cigna Corporation .....	N .....		
.0901	Cigna Group .....		83-2318370 .....			CARING Dulles Town Center Investor LLC .....	DE .....	NIA .....	Cigna Affiliates Realty Investment Group, LLC .....	Ownership .....	100.000 .....	Cigna Corporation .....	N .....		
.0901	Cigna Group .....		83-3701937 .....			CARING Firestone Investor LLC .....	DE .....	NIA .....	Cigna Affiliates Realty Investment Group, LLC .....	Ownership .....	100.000 .....	Cigna Corporation .....	N .....		
.0901	Cigna Group .....					CARING JA Lofts Investor LP LLC .....	DE .....	NIA .....	Cigna Affiliates Realty Investment Group, LLC .....	Ownership .....	100.000 .....	Cigna Corporation .....	N .....		
.0901	Cigna Group .....					CARING JA Lofts Investor GP LLC .....	DE .....	NIA .....	Cigna Affiliates Realty Investment Group, LLC .....	Ownership .....	100.000 .....	Cigna Corporation .....	N .....		
.0901	Cigna Group .....		83-2318233 .....			CARING Heights at Bear Creek Investor LLC .....	DE .....	NIA .....	Cigna Affiliates Realty Investment Group, LLC .....	Ownership .....	100.000 .....	Cigna Corporation .....	N .....		
.0901	Cigna Group .....		83-1400482 .....			CARING Hillcrest Investor LLC .....	DE .....	NIA .....	Cigna Affiliates Realty Investment Group, LLC .....	Ownership .....	100.000 .....	Cigna Corporation .....	N .....		
.0901	Cigna Group .....		84-4410554 .....			CARING IBP Investor LLC .....	DE .....	NIA .....	Cigna Affiliates Realty Investment Group, LLC .....	Ownership .....	100.000 .....	Cigna Corporation .....	N .....		
.0901	Cigna Group .....		85-1961034 .....			CARING Interbay Investor GP LLC .....	DE .....	NIA .....	Cigna Affiliates Realty Investment Group, LLC .....	Ownership .....	100.000 .....	Cigna Corporation .....	N .....		
.0901	Cigna Group .....		85-1984627 .....			CARING Interbay Investor LP LLC .....	DE .....	NIA .....	Cigna Affiliates Realty Investment Group, LLC .....	Ownership .....	100.000 .....	Cigna Corporation .....	N .....		
.0901	Cigna Group .....		83-2339522 .....			CARING Mallory Square Investor LLC .....	DE .....	NIA .....	Cigna Affiliates Realty Investment Group, LLC .....	Ownership .....	100.000 .....	Cigna Corporation .....	N .....		
.0901	Cigna Group .....		83-2563138 .....			CARING Soma Investor LLC .....	DE .....	NIA .....	Cigna Affiliates Realty Investment Group, LLC .....	Ownership .....	100.000 .....	Cigna Corporation .....	N .....		
.0901	Cigna Group .....		83-2633790 .....			CARING Alexan Enclave Investor LLC .....	DE .....	NIA .....	Cigna Affiliates Realty Investment Group, LLC .....	Ownership .....	100.000 .....	Cigna Corporation .....	N .....		
.0901	Cigna Group .....		83-2633886 .....			CARING Orange Collection Investor LLC .....	DE .....	NIA .....	Cigna Affiliates Realty Investment Group, LLC .....	Ownership .....	100.000 .....	Cigna Corporation .....	N .....		
.0901	Cigna Group .....		83-8294933 .....			CARING South Coast Subsidiary LLC .....	DE .....	NIA .....	Cigna Affiliates Realty Investment Group, LLC .....	Ownership .....	100.000 .....	Cigna Corporation .....	N .....		
.0901	Cigna Group .....		38-4085763 .....			CARING Westcore Holding Investor LLC .....	DE .....	NIA .....	Cigna Affiliates Realty Investment Group, LLC .....	Ownership .....	100.000 .....	Cigna Corporation .....	N .....		
.0901	Cigna Group .....		83-3923178 .....			CARING XR International Investor LLC .....	DE .....	NIA .....	Cigna Affiliates Realty Investment Group, LLC .....	Ownership .....	100.000 .....	Cigna Corporation .....	N .....		
.0901	Cigna Group .....		83-4317078 .....			CARING XR 2 International Investor LLC .....	DE .....	NIA .....	Cigna Affiliates Realty Investment Group, LLC .....	Ownership .....	100.000 .....	Cigna Corporation .....	N .....		
.0901	Cigna Group .....		84-1843578 .....			CGGL XR 2 International JV LLC .....	DE .....	NIA .....	CARING XR 2 International Investor LLC .....	Ownership .....	90.000 .....	Cigna Corporation .....	N .....		
.0901	Cigna Group .....		84-1843578 .....			CGGL XR 2 International Mezz LLC .....	DE .....	NIA .....	CARING XR 2 International Investor LLC .....	Ownership .....	90.000 .....	Cigna Corporation .....	N .....		
.0901	Cigna Group .....		45-2604992 .....			CCN NMO, LLC .....	NY .....	NIA .....	eviCore healthcare MSI, LLC .....	Ownership .....	100.000 .....	Cigna Corporation .....	N .....		
.0901	Cigna Group .....		33-1039759 .....			CCN-WNY IPA, LLC .....	NY .....	NIA .....	eviCore healthcare MSI, LLC .....	Ownership .....	100.000 .....	Cigna Corporation .....	N .....		
.0901	Cigna Group .....		34-1970892 .....			Ceres Sales of Ohio, LLC .....	OH .....	NIA .....	Cigna Health and Life Insurance Company .....	Ownership .....	100.000 .....	Cigna Corporation .....	N .....		
.0901	Cigna Group .....		06-1332403 .....			CG Individual Tax Benefit Payments, Inc. .....	DE .....	NIA .....	Connecticut General Corporation .....	Ownership .....	100.000 .....	Cigna Corporation .....	N .....		

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

**SCHEDULE Y**  
**PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi- ciliary Loca- tion	Rela- tionship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Owner- ship Provide Per- centage	Ultimate Controlling Entity(es)/Person(s)	Is an SCA Filing Re- quired? (Y/N)	*
.0901	Cigna Group .....		06-1332405			CG Life Pension Benefits Payments, Inc.	DE	NIA	Connecticut General Corporation .....	Ownership.....	100.000 .....	Cigna Corporation .....		N	
.0901	Cigna Group .....		06-1332401			CG LINA Pension Benefits Payments, Inc.	DE	NIA	Connecticut General Corporation .....	Ownership.....	100.000 .....	Cigna Corporation .....		N	
.0901	Cigna Group .....		84-2083351			CG-AO 477 South Market Street LLC .....	DE	NIA	CARING Firestone Investor LLC .....	Ownership.....	85.000 .....	Cigna Corporation .....		N	
.0901	Cigna Group .....		84-4773972			CG-LEDO IBP Venture LLC .....	DE	NIA	CARING IBP Investor LLC .....	Ownership.....	90.000 .....	Cigna Corporation .....		N	
.0901	Cigna Group .....		84-4747045			CG-LEDO IBP I LLC .....	DE	NIA	CARING IBP Investor LLC .....	Ownership.....	90.000 .....	Cigna Corporation .....		N	
.0901	Cigna Group .....		84-4755025			CG-LEDO IBP II LLC .....	DE	NIA	CARING IBP Investor LLC .....	Ownership.....	90.000 .....	Cigna Corporation .....		N	
.0901	Cigna Group .....		84-2993316			CG-Muller 550 Winchester, LLC .....	DE	NIA	CARING Century Plaza Investor LLC .....	Ownership.....	90.000 .....	Cigna Corporation .....		N	
.0901	Cigna Group .....		45-5499889			CG Seventh Street, LLC .....	DE	NIA	Cigna Affiliates Realty Investment Group, LLC .....	Ownership.....	87.500 .....	Cigna Corporation .....		N	
.0901	Cigna Group .....		82-1280312			CG/Wood Alta 601, LLC .....	DE	NIA	Cigna Affiliates Realty Investment Group, LLC .....	Ownership.....	90.000 .....	Cigna Corporation .....		N	
.0901	Cigna Group .....		85-2233381			CG/Wood Alta Leander Station, LLC .....	DE	NIA	CARING Alta Leander Investor LLC .....	Ownership.....	90.000 .....	Cigna Corporation .....		N	
.0901	Cigna Group .....		81-3281922			CGGL Chapman LLC .....	DE	NIA	CGGL Orange Collection LLC .....	Ownership.....	90.000 .....	Cigna Corporation .....		N	
.0901	Cigna Group .....		81-3313562			CGGL City Parkway LLC .....	DE	NIA	CGGL Orange Collection LLC .....	Ownership.....	90.000 .....	Cigna Corporation .....		N	
.0901	Cigna Group .....		61-1797835			CGGL Orange Collection LLC .....	DE	NIA	Cigna Affiliates Realty Investment Group, LLC .....	Ownership.....	90.000 .....	Cigna Corporation .....		N	
.0901	Cigna Group .....		00-0000000			CGGL Orange Collection Mezz LLC .....	DE	NIA	CARING Orange Collection Investor LLC .....	Ownership.....	100.000 .....	Cigna corporation .....		N	
.0901	Cigna Group .....		84-1921719			CGGL XR International LLC .....	DE	NIA	CARING XR International Investor LLC .....	Ownership.....	90.000 .....	Cigna Corporation .....		N	
.0901	Cigna Group .....		84-1843578			CGGL XR 2 International LLC .....	DE	NIA	CARING XR 2 International Investor LLC .....	Ownership.....	90.000 .....	Cigna Corporation .....		N	
.0901	Cigna Group .....		00-0000000			CGO Participatos LTD A .....	BRA	NIA	Cigna Global Holdings, Inc. .....	Ownership.....	99.780 .....	Cigna Corporation .....		N	
.0901	Cigna Group .....		59-3466707			Chiro Alliance Corporation .....	FL	NIA	eviCore healthcare MSI, LLC .....	Ownership.....	100.000 .....	Cigna Corporation .....		N	
.0901	Cigna Group .....		81-3389374			CIG-LEI Ygnacio Associates LLC .....	DE	NIA	Cigna Affiliates Realty Investment Group, LLC .....	Ownership.....	90.000 .....	Cigna Corporation .....		N	
.0901	Cigna Group .....		82-4774243			CI-GS Portland, LLC .....	DE	NIA	CARING 18th & Salmon Investor LLC .....	Ownership.....	86.200 .....	Cigna Corporation .....		N	
.0901	Cigna Group .....		82-1612980			CI-GS Hillcrest LLC .....	DE	NIA	CARING Hillcrest Investor LLC .....	Ownership.....	90.000 .....	Cigna Corporation .....		N	
.0901	Cigna Group .....		00-0000000			Cigna & CMB Asset Management Company Limited .....	CHN	NIA	Cigna & CMB Life Insurance Company Limited .....	Ownership.....	87.350 .....	Cigna Corporation .....		N	
.0901	Cigna Group .....		00-0000000			Cigna & CMB Health Services Company, Ltd. ....	CHN	NIA	Cigna & CMB Life Insurance Company Limited .....	Ownership.....	100.000 .....	Cigna Corporation .....		N	
.0901	Cigna Group .....		00-0000000			Cigna & CMB Life Insurance Company Limited .....	CHN	IA	Cigna Health and Life Insurance Company ....	Ownership.....	50.000 .....	Cigna Corporation .....		N	
.0901	Cigna Group .....		00-0000000			CIGNA 2000 UK Pension LTD .....	GBR	NIA	Cigna European Services (UK) Limited .....	Ownership.....	100.000 .....	Cigna Corporation .....		N	
.0901	Cigna Group .....		27-5402196			Cigna Affiliates Realty Investment Group, LLC .....	DE	NIA	Connecticut General Life Insurance Company .....	Ownership.....	100.000 .....	Cigna Corporation .....		N	
.0901	Cigna Group .....		00-0000000			Cigna Alder Holdings, LLC .....	DE	NIA	Cigna Apac Holdings, Ltd. ....	Ownership.....	100.000 .....	Cigna Corporation .....		N	
.0901	Cigna Group .....		00-0000000			Cigna Apac Holdings, Ltd. ....	BMU	NIA	Cigna Palmetto Holdings, Ltd. ....	Ownership.....	100.000 .....	Cigna Corporation .....		N	
.0901	Cigna Group .....		13733	03-0452349		Cigna Arbor Life Insurance Company .....	CT	IA	Connecticut General Corporation .....	Ownership.....	100.000 .....	Cigna Corporation .....		N	
.0901	Cigna Group .....		98-1181787			Cigna Beechwood Holdings .....	BEL	NIA	Cigna Elmwood Holdings, SPRL .....	Ownership.....	51.000 .....	Cigna Corporation .....		N	
.0901	Cigna Group .....		94-3107309			Cigna Behavioral Health of California, Inc. ....	CA	NIA	Cigna Behavioral Health, Inc. ....	Ownership.....	100.000 .....	Cigna Corporation .....		N	
.0901	Cigna Group .....		75-2751090			Cigna Behavioral Health of Texas, Inc. ....	TX	NIA	Cigna Behavioral Health, Inc. ....	Ownership.....	100.000 .....	Cigna Corporation .....		N	
.0901	Cigna Group .....		41-1648670			Cigna Behavioral Health, Inc. ....	MN	NIA	Connecticut General Corporation .....	Ownership.....	100.000 .....	Cigna Corporation .....		N	
.0901	Cigna Group .....		00-0000000			Cigna Bellevue Alpha LLC .....	DE	NIA	Cigna Holdings Overseas, Inc. ....	Ownership.....	100.000 .....	Cigna Corporation .....		N	
.0901	Cigna Group .....		02-0515554			Cigna Benefit Technology Solutions, Inc. ....	DE	NIA	Cigna Health Corporation .....	Ownership.....	100.000 .....	Cigna Corporation .....		N	
.0901	Cigna Group .....		01-0947889	0001489070		Cigna Benefits Financing, Inc. ....	DE	NIA	Cigna Investments, Inc. ....	Ownership.....	100.000 .....	Cigna Corporation .....		N	
.0901	Cigna Group .....		00-0000000			Cigna Brokerage & Marketing (Thailand) Limited .....	THA	NIA	RHP Thailand Limited .....	Ownership.....	53.250 .....	Cigna Corporation .....		N	
.0901	Cigna Group .....		00-0000000			Cigna Cedar Holdings, Ltd. ....	MLT	NIA	Cigna Apac Holdings, Ltd. ....	Ownership.....	100.000 .....	Cigna Corporation .....		N	
.0901	Cigna Group .....		98-1137759			Cigna Chestnut Holdings, Ltd. ....	GBR	NIA	Cigna Walnut Holdings, Ltd. ....	Ownership.....	100.000 .....	Cigna Corporation .....		N	
.0901	Cigna Group .....		27-3396038			Cigna Corporate Services, LLC .....	DE	NIA	Cigna Health and Life Insurance Company ....	Ownership.....	100.000 .....	Cigna Corporation .....		N	
.0901	Cigna Group .....		82-4991898	1739940	US	Cigna Corporation (A Delaware corporation and ultimate parent company) .....	DE	UIP	Publicly Traded .....	Ownership.....	100.000 .....	Publicly Traded .....		N	
.0901	Cigna Group .....		00-0000000			Cigna Data Services (Shanghai) Company Limited .....	CHN	NIA	Cigna Hong Kong Holdings Company Limited ...	Ownership.....	100.000 .....	Cigna Corporation .....		N	
.0901	Cigna Group .....		59-2600475			Cigna Dental Health Of California, Inc. ....	CA	NIA	Cigna Dental Health, Inc. ....	Ownership.....	100.000 .....	Cigna Corporation .....		N	
.0901	Cigna Group .....	11175	59-2675861			Cigna Dental Health Of Colorado, Inc. ....	CO	IA	Cigna Dental Health, Inc. ....	Ownership.....	100.000 .....	Cigna Corporation .....		N	

