



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

Loyal American Life Insurance Company

NAIC Group Code09010901NAIC Company Code65722Employer's ID Number63-0343428
(Current)(Prior)

Organized under the Laws ofOhio, State of Domicile or Port of EntryOH

Country of DomicileUnited States of America

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

Incorporated/Organized05/18/1955Commenced Business07/04/1955

Statutory Home Office1300 East Ninth StreetCleveland, OH, US 44114
(Street and Number)(City or Town, State, Country and Zip Code)

Main Administrative Office11200 Lakeline Blvd., Suite 100Austin, TX, US 78717512-451-2224
(Street and Number)(City or Town, State, Country and Zip Code)(Area Code) (Telephone Number)

Mail Address11200 Lakeline Blvd., Suite 100Austin, TX, US 78717
(Street and Number or P.O. Box)(City or Town, State, Country and Zip Code)

Primary Location of Books and Records11200 Lakeline Blvd., Suite 100Austin, TX, US 78717512-451-2224
(Street and Number)(City or Town, State, Country and Zip Code)(Area Code) (Telephone Number)

Internet Website Addresswww.CignaSupplementalBenefits.com

Statutory Statement ContactRenee Wilkins Feldman512-531-1465
(Name)(Area Code) (Telephone Number)
CSBFinRpt@cigna.com512-467-1399
(E-mail Address)(FAX Number)

OFFICERS

PresidentStephen Burnett JonesSecretaryJill Mary Stadelman #

Treasurer and Chief Accounting OfficerByron Keith BuescherAppointed ActuaryMohammed Umar Gilani

OTHER

Tyler Michael Lester #, Executive Vice President and Chief Financial OfficerDavid Lawrence Chambers, Vice President-Sales and MarketingMark Fleming, Vice President and Assistant Treasurer

Joanne Ruth Hart, Vice President and Assistant TreasurerScott Ronald Lambert, Vice President and Assistant TreasurerRyan Bruce McGroarty, Vice President

Kathleen Murphy O'Neil, Vice PresidentDrew Jerome Reynolds #, Vice President and Assistant Treasurer

DIRECTORS OR TRUSTEES

Brian Case EvankoStephen Burnett JonesTyler Michael Lester #

Ryan Bruce McGroartyFrank Sataline Jr.James Yablecki

State ofTennesseeSS:

County ofDavidson

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 JonesByron Keith BuescherJill Mary Stadelman
PresidentTreasurer and Chief Accounting OfficerSecretary

Subscribed and sworn to before me thisa. Is this an original filing? Yes [X] No []
day ofb. If no,
1. State the amendment number.....
2. Date filed
3. Number of pages attached.....



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Loyal American Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Alabama

DURING THE YEAR 2020

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 65722

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	442,667		14,573		457,240
2. Annuity considerations	2,669				2,669
3. Deposit-type contract funds	108	XXX		XXX	108
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	445,444		14,573		460,017
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	11,514				11,514
6.2 Applied to pay renewal premiums	407				407
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	73				73
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)	11,994				11,994
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)	11,994				11,994
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	749,527				749,527
10. Matured endowments	3,000				3,000
11. Annuity benefits	127,260				127,260
12. Surrender values and withdrawals for life contracts	534,449				534,449
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals	1,414,236				1,414,236
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	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	24	99,762							24	99,762
17. Incurred during current year	79	802,887							79	802,887
Settled during current year:										
18.1 By payment in full	71	746,042							71	746,042
18.2 By payment on compromised claims										
18.3 Totals paid	71	746,042							71	746,042
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	71	746,042							71	746,042
19. Unpaid Dec. 31, current year (16+17-18.6)	32	156,607							32	156,607
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	2,320	41,476,866	(a)		18	938,900			2,338	42,415,766
21. Issued during year	32	294,000							32	294,000
22. Other changes to in force (Net)	(173)	(2,701,837)			(2)	(12,960)			(175)	(2,714,797)
23. In force December 31 of current year	2,179	39,069,029	(a)		16	925,940			2,195	39,994,969

(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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	17,789	18,022		2,927	7,330
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)	9	11		496	(1,256)
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	3,603,192	3,615,828		1,628,032	1,999,223
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	3,603,192	3,615,828		1,628,032	1,999,223
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	3,620,990	3,633,861		1,631,455	2,005,297

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



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE **Loyal American Life Insurance Company**

DIRECT BUSINESS IN THE STATE OF **Alaska**
NAIC Group Code **0901**

DURING THE YEAR **2020**
NAIC Company Code **65722**

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	3,593				3,593
2. Annuity considerations	8				8
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	3,601				3,601
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	458				458
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	38				38
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)	496				496
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)	496				496
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	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
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	9	83,217	(a)						9	83,217
21. Issued during year	1	10,000							1	10,000
22. Other changes to in force (Net)		10,049								10,049
23. In force December 31 of current year	10	103,266	(a)						10	103,266

(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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	141	141			70
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 fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	1,108,613	1,104,124		843,583	844,672
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)	1,108,613	1,104,124		843,583	844,672
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,108,754	1,104,265		843,583	844,742

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



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Loyal American Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Arizona

DURING THE YEAR 2020

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 65722

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	47,014				47,014
2. Annuity considerations	53				53
3. Deposit-type contract funds	1,218	XXX		XXX	1,218
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	48,285				48,285
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	2,563				2,563
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	143				143
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)	2,706				2,706
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)	2,706				2,706
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	53,077				53,077
10. Matured endowments	35				35
11. Annuity benefits	174,362				174,362
12. Surrender values and withdrawals for life contracts	381,425				381,425
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals	608,899				608,899
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	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	1	20,001							1	20,001
17. Incurred during current year	3	30,094							3	30,094
Settled during current year:										
18.1 By payment in full	4	50,095							4	50,095
18.2 By payment on compromised claims										
18.3 Totals paid	4	50,095							4	50,095
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	4	50,095							4	50,095
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	125	2,688,583	(a)						125	2,688,583
21. Issued during year	8	36,000							8	36,000
22. Other changes to in force (Net)	(18)	(15,351)							(18)	(15,351)
23. In force December 31 of current year	115	2,709,232	(a)						115	2,709,232