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

**SCHEDULE Y**  
**PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Loca-tion	Rela-tion-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Owner-ship Provide Percen-tage	Ultimate Controlling Entity(es)/Person(s)	Is an SCA Filing Re-quired? (Y/N)	*
0901	Cigna Group	95380	59-2676987			Cigna Dental Health Of Delaware, Inc.	DE	IA	Cigna Dental Health, Inc.	Ownership	100.00	Cigna Corporation	N		
0901	Cigna Group	52021	59-1611217			Cigna Dental Health Of Florida, Inc.	FL	IA	Cigna Dental Health, Inc.	Ownership	100.00	Cigna Corporation	N		
0901	Cigna Group		06-1351097			Cigna Dental Health of Illinois, Inc.	IL	NIA	Cigna Dental Health, Inc.	Ownership	100.00	Cigna Corporation	N		
0901	Cigna Group	52024	59-2625350			Cigna Dental Health Of Kansas, Inc.	KS	IA	Cigna Dental Health, Inc.	Ownership	100.00	Cigna Corporation	N		
0901	Cigna Group	52108	59-2619589			Cigna Dental Health Of Kentucky, Inc.	KY	IA	Cigna Dental Health, Inc.	Ownership	100.00	Cigna Corporation	N		
0901	Cigna Group	48119	20-2844020			Cigna Dental Health Of Maryland, Inc.	MD	IA	Cigna Dental Health, Inc.	Ownership	100.00	Cigna Corporation	N		
0901	Cigna Group	11160	06-1582068			Cigna Dental Health Of Missouri, Inc.	MO	IA	Cigna Dental Health, Inc.	Ownership	100.00	Cigna Corporation	N		
0901	Cigna Group	11167	59-2308062			Cigna Dental Health Of New Jersey, Inc.	NJ	IA	Cigna Dental Health, Inc.	Ownership	100.00	Cigna Corporation	N		
0901	Cigna Group	95179	56-1803464			Cigna Dental Health Of North Carolina, Inc.	NC	IA	Cigna Dental Health, Inc.	Ownership	100.00	Cigna Corporation	N		
0901	Cigna Group	47805	59-2579774			Cigna Dental Health Of Ohio, Inc.	OH	IA	Cigna Dental Health, Inc.	Ownership	100.00	Cigna Corporation	N		
0901	Cigna Group	47041	52-1220578			Cigna Dental Health Of Pennsylvania, Inc.	PA	IA	Cigna Dental Health, Inc.	Ownership	100.00	Cigna Corporation	N		
0901	Cigna Group	95037	59-2676977			Cigna Dental Health Of Texas, Inc.	TX	IA	Cigna Dental Health, Inc.	Ownership	100.00	Cigna Corporation	N		
0901	Cigna Group	52617	52-2188914			Cigna Dental Health Of Virginia, Inc.	VA	IA	Cigna Dental Health, Inc.	Ownership	100.00	Cigna Corporation	N		
0901	Cigna Group	47013	86-0807222			Cigna Dental Health Plan Of Arizona, Inc.	AZ	IA	Cigna Dental Health, Inc.	Ownership	100.00	Cigna Corporation	N		
0901	Cigna Group		59-2308055			Cigna Dental Health, Inc.	FL	NIA	Connecticut General Corporation	Ownership	100.00	Cigna Corporation	N		
0901	Cigna Group		58-1136865			Cigna Direct Marketing Company, Inc.	DE	NIA	Connecticut General Corporation	Ownership	100.00	Cigna Corporation	N		
0901	Cigna Group		98-1155943			Cigna Elmwood Holdings, SPRL	BEL	NIA	Cigna Myrtle Holdings, Ltd.	Ownership	100.00	Cigna Corporation	N		
0901	Cigna Group		00-0000000			Cigna Europe Insurance Company S.A.-N.V.	BEL	IA	Cigna Beechwood Holdings	Ownership	99.99	Cigna Corporation	N		
0901	Cigna Group		00-0000000			Cigna European Services (UK) Limited	GBR	NIA	Cigna Elmwood Holdings, SPRL	Ownership	100.00	Cigna Corporation	N		
0901	Cigna Group		62-1724116			Cigna Federal Benefits, Inc.	DE	NIA	Connecticut General Corporation	Ownership	100.00	Cigna Corporation	N		
0901	Cigna Group		00-0000000			Cigna Finans Emlkililik Ve Hayat A.S.	TUR	NIA	Cigna Nederland Gamma, B.V.	Ownership	51.00	Cigna Corporation	N		
0901	Cigna Group		51-0389196			Cigna Global Holdings, Inc.	DE	NIA	Cigna Holdings, Inc.	Ownership	100.00	Cigna Corporation	N		
0901	Cigna Group		68-0676638			Cigna Global Insurance Company Limited	GGY	IA	Cigna Holdings Overseas, Inc.	Ownership	99.99	Cigna Corporation	N		
0901	Cigna Group		98-0210110			Cigna Global Reinsurance Company, Ltd.	BMU	IA	Cigna Global Holdings, Inc.	Ownership	100.00	Cigna Corporation	N		
0901	Cigna Group					Cigna Global Wellbeing Holdings Limited	GBR	NIA	Connecticut General Corporation	Ownership	70.00	Cigna Corporation	N		
0901	Cigna Group					Cigna Global Wellbeing Solutions Limited	GBR	NIA	Cigna Global Wellbeing Holdings Limited	Ownership	100.00	Cigna Corporation	N		
									Connecticut General Life Insurance Company						
0901	Cigna Group	67369	59-1031071			Cigna Health and Life Insurance Company	CT	UIP		Ownership	100.00	Cigna Corporation	N		
0901	Cigna Group		62-1312478			Cigna Health Corporation	DE	NIA	Connecticut General Corporation	Ownership	100.00	Cigna Corporation	N		
0901	Cigna Group		23-1728483			Cigna Health Management, Inc.	DE	NIA	Connecticut General Corporation	Ownership	100.00	Cigna Corporation	N		
0901	Cigna Group		00-0000000			Cigna Health Solution India Pvt. Ltd.	IND	NIA	Cigna Holdings Overseas, Inc.	Ownership	99.90	Cigna Corporation	N		
0901	Cigna Group		23-2741293			Cigna Healthcare Benefits, Inc.	DE	NIA	Connecticut General Corporation	Ownership	100.00	Cigna Corporation	N		
0901	Cigna Group		84-0985843			Cigna Healthcare Holdings, Inc.	CO	NIA	Connecticut General Corporation	Ownership	100.00	Cigna Corporation	N		
0901	Cigna Group	95599	52-1404350			Cigna HealthCare Mid-Atlantic, Inc.	MD	NIA	Healthsource, Inc.	Ownership	100.00	Cigna Corporation	N		
0901	Cigna Group	95125	86-0334392			Cigna HealthCare of Arizona, Inc.	AZ	IA	Healthsource, Inc.	Ownership	100.00	Cigna Corporation	N		
0901	Cigna Group		95-3310115			Cigna HealthCare of California, Inc.	CA	NIA	Healthsource, Inc.	Ownership	100.00	Cigna Corporation	N		
0901	Cigna Group		95604	84-1004500		Cigna HealthCare of Colorado, Inc.	CO	IA	Healthsource, Inc.	Ownership	100.00	Cigna Corporation	N		
0901	Cigna Group		95660	06-1141174		Cigna HealthCare of Connecticut, Inc.	CT	IA	Healthsource, Inc.	Ownership	100.00	Cigna Corporation	N		
0901	Cigna Group	95136	59-2089259			Cigna HealthCare of Florida, Inc.	FL	IA	Healthsource, Inc.	Ownership	100.00	Cigna Corporation	N		
0901	Cigna Group	96229	58-1641057			Cigna HealthCare of Georgia, Inc.	GA	IA	Healthsource, Inc.	Ownership	100.00	Cigna Corporation	N		
0901	Cigna Group	95602	36-3385638			Cigna HealthCare of Illinois, Inc.	IL	IA	Healthsource, Inc.	Ownership	100.00	Cigna Corporation	N		
0901	Cigna Group	95525	35-1679172			Cigna HealthCare of Indiana, Inc.	IN	IA	Healthsource, Inc.	Ownership	100.00	Cigna Corporation	N		
0901	Cigna Group	95477	01-0418220			Cigna HealthCare of Maine, Inc.	ME	NIA	Healthsource, Inc.	Ownership	100.00	Cigna Corporation	N		
0901	Cigna Group		95220	02-0402111		Cigna HealthCare of Massachusetts, Inc.	MA	NIA	Healthsource, Inc.	Ownership	100.00	Cigna Corporation	N		
0901	Cigna Group	95493	02-0387749			Cigna HealthCare of New Hampshire, Inc.	NH	IA	Healthsource, Inc.	Ownership	100.00	Cigna Corporation	N		
0901	Cigna Group		95500	22-2720890		Cigna HealthCare of New Jersey, Inc.	NJ	IA	Healthsource, Inc.	Ownership	100.00	Cigna Corporation	N		
0901	Cigna Group	95132	56-1479515			Cigna HealthCare of North Carolina, Inc.	NC	IA	Healthsource, Inc.	Ownership	100.00	Cigna Corporation	N		
0901	Cigna Group	95121	23-2301807			Cigna HealthCare of Pennsylvania, Inc.	PA	NIA	Healthsource, Inc.	Ownership	100.00	Cigna Corporation	N		
0901	Cigna Group	95708	06-1185594			Cigna HealthCare of South Carolina, Inc.	SC	IA	Healthsource, Inc.	Ownership	100.00	Cigna Corporation	N		
0901	Cigna Group	95635	36-3359925			Cigna HealthCare of St. Louis, Inc.	MO	IA	Healthsource, Inc.	Ownership	100.00	Cigna Corporation	N		
0901	Cigna Group	95606	62-1218053			Cigna HealthCare of Tennessee, Inc.	TN	IA	Healthsource, Inc.	Ownership	100.00	Cigna Corporation	N		
0901	Cigna Group	95383	74-2767437			Cigna HealthCare of Texas, Inc.	TX	IA	Healthsource, Inc.	Ownership	100.00	Cigna Corporation	N		
0901	Cigna Group	95518	62-1230908			Cigna HealthCare of Utah, Inc.	UT	NIA	Healthsource, Inc.	Ownership	100.00	Cigna Corporation	N		
0901	Cigna Group		02-0495422			Cigna Healthcare, Inc.	VT	NIA	Cigna Healthcare Holdings, Inc.	Ownership	100.00	Cigna Corporation	N		

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

**SCHEDULE Y**  
**PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Loca-tion	Rela-tionship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Owner-ship Provide Percen-tage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Y/N)	*
.0901	Cigna Group .....		00-0000000			Cigna HLA Technology Services Company Limited		HKG	NIA	Cigna Hong Kong Holdings Company Limited ..	Ownership.....	100.00	Cigna Corporation .....	N	
.0901	Cigna Group .....		06-1059331			Cigna Holding Company .....		DE	UIP	Cigna Corporation .....	Ownership.....	100.00	Cigna Corporation .....	N	
.0901	Cigna Group .....		23-3009279			Cigna Holdings Overseas, Inc. .....		DE	NIA	Cigna Global Reinsurance Company, Ltd. ..	Ownership.....	100.00	Cigna Corporation .....	N	
.0901	Cigna Group .....		06-1072796			Cigna Holdings, Inc. .....		DE	UIP	Cigna Holding Company .....	Ownership.....	100.00	Cigna Corporation .....	N	
.0901	Cigna Group .....		00-0000000			Cigna Hong Kong Holdings Company Limited ..		HKG	NIA	Cigna Chestnut Holdings, Ltd. ..	Ownership.....	100.00	Cigna Corporation .....	N	
.0901	Cigna Group .....		27-1903785			Cigna Insurance Agency, LLC .....		CT	NIA	Cigna Health and Life Insurance Company ..	Ownership.....	100.00	Cigna Corporation .....	N	
.0901	Cigna Group .....		00-0000000			Cigna Insurance Management Services (DIFC), Ltd. .....		ARE	NIA	Cigna Apac Holdings, Ltd. .....	Ownership.....	100.00	Cigna Corporation .....	N	
.0901	Cigna Group .....		00-0000000			Cigna Insurance Middle East S.A.L. .....		LBN	IA	Cigna Cedar Holdings, Ltd. .....	Ownership.....	100.00	Cigna Corporation .....	N	
.0901	Cigna Group .....		00-0000000			Cigna Insurance Public Company Limited .....		THA	IA	KDM Thailand Limited .....	Ownership.....	75.00	Cigna Corporation .....	N	
.0901	Cigna Group .....		00-0000000			Cigna Insurance Services (Europe) Limited .....		GBR	NIA	Cigna Willow Holdings, LTD. .....	Ownership.....	100.00	Cigna Corporation .....	N	
.0901	Cigna Group .....		23-2924152			Cigna Integratedcare, Inc. .....		DE	NIA	Connecticut General Corporation .....	Ownership.....	100.00	Cigna Corporation .....	N	
.0901	Cigna Group .....		51-0402128			Cigna Intellectual Property, Inc. .....		DE	NIA	Cigna Holdings, Inc. .....	Ownership.....	100.00	Cigna Corporation .....	N	
.0901	Cigna Group .....		51-0111677			Cigna International Corporation, Inc. .....		DE	NIA	Cigna Global Holdings, Inc. .....	Ownership.....	100.00	Cigna Corporation .....	N	
.0901	Cigna Group .....		52-0291385			Cigna International Finance, Inc. .....		DE	NIA	Cigna Investment Group, Inc. .....	Ownership.....	100.00	Cigna Corporation .....	N	
.0901	Cigna Group .....		00-0000000			Cigna International Health Services Kenya Limited .....		KEN	NIA	Cigna International Health Services, BVBA .....	Ownership.....	100.00	Cigna Corporation .....	N	
.0901	Cigna Group .....		00-0000000			Cigna International Health Services Sdn. Bhd. .....		MYS	NIA	Cigna Hong Kong Holdings Company Limited .....	Ownership.....	100.00	Cigna Corporation .....	N	
.0901	Cigna Group .....		00-0000000			Cigna International Health Services, BVBA .....		BEL	NIA	Cigna Elmwood Holdings, Ltd. .....	Ownership.....	51.00	Cigna Corporation .....	N	
.0901	Cigna Group .....		30-0526216			Cigna International Health Services, LLC .....		FL	NIA	Cigna International Health Services, BVBA .....	Ownership.....	100.00	Cigna Corporation .....	N	
.0901	Cigna Group .....					Cigna International Marketing (Thailand) Limited .....		THA	NIA	Cigna Global Holdings, Inc. .....	Ownership.....	99.90	Cigna Corporation .....	N	
.0901	Cigna Group .....		00-0000000			Cigna International Services Australia Pty Ltd. .....		AUS	NIA	Cigna Chestnut Holdings, Ltd. .....	Ownership.....	100.00	Cigna Corporation .....	N	
.0901	Cigna Group .....		23-2610178			Cigna International Services, Inc. .....		DE	NIA	Cigna Global Holdings, Inc. .....	Ownership.....	100.00	Cigna Corporation .....	N	
.0901	Cigna Group .....		06-1095823			Cigna Investment Group, Inc. .....		DE	NIA	Cigna Holdings, Inc. .....	Ownership.....	100.00	Cigna Corporation .....	N	
.0901	Cigna Group .....		06-0861092			Cigna Investments, Inc. .....		DE	NIA	Cigna Investment Group, Inc. .....	Ownership.....	100.00	Cigna Corporation .....	N	
.0901	Cigna Group .....					Cigna Korea Chusik Heosa (A/K/A Cigna Korea Company Limited) .....		KOR	NIA	Cigna Chestnut Holdings, Ltd. .....	Ownership.....	100.00	Cigna Corporation .....	N	
.0901	Cigna Group .....		98-1146864			Cigna Laurel Holdings, Ltd. .....		BMU	NIA	Cigna Linden Holdings, Inc. .....	Ownership.....	100.00	Cigna Corporation .....	N	
.0901	Cigna Group .....		00-0000000			Cigna Legal Protection U.K. Ltd. .....		GBR	NIA	Cigna Willow Holdings, LTD. .....	Ownership.....	100.00	Cigna Corporation .....	N	
.0901	Cigna Group .....		AA-1560515			Cigna Life Insurance Company of Canada .....		CAN	IA	Cigna Chestnut Holdings, Ltd. .....	Ownership.....	100.00	Cigna Corporation .....	N	
.0901	Cigna Group .....		AA-1240009			Cigna Life Insurance Company of Europe S.A.-N.V. .....		BEL	IA	Cigna Beechwood Holdings .....	Ownership.....	99.993	Cigna Corporation .....	N	
.0901	Cigna Group .....		00-0000000			Cigna Life Insurance New Zealand Limited .....		NZL	IA	Cigna New Zealand Holdings Limited .....	Ownership.....	100.00	Cigna Corporation .....	N	
.0901	Cigna Group .....		46-4110289			Cigna Linden Holdings, Inc. .....		DE	NIA	Cigna Holdings Overseas, Inc. .....	Ownership.....	82.00	Cigna Corporation .....	N	
.0901	Cigna Group .....		98-1232512			Cigna Magnolia Holdings, Ltd. .....		BMU	NIA	Cigna Palmetto Holdings, Ltd. .....	Ownership.....	100.00	Cigna Corporation .....	N	
.0901	Cigna Group .....		23-2741294			Cigna Managed Care Benefits Company .....		DE	NIA	Connecticut General Corporation .....	Ownership.....	100.00	Cigna Corporation .....	N	
.0901	Cigna Group .....		98-1154657			Cigna Myrtle Holdings, Ltd. .....		MLT	NIA	Cigna Apac Holdings, Ltd. .....	Ownership.....	74.560	Cigna Corporation .....	N	
.0901	Cigna Group .....		61727	34-0970995		Cigna National Health Insurance Company .....		OH	UIP	Cigna Health and Life Insurance Company .....	Ownership.....	100.00	Cigna Corporation .....	N	
.0901	Cigna Group .....		00-0000000			Cigna Nederland Gamma B.V. .....		NLD	NIA	Cigna Walnut Holdings, Ltd. .....	Ownership.....	100.00	Cigna Corporation .....	N	
.0901	Cigna Group .....		00-0000000			Cigna New Zealand Holdings Limited .....		NZL	NIA	Cigna Hong Kong Holdings Company Limited .....	Ownership.....	100.00	Cigna Corporation .....	N	
.0901	Cigna Group .....		00-0000000			Cigna Oak Holdings, Ltd. .....		GBR	NIA	Cigna Elmwood Holdings, SPRL .....	Ownership.....	100.00	Cigna Corporation .....	N	
.0901	Cigna Group .....		32-0222252			Cigna Onsite Health, LLC .....		DE	NIA	Connecticut General Life Insurance Company .....	Ownership.....	100.00	Cigna Corporation .....	N	
.0901	Cigna Group .....		98-1232443			Cigna Palmetto Holdings, Ltd. .....		BMU	NIA	Cigna Laurel Holdings, Ltd. .....	Ownership.....	100.00	Cigna Corporation .....	N	
.0901	Cigna Group .....		46-4099800			Cigna Poplar Holdings, Inc. .....		DE	NIA	Cigna Holdings Overseas, Inc. .....	Ownership.....	100.00	Cigna Corporation .....	N	
.0901	Cigna Group .....		06-1071502			Cigna RE Corporation .....		DE	NIA	Connecticut General Corporation .....	Ownership.....	100.00	Cigna Corporation .....	N	
.0901	Cigna Group .....		06-1567902			Cigna Resource Manager, Inc. .....		DE	NIA	Connecticut General Corporation .....	Ownership.....	100.00	Cigna Corporation .....	N	
.0901	Cigna Group .....		00-0000000			Cigna Spruce Holdings GmbH .....		CHE	NIA	Cigna Chestnut Holdings, Ltd. .....	Ownership.....	100.00	Cigna Corporation .....	N	
.0901	Cigna Group .....		00-0000000			Cigna Taiwan Life Assurance Company Limited .....		TWN	IA	Cigna Apac Holdings, Ltd. .....	Ownership.....	100.00	Cigna Corporation .....	N	
.0901	Cigna Group .....		00-0000000			Cigna Teak Holdings, LLC .....		DE	NIA	Cigna Global Holdings, Inc. .....	Ownership.....	100.00	Cigna Corporation .....	N	

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

**SCHEDULE Y**

**PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domestic- iliary Loca- tion	Rela- tionship to Report- ing Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Owner- ship Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
..0901	Cigna Group		00-000000			Cigna Turkey Danismanlik Hizmetleri, A.S (A/K/A Cigna Turkey Consultancy Services, A.S.)		TUR.	NIA.	Cigna Magnolia Holdings, Ltd.	Ownership.	100.00	Cigna Corporation	.N.	
..0901	Cigna Group		83-1069280			Cigna Ventures, LLC		DE.	NIA.	Cigna Health and Life Insurance Company	Ownership.	100.00	Cigna Corporation	.N.	
..0901	Cigna Group		00-000000			Cigna Walnut Holdings, Ltd.		GBR.	NIA.	Cigna Apac Holdings, Ltd.	Ownership.	100.00	Cigna Corporation	.N.	
..0901	Cigna Group		00-000000			Cigna Willow Holdings, Ltd.		GBR.	NIA.	Cigna Oak Holdings, Ltd.	Ownership.	100.00	Cigna Corporation	.N.	
..0901	Cigna Group		00-000000			Cigna Worldwide General Insurance Company Limited		HKG.	IA.	Cigna Hong Kong Holdings Company Limited	Ownership.	100.00	Cigna Corporation	.N.	
..0901	Cigna Group	90859	23-2088429			Cigna Worldwide Insurance Company		DE.	IA.	Cigna Global Reinsurance Company, Ltd.	Ownership.	100.00	Cigna Corporation	.N.	
..0901	Cigna Group		00-000000			Cigna Worldwide Life Insurance Company Limited		HKG.	IA.	Cigna Hong Kong Holdings Company Limited	Ownership.	100.00	Cigna Corporation	.N.	
..0901	Cigna Group		00-000000			Claims and Risk Services Limited		SAU.	IA.	NAS Neuron Health Services, L.L.C.	Ownership.	50.00	Cigna Corporation	.N.	
..0901	Cigna Group		00-000000			ManipalCigna Health Insurance Company Limited		IND.	IA.	Cigna Holdings Overseas, Inc.	Ownership.	49.00	TTK (non-affiliate)	.N.	
..0901	Cigna Group		84-1461840			Community Health Network, LLC		MT.	NIA.	Benefit Management Corp.	Ownership.	50.00	Cigna Corporation	.N.	
..0901	Cigna Group		06-1252419			Connecticut General Benefit Payments, Inc.		DE.	NIA.	Connecticut General Corporation	Ownership.	100.00	Cigna Corporation	.N.	
..0901	Cigna Group		06-0840391			Connecticut General Corporation		CT.	NIA.	Cigna Holdings, Inc.	Ownership.	100.00	Cigna Corporation	.N.	
..0901	Cigna Group	62308	06-0303370	0000023419		Connecticut General Life Insurance Company		CT.	UIP.	Connecticut General Corporation	Ownership.	100.00	Cigna Corporation	.N.	
..0901	Cigna Group		82-4936006			CPI-CII 9171 Wilshire JV LLC		DE.	NIA.	Cigna Affiliates Realty Investment Group, LLC	Ownership.	90.00	Cigna Corporation	.N.	
..0901	Cigna Group		27-3555688			CR Washington Street Investors LP		DE.	NIA.	Cigna Affiliates Realty Investment Group, LLC	Ownership.	33.820	Charles River Washington Street LLC (non-affiliate)	.N.	
..0901	Cigna Group		47-2746692			Cricket Health, Inc.		DE.	NIA.	Cigna Health and Life Insurance Company	Ownership.	9.00	Cigna Corporation	.N.	
..0901	Cigna Group		36-4369972			CuraScript, Inc.		DE.	NIA.	Express Scripts, Inc.	Ownership.	100.00	Cigna Corporation	.N.	
..0901	Cigna Group		16-1526641			Diversified NY IPA, Inc.		NY.	NIA.	Diversified Pharmaceutical Services, Inc.	Ownership.	100.00	Cigna Corporation	.N.	
..0901	Cigna Group		41-1627938			Diversified Pharmaceutical Services, Inc.		MN.	NIA.	Express Scripts, Inc.	Ownership.	100.00	Cigna Corporation	.N.	
..0901	Cigna Group		52-2099336			Dulles Town Center Mall, LLC		VA.	NIA.	Cigna Affiliates Realty Investment Group, LLC	Ownership.	50.00	Cigna Corporation	.N.	
..0901	Cigna Group		27-3542089			Econdisc Contracting Solutions, LLC		DE.	NIA.	Express Scripts Pharmaceutical Procurement LLC (90%)	Ownership.	90.00	Cigna Corporation	.N.	
..0901	Cigna Group		00-000000			Egyptian Emirates Administration Services SAE		EGY.	NIA.	NAS Neuron Health Services, L.L.C.	Ownership.	64.999	Cigna Corporation	.N.	
..0901	Cigna Group					ESI Canada		CAN.	NIA.	Express Scripts Canada Co. (99.9%); ESI-GP Canada, ULC (0.1%)	Ownership.	100.00	Cigna Corporation	.N.	
..0901	Cigna Group					ESI GP Canada ULC		CAN.	NIA.	Express Scripts Canada Co.	Ownership.	100.00	Cigna Corporation	.N.	
..0901	Cigna Group		43-1925556			ESI GP Holdings, Inc.		DE.	NIA.	Express Scripts, Inc.	Ownership.	100.00	Cigna Corporation	.N.	
..0901	Cigna Group		00-000000			ESI GP2 Canada ULC		CAN.	NIA.	Express Scripts Canada Co.	Ownership.	100.00	Cigna Corporation	.N.	
..0901	Cigna Group		74-2974964			ESI Mail Order Processing, Inc. (f/k/a NXI)		DE.	NIA.	Express Scripts, Inc.	Ownership.	100.00	Cigna Corporation	.N.	
..0901	Cigna Group		43-1867735			ESI Mail Pharmacy Service, Inc.		DE.	NIA.	Express Scripts, Inc.	Ownership.	100.00	Cigna Corporation	.N.	
..0901	Cigna Group		43-1925562			ESI Partnership		DE.	NIA.	Express Scripts, Inc. (82%); ESI-GP Holdings, Inc. (18%)	Ownership.	100.00	Cigna Corporation	.N.	
..0901	Cigna Group		41-2006555			ESI Resources, Inc.		MN.	NIA.	ESI Partnership	Ownership.	100.00	Cigna Corporation	.N.	
..0901	Cigna Group		85-2732455			Evernorth Enterprise Services, Inc.		DE.	NIA.	Cigna Corporation	Ownership.	100.00	Cigna Corporation	.N.	
..0901	Cigna Group		85-2759151			Evernorth Sales Operations, Inc.		DE.	NIA.	Evernorth Health, Inc.	Ownership.	100.00	Cigna Corporation	.N.	
..0901	Cigna Group		85-2717903			Evernorth Strategic Development, Inc.		DE.	NIA.	Cigna Corporation	Ownership.	100.00	Cigna Corporation	.N.	
..0901	Cigna Group		46-4676347			eviCore 1, LLC		DE.	NIA.	Evernorth Health, Inc.	Ownership.	100.00	Cigna Corporation	.N.	
..0901	Cigna Group		62-1615395			eviCore healthcare MSI, LLC		TN.	NIA.	CareCore National, LLC	Ownership.	100.00	Cigna Corporation	.N.	
..0901	Cigna Group	13918	27-3175443			Express Reinsurance Company		MO.	IA.	Express Scripts, Inc.	Ownership.	100.00	Cigna Corporation	.N.	
..0901	Cigna Group		41-2063830			Express Scripts Administrators LLC		DE.	NIA.	Medco Health Solutions, Inc.	Ownership.	100.00	Cigna Corporation	.N.	
..0901	Cigna Group					Express Scripts Canada Co.		CAN.	NIA.	Express Scripts Canada Holding Co.	Ownership.	100.00	Cigna Corporation	.N.	
..0901	Cigna Group		43-1942542			Express Scripts Canada Holding Co.		DE.	NIA.	Express Scripts, Inc.	Ownership.	100.00	Cigna Corporation	.N.	
..0901	Cigna Group		27-1490640			Express Scripts Canada Holding, LLC		DE.	NIA.	Express Scripts Canada Holding Co.	Ownership.	100.00	Cigna Corporation	.N.	
..0901	Cigna Group		00-000000			Express Scripts Canada Services		CAN.	NIA.	Express Scripts Canada Co. (99.9%); ESI-GP2 Canada, ULC (0.1%)	Ownership.	100.00	Cigna Corporation	.N.	