(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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	1,977	1,990		97	83
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)	70	70			31
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	1,732,389	1,725,458		1,070,762	1,093,823
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)	1,732,389	1,725,458		1,070,762	1,093,823
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,734,436	1,727,518		1,070,859	1,093,937

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



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Loyal American Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Arkansas

DURING THE YEAR 2020

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 65722

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	222,534		570		223,104
2. Annuity considerations	217				217
3. Deposit-type contract funds	162	XXX		XXX	162
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	222,913		570		223,483
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	1,495				1,495
6.2 Applied to pay renewal premiums	56				56
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)	1,551				1,551
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)	1,551				1,551
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	286,688				286,688
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts	126,884				126,884
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals	413,572				413,572
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	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	12	107,618							12	107,618
17. Incurred during current year	33	253,278							33	253,278
Settled during current year:										
18.1 By payment in full	33	282,498							33	282,498
18.2 By payment on compromised claims										
18.3 Totals paid	33	282,498							33	282,498
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	33	282,498							33	282,498
19. Unpaid Dec. 31, current year (16+17-18.6)	12	78,398							12	78,398
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	754	10,358,972	(a)		2	81,000			756	10,439,972
21. Issued during year	28	265,500							28	265,500
22. Other changes to in force (Net)	(56)	(729,614)							(56)	(729,614)
23. In force December 31 of current year	726	9,894,858	(a)		2	81,000			728	9,975,858

(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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	13,609	13,475		1,184	2,300
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 fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	4,175,346	4,188,488		2,689,680	2,842,792
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	4,175,346	4,188,488		2,689,680	2,842,792
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	4,188,955	4,201,963		2,690,864	2,845,092

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



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Loyal American Life Insurance Company

DIRECT BUSINESS IN THE STATE OF California

DURING THE YEAR 2020

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 65722

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	136,494		156		136,650
2. Annuity considerations	841				841
3. Deposit-type contract funds	1,267	XXX		XXX	1,267
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	138,602		156		138,758
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	4,856				4,856
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)	4,856				4,856
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)	4,856				4,856
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	98,963				98,963
10. Matured endowments					
11. Annuity benefits	331,883				331,883
12. Surrender values and withdrawals for life contracts	791,173				791,173
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals	1,222,019				1,222,019
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	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	7	26,920							7	26,920
17. Incurred during current year	13	79,639							13	79,639
Settled during current year:										
18.1 By payment in full	14	97,244							14	97,244
18.2 By payment on compromised claims										
18.3 Totals paid	14	97,244							14	97,244
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	14	97,244							14	97,244
19. Unpaid Dec. 31, current year (16+17-18.6)	6	9,315							6	9,315
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	403	10,739,211	(a)		1	50,000			404	10,789,211
21. Issued during year	56	613,000							56	613,000
22. Other changes to in force (Net)	(47)	(589,379)							(47)	(589,379)
23. In force December 31 of current year	412	10,762,832	(a)		1	50,000			413	10,812,832

(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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	3,188	3,272			1,065
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 fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	40,220,668	40,037,081		29,731,817	29,261,632
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)	40,220,668	40,037,081		29,731,817	29,261,632
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	40,223,856	40,040,353		29,731,817	29,262,697

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



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Loyal American Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Colorado

DURING THE YEAR 2020

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 65722

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	53,961				53,961
2. Annuity considerations	34				34
3. Deposit-type contract funds	489	XXX		XXX	489
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	54,484				54,484
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	871				871
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)	871				871
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)	871				871
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	18,599				18,599
10. Matured endowments					
11. Annuity benefits	3,247				3,247
12. Surrender values and withdrawals for life contracts	33,145				33,145
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals	54,991				54,991
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	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year	5	25,484							5	25,484
Settled during current year:										
18.1 By payment in full	3	18,484							3	18,484
18.2 By payment on compromised claims										
18.3 Totals paid	3	18,484							3	18,484
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	3	18,484							3	18,484
19. Unpaid Dec. 31, current year (16+17-18.6)	2	7,000							2	7,000
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	123	2,849,224	(a)						123	2,849,224
21. Issued during year	5	20,500							5	20,500
22. Other changes to in force (Net)	(9)	(102,326)							(9)	(102,326)
23. In force December 31 of current year	119	2,767,398	(a)						119	2,767,398

(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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	624	624			310
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 fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	2,089,529	2,119,273		1,103,585	1,154,494
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	2,089,529	2,119,273		1,103,585	1,154,494
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	2,090,153	2,119,897		1,103,585	1,154,804

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



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Loyal American Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Connecticut

DURING THE YEAR 2020

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 65722

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	29,798				29,798
2. Annuity considerations	30				30
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	29,828				29,828
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	159				159
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	76				76
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)	235				235
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)	235				235
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					
10. Matured endowments					
11. Annuity benefits	986				986
12. Surrender values and withdrawals for life contracts	259,232				259,232
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals	260,218				260,218
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	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year	1	13,000							1	13,000
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)	1	13,000							1	13,000
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	40	542,016	(a)						40	542,016
21. Issued during year	9	114,000							9	114,000
22. Other changes to in force (Net)		(43,856)								(43,856)
23. In force December 31 of current year	49	612,160	(a)						49	612,160

(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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	477	477			237
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 fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	3,582,730	3,583,884		1,398,457	1,343,196
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	3,582,730	3,583,884		1,398,457	1,343,196
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	3,583,207	3,584,361		1,398,457	1,343,433

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



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Loyal American Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Delaware

DURING THE YEAR 2020

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 65722

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	20,614				20,614
2. Annuity considerations	23				23
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	20,637				20,637
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	92				92
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)	92				92
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)	92				92
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts	2,779				2,779
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals	2,779				2,779
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	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
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	27	691,857	(a)						27	691,857
21. Issued during year	2	27,500							2	27,500
22. Other changes to in force (Net)	2	9,105							2	9,105
23. In force December 31 of current year	31	728,462	(a)						31	728,462