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

**SCHEDULE Y**  
**PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM**

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Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Loca-tion	Rela-tion-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Owner-ship Provide Percent-age	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Y/N)	*
.0901	Cigna Group .....					Express Scripts Canada Wholesale .....		.CAN	.NIA	Express Scripts Canada Co. (99.9%); ESI-GP2 Canada, ULC (0.1%) .....	Ownership.....	100.000	Cigna Corporation .....	N	
.0901	Cigna Group .....	84-5003423				Express Scripts Health Information Network Partners, Inc. .....		.DE	.NIA	Express Scripts, Inc. .....	Ownership.....	100.000	Cigna Corporation .....	N	
.0901	Cigna Group .....	45-2884094				Evernorth Health, Inc. .....		.DE	.NIA	Cigna Corporation .....	Ownership.....	100.000	Cigna Corporation .....	N	
.0901	Cigna Group .....	20-5826948				Express Scripts Pharmaceutical Procurement, LLC .....		.DE	.NIA	ESI Mail Pharmacy Service, Inc. (50%); Express Scripts, Inc. (50%) .....	Ownership.....	100.000	Cigna Corporation .....	N	
.0901	Cigna Group .....	00-0000000				Express Scripts Pharmacy Atlantic, Ltd. .....		.CAN	.NIA	Express Scripts Canada Services .....	Ownership.....	100.000	Cigna Corporation .....	N	
.0901	Cigna Group .....	00-0000000				Express Scripts Pharmacy Central, Ltd. .....		.CAN	.NIA	Express Scripts Canada Services .....	Ownership.....	100.000	Cigna Corporation .....	N	
.0901	Cigna Group .....	00-0000000				Express Scripts Pharmacy Ontario, Ltd. .....		.CAN	.NIA	Express Scripts Canada Services .....	Ownership.....	100.000	Cigna Corporation .....	N	
.0901	Cigna Group .....	30-0789911				Express Scripts Pharmacy West, Ltd. .....		.CAN	.NIA	Express Scripts Canada Services .....	Ownership.....	100.000	Cigna Corporation .....	N	
.0901	Cigna Group .....	22-3114423				Express Scripts Pharmacy, Inc. .....		.DE	.NIA	Medco Health Services, Inc. .....	Ownership.....	100.000	Cigna Corporation .....	N	
.0901	Cigna Group .....	20-3126104				Express Scripts Sales Operations, Inc. .....		.NJ	.NIA	ESI Mail Pharmacy Service, Inc. .....	Ownership.....	100.000	Cigna Corporation .....	N	
.0901	Cigna Group .....					Express Scripts Senior Care Holdings, Inc. .....		.DE	.NIA	Express Scripts, Inc. .....	Ownership.....	100.000	Cigna Corporation .....	N	
.0901	Cigna Group .....	20-3126075				Express Scripts Senior Care, Inc. .....		.DE	.NIA	Express Scripts Senior Care Holdings, Inc. .....	Ownership.....	100.000	Cigna Corporation .....	N	
.0901	Cigna Group .....	43-1832983				Express Scripts Services Co. .....		.DE	.NIA	Express Scripts, Inc. .....	Ownership.....	100.000	Cigna Corporation .....	N	
.0901	Cigna Group .....	43-1869712				Express Scripts Specialty Distribution Services, Inc. .....		.DE	.NIA	Express Scripts, Inc. .....	Ownership.....	100.000	Cigna Corporation .....	N	
.0901	Cigna Group .....	22-2230703				Express Scripts Strategic Development, Inc. .....		.NJ	.NIA	Express Scripts, Inc. .....	Ownership.....	100.000	Cigna Corporation .....	N	
.0901	Cigna Group .....	43-1869714				Express Scripts Utilization Management Company .....		.DE	.NIA	Express Scripts, Inc. .....	Ownership.....	100.000	Cigna Corporation .....	N	
.0901	Cigna Group .....	43-1420563				Express Scripts, Inc. .....		.DE	.NIA	Evernorth Health, Inc. .....	Ownership.....	100.000	Cigna Corporation .....	N	
.0901	Cigna Group .....	00-0000000				FirstAssist Administration Limited .....		.GBR	.NIA	Cigna Willow Holdings, LTD. .....	Ownership.....	100.000	Cigna Corporation .....	N	
.0901	Cigna Group .....	23-1914061				Former Cigna Investments, Inc. .....		.DE	.NIA	Cigna Investment Group, Inc. .....	Ownership.....	100.000	Cigna Corporation .....	N	
.0901	Cigna Group .....	02-0523249				Fresco, Inc. .....		.FL	.NIA	Priority Healthcare Corporation .....	Ownership.....	100.000	Cigna Corporation .....	N	
.0901	Cigna Group .....	20-3229217				Freedom Service Company, LLC .....		.FL	.NIA	Lynnfield Drug, Inc. .....	Ownership.....	100.000	Cigna Corporation .....	N	
.0901	Cigna Group .....		00-0000000			Gillette Ridge Community Council, Inc. .....		.CT	.NIA	Connecticut General Life Insurance Company .....	Ownership.....	100.000	Cigna Corporation .....	N	
.0901	Cigna Group .....	20-3700105				Gillette Ridge Golf, LLC .....		.DE	.NIA	Connecticut General Life Insurance Company .....	Ownership.....	100.000	Cigna Corporation .....	N	
.0901	Cigna Group .....	95388	93-1174749			Great-West Healthcare of Illinois, Inc. .....		.IL	.NIA	Cigna Healthcare Holdings, Inc. .....	Ownership.....	100.000	Cigna Corporation .....	N	
.0901	Cigna Group .....		00-0000000			GRG Acquisitions LLC .....		.DE	.NIA	Connecticut General Life Insurance Company .....	Ownership.....	100.000	Cigna Corporation .....	N	
.0901	Cigna Group .....		11-9599164			Grown Ups New Zealand Limited .....		.NZL	.NIA	Cigna Life Insurance New Zealand Limited .....	Ownership.....	100.000	Cigna Corporation .....	N	
.0901	Cigna Group .....		76-0657035			GulfQuest, LP .....		.TX	.NIA	HouQuest, LLC .....	Ownership.....	99.000	Cigna Corporation .....	N	
.0901	Cigna Group .....		52-2149519			Hazard Center Investment Company LLC .....		.DE	.NIA	Connecticut General Life Insurance Company .....	Ownership.....	100.000	Cigna Corporation .....	N	
.0901	Cigna Group .....		04-2992335			Healthbridge Reimbursement & Product Support, Inc. .....		.MA	.NIA	Priority Healthcare Corporation .....	Ownership.....	100.000	Cigna Corporation .....	N	
.0901	Cigna Group .....		26-2159005			Healthbridge, Inc. .....		.DE	.NIA	Express Scripts, Inc. .....	Ownership.....	100.000	Cigna Corporation .....	N	
.0901	Cigna Group .....		46-2086778			Health-Lynx, LLC .....		.NJ	.NIA	QualCare Alliance Networks, Inc. .....	Ownership.....	100.000	Cigna Corporation .....	N	
.0901	Cigna Group .....		06-1533555			Healthsource Benefits, Inc. .....		.DE	.NIA	Connecticut General Corporation .....	Ownership.....	100.000	Cigna Corporation .....	N	
.0901	Cigna Group .....		02-0467679			Healthsource Properties, Inc. .....		.NH	.NIA	Healthsource, Inc. .....	Ownership.....	100.000	Cigna Corporation .....	N	
.0901	Cigna Group .....		02-0387748			Healthsource, Inc. .....		.DE	.NIA	Cigna Health Corporation .....	Ownership.....	100.000	Cigna Corporation .....	N	
.0901	Cigna Group .....		12902	20-8534298		HealthSpring Life & Health Insurance Company, Inc. .....		.TX	.IA	NewQuest, LLC .....	Ownership.....	100.000	Cigna Corporation .....	N	
.0901	Cigna Group .....		20-8647386			HealthSpring Management of America, LLC .....		.DE	.NIA	NewQuest, LLC .....	Ownership.....	100.000	Cigna Corporation .....	N	
.0901	Cigna Group .....		11532	65-1129599		HealthSpring of Florida, Inc. .....		.FL	.IA	NewQuest, LLC .....	Ownership.....	100.000	Cigna Corporation .....	N	
.0901	Cigna Group .....		26-2353772			HealthSpring Pharmacy of Tennessee, LLC .....		.DE	.NIA	HealthSpring Pharmacy Services, LLC .....	Ownership.....	100.000	Cigna Corporation .....	N	
.0901	Cigna Group .....		26-1559347			HealthSpring Pharmacy Services, LLC .....		.DE	.NIA	NewQuest, LLC .....	Ownership.....	100.000	Cigna Corporation .....	N	
.0901	Cigna Group .....		72-1559530			HealthSpring USA, LLC .....		.TN	.NIA	NewQuest, LLC .....	Ownership.....	100.000	Cigna Corporation .....	N	
.0901	Cigna Group .....		20-1821898			HealthSpring, Inc. .....		.DE	.NIA	Connecticut General Corporation .....	Ownership.....	100.000	Cigna Corporation .....	N	

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

**SCHEDULE Y**  
**PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Loca-tion	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Owner-ship Provide Percent-age	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Y/N)	*
..0901	Cigna Group .....		81-4139432			Heights at Bear Creek Venture LLC .....		DE	NIA	Cigna Affiliates Realty Investment Group, LLC .....	Ownership.....	90.000	Cigna Corporation .....	N	
..0901	Cigna Group .....		20-4266628			Home Physicians Management, LLC .....		DE	NIA	NewQuest, LLC .....	Ownership.....	100.000	Cigna Corporation .....	N	
..0901	Cigna Group .....		75-3108521			HouQuest, LLC .....		DE	NIA	NewQuest, LLC .....	Ownership.....	100.000	Cigna Corporation .....	N	
..0901	Cigna Group .....		37-1708015			Houston Briar Forest Apartments Limited Partnership .....		DE	NIA	Cigna Affiliates Realty Investment Group, LLC .....	Ownership.....	80.000	Cigna Corporation .....	N	
..0901	Cigna Group .....		95-4838551			Ideal Properties II LLC .....		CA	NIA	Cigna Affiliates Realty Investment Group, LLC .....	Ownership.....	85.000	Cigna Corporation .....	N	
..0901	Cigna Group .....		35-2041388			IHN, Inc. .....		IN	NIA	Connecticut General Corporation .....	Ownership.....	100.000	Cigna Corporation .....	N	
..0901	Cigna Group .....		00-0000000			Independent Health Information Technology Services L.L.C. .....		ARE	NIA	NAS Neuron Health Services, L.L.C. .....	Ownership.....	50.000	Cigna Corporation .....	N	
..0901	Cigna Group .....		82-1655179			Innovative Product Alignment, LLC .....		DE	NIA	Express Scripts, Inc. .....	Ownership.....	100.000	Cigna Corporation .....	N	
..0901	Cigna Group .....		82-0658250			Inside RX, LLC .....		DE	NIA	Express Scripts, Inc. .....	Ownership.....	100.000	Cigna Corporation .....	N	
..0901	Cigna Group .....		81-0425785			Intermountain Underwriters, Inc. .....		MT	NIA	Benefit Management Corp. .....	Ownership.....	100.000	Cigna Corporation .....	N	
..0901	Cigna Group .....		00-0000000			International Pharmaceutical Solutions, GmbH .....		CHE	NIA	Cigna Holdings Overseas, Inc. .....	Ownership.....	100.000	Cigna Corporation .....	N	
..0901	Cigna Group .....		84-3406799			JA Lofts Holdings, LLC .....		DE	NIA	JA Lofts JV Limited Partnership .....	Ownership.....	100.000	Cigna Corporation .....	N	
..0901	Cigna Group .....		84-3395923			JA Lofts JV Limited Partnership .....		DE	NIA	CARING JA Lofts Investor LP LLC .....	Ownership.....	90.000	Cigna Corporation .....	N	
..0901	Cigna Group .....		00-0000000			Kuwait Emirates Administration Services WLL .....		KWT	NIA	NAS Administrative Services Company LLC .....	Ownership.....	90.000	Cigna Corporation .....	N	
..0901	Cigna Group .....		00-0000000			KDM (Thailand) Limited .....		THA	NIA	RHP Thailand Limited .....	Ownership.....	99.900	Cigna Corporation .....	N	
..0901	Cigna Group .....		20-8064696			Kronos Optimal Health Company .....		AZ	NIA	Connecticut General Corporation .....	Ownership.....	100.000	Cigna Corporation .....	N	
..0901	Cigna Group .....		47-5292506			L&C Investments, LLC .....		DE	NIA	Express Scripts, Inc. .....	Ownership.....	100.000	Cigna Corporation .....	N	
..0901	Cigna Group .....		47-4375626			Lakehills CM-CG LLC .....		DE	NIA	Cigna Affiliates Realty Investment Group, LLC .....	Ownership.....	90.000	Cigna Corporation .....	N	
..0901	Cigna Group .....		00-0000000			LINA Financial Service .....		KOR	NIA	Cigna Korea Chusik Heosa .....	Ownership.....	100.000	Cigna Corporation .....	N	
..0901	Cigna Group .....		00-0000000			LINA Life Insurance Company of Korea .....		KOR	IA	Cigna Chestnut Holdings, Ltd. .....	Ownership.....	100.000	Cigna Corporation .....	N	
..0901	Cigna Group .....	65722	63-0343428			Loyal American Life Insurance Company .....		OH	IA	Cigna Health and Life Insurance Company .....	Ownership.....	100.000	Cigna Corporation .....	N	
..0901	Cigna Group .....		58-2593075			Lynnfield Compounding Center, Inc. .....		FL	NIA	Priority Healthcare Corporation .....	Ownership.....	100.000	Cigna Corporation .....	N	
..0901	Cigna Group .....		04-3546044			MAH Pharmacy, Inc. .....		FL	NIA	Priority Healthcare Corporation .....	Ownership.....	100.000	Cigna Corporation .....	N	
..0901	Cigna Group .....		27-1506930			MAH Pharmacy, LLC .....		DE	NIA	Medco Health Solutions, Inc. .....	Ownership.....	100.000	Cigna Corporation .....	N	
..0901	Cigna Group .....		80-0908244			Mallory Square Partners I, LLC .....		DE	NIA	Cigna Affiliates Realty Investment Group, LLC .....	Ownership.....	80.000	Cigna Corporation .....	N	
..0901	Cigna Group .....		88-0241365			Managed Care Consultants, Inc. .....		NV	NIA	Cigna Health Corporation .....	Ownership.....	100.000	Cigna Corporation .....	N	
..0901	Cigna Group .....		51-0500147			Matrix GPO, LLC .....		IN	NIA	Priority Healthcare Corporation .....	Ownership.....	100.000	Cigna Corporation .....	N	
..0901	Cigna Group .....		59-3720653			Matrix Healthcare Services, Inc. .....		FL	NIA	MyMatrixx Holdings, LLC .....	Ownership.....	100.000	Cigna Corporation .....	N	
..0901	Cigna Group .....		06-1346406			MCC Independent Practice Association of New York, Inc. .....		NY	NIA	Cigna Behavioral Health, Inc. .....	Ownership.....	100.000	Cigna Corporation .....	N	
..0901	Cigna Group .....		34720	13-3506395		Medco Containment Insurance Company of NY .....		NY	IA	Medco Health Solutions, Inc. .....	Ownership.....	100.000	Cigna Corporation .....	N	
..0901	Cigna Group .....		63762	42-1425239		Medco Containment Life Insurance Company .....		PA	IA	Medco Health Solutions, Inc. .....	Ownership.....	100.000	Cigna Corporation .....	N	
..0901	Cigna Group .....		27-3709630			Medco Europe II, LLC .....		DE	NIA	Medco Europe, LLC .....	Ownership.....	100.000	Cigna Corporation .....	N	
..0901	Cigna Group .....		46-2166374			Medco Europe, LLC .....		DE	NIA	Medco Health Solutions, Inc. .....	Ownership.....	100.000	Cigna Corporation .....	N	
..0901	Cigna Group .....		84-5017653			Medco Health Information Network Partners, Inc. .....		DE	NIA	Medco Health Solutions, Inc. .....	Ownership.....	100.000	Cigna Corporation .....	N	
..0901	Cigna Group .....		81-0616525			Medco Health Puerto Rico, LLC .....		DE	NIA	Medco Health Solutions, Inc. .....	Ownership.....	100.000	Cigna Corporation .....	N	
..0901	Cigna Group .....		26-3544786			Medco Health Services, Inc. .....		DE	NIA	Medco Health Solutions, Inc. .....	Ownership.....	100.000	Cigna Corporation .....	N	
..0901	Cigna Group .....		22-3461740			Medco Health Solutions, Inc. .....		DE	NIA	Evernorth Health, Inc. .....	Ownership.....	100.000	Cigna Corporation .....	N	
..0901	Cigna Group .....		88-0334401			Mediversal, Inc. .....		NV	NIA	Connecticut General Corporation .....	Ownership.....	100.000	Cigna Corporation .....	N	
..0901	Cigna Group .....		27-3801345			MedSolutions Holdings, Inc. .....		DE	NIA	eviCore 1, LLC .....	Ownership.....	100.000	Cigna Corporation .....	N	
..0901	Cigna Group .....		32-0071543			MSI Health Organization of Texas, Inc. .....		TX	NIA	eviCore healthcare MSI, LLC .....	Ownership.....	100.000	Cigna Corporation .....	N	
..0901	Cigna Group .....		27-5492993			MSI HT, LLC .....		TN	NIA	eviCore healthcare MSI, LLC .....	Ownership.....	100.000	Cigna Corporation .....	N	
..0901	Cigna Group .....		27-5493148			MSI LT, LLC .....		TN	NIA	eviCore healthcare MSI, LLC .....	Ownership.....	100.000	Cigna Corporation .....	N	
..0901	Cigna Group .....		27-5493321			MSI SAP-GW, LLC .....		TN	NIA	eviCore healthcare MSI, LLC .....	Ownership.....	100.000	Cigna Corporation .....	N	
..0901	Cigna Group .....		86-1090522			MSIAZ I, LLC .....		TN	NIA	eviCore healthcare MSI, LLC .....	Ownership.....	100.000	Cigna Corporation .....	N	
..0901	Cigna Group .....		20-1749733			MSICA I, LLC .....		TN	NIA	eviCore healthcare MSI, LLC .....	Ownership.....	100.000	Cigna Corporation .....	N	

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

**SCHEDULE Y**  
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Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi- ciliary Loca- tion	Rela- tionship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Owner- ship Provide Per- centage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re- quired? (Y/N)	*
.0901	Cigna Group		20-1222347			MSICO I, LLC		TN	N/A	eviCore healthcare MSI, LLC	Ownership	100.00	Cigna Corporation	N	
.0901	Cigna Group		55-0840800			MSIFL, LLC		TN	N/A	eviCore healthcare MSI, LLC	Ownership	100.00	Cigna Corporation	N	
.0901	Cigna Group		26-0181185			MSIMD I, LLC		TN	N/A	eviCore healthcare MSI, LLC	Ownership	100.00	Cigna Corporation	N	
.0901	Cigna Group		74-3122235			MSINC I, LLC		TN	N/A	eviCore healthcare MSI, LLC	Ownership	100.00	Cigna Corporation	N	
.0901	Cigna Group		11-3715243			MSINH II, LLC		TN	N/A	eviCore healthcare MSI, LLC	Ownership	100.00	Cigna Corporation	N	
.0901	Cigna Group		03-0524694			MSINH, LLC		TN	N/A	eviCore healthcare MSI, LLC	Ownership	100.00	Cigna Corporation	N	
.0901	Cigna Group		20-1749446			MSINJ I, LLC		TN	N/A	eviCore healthcare MSI, LLC	Ownership	100.00	Cigna Corporation	N	
.0901	Cigna Group		20-1761914			MSINV I, LLC		TN	N/A	eviCore healthcare MSI, LLC	Ownership	100.00	Cigna Corporation	N	
.0901	Cigna Group		55-0840806			MSISC II, LLC		TN	N/A	eviCore healthcare MSI, LLC	Ownership	100.00	Cigna Corporation	N	
.0901	Cigna Group		26-0336736			MSIVT I, LLC		TN	N/A	eviCore healthcare MSI, LLC	Ownership	100.00	Cigna Corporation	N	
.0901	Cigna Group		20-2536458			MSIWA, LLC		TN	N/A	eviCore healthcare MSI, LLC	Ownership	100.00	Cigna Corporation	N	
.0901	Cigna Group		36-4833284			MyM Technology Services, LLC		FL	N/A	MyMatrixx Holdings, LLC	Ownership	100.00	Cigna Corporation	N	
.0901	Cigna Group		82-1350878			myMatrixx Holdings, LLC		DE	N/A	Express Scripts, Inc.	Ownership	100.00	Cigna Corporation	N	
.0901	Cigna Group		46-2589799			myMatrixx-B, LLC		FL	N/A	Matrix Healthcare Services, Inc.	Ownership	100.00	Cigna Corporation	N	
.0901	Cigna Group		00-0000000			NAS Administrative Services Company LLC		ARE	N/A	NAS Neuron Health Services, L.L.C.	Ownership	99.00	Cigna Corporation	N	
.0901	Cigna Group		00-0000000			NAS Neuron Health Services, L.L.C.		ARE	N/A	Cigna Chestnut Holdings, Ltd.	Ownership	34.00	Cigna Corporation	N	
.0901	Cigna Group		00-0000000			NAS United SPV		CYM	N/A	NAS Neuron Health Services, L.L.C.	Ownership	100.00	Cigna Corporation	N	
.0901	Cigna Group		00-0000000			Neuron LLC		ARE	N/A	NAS Neuron Health Services, L.L.C.	Ownership	99.00	Cigna Corporation	N	
.0901	Cigna Group		52-1929677			NewQuest Management Northeast, LLC		DE	N/A	NewQuest, LLC	Ownership	100.00	Cigna Corporation	N	
.0901	Cigna Group		33-1033586			NewQuest Management of Alabama, LLC		AL	N/A	NewQuest, LLC	Ownership	100.00	Cigna Corporation	N	
.0901	Cigna Group		20-4954206			NewQuest Management of Florida, LLC		FL	N/A	NewQuest, LLC	Ownership	100.00	Cigna Corporation	N	
.0901	Cigna Group		77-0632665			NewQuest Management of Illinois, LLC		IL	N/A	NewQuest, LLC	Ownership	100.00	Cigna Corporation	N	
.0901	Cigna Group		45-0633893			NewQuest Management of West Virginia, LLC		DE	N/A	NewQuest, LLC	Ownership	100.00	Cigna Corporation	N	
.0901	Cigna Group		76-0628370			NewQuest, LLC		TX	N/A	HealthSpring, Inc.	Ownership	100.00	Cigna Corporation	N	
.0901	Cigna Group		82-5244690			Octave Health Group, Inc.		DE	N/A	Cigna Ventures, LLC	Ownership	10.10	Cigna Corporation	N	
.0901	Cigna Group		91-1599329			Olympic Health Management Services, Inc.		WA	N/A	Olympic Health Management Systems, Inc.	Ownership	100.00	Cigna Corporation	N	
.0901	Cigna Group		91-1500758			Olympic Health Management Systems, Inc.		WA	N/A	Sterling Life Insurance Company	Ownership	100.00	Cigna Corporation	N	
.0901	Cigna Group		00-0000000			OnePath Life (NZ) Limited		NZL	IA	Cigna New Zealand Holdings Limited	Ownership	100.00	Cigna Corporation	N	
.0901	Cigna Group		80-0818758			Patient Provider Alliance, Inc.		DE	N/A	Brighter, Inc.	Ownership	100.00	Cigna Corporation	N	
.0901	Cigna Group		35-1927379			Priority Healthcare Corporation		IN	N/A	CuraScript, Inc.	Ownership	100.00	Cigna Corporation	N	
.0901	Cigna Group		59-3761140			Priority Healthcare Distribution, Inc.		FL	N/A	Priority Healthcare Corp	Ownership	100.00	Cigna Corporation	N	
.0901	Cigna Group	67903	23-1335885			Provident American Life & Health Insurance Company		OH	UDP	Cigna National Health Insurance Company	Ownership	100.00	Cigna Corporation	N	
.0901	Cigna Group		00-0000000			PT GAR Indonesia		IDN	N/A	Cigna Holdings Overseas, Inc.	Ownership	99.160	Cigna Corporation	N	
.0901	Cigna Group		AA-5360003			PT Asuransi Cigna		IDN	IA	Cigna Worldwide Insurance Company	Ownership	99.999	Cigna Corporation	N	
.0901	Cigna Group		45-5046449			PUR Arbors Apartments Venture LLC		DE	N/A	Cigna Affiliates Realty Investment Group, LLC	Ownership	87.500	Cigna Corporation	N	
.0901	Cigna Group		23-3744987			QualCare Alliance Networks, Inc.		NJ	N/A	Cigna Health and Life Insurance Company	Ownership	100.00	Cigna Corporation	N	
.0901	Cigna Group		46-1801639			QualCare Management Resources Limited				QualCare Alliance Networks, Inc.	Ownership	100.00	Cigna Corporation	N	
.0901	Cigna Group		22-3129563			Liability Company		NJ	N/A	QualCare Alliance Networks, Inc.	Ownership	100.00	Cigna Corporation	N	
.0901	Cigna Group		45-5569416			QualCare, Inc.		NJ	N/A	QualCare Alliance Networks, Inc.	Ownership	100.00	Cigna Corporation	N	
.0901	Cigna Group		00-0000000			QPID Health, LLC		DE	N/A	eviCore healthcare MSI, LLC	Ownership	100.00	Cigna Corporation	N	
.0901	Cigna Group		83-1460134			RHP (Thailand) Limited		THA	N/A	Cigna Apac Holdings, Ltd.	Ownership	49.000	Cigna Corporation	N	
.0901	Cigna Group		84-3254168			Rise-CG Capitol Hill, LP		DE	N/A	CARING Capitol Hill LP LLC	Ownership	90.000	Cigna Corporation	N	
.0901	Cigna Group		35-1641636			Rise-CG JA Lofts Limited Partnership		DE	N/A	JA Lofts Holdings, LLC (.5%); JA Lofts JV	Ownership	100.00	Cigna Corporation	N	
.0901	Cigna Group		46-3593103			Sagamore Health Network, Inc.		IN	N/A	Cigna Health Corporation	Ownership	100.00	Cigna Corporation	N	
.0901	Cigna Group		22-2483867			SB-SNH LLC		DE	N/A	Cigna Affiliates Realty Investment Group, LLC	Ownership	85.000	Cigna Corporation	N	
.0901	Cigna Group		95-2876207			Scibal Associates, Inc.		NJ	N/A	QualCare Alliance Networks, Inc.	Ownership	100.00	Cigna Corporation		South Coast Plaza Associates, LLC (non-affiliate)
.0901	Cigna Group		82-1732483			Secon Properties, LP		CA	N/A	Cigna Affiliates Realty Investment Group, LLC	Ownership	50.000	Cigna Corporation	N	
.0901	Cigna Group					SOMA Apartments Venture LLC		DE	N/A	Cigna Affiliates Realty Investment Group, Ownership	90.000	Cigna Corporation	N		