(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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal 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 fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	127,541	124,909		52,481	55,410
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)	127,541	124,909		52,481	55,410
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	127,541	124,909		52,481	55,410

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



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE **Loyal American Life Insurance Company**

DIRECT BUSINESS IN THE STATE OF District of Columbia

DURING THE YEAR 2020

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 65722

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	9,276				9,276
2. Annuity considerations	8				8
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	9,284				9,284
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	424				424
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	106				106
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)	530				530
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)	530				530
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	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year	1	294							1	294
Settled during current year:										
18.1 By payment in full		(706)								(706)
18.2 By payment on compromised claims										
18.3 Totals paid		(706)								(706)
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements		(706)								(706)
19. Unpaid Dec. 31, current year (16+17-18.6)	1	1,000							1	1,000
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	33	366,160	(a)						33	366,160
21. Issued during year	2	18,000							2	18,000
22. Other changes to in force (Net)	(1)	(13,843)							(1)	(13,843)
23. In force December 31 of current year	34	370,317	(a)						34	370,317

(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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	515	515			256
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 fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	412,785	415,620		173,313	174,565
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)	412,785	415,620		173,313	174,565
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	413,300	416,135		173,313	174,821

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



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Loyal American Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Florida

DURING THE YEAR 2020

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 65722

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	348,661		946		349,607
2. Annuity considerations	77,822				77,822
3. Deposit-type contract funds	676	XXX		XXX	676
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	427,159		946		428,105
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	15,256				15,256
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	3,895				3,895
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)	19,151				19,151
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)	19,151				19,151
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	950,298		10,525		960,823
10. Matured endowments	61,099				61,099
11. Annuity benefits	442,379				442,379
12. Surrender values and withdrawals for life contracts	1,186,329				1,186,329
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals	2,640,105		10,525		2,650,630
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	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	36	258,365							36	258,365
17. Incurred during current year	105	944,950			1	10,500			106	955,450
Settled during current year:										
18.1 By payment in full	99	974,535			1	10,500			100	985,035
18.2 By payment on compromised claims										
18.3 Totals paid	99	974,535			1	10,500			100	985,035
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	99	974,535			1	10,500			100	985,035
19. Unpaid Dec. 31, current year (16+17-18.6)	42	228,780							42	228,780
POLICY EXHIBIT						No. of Policies				
20. In force December 31, prior year	2,671	32,926,705	(a)		3	63,500			2,674	32,990,205
21. Issued during year	3	18,000							3	18,000
22. Other changes to in force (Net)	(225)	(3,007,539)			(1)	(10,500)			(226)	(3,018,039)
23. In force December 31 of current year	2,449	29,937,166	(a)		2	53,000			2,451	29,990,166

(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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	586	562			(5,087)
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)	3,298	3,092		388	(2,014)
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	7,528,059	7,512,157		2,327,692	3,425,854
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)	7,528,059	7,512,157		2,327,692	3,425,854
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	7,531,943	7,515,811		2,328,080	3,418,753

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



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Loyal American Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Georgia

DURING THE YEAR 2020

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 65722

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	348,998		1,050		350,048
2. Annuity considerations	135				135
3. Deposit-type contract funds	2,373	XXX		XXX	2,373
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	351,506		1,050		352,556
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	54,364				54,364
6.2 Applied to pay renewal premiums	2,026				2,026
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	2,228				2,228
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)	58,618				58,618
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)	58,618				58,618
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	661,240				661,240
10. Matured endowments	4,409				4,409
11. Annuity benefits	70,954				70,954
12. Surrender values and withdrawals for life contracts	199,779				199,779
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals	936,382				936,382
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	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	22	152,333							22	152,333
17. Incurred during current year	85	612,083							85	612,083
Settled during current year:										
18.1 By payment in full	86	641,588							86	641,588
18.2 By payment on compromised claims										
18.3 Totals paid	86	641,588							86	641,588
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	86	641,588							86	641,588
19. Unpaid Dec. 31, current year (16+17-18.6)	21	122,828							21	122,828
POLICY EXHIBIT						No. of Policies				
20. In force December 31, prior year	2,162	19,468,631	(a)		5	84,500			2,167	19,553,131
21. Issued during year	28	319,000							28	319,000
22. Other changes to in force (Net)	(174)	(1,570,063)			(1)	(6,000)			(175)	(1,576,063)
23. In force December 31 of current year	2,016	18,217,568	(a)		4	78,500			2,020	18,296,068

(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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	6,070	6,007		1,591	(2,880)
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)	1,917	2,013		414	1,247
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	4,014,961	4,035,974		1,656,495	1,886,532
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	4,014,961	4,035,974		1,656,495	1,886,532
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	4,022,948	4,043,994		1,658,500	1,884,899

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



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Loyal American Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Hawaii

DURING THE YEAR 2020

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 65722

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	7,817				7,817
2. Annuity considerations	23				23
3. Deposit-type contract funds	818	XXX		XXX	818
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	8,658				8,658
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	1,690				1,690
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)	1,690				1,690
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)	1,690				1,690
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	5,515				5,515
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts	26,303				26,303
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals	31,818				31,818
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	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	1	5,000							1	5,000
17. Incurred during current year Settled during current year:										
18.1 By payment in full	1	5,000							1	5,000
18.2 By payment on compromised claims										
18.3 Totals paid	1	5,000							1	5,000
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	1	5,000							1	5,000
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	35	729,754	(a)						35	729,754
21. Issued during year	2	9,000							2	9,000
22. Other changes to in force (Net)	(3)	(49,240)							(3)	(49,240)
23. In force December 31 of current year	34	689,514	(a)						34	689,514

(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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	441	441			219
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 fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	920,477	918,590		615,538	648,223
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)	920,477	918,590		615,538	648,223
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	920,918	919,031		615,538	648,442

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



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Loyal American Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Idaho
NAIC Group Code 0901