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.0901	Cigna Group .....		82-4405071				Specialty Products Acquisitions, LLC .....	DE	N/A	Medco Health Solutions, Inc. ....	Ownership.....	100.000 .....	Cigna Corporation .....	N	
.0901	Cigna Group .....		61-1317695				SpectraCare Health Care Ventures, Inc. ....	KY	N/A	SpectraCare, Inc. ....	Ownership.....	100.000 .....	Cigna Corporation .....	N	
.0901	Cigna Group .....		61-1147068				SpectraCare, Inc. ....	KY	N/A	Priority Healthcare Corp .....	Ownership.....	100.000 .....	Cigna Corporation .....	N	
.0901	Cigna Group .....	77399	13-1867829				Sterling Life Insurance Company .....	IL	IA	Cigna Health and Life Insurance Company ....	Ownership.....	100.000 .....	Cigna Corporation .....	N	
.0901	Cigna Group .....		47-2658932				Strategic Pharmaceutical Investments, LLC .....	DE	N/A	Priority Healthcare Corp .....	Ownership.....	100.000 .....	Cigna Corporation .....	N	
.0901	Cigna Group .....		00-0000000				SureScripts, LLC .....	VA	N/A	Express Scripts, Inc. 16.7%/Medco Health Solutions, Inc. 16.7% .....	Ownership.....	33.400 .....	Cigna Corporation .....	N	
.0901	Cigna Group .....		22-3474888				Systemed, LLC .....	DE	N/A	Medco Health Solutions, Inc. ....	Ownership.....	100.000 .....	Cigna Corporation .....	N	
.0901	Cigna Group .....		23-3074013				Tel-Drug of Pennsylvania, LLC .....	PA	N/A	Connecticut General Life Insurance Company .....	Ownership.....	100.000 .....	Cigna Corporation .....	N	
.0901	Cigna Group .....		46-0427127				Tel-Drug, Inc. ....	SD	N/A	Connecticut General Corporation .....	Ownership.....	100.000 .....	Cigna Corporation .....	N	
.0901	Cigna Group .....		00-0000000				Temple Insurance Company Limited .....	BMU	IA	Healthsource, Inc. ....	Ownership.....	100.000 .....	Cigna Corporation .....	N	
.0901	Cigna Group .....		20-5524622				Tennessee Quest, LLC .....	TN	N/A	NewQuest, LLC .....	Ownership.....	100.000 .....	Cigna Corporation .....	N	
.0901	Cigna Group .....		75-3108527				TexQuest, LLC .....	DE	N/A	NewQuest, LLC .....	Ownership.....	100.000 .....	Cigna Corporation .....	N	
.0901	Cigna Group .....		85-1955731				The Flats at Interbay Holdings, LLC .....	DE	N/A	The Flats at Interbay JV Limited Parntership .....	Ownership.....	100.000 .....	Cigna Corporation .....	N	
.0901	Cigna Group .....		85-1955075				The Flats at Interbay JV Limited Partnership .....	DE	N/A	CARING Interbay Investor LP LLC .....	Ownership.....	90.000 .....	Cigna Corporation .....	N	
.0901	Cigna Group .....		85-1962013				The Flats at Interbay Limited Partnership .....	DE	N/A	The Flats at Interbay JV Limited Parntership .....	Ownership.....	99.500 .....	Cigna Corporation .....	N	
.0901	Cigna Group .....		46-5264463				Trainer Rx, Inc. ....	DE	N/A	Cigna Ventures, LLC .....	Ownership.....	19.400 .....	Cigna Corporation .....	N	
.0901	Cigna Group .....		00-0000000				Transwestern Federal, L.L.C. ....	DE	N/A	Transwestern Federal Holdings, L.L.C. ....	Ownership.....	7.616 .....	Cigna Corporation .....	N	
.0901	Cigna Group .....		00-0000000				Transwestern Federal Holdings, L.L.C. ....	DE	N/A	Cigna Affiliates Realty Investment Group, LLC .....	Ownership.....	7.616 .....	Cigna Corporation .....	N	
.0901	Cigna Group .....		65269	75-2305400			United Benefit Life Insurance Company .....	OH	RE	Provident American Life and Health Insurance Company .....	Ownership.....	100.000 .....	Cigna Corporation .....	N	
.0901	Cigna Group .....		88-0344624				Universal Claims Administration .....	MT	N/A	Mediversal, Inc. ....	Ownership.....	100.000 .....	Cigna Corporation .....	N	
.0901	Cigna Group .....		82-4410128				ValoremRx Sourcing Solutions, LLC .....	DE	N/A	Specialty Products Acquisitions, LLC (50%) .....	Ownership.....	50.000 .....	Cigna Corporation .....	N	
.0901	Cigna Group .....		98-0463704				Viulife Services, Inc. ....	DE	N/A	Cigna Global Wellbeing Holdings Limited .....	Ownership.....	100.000 .....	Cigna Corporation .....	N	
.0901	Cigna Group .....		00-0000000				Verity Solutions Group, Inc. ....	DE	N/A	Cigna Health and Life Insurance Company .....	Ownership.....	100.000 .....	Cigna Corporation .....	Y	
.0901	Cigna Group .....		00-0000000				Westcore CG AC, LLC .....	DE	N/A	CARING Westcore Holding Investor LLC .....	Ownership.....	90.000 .....	Cigna Corporation .....	N	
.0901	Cigna Group .....		84-3178563				Westcore CG Camelback, LLC .....	DE	N/A	CARING Westcore Holding Investor LLC .....	Ownership.....	90.000 .....	Cigna Corporation .....	N	
.0901	Cigna Group .....		00-0000000				Westcore CG Commerce, LLC .....	DE	N/A	CARING Westcore Holding Investor LLC .....	Ownership.....	90.000 .....	Cigna Corporation .....	N	
.0901	Cigna Group .....		84-3178563				Westcore CG Dove Valley I, LLC .....	DE	N/A	CARING Westcore Holding Investor LLC .....	Ownership.....	90.000 .....	Cigna Corporation .....	N	
.0901	Cigna Group .....		84-3178563				Westcore CG Dove Valley II, LLC .....	DE	N/A	CARING Westcore Holding Investor LLC .....	Ownership.....	90.000 .....	Cigna Corporation .....	N	
.0901	Cigna Group .....		84-3178563				Westcore CG Fountain Lakes, LLC .....	DE	N/A	CARING Westcore Holding Investor LLC .....	Ownership.....	90.000 .....	Cigna Corporation .....	N	
.0901	Cigna Group .....		84-3178563				Westcore CG Gateway, LLC .....	DE	N/A	CARING Westcore Holding Investor LLC .....	Ownership.....	90.000 .....	Cigna Corporation .....	N	
.0901	Cigna Group .....		84-3178563				Westcore CG I-35, LLC .....	DE	N/A	CARING Westcore Holding Investor LLC .....	Ownership.....	90.000 .....	Cigna Corporation .....	N	
.0901	Cigna Group .....		84-3178563				Westcore CG Mezz, LLC .....	DE	N/A	CARING Westcore Holding Investor LLC .....	Ownership.....	90.000 .....	Cigna Corporation .....	N	
.0901	Cigna Group .....		84-3178563				Westcore CG Navy, LLC .....	DE	N/A	CARING Westcore Holding Investor LLC .....	Ownership.....	90.000 .....	Cigna Corporation .....	N	
.0901	Cigna Group .....		84-3178563				Westcore CG Potomac Park, LLC .....	DE	N/A	CARING Westcore Holding Investor LLC .....	Ownership.....	90.000 .....	Cigna Corporation .....	N	
.0901	Cigna Group .....		84-3178563				Westcore CG Solano, LLC .....	DE	N/A	CARING Westcore Holding Investor LLC .....	Ownership.....	90.000 .....	Cigna Corporation .....	N	
.0901	Cigna Group .....		84-3178563				Westcore CG Susana, LLC .....	DE	N/A	CARING Westcore Holding Investor LLC .....	Ownership.....	90.000 .....	Cigna Corporation .....	N	
.0901	Cigna Group .....		00-0000000				Westcore CG Venture, LLC .....	DE	N/A	CARING Westcore Holding Investor LLC .....	Ownership.....	90.000 .....	Cigna Corporation .....	N	
.0901	Cigna Group .....		85-3567364				Westcore Realty CG Avondale, LLC .....	DE	N/A	CARING Avondale Investor LLC .....	Ownership.....	90.000 .....	Cigna Corporation .....	N	
.0901	Cigna Group .....		00-0000000				Willow DSP LLC .....	DE	N/A	Accredo Health, Incorporated .....	Ownership.....	100.000 .....	Cigna Corporation .....	N	
.0901	Cigna Group .....		00-0000000				YCFM Servicos LTDA .....	BRA	N/A	Cigna Global Holdings, Inc. ....	Ownership.....	35.320 .....	Cigna Corporation .....	N	

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Explanation

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

**SCHEDULE Y**  
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	00-000000	222 Main Street CARING GP LLC										
	46-4671745	222 Main Street Investors LP										
	00-0000000	680 Investors LLC										
	00-0000000	685 New Hampshire LLC										
	82-4794800	9171 Wilshire CPI-CII LLC										
	11-3358535	Accredo Health Group, Inc.										
	55-0894449	Accredo Health, Incorporated										
	13-3888838	AHG of New York, Inc.										
	75-3040465	Airport Holdings, LLC										
	35-2562415	Alegis Care Services, LLC										
	85-0909305	Alegis Care Services of Colorado, LLC										
	81-0400550	Allegiance Benefit Plan Management, Inc.						15,007,518				15,007,518
	03-0507057	Allegiance Care Management, LLC						92,821				92,821
	71-0916514	Allegiance COBRA Services, Inc.						605				605
12814	20-4433475	Allegiance Life & Health Insurance Company						(1,812,762)	(383,300)			(2,196,062)
	26-2201582	Allegiance Provider Direct, LLC										31,870
	20-3851464	Allegiance Re, Inc.										
88366	59-2760189	American Retirement Life Insurance Company	(15,000,000)	(5,000,000)				(22,125,012)				(42,125,012)
	82-3315524	Arbor Heights Venture LLC										
	46-4080861	AristaMD, Inc.										
	86-3581583	Arizona Health Plan, Inc.										
	00-0000000	Ascent Health Services LLC	(200,000,000)					(64,616)				(200,064,616)
	81-0585518	Benefit Management Corp.	(5,000,000)									(5,000,000)
	81-2650133	Berewick Apartments LLC										
	43-1815573	Biopartners in Care, Inc.										
	06-1522976	Blodget & Hazard Limited										
10095	52-2259087	Bravo Health Mid-Atlantic, Inc.						(25,914,803)				(25,914,803)
11524	52-2363406	Bravo Health Pennsylvania, Inc.	(23,000,000)					(109,766,931)				(132,766,931)
	27-1713977	Brighter, Inc.						1,274,117				1,274,117
	46-4918521	Buoy Health, Inc.										
	61-1162797	Care Continuum, Inc.										
	85-0954556	CareAllies Accountable Care Collaborative LLC										
	85-0935554	CareAllies Accountable Care Network LLC										
	26-0180898	CareAllies, Inc.						(1,234)				(1,234)
	81-2760646	CareAllies, LLC										
	14-1831391	CareCore National, LLC										
10144	20-1089572	CareCore NJ, LLC										
	45-2681649	CarePlexus, LLC										
	83-1400586	CARING 18th & Salmon Investor LLC										
	83-2562994	CARING 500 Ygnacio Investor LLC										
	84-1960231	CARING 3130 Investor LLC										

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	83-2318410	CARING 9171 Wilshire Investor LLC										
	83-2851501	CARING Alta Englewood Investor LLC										
	85-2966766	CARING Alta Leander Investor LLC										
	83-2563284	CARING Alta Woodson Investor LLC										
	85-2966766	CARING Avondale Investor LLC										
	32-0570889	CARING Capitol Hill GP LLC										
	37-1903297	CARING Capitol Hill LP LLC										
	83-2851364	CARING Century Plaza Investor LLC										
	83-2318370	CARING Dulles Town Center Investor LLC										
	83-3701937	CARING Firestone Investor LLC										
		CARING JA Lofts Investor LP LLC										
		CARING JA Lofts Investor GP LLC										
	83-2318233	CARING Heights at Bear Creek Investor LLC										
	83-1400482	CARING Hillcrest Investor LLC										
	84-4410554	CARING IBP Investor LLC										
	85-1961034	CARING Interbay Investor GP LLC										
	85-1984627	CARING Interbay Investor LP LLC										
	83-2339522	CARING Mallory Square Investor LLC										
	83-2563138	CARING Soma Investor LLC										
	83-2633790	CARING Alexan Enclave Investor LLC										
	83-2633886	CARING Orange Collection Investor LLC										
	83-8294933	CARING South Coast Subsidiary LLC										
	38-4085763	CARING Westcore Holding Investor LLC										
	83-3923178	CARING XR International Investor LLC										
	83-4317078	CARING XR 2 International Investor LLC										
	84-1843578	CGGL XR 2 International JV LLC										
	84-1843578	CGGL XR 2 International Mezz LLC										
	45-2604992	CCN NMO, LLC										
	33-1039759	CCN-WNY IPA, LLC										
	34-1970892	Ceres Sales of Ohio, LLC										
	06-1332403	CG Individual Tax Benefit Payments, Inc.										
	06-1332405	CG Life Pension Benefits Payments, Inc.										
	06-1332401	CG LINA Pension Benefits Payments, Inc.										
	84-2083351	CG-AQ 477 South Market Street LLC										
	84-4773972	CG-LEDO IBP Venture LLC										
	84-4747045	CG-LEDO IBP I LLC										
	84-4755025	CG-LEDO IBP II LLC										
	83-2993316	CG-Muller 550 Winchester, LLC										
	45-5499889	CG Seventh Street, LLC										
	82-1280312	CG/Wood Alta 601, LLC										
	85-2233381	CG/Wood Alta Leander Station, LLC										
	81-3281922	CGGL Chapman LLC										
	81-3313562	CGGL City Parkway LLC										

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	61-1797835	CGGL Orange Collection LLC .....										
	00-0000000	CGGL Orange Collection Mezz LLC .....										
	84-1921719	CGGL XR International LLC .....										
	84-1843578	CGGL XR 2 International LLC .....										
	00-0000000	CGO Participatos LTDA .....										
	59-3466707	Chiro Alliance Corporation .....										
	81-3389374	CIG-LEI Ygnacio Associates LLC .....										
	82-4774243	CI-GS Portland, LLC .....										
	82-1612980	CI-GS Hillcrest LLC .....										
	00-0000000	Cigna & CMB Asset Management Company Limited .....										
	00-0000000	Cigna & CMB Health Services Company, Ltd. .....										
		Cigna & CMB Life Insurance Company Limited .....	(15,714,046)									(15,714,046)
	00-0000000	CIGNA 2000 UK Pension LTD .....										456,882
	27-5402196	Cigna Affiliates Realty Investment Group, LLC .....		240,081,158								240,081,158
	00-0000000	Cigna Alder Holdings, LLC .....										
	00-0000000	Cigna Apac Holdings, Ltd. .....										
13733	03-0452349	Cigna Arbor Life Insurance Company .....	(5,500,000)					(9,485)				(5,509,485)
	98-1181787	Cigna Beechwood Holdings .....										
	94-3107309	Cigna Behavioral Health of California, Inc. .....						(33,353)				(33,353)
	75-2751090	Cigna Behavioral Health of Texas, Inc. .....						(81,990)				(81,990)
	41-1648670	Cigna Behavioral Health, Inc. .....	(85,000,000)					(379,815,611)				(464,815,611)
	00-0000000	Cigna Bellevue Alpha LLC .....										
	02-0515554	Cigna Benefit Technology Solutions, Inc. .....										
	01-0947889	Cigna Benefits Financing, Inc. .....						1,167,360				1,167,360
	00-0000000	Cigna Brokerage & Marketing (Thailand) Limited .....										
	00-0000000	Cigna Cedar Holdings, Ltd. .....										
	98-1137759	Cigna Chestnut Holdings, Ltd. .....										
	27-3396038	Cigna Corporate Services, LLC .....										
	82-4991898	Cigna Corporation (A Delaware corporation and ultimate parent company) .....	2,318,500,000									2,318,500,000
	00-0000000	Cigna Data Services (Shanghai) Company Limited .....										
	59-2600475	Cigna Dental Health Of California, Inc. .....	(12,000,000)					(120,504)				(12,120,504)
11175	59-2675861	Cigna Dental Health Of Colorado, Inc. .....	(2,700,000)					(1,028,488)				(3,728,488)
95380	59-2676987	Cigna Dental Health Of Delaware, Inc. .....						(22,072)				(22,072)
52021	59-1611217	Cigna Dental Health Of Florida, Inc. .....	(10,000,000)					(4,392,036)				(14,392,036)
	06-1351097	Cigna Dental Health Of Illinois, Inc. .....						(208,932)				(748,932)
	52024	Cigna Dental Health Of Kansas, Inc. .....	(540,000)									

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52108	59-2619589	Cigna Dental Health Of Kentucky, Inc.	(3,250,000)				(1,298,064)				(4,548,064)	
48119	20-2844020	Cigna Dental Health Of Maryland, Inc.	(3,750,000)				(1,112,646)				(4,862,646)	
11160	06-1582068	Cigna Dental Health Of Missouri, Inc.	(1,582,000)				(544,286)				(2,126,286)	
11167	59-2308062	Cigna Dental Health Of New Jersey, Inc.	(1,100,000)				(1,733,110)				(2,833,110)	
.95179	56-1803464	Cigna Dental Health Of North Carolina, Inc.					(711,417)				(711,417)	
.47805	59-2579774	Cigna Dental Health Of Ohio, Inc.	(1,800,000)				(1,005,885)				(2,805,885)	
.47041	52-1220578	Cigna Dental Health Of Pennsylvania, Inc.		(1,850,000)			(742,523)				(2,592,523)	
.95037	59-2676977	Cigna Dental Health Of Texas, Inc.		(7,900,000)			(4,664,458)				(12,564,458)	
.52617	52-2188914	Cigna Dental Health Of Virginia, Inc.		(2,000,000)			(702,684)				(2,702,684)	
.47013	86-0807222	Cigna Dental Health Plan Of Arizona, Inc.		(3,200,000)			605,726				(2,594,274)	
	59-2308055	Cigna Dental Health, Inc.		6,672,000			32,679,293				39,351,293	
	58-1136865	Cigna Direct Marketing Company, Inc.										
	98-1155943	Cigna Elmwood Holdings, SPRL										
	00-0000000	Cigna Europe Insurance Company S.A.-N.V.										
	00-0000000	Cigna European Services (UK) Limited										
	62-1724116	Cigna Federal Benefits, Inc.										
	00-0000000	Cigna Finans Emeklilik Ve Hayat A.S.										
	51-0389196	Cigna Global Holdings, Inc.	(19,096,130)	144,927,800			(12,299)				125,819,371	
	68-0676638	Cigna Global Insurance Company Limited					(3,131)	(291,927)			(295,058)	
	98-0210110	Cigna Global Reinsurance Company, Ltd.	(136,971,699)				(125,772)	9,729,123			(127,368,348)	(115,182,312)
		Cigna Global Wellbeing Holdings Limited										
		Cigna Global Wellbeing Solutions Limited										
.67369	59-1031071	Cigna Health and Life Insurance Company	(1,715,000,000)	(282,735,774)	(1,084,457,759)		235,477,856	(116,899,356)			(2,963,615,033)	38,394,202
	62-1312478	Cigna Health Corporation		(29,000,000)			45,957,249				16,957,249	
	23-1728483	Cigna Health Management, Inc.					63,598,943	110,234,514			173,833,457	
	00-0000000	Cigna Health Solution India Pvt. Ltd.					352,974				352,974	
	23-2741293	Cigna Healthcare Benefits, Inc.										
	84-0985843	Cigna Healthcare Holdings, Inc.										
.95599	52-1404350	Cigna HealthCare Mid-Atlantic, Inc.										
.95125	86-0334392	Cigna HealthCare of Arizona, Inc.		7,000,000			(12,135,018)	(360,762)			(5,495,780)	795,027
	95-3310115	Cigna HealthCare of California, Inc.					(22,791,045)	(1,460,101)			(24,398,646)	5,213,446
	84-1004500	Cigna HealthCare of Colorado, Inc.					(1,228,416)	965			(1,227,451)	21,043
	95660	06-1141174	Cigna HealthCare of Connecticut, Inc.				(745,287)	(21,879)			(767,166)	8,320
	.95136	59-2089259	Cigna HealthCare of Florida, Inc.				(259,279)	(58,630)			(317,909)	31,845
	.96229	58-1641057	Cigna HealthCare of Georgia, Inc.				(48,638,452)	1,320,245			(47,318,207)	5,657
	.95602	36-3385638	Cigna HealthCare of Illinois, Inc.	(1,500,000)			(11,380,328)	(1,612,980)			(14,516,308)	1,015,383
	.95525	35-1679172	Cigna HealthCare of Indiana, Inc.				(6,612)	(663)			(7,275)	252
	.95477	01-0418220	Cigna HealthCare of Maine, Inc.									
	.95220	02-0402111	Cigna HealthCare of Massachusetts, Inc.									
	.95493	02-0387749	Cigna HealthCare of New Hampshire, Inc.									
	.95500	22-2720890	Cigna HealthCare of New Jersey, Inc.	(6,000,000)			(7,241)	(14,722)			(6,070,332)	5,598

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.95132	56-1479515	Cigna HealthCare of North Carolina, Inc.					(26,276,644)	(344,872)			(26,621,516)	240,792
.95121	23-2301807	Cigna HealthCare of Pennsylvania, Inc.					(10,775,576)	(2,754)			(14,278,330)	1,047
.95708	06-1185590	Cigna HealthCare of South Carolina, Inc.	(3,500,000)				(5,100,099)	(39,236)			860,665	14,921
.95635	36-3359925	Cigna HealthCare of St. Louis, Inc.		6,000,000			(1,969,044)				30,956	241,018
.95606	62-1218053	Cigna HealthCare of Tennessee, Inc.		2,000,000			(4,429,448)	(468,892)			(22,898,340)	539,243
.95383	74-2767437	Cigna HealthCare of Texas, Inc.	(18,000,000)				(1,026)				(1,026)	
.95518	62-1230908	Cigna HealthCare of Utah, Inc.										
02-0495422		Cigna Healthcare, Inc.										
00-0000000		Cigna HLA Technology Services Company Limited				170,500	(9,381)				161,119	
06-1059331		Cigna Holding Company										
23-3009279		Cigna Holdings Overseas, Inc.										
06-1072796		Cigna Holdings, Inc.	356,067,829	(163,937,800)			(180,003)				191,950,026	
00-0000000		Cigna Hong Kong Holdings Company Limited										
27-1903785		Cigna Insurance Agency, LLC										
00-0000000		Cigna Insurance Management Services (DIFC), Ltd.										
00-0000000		Cigna Insurance Middle East S.A.L.					5,569,152				5,569,152	
00-0000000		Cigna Insurance Public Company Limited										
00-0000000		Cigna Insurance Services (Europe) Limited										
23-2924152		Cigna Integratedcare, Inc.										
51-0402128		Cigna Intellectual Property, Inc.		10,000							10,000	
51-0111677		Cigna International Corporation, Inc.					(7,965,912)				(7,965,912)	
52-0291385		Cigna International Finance, Inc.										
00-0000000		Cigna International Health Services Kenya Limited										
00-0000000		Cigna International Health Services Sdn. Bhd.										
00-0000000		Cigna International Health Services, BVBA										
30-0526216		Cigna International Health Services, LLC										
		Cigna International Marketing (Thailand) Limited										
00-0000000		Cigna International Services Australia Pty Ltd.										
23-2610178		Cigna International Services, Inc.										
06-1095823		Cigna Investment Group, Inc.					(1,953)				(1,953)	
06-0861092		Cigna Investments, Inc.					42,224,783				42,224,783	
00-0000000		Cigna Korea Chusik Heosa (A/K/A Cigna Korea Company Limited)										
98-1146864		Cigna Laurel Holdings, Ltd.										
00-0000000		Cigna Legal Protection U.K. Ltd.										
AA-1560515		Cigna Life Insurance Company of Canada				41,723	(6,795,093)	(508,973)			(7,262,343)	2,367

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

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

1 NAIC Company Code	2 ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred Under Reinsurance Agreements	10 *	11 Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	12	13 Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
									*			
											Totals	
64548	AA-1240009	Cigna Life Insurance Company of Europe S.A.-N.V.						(6,922)	291,927			285,005
	13-2556568	Cigna Life Insurance Company of New York						(448,767)	11,628,268			11,179,501
	00-0000000	Cigna Life Insurance New Zealand Limited										116,322,874
	46-4110289	Cigna Linden Holdings, Inc.										
	98-1232512	Cigna Magnolia Holdings, Ltd.										
	23-2741294	Cigna Managed Care Benefits Company						23,237,225				23,237,225
	98-1154657	Cigna Myrtle Holdings, Ltd.										
.61727	34-0970995	Cigna National Health Insurance Company						(1,219,430)				(1,219,430)
	00-0000000	Cigna Nederland Gamma B.V.										
	00-0000000	Cigna New Zealand Holdings Limited										
	00-0000000	Cigna Oak Holdings, Ltd.										
	32-0222252	Cigna Onsite Health, LLC						(7,499)				(7,499)
	98-1232443	Cigna Palmetto Holdings, Ltd.										
	46-4099800	Cigna Poplar Holdings, Inc.										
	06-1071502	Cigna RE Corporation										
	06-1567902	Cigna Resource Manager, Inc.										
	00-0000000	Cigna Spruce Holdings GmbH										
	00-0000000	Cigna Taiwan Life Assurance Company Limited										
	00-0000000	Cigna Teak Holdings, LLC										
	00-0000000	Cigna Turkey Danismanlik Hizmetleri, A.S (A/K/A Cigna Turkey Consultancy Services, A.S.)										
	83-1069280	Cigna Ventures, LLC		65,944,210								65,944,210
	00-0000000	Cigna Walnut Holdings, Ltd.										
	00-0000000	Cigna Willow Holdings, Ltd.										
	00-0000000	Cigna Worldwide General Insurance Company Limited										
.90859	23-2088429	Cigna Worldwide Insurance Company						(43,521)	(76,054)			(119,575)
	00-0000000	Cigna Worldwide Life Insurance Company Limited						151,934				151,934
	00-0000000	Claims and Risk Services Limited										
	00-0000000	ManipalCigna Health Insurance Company Limited										
	84-1461840	Community Health Network, LLC										
	06-1252419	Connecticut General Benefit Payments, Inc.										
	06-0840391	Connecticut General Corporation	387,186,308	4,000,000				(360)				391,185,948
.62308	06-0303370	Connecticut General Life Insurance Company	(124,000,000)	(273,408)	(854,775)			(11,230,115)	(120,212,696)			(256,570,994)
	82-4936006	CPI-CII 9171 Wilshire JV LLC										(754,949,558)
	27-3555688	CR Washington Street Investors LP										
	47-2746692	Cricket Health, Inc.										