LIFE INSURANCE

DURING THE YEAR 2020
NAIC Company Code 65722

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	27,588				27,588
2. Annuity considerations					
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	27,588				27,588
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	196				196
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)	196				196
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)	196				196
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	4,235				4,235
10. Matured endowments					
11. Annuity benefits	20,859				20,859
12. Surrender values and withdrawals for life contracts	116,326				116,326
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals	141,420				141,420
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	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year	1	4,182							1	4,182
Settled during current year:										
18.1 By payment in full	1	4,182							1	4,182
18.2 By payment on compromised claims										
18.3 Totals paid	1	4,182							1	4,182
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	1	4,182							1	4,182
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	49	1,126,397	(a)						49	1,126,397
21. Issued during year	9	54,500							9	54,500
22. Other changes to in force (Net)	(2)	30,818							(2)	30,818
23. In force December 31 of current year	56	1,211,715	(a)						56	1,211,715

(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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal 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 fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	2,836,361	2,844,678		1,817,357	1,790,383
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	2,836,361	2,844,678		1,817,357	1,790,383
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	2,836,361	2,844,678		1,817,357	1,790,383

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



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Loyal American Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Illinois
NAIC Group Code 0901

LIFE INSURANCE

DURING THE YEAR 2020
NAIC Company Code 65722

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	305,993		350		306,343
2. Annuity considerations	294				294
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	306,287		350		306,637
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	1,761				1,761
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)	1,761				1,761
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)	1,761				1,761
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	143,911				143,911
10. Matured endowments	6,000				6,000
11. Annuity benefits	202,334				202,334
12. Surrender values and withdrawals for life contracts	143,755				143,755
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals	496,000				496,000
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	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	2	22,000							2	22,000
17. Incurred during current year	15	163,337							15	163,337
Settled during current year:										
18.1 By payment in full	13	149,337							13	149,337
18.2 By payment on compromised claims										
18.3 Totals paid	13	149,337							13	149,337
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	13	149,337							13	149,337
19. Unpaid Dec. 31, current year (16+17-18.6)	4	36,000							4	36,000
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	652	8,772,989	(a)		2	78,000			654	8,850,989
21. Issued during year	50	607,019							50	607,019
22. Other changes to in force (Net)	(53)	(707,883)			(2)	(78,000)			(55)	(785,883)
23. In force December 31 of current year	649	8,672,125	(a)						649	8,672,125

(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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	32,461	32,355		17,303	18,489
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 fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	10,165,391	10,251,951		5,469,984	5,581,670
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)	10,165,391	10,251,951		5,469,984	5,581,670
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	10,197,852	10,284,306		5,487,287	5,600,159

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



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Loyal American Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Indiana

DURING THE YEAR 2020

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 65722

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	291,794		3,188		294,982
2. Annuity considerations	497				497
3. Deposit-type contract funds	541	XXX		XXX	541
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	292,832		3,188		296,020
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	821				821
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)	821				821
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)	821				821
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	266,757				266,757
10. Matured endowments					
11. Annuity benefits	277,195				277,195
12. Surrender values and withdrawals for life contracts	346,047				346,047
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals	889,999				889,999
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	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	4	25,600							4	25,600
17. Incurred during current year	33	279,477							33	279,477
Settled during current year:										
18.1 By payment in full	31	265,214							31	265,214
18.2 By payment on compromised claims										
18.3 Totals paid	31	265,214							31	265,214
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	31	265,214							31	265,214
19. Unpaid Dec. 31, current year (16+17-18.6)	6	39,863							6	39,863
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	918	12,640,810	(a)		3	175,000			921	12,815,810
21. Issued during year	20	246,500							20	246,500
22. Other changes to in force (Net)	(77)	(899,021)							(77)	(899,021)
23. In force December 31 of current year	861	11,988,289	(a)		3	175,000			864	12,163,289

(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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	3,758	3,614			1,782
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 fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	10,168,851	10,274,160		5,943,928	6,049,574
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)	10,168,851	10,274,160		5,943,928	6,049,574
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	10,172,609	10,277,774		5,943,928	6,051,356

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



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE **Loyal American Life Insurance Company**

DIRECT BUSINESS IN THE STATE OF Iowa

DURING THE YEAR 2020

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 65722

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	81,163				81,163
2. Annuity considerations					
3. Deposit-type contract funds	257	XXX		XXX	257
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	81,420				81,420
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	468				468
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	6				6
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)	474				474
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)	474				474
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	20,064				20,064
10. Matured endowments					
11. Annuity benefits	54,271				54,271
12. Surrender values and withdrawals for life contracts	71,696				71,696
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals	146,031				146,031
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	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	1	8,000							1	8,000
17. Incurred during current year	4	25,620							4	25,620
Settled during current year:										
18.1 By payment in full	3	20,054							3	20,054
18.2 By payment on compromised claims										
18.3 Totals paid	3	20,054							3	20,054
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	3	20,054							3	20,054
19. Unpaid Dec. 31, current year (16+17-18.6)	2	13,566							2	13,566
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	117	1,146,440	(a)						117	1,146,440
21. Issued during year	18	159,500							18	159,500
22. Other changes to in force (Net)	(12)	(101,679)							(12)	(101,679)
23. In force December 31 of current year	123	1,204,261	(a)						123	1,204,261

(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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	4,502	4,288		991	951
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 fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	2,659,470	2,682,261		1,423,109	1,484,125
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	2,659,470	2,682,261		1,423,109	1,484,125
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	2,663,972	2,686,549		1,424,100	1,485,076

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



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Loyal American Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Kansas

DURING THE YEAR 2020

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 65722

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	136,387				136,387
2. Annuity considerations	222,963				222,963
3. Deposit-type contract funds	65	XXX		XXX	65
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	359,415				359,415
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	260				260
6.2 Applied to pay renewal premiums	188				188
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	61				61
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)	509				509
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)	509				509
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	94,946				94,946
10. Matured endowments					
11. Annuity benefits	245,181				245,181
12. Surrender values and withdrawals for life contracts	20,318				20,318
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals	360,445				360,445
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	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	4	64,792							4	64,792
17. Incurred during current year	7	36,816							7	36,816
Settled during current year:										
18.1 By payment in full	8	89,600							8	89,600
18.2 By payment on compromised claims										
18.3 Totals paid	8	89,600							8	89,600
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	8	89,600							8	89,600
19. Unpaid Dec. 31, current year (16+17-18.6)	3	12,008							3	12,008
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	301	4,935,880	(a)						301	4,935,880
21. Issued during year	29	346,000							29	346,000
22. Other changes to in force (Net)	(17)	(185,622)							(17)	(185,622)
23. In force December 31 of current year	313	5,096,258	(a)						313	5,096,258

(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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	59,049	13,250		91,160	(33,484)
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)	70	70			31
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	8,392,674	8,403,380		4,866,161	4,816,623
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	8,392,674	8,403,380		4,866,161	4,816,623
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	8,451,793	8,416,700		4,957,321	4,783,170

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



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Loyal American Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Kentucky
NAIC Group Code 0901

DURING THE YEAR 2020
NAIC Company Code 65722

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	218,123				218,123
2. Annuity considerations	112				112
3. Deposit-type contract funds	210	XXX		XXX	210
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	218,445				218,445
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	2,009				2,009
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)	2,009				2,009
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)	2,009				2,009
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	52,117				52,117
10. Matured endowments					
11. Annuity benefits	164,822				164,822
12. Surrender values and withdrawals for life contracts	33,876				33,876
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals	250,815				250,815
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	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	1	10,000							1	10,000
17. Incurred during current year	9	74,596							9	74,596
Settled during current year:										
18.1 By payment in full	7	52,096							7	52,096
18.2 By payment on compromised claims										
18.3 Totals paid	7	52,096							7	52,096
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	7	52,096							7	52,096
19. Unpaid Dec. 31, current year (16+17-18.6)	3	32,500							3	32,500
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	379	4,588,804	(a)						379	4,588,804
21. Issued during year	35	319,000							35	319,000
22. Other changes to in force (Net)	(35)	(410,327)							(35)	(410,327)
23. In force December 31 of current year	379	4,497,477	(a)						379	4,497,477

(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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	1,528	1,528		(2)	(13)
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 fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	5,481,411	5,536,280		2,963,245	2,993,438
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	5,481,411	5,536,280		2,963,245	2,993,438
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	5,482,939	5,537,808		2,963,243	2,993,425

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



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Loyal American Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Louisiana
NAIC Group Code 0901

LIFE INSURANCE

DURING THE YEAR 2020
NAIC Company Code 65722

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	215,505		8		215,513
2. Annuity considerations	165				165
3. Deposit-type contract funds	141	XXX		XXX	141
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	215,811		8		215,819
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	4,961				4,961
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)	4,961				4,961
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)	4,961				4,961
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	80,585				80,585
10. Matured endowments					
11. Annuity benefits	11,357				11,357
12. Surrender values and withdrawals for life contracts	113,808				113,808
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals	205,750				205,750
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	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	1	3,957							1	3,957
17. Incurred during current year	21	141,897							21	141,897
Settled during current year:										
18.1 By payment in full	14	78,263							14	78,263
18.2 By payment on compromised claims										
18.3 Totals paid	14	78,263							14	78,263
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	14	78,263							14	78,263
19. Unpaid Dec. 31, current year (16+17-18.6)	8	67,591							8	67,591
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	855	19,195,201	(a)		1	1,500			856	19,196,701
21. Issued during year	16	116,000							16	116,000
22. Other changes to in force (Net)	(77)	(1,534,288)			(1)	(1,500)			(78)	(1,535,788)
23. In force December 31 of current year	794	17,776,913	(a)						794	17,776,913

(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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	484,476	466,765		100,720	58,493
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)	337	337			(1,178)
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	4,429,406	4,419,549		1,667,710	1,771,365
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	4,429,406	4,419,549		1,667,710	1,771,365
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	4,914,219	4,886,651		1,768,430	1,828,680

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



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Loyal American Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Maine

DURING THE YEAR 2020

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 65722

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	53,762				53,762
2. Annuity considerations	297				297
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	54,059				54,059
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	370				370
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	50				50
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)	420				420
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)	420				420
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	99,477				99,477
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts	39,269				39,269
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals	138,746				138,746
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	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	2	8,640							2	8,640
17. Incurred during current year	9	93,007							9	93,007
Settled during current year:										
18.1 By payment in full	10	98,647							10	98,647
18.2 By payment on compromised claims										
18.3 Totals paid	10	98,647							10	98,647
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	10	98,647							10	98,647
19. Unpaid Dec. 31, current year (16+17-18.6)	1	3,000							1	3,000
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	264	3,844,978	(a)						264	3,844,978
21. Issued during year	2	10,000							2	10,000
22. Other changes to in force (Net)	(18)	(227,575)							(18)	(227,575)
23. In force December 31 of current year	248	3,627,403	(a)						248	3,627,403

(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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal 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 fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	2,774,045	2,769,543		1,672,974	1,673,688
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	2,774,045	2,769,543		1,672,974	1,673,688
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	2,774,045	2,769,543		1,672,974	1,673,688

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



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Loyal American Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Maryland

DURING THE YEAR 2020

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 65722

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	87,473				87,473
2. Annuity considerations	461				461
3. Deposit-type contract funds	1,944	XXX		XXX	1,944
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	89,878				89,878
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	2,567				2,567
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	42				42
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)	2,609				2,609
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)	2,609				2,609
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	88,283				88,283
10. Matured endowments					
11. Annuity benefits	41,494				41,494
12. Surrender values and withdrawals for life contracts	131,391				131,391
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals	261,168				261,168
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	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	4	24,973							4	24,973
17. Incurred during current year	7	63,202							7	63,202
Settled during current year:										
18.1 By payment in full	10	86,714							10	86,714
18.2 By payment on compromised claims										
18.3 Totals paid	10	86,714							10	86,714
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	10	86,714							10	86,714
19. Unpaid Dec. 31, current year (16+17-18.6)	1	1,461							1	1,461
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	251	3,096,996	(a)						251	3,096,996
21. Issued during year	10	118,500							10	118,500
22. Other changes to in force (Net)	(19)	(374,494)							(19)	(374,494)
23. In force December 31 of current year	242	2,841,002	(a)						242	2,841,002

(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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	2,836	2,843			1,061
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 fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	384,535	377,761		104,808	154,637
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)	384,535	377,761		104,808	154,637
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	387,371	380,604		104,808	155,698

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



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Loyal American Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Massachusetts

DURING THE YEAR 2020

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 65722

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	53,320		256		53,576
2. Annuity considerations	233				233
3. Deposit-type contract funds	420	XXX		XXX	420
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	53,973		256		54,229
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	536				536
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)	536				536
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)	536				536
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	194,652				194,652
10. Matured endowments					
11. Annuity benefits	19,586				19,586
12. Surrender values and withdrawals for life contracts	260,119				260,119
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals	474,357				474,357
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	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	5	55,862							5	55,862
17. Incurred during current year	18	178,996							18	178,996
Settled during current year:										
18.1 By payment in full	17	192,552							17	192,552
18.2 By payment on compromised claims										
18.3 Totals paid	17	192,552							17	192,552
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	17	192,552							17	192,552
19. Unpaid Dec. 31, current year (16+17-18.6)	6	42,306							6	42,306
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	310	5,293,191	(a)		1	44,800			311	5,337,991
21. Issued during year	2	28,000							2	28,000
22. Other changes to in force (Net)	(30)	(577,864)				(7,000)			(30)	(584,864)
23. In force December 31 of current year	282	4,743,327	(a)		1	37,800			283	4,781,127

(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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	573	588			188
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 fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	191,673	191,465		90,057	106,267
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)	191,673	191,465		90,057	106,267
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	192,246	192,053		90,057	106,455

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



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Loyal American Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Michigan

DURING THE YEAR 2020

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 65722

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	126,714				126,714
2. Annuity considerations	771				771
3. Deposit-type contract funds	96	XXX		XXX	96
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	127,581				127,581
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	1,520				1,520
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	157				157
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)	1,677				1,677
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)	1,677				1,677
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	105,586				105,586
10. Matured endowments					
11. Annuity benefits	146,129				146,129
12. Surrender values and withdrawals for life contracts	364,254				364,254
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals	615,969				615,969
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	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year	3	105,168							3	105,168
Settled during current year:										
18.1 By payment in full	3	105,168							3	105,168
18.2 By payment on compromised claims										
18.3 Totals paid	3	105,168							3	105,168
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	3	105,168							3	105,168
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	233	5,315,435	(a)						233	5,315,435
21. Issued during year	35	290,000							35	290,000
22. Other changes to in force (Net)	(32)	(240,578)							(32)	(240,578)
23. In force December 31 of current year	236	5,364,857	(a)						236	5,364,857

(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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	4,445	4,492		3,485	3,803
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 fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	8,258,033	8,293,570		4,871,779	4,719,379
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	8,258,033	8,293,570		4,871,779	4,719,379
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	8,262,478	8,298,062		4,875,264	4,723,182

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



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE **Loyal American Life Insurance Company**

DIRECT BUSINESS IN THE STATE OF Minnesota

DURING THE YEAR 2020

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 65722

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	32,378				32,378
2. Annuity considerations	22,834				22,834
3. Deposit-type contract funds	53	XXX		XXX	53
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	55,265				55,265
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	627				627
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	123				123
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)	750				750
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)	750				750
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	58,369				58,369
10. Matured endowments					
11. Annuity benefits	758,216				758,216
12. Surrender values and withdrawals for life contracts	(370,956)				(370,956)
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals	445,629				445,629
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	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	3	12,307							3	12,307
17. Incurred during current year	16	95,798							16	95,798
Settled during current year:										
18.1 By payment in full	13	52,519							13	52,519
18.2 By payment on compromised claims										
18.3 Totals paid	13	52,519							13	52,519
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	13	52,519							13	52,519
19. Unpaid Dec. 31, current year (16+17-18.6)	6	55,586							6	55,586
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	279	2,633,353	(a)						279	2,633,353
21. Issued during year	9	63,000							9	63,000
22. Other changes to in force (Net)	(21)	(134,056)							(21)	(134,056)
23. In force December 31 of current year	267	2,562,297	(a)						267	2,562,297

(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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal 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 fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	5,305,411	5,320,152		3,066,383	3,056,506
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	5,305,411	5,320,152		3,066,383	3,056,506
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	5,305,411	5,320,152		3,066,383	3,056,506

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



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE **Loyal American Life Insurance Company**

DIRECT BUSINESS IN THE STATE OF Mississippi

DURING THE YEAR 2020

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 65722

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	251,084		2,894		253,978
2. Annuity considerations	2,589				2,589
3. Deposit-type contract funds	300	XXX		XXX	300
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	253,973		2,894		256,867
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	3,752				3,752
6.2 Applied to pay renewal premiums	169				169
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)	3,921				3,921
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)	3,921				3,921
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	249,181				249,181
10. Matured endowments	69				69
11. Annuity benefits	16,012				16,012
12. Surrender values and withdrawals for life contracts	263,008				263,008
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals	528,270				528,270
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	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	15	76,369							15	76,369
17. Incurred during current year	29	220,153							29	220,153
Settled during current year:										
18.1 By payment in full	31	242,158							31	242,158
18.2 By payment on compromised claims										
18.3 Totals paid	31	242,158							31	242,158
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	31	242,158							31	242,158
19. Unpaid Dec. 31, current year (16+17-18.6)	13	54,364							13	54,364
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	1,032	15,445,283	(a)		1,784	536,120			2,816	15,981,403
21. Issued during year	33	431,500							33	431,500
22. Other changes to in force (Net)	(92)	(1,322,720)			(4)	(25,800)			(96)	(1,348,520)
23. In force December 31 of current year	973	14,554,063	(a)		1,780	510,320			2,753	15,064,383

(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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	323,726	313,681		134,098	123,685
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)	52	52			23
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	5,969,433	5,990,729		3,618,294	3,713,078
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	5,969,433	5,990,729		3,618,294	3,713,078
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	6,293,211	6,304,462		3,752,392	3,836,786

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



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Loyal American Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Missouri

DURING THE YEAR 2020

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 65722

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	190,902		284		191,186
2. Annuity considerations	308				308
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	191,210		284		191,494
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	2,111				2,111
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	20				20
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)	2,131				2,131
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)	2,131				2,131
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	198,436				198,436
10. Matured endowments	23,102				23,102
11. Annuity benefits	125,310				125,310
12. Surrender values and withdrawals for life contracts	78,373				78,373
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals	425,221				425,221
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	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	9	94,973							9	94,973
17. Incurred during current year	31	309,781							31	309,781
Settled during current year:										
18.1 By payment in full	27	219,348							27	219,348
18.2 By payment on compromised claims										
18.3 Totals paid	27	219,348							27	219,348
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	27	219,348							27	219,348
19. Unpaid Dec. 31, current year (16+17-18.6)	13	185,406							13	185,406
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	712	9,695,791	(a)		1	100,000			713	9,795,791
21. Issued during year	40	442,103							40	442,103
22. Other changes to in force (Net)	(57)	(554,931)							(57)	(554,931)
23. In force December 31 of current year	695	9,582,963	(a)		1	100,000			696	9,682,963

(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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	3,037	(22,257)		83,288	18,920
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 fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	3,812,299	3,836,434		2,125,588	2,216,928
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	3,812,299	3,836,434		2,125,588	2,216,928
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	3,815,336	3,814,177		2,208,876	2,235,848

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



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE **Loyal American Life Insurance Company**

DIRECT BUSINESS IN THE STATE OF **Montana**
NAIC Group Code **0901**

DURING THE YEAR **2020**
NAIC Company Code **65722**

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	572				572
2. Annuity considerations	8				8
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	580				580
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	190				190
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)	190				190
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)	190				190
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	5,175				5,175
10. Matured endowments					
11. Annuity benefits	3,305				3,305
12. Surrender values and withdrawals for life contracts	206,972				206,972
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals	215,452				215,452
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	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	1	5,087							1	5,087
17. Incurred during current year Settled during current year:										
18.1 By payment in full	1	5,087							1	5,087
18.2 By payment on compromised claims										
18.3 Totals paid	1	5,087							1	5,087
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	1	5,087							1	5,087
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	12	55,870	(a)						12	55,870
21. Issued during year										
22. Other changes to in force (Net)	1	4,913							1	4,913
23. In force December 31 of current year	13	60,783	(a)						13	60,783

(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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal 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 fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	1,126,124	1,138,677		703,104	704,366
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)	1,126,124	1,138,677		703,104	704,366
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,126,124	1,138,677		703,104	704,366

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



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Loyal American Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Nebraska

DURING THE YEAR 2020

NAIC Group Code 0901

NAIC Company Code 65722

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	47,832				47,832
2. Annuity considerations					
3. Deposit-type contract funds	4,288	XXX		XXX	4,288
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	52,120				52,120
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	219				219
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	4				4
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)	223				223
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)	223				223
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	18,215				18,215
10. Matured endowments	131				131
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts	28,806				28,806
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals	47,152				47,152
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	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year	5	18,263							5	18,263
Settled during current year:										
18.1 By payment in full	5	18,263							5	18,263
18.2 By payment on compromised claims										
18.3 Totals paid	5	18,263							5	18,263
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	5	18,263							5	18,263
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	78	761,913	(a)						78	761,913
21. Issued during year	14	124,000							14	124,000
22. Other changes to in force (Net)	(8)	(58,751)							(8)	(58,751)
23. In force December 31 of current year	84	827,162	(a)						84	827,162

(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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	2,671	2,663		496	713
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 fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	2,721,588	2,737,039		1,618,386	1,684,752
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	2,721,588	2,737,039		1,618,386	1,684,752
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	2,724,259	2,739,702		1,618,882	1,685,465

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



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Loyal American Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Nevada

DURING THE YEAR 2020

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 65722

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	40,877				40,877
2. Annuity considerations	8				8
3. Deposit-type contract funds	4,789	XXX		XXX	4,789
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	45,674				45,674
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	1,416				1,416
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)	1,416				1,416
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)	1,416				1,416
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	13,283				13,283
10. Matured endowments					
11. Annuity benefits	14,008				14,008
12. Surrender values and withdrawals for life contracts	37,868				37,868
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals	65,159				65,159
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	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year	3	13,264							3	13,264
Settled during current year:										
18.1 By payment in full	3	13,264							3	13,264
18.2 By payment on compromised claims										
18.3 Totals paid	3	13,264							3	13,264
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	3	13,264							3	13,264
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	81	2,542,176	(a)						81	2,542,176
21. Issued during year	4	60,000							4	60,000
22. Other changes to in force (Net)	(5)	(88,868)							(5)	(88,868)
23. In force December 31 of current year	80	2,513,308	(a)						80	2,513,308

(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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	149	149			74
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 fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	542,629	544,120		360,074	373,976
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)	542,629	544,120		360,074	373,976
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	542,778	544,269		360,074	374,050

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



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Loyal American Life Insurance Company

DIRECT BUSINESS IN THE STATE OF New Hampshire

DURING THE YEAR 2020

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 65722

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	12,087				12,087
2. Annuity considerations	8				8
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	12,095				12,095
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	155				155
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)	155				155
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)	155				155
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					
10. Matured endowments					
11. Annuity benefits	8,000				8,000
12. Surrender values and withdrawals for life contracts	34,785				34,785
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals	42,785				42,785
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	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
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	54	967,647	(a)						54	967,647
21. Issued during year	2	14,000							2	14,000
22. Other changes to in force (Net)	(1)	26,443							(1)	26,443
23. In force December 31 of current year	55	1,008,090	(a)						55	1,008,090

(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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	353	353			175
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 fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	112,827	113,807		51,110	53,593
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)	112,827	113,807		51,110	53,593
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	113,180	114,160		51,110	53,768

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



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Loyal American Life Insurance Company

DIRECT BUSINESS IN THE STATE OF New Jersey
NAIC Group Code 0901

LIFE INSURANCE

DURING THE YEAR 2020
NAIC Company Code 65722

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	162,811				162,811
2. Annuity considerations	2,511				2,511
3. Deposit-type contract funds	325	XXX		XXX	325
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	165,647				165,647
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	1,042				1,042
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	38				38
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)	1,080				1,080
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)	1,080				1,080
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	108,349				108,349
10. Matured endowments					
11. Annuity benefits	26,030				26,030
12. Surrender values and withdrawals for life contracts	272,218				272,218
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals	406,597				406,597
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	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	10	69,991							10	69,991
17. Incurred during current year	13	65,014							13	65,014
Settled during current year:										
18.1 By payment in full	17	107,005							17	107,005
18.2 By payment on compromised claims										
18.3 Totals paid	17	107,005							17	107,005
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	17	107,005							17	107,005
19. Unpaid Dec. 31, current year (16+17-18.6)	6	28,000							6	28,000
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	1,231	7,351,174	(a)						1,231	7,351,174
21. Issued during year	21	268,000							21	268,000
22. Other changes to in force (Net)	(95)	(759,552)							(95)	(759,552)
23. In force December 31 of current year	1,157	6,859,622	(a)						1,157	6,859,622

(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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	915	831			291
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 fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	17,808,006	17,781,235		13,029,857	12,698,203
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	17,808,006	17,781,235		13,029,857	12,698,203
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	17,808,921	17,782,066		13,029,857	12,698,494

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



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Loyal American Life Insurance Company

DIRECT BUSINESS IN THE STATE OF New Mexico

DURING THE YEAR 2020

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 65722

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	48,395				48,395
2. Annuity considerations	23				23
3. Deposit-type contract funds	118	XXX		XXX	118
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	48,536				48,536
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	834				834
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)	834				834
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)	834				834
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	3,026				3,026
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts	8,649				8,649
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals	11,675				11,675
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	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year	1	3,026							1	3,026
Settled during current year:										
18.1 By payment in full	1	3,026							1	3,026
18.2 By payment on compromised claims										
18.3 Totals paid	1	3,026							1	3,026
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	1	3,026							1	3,026
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	91	1,494,511	(a)						91	1,494,511
21. Issued during year	15	101,000							15	101,000
22. Other changes to in force (Net)	(9)	(112,470)							(9)	(112,470)
23. In force December 31 of current year	97	1,483,041	(a)						97	1,483,041

(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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	855	855		199	192
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 fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	1,886,490	1,886,741		603,969	699,331
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)	1,886,490	1,886,741		603,969	699,331
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,887,345	1,887,596		604,168	699,523

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



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Loyal American Life Insurance Company

DIRECT BUSINESS IN THE STATE OF New York

DURING THE YEAR 2020

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 65722

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	10,033				10,033
2. Annuity considerations	13,531				13,531
3. Deposit-type contract funds	351	XXX		XXX	351
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	23,915				23,915
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	1,619				1,619
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	126				126
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)	1,745				1,745
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)	1,745				1,745
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	5,022				5,022
10. Matured endowments					
11. Annuity benefits	141,274				141,274
12. Surrender values and withdrawals for life contracts	74,794				74,794
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals	221,090				221,090
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	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year	1	5,000							1	5,000
Settled during current year:										
18.1 By payment in full	1	5,000							1	5,000
18.2 By payment on compromised claims										
18.3 Totals paid	1	5,000							1	5,000
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	1	5,000							1	5,000
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	120	1,611,474	(a)						120	1,611,474
21. Issued during year	1	5,000							1	5,000
22. Other changes to in force (Net)	(8)	(98,982)							(8)	(98,982)
23. In force December 31 of current year	113	1,517,492	(a)						113	1,517,492

(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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal 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 fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	164,609	164,203		140,491	142,751
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)	164,609	164,203		140,491	142,751
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	164,609	164,203		140,491	142,751

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



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE **Loyal American Life Insurance Company**

DIRECT BUSINESS IN THE STATE OF North Carolina

DURING THE YEAR 2020

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 65722

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	469,471				469,471
2. Annuity considerations	426				426
3. Deposit-type contract funds	16,007	XXX		XXX	16,007
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	485,904				485,904
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	14,185				14,185
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	4,293				4,293
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)	18,478				18,478
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)	18,478				18,478
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	679,597				679,597
10. Matured endowments	4,080				4,080
11. Annuity benefits	93,970				93,970
12. Surrender values and withdrawals for life contracts	1,005,689				1,005,689
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals	1,783,336				1,783,336
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	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	13	108,294							13	108,294
17. Incurred during current year	86	837,828							86	837,828
Settled during current year:										
18.1 By payment in full	76	679,164							76	679,164
18.2 By payment on compromised claims										
18.3 Totals paid	76	679,164							76	679,164
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	76	679,164							76	679,164
19. Unpaid Dec. 31, current year (16+17-18.6)	23	266,958							23	266,958
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	2,046	25,300,290	(a)						2,046	25,300,290
21. Issued during year	53	484,500							53	484,500
22. Other changes to in force (Net)	(136)	(1,699,529)							(136)	(1,699,529)
23. In force December 31 of current year	1,963	24,085,261	(a)						1,963	24,085,261

(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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	23,630	23,723		2,397	2,439
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)	6,362	6,394		2,495	6,387
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	5,177,851	5,208,679		3,031,707	3,109,322
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	5,177,851	5,208,679		3,031,707	3,109,322
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	5,207,843	5,238,796		3,036,599	3,118,148

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



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Loyal American Life Insurance Company

DIRECT