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

## SCHEDULE Y

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

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

## SCHEDULE Y

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

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

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

1 NAIC Company Code	2 ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred Under Reinsurance Agreements	10 *	11 Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	12	13 Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)	
	81-0425785	Intermountain Underwriters, Inc.						34,229				34,229	
	00-0000000	International Pharmaceutical Solutions, GmbH											
	84-3406799	JA Lofts Holdings, LLC											
	84-3395923	JA Lofts JV Limited Partnership											
	00-0000000	Kuwait Emirates Administration Services WLL											
	00-0000000	KDM (Thailand) Limited											
	20-8064696	Kronos Optimal Health Company						(4,516)				(4,516)	
	47-5292506	L&C Investments, LLC											
	47-4375626	Lakehill's CM-CG LLC											
.65498	23-1503749	Life Insurance Company of North America	(646,472,262)	2,037,895	1,233,416,800			(20,859,710)	.109,552,755			677,675,478	.683,812,199
	00-0000000	LINA Financial Service											
	00-0000000	LINA Life Insurance Company of Korea											
.65722	63-0343428	Loyal American Life Insurance Company	(10,000,000)	(20,000,000)				(53,093,986)				(83,093,986)	
	58-2593075	Lynnfield Compounding Center, Inc.											
	04-3546044	Lynnfield Drug, Inc.											
	27-1506930	MAH Pharmacy, LLC											
	80-0908244	Mallory Square Partners I, LLC											
	88-0241365	Managed Care Consultants, Inc.											
	51-0500147	Matrix GPO, LLC											
	59-3720653	Matrix Healthcare Services, Inc.											
	06-1346406	MCC Independent Practice Association of New York, Inc.											
.34720	13-3506395	Medco Containment Insurance Company of NY											
.63762	42-1425239	Medco Containment Life Insurance Company	(26,800,000)					(12,552,650)				(12,552,650)	
	27-3709630	Medco Europe II, LLC						(164,769,309)				(191,569,309)	
	46-2166374	Medco Europe, LLC											
	84-5017653	Medco Health Information Network Partners, Inc.											
	81-0616525	Medco Health Puerto Rico, LLC											
	26-3544786	Medco Health Services, Inc.											
	22-3461740	Medco Health Solutions, Inc.	26,800,000									26,800,000	
	88-0334401	Mediversal, Inc.											
	27-3801345	MedSolutions Holdings, Inc.											
	32-0071543	MSI Health Organization of Texas, Inc.											
	27-5492993	MSI HT, LLC											
	27-5493148	MSI LT, LLC											
	27-5493321	MSI SAR-GW, LLC											
	86-1090522	MSIAZ I, LLC											
	20-1749733	MSICA I, LLC											
	20-1222347	MSICO I, LLC											
	55-0840800	MSIFL, LLC											

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

## SCHEDULE Y

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
	26-0181185	MSIMD I, LLC										
	74-3122235	MSINC I, LLC										
	11-3715243	MSINH II, LLC										
	03-0524694	MSINH, LLC										
	20-1749446	MSINJ I, LLC										
	20-1761914	MSINV I, LLC										
	55-0840806	MSISC II, LLC										
	26-0336736	MSIVT I, LLC										
	20-2536458	MSIWA, LLC										
	36-4833284	MyM Technology Services, LLC										
	82-1350878	myMatrixx Holdings, LLC										
	46-2589799	myMatrixx-B, LLC										
	00-0000000	NAS Administrative Services Company LLC										
	00-0000000	NAS Neuron Health Services, L.L.C.										
	00-0000000	NAS United SPV										
	00-0000000	Neuron LLC										
	52-1929677	NewQuest Management Northeast, LLC						131,202,288				.131,202,288
	33-1033586	NewQuest Management of Alabama, LLC						212,270,425				212,270,425
	20-4954206	NewQuest Management of Florida, LLC	(36,000,000)					107,729,215				71,729,215
	77-0632665	NewQuest Management of Illinois, LLC						25,108,551				25,108,551
	45-0633893	NewQuest Management of West Virginia, LLC										
	76-0628370	NewQuest, LLC	282,000,000	(25,000,000)	(148,104,266)			(206,757)				.108,688,977
	82-5244890	Octave Health Group, Inc.										
	91-1599329	Olympic Health Management Services, Inc.										
	91-1500758	Olympic Health Management Systems, Inc.										
	00-0000000	OnePath Life (NZ) Limited										
	80-0818758	Patient Provider Alliance, Inc.										
	35-1927379	Priority Healthcare Corporation										
	59-3761140	Priority Healthcare Distribution, Inc.										
67903	23-1335885	Provident American Life & Health Insurance Company						(227,681)				(227,681)
	00-0000000	PT GAR Indonesia										
	AA-5360003	PT Asuransi Cigna										
	45-5046449	PUR Arbors Apartments Venture LLC										
	23-3749487	QualCare Alliance Networks, Inc.										
	46-1801639	QualCare Management Resources Limited Liability Company										
	22-3129563	QualCare, Inc.						(43)				(43)
	45-5569416	QPID Health, LLC										
	00-0000000	RHP (Thailand) Limited										
	83-1460134	Rise-CG Capitol Hill, LP										
	84-3254168	Rise-CG JA Lofts Limited Partnership										
	35-1641636	Sagamore Health Network, Inc.						1,064,589				1,064,589

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	46-3593103	SB-SNH LLC .....										
	22-2483867	Scibal Associates, Inc. ....						(2,134)				(2,134)
	95-2876207	Secon Properties, LP .....										
	82-1732483	SOMA Apartments Venture LLC .....										
	82-4405071	Specialty Products Acquisitions, LLC .....										
	61-1317695	SpectraCare Health Care Ventures, Inc. ....										
	61-1147068	SpectraCare, Inc. ....										
77399	13-1867829	Sterling Life Insurance Company .....	(10,000,000)					(2,246,330)				(12,246,330)
	47-2658932	Strategic Pharmaceutical Investments, LLC .....										
	00-0000000	SureScripts, LLC .....										
	22-3474888	Systemed, LLC .....										
	23-3074013	Tel-Drug of Pennsylvania, LLC .....						(2,990)				(2,990)
	46-0427127	Tel-Drug, Inc. ....						(19,251)				(19,251)
	00-0000000	Temple Insurance Company Limited .....						(20,493)				(20,493)
	20-5524622	Tennessee Quest, LLC .....	(6,000,000)					(6,825,950)				(12,825,950)
	75-3108527	TexQuest, LLC .....										
	85-1955731	The Flats at Interbay Holdings, LLC .....										
	85-1955075	The Flats at Interbay JV Limited Partnership .....										
	85-1962013	The Flats at Interbay Limited Partnership .....										
	46-5264463	Trainer Rx, Inc. ....										
	00-0000000	Transwestern Federal, L.L.C. ....										
	00-0000000	Transwestern Federal Holdings, L.L.C. ....										
65269	75-2305400	United Benefit Life Insurance Company .....						(35,865)				(35,865)
	88-0344624	Universal Claims Administration .....										
	82-4410128	ValoremRx Sourcing Solutions, LLC .....										
	98-0463704	Vielife Services, Inc. ....										
	00-0000000	Verity Solutions Group, Inc. ....										
	00-0000000	Westcore CG AC, LLC .....										
	84-3178563	Westcore CG Camelback, LLC .....										
	00-0000000	Westcore CG Commerce, LLC .....										
	84-3178563	Westcore CG Dove Valley I, LLC .....										
	84-3178563	Westcore CG Dove Valley II, LLC .....										
	84-3178563	Westcore CG Fountain Lakes, LLC .....										
	84-3178563	Westcore CG Gateway, LLC .....										
	84-3178563	Westcore CG I-35, LLC .....										
	84-3178563	Westcore CG Mezz, LLC .....										
	84-3178563	Westcore CG Navy, LLC .....										
	84-3178563	Westcore CG Potomac Park, LLC .....										
	84-3178563	Westcore CG Solano, LLC .....										
	84-3178563	Westcore CG Susana, LLC .....										
	00-0000000	Westcore CG Venture, LLC .....										

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

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	85-3567364	Westcore Realty CG Avondale, LLC										
	00-0000000	Willow DSP LLC										
	00-0000000	YCFM Servicos LTDA										
9999999 Control Totals									XXX			

**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
<b>MARCH FILING</b>		
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
<b>APRIL FILING</b>		
5.	Will Management's Discussion and Analysis be filed by April 1?	YES
6.	Will the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit be filed with the state of domicile and the NAIC by April 1? (Not applicable to fraternal benefit societies)	YES
7.	Will the Adjustments to the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit (if required) be filed with the state of domicile and the NAIC by April 1? (Not applicable to fraternal benefit societies)	YES
8.	Will the Supplemental Investment Risks Interrogatories be filed by April 1?	YES
<b>JUNE FILING</b>		
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
<b>AUGUST FILING</b>		
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>		
<b>MARCH FILING</b>		
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?	NO
14.	Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC by March 1?	NO
15.	Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 to Exhibit 5 be filed with the state of domicile and electronically with the NAIC by March 1?	NO
16.	Will the actuarial opinion on non-guaranteed elements as required in interrogatory #3 to Exhibit 5 be filed with the state of domicile and electronically with the NAIC by March 1?	NO
17.	Will the actuarial opinion on X-Factors be filed with the state of domicile and electronically with the NAIC by March 1?	NO
18.	Will the actuarial opinion on Separate Accounts Funding Guaranteed Minimum Benefit be filed with the state of domicile and electronically with the NAIC by March 1?	NO
19.	Will the actuarial opinion on Synthetic Guaranteed Investment Contracts be filed with the state of domicile and electronically with the NAIC by March 1?	NO
20.	Will the Reasonableness of Assumptions Certification required by Actuarial Guideline XXXV be filed with the state of domicile and electronically with the NAIC by March 1?	NO
21.	Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXV be filed with the state of domicile and electronically with the NAIC by March 1?	NO
22.	Will the Reasonableness of Assumptions Certification for Implied Guaranteed Rate Method required by Actuarial Guideline XXXVI be filed with the state of domicile and electronically with the NAIC by March 1?	NO
23.	Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Average Market Value) be filed with the state of domicile and electronically with the NAIC by March 1?	NO
24.	Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Market Value) be filed with the state of domicile and electronically with the NAIC by March 1?	NO
25.	Will the C-3 RBC Certifications required under C-3 Phase I be filed with the state of domicile and electronically with the NAIC by March 1?	NO
26.	Will the C-3 RBC Certifications required under C-3 Phase II be filed with the state of domicile and electronically with the NAIC by March 1?	NO

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE United Benefit Life Insurance Company  
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27. Will the Actuarial Certifications Related to Annuity Nonforfeiture Ongoing Compliance for Equity Indexed Annuities be filed with the state of domicile and electronically with the NAIC by March 1? ..... NO
28. Will the actuarial opinion required by the Modified Guaranteed Annuity Model Regulation be filed with the state of domicile and electronically with the NAIC by March 1? ..... NO
29. Will the Actuarial Certifications Related to Hedging required by Actuarial Guideline XLIII be filed with the state of domicile and electronically with the NAIC by March 1? ..... NO
30. Will the Financial Officer Certification Related to Clearly Defined Hedging Strategy required by Actuarial Guideline XLIII be filed with the state of domicile and electronically with the NAIC by March 1? ..... NO
31. Will the Management Certification That the Valuation Reflects Management's Intent required by Actuarial Guideline XLIII be filed with the state of domicile and electronically with the NAIC by March 1? ..... NO
32. Will the Actuarial Certification Related to the Reserves required by Actuarial Guideline XLIII be filed with the state of domicile and electronically with the NAIC by March 1? ..... NO
33. Will the Actuarial Certification regarding the use of 2001 Preferred Class Tables required by the Model Regulation Permitting the Recognition of Preferred Mortality Tables for Use in Determining Minimum Reserve Liabilities be filed with the state of domicile and electronically with the NAIC by March 1? ..... NO
34. Will the 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? ..... NO
36. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1? ..... NO
37. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1? ..... NO
38. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1? ..... NO
39. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1? ..... NO
40. Will the VM-20 Reserves Supplement be filed with the state of domicile and the NAIC by March 1? ..... NO

**APRIL FILING**

41. Will the confidential Regulatory Asset Adequacy Issues Summary (RAAIS) required by the Valuation Manual be filed with the state of domicile by April 1? ..... YES
42. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1? ..... NO
43. Will the Credit Insurance Experience Exhibit be filed with the state of domicile and the NAIC by April 1? (Not applicable to fraternal benefit societies) ..... NO
44. Will the Accident and Health Policy Experience Exhibit be filed by April 1? ..... NO
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

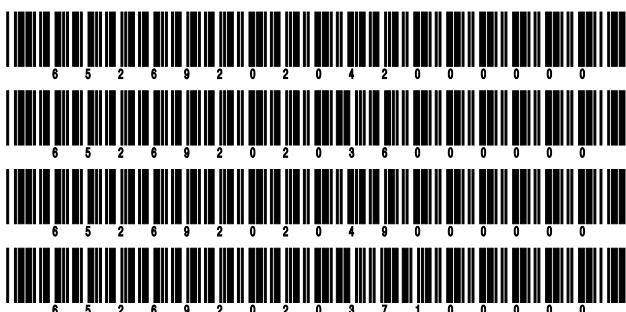
**AUGUST FILING**

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  
13. 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  
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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:
12. SIS Stockholder Information Supplement [Document Identifier 420]

13. Medicare Supplement Insurance Experience Exhibit [Document Identifier 360]

14. Trusteed Surplus Statement [Document Identifier 490]

15. Participating Opinion for Exhibit 5 [Document Identifier 371]



## **SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES**

16. Non-Guaranteed Opinion for Exhibit 5 [Document Identifier 370]
  17. Actuarial Opinion on X-Factors [Document Identifier 442]
  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]
  29. 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]
  30. Workers' Compensation Carve-Out Supplement [Document Identifier 495]
  31. Supplemental Schedule O [Document Identifier 465]
  32. Medicare Part D Coverage Supplement [Document Identifier 365]
  33. Relief from the five-year rotation requirement for lead audit partner [Document Identifier 224]
  34. Relief from the one-year cooling off period for independent CPA [Document Identifier 225]
  35. Relief from the Requirements for Audit Committees [Document Identifier 226]
  36. VM-20 Reserves Supplement [Document Identifier 456]
  37. Long-Term Care Experience Reporting Forms [Document Identifier 306]
  38. Credit Insurance Experience Exhibit [Document Identifier 230]
  39. Accident and Health Policy Experience Exhibit [Document Identifier 210]
  40. Supplemental Health Care Exhibit (Parts 1, 2 and 3) [Document Identifier 216]
  41. Supplemental Health Care Exhibit's Expense Allocation Report [Document Identifier 217]
  42. Actuarial Memorandum Required by Actuarial Guideline XXXVIII 8D [Document Identifier 435]
  43. Supplemental Term and Universal Life Insurance Reinsurance Exhibit [Document Identifier 345]
  44. Variable Annuities Supplement [Document Identifier 286]



## **SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES**

50. Executive Summary of the PBR Actuarial Report [Document Identifier 457]



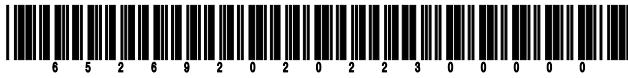
51. Life Summary of the PBR Actuarial Report [Document Identifier 458]



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 United Benefit Life Insurance Company  
**OVERFLOW PAGE FOR WRITE-INS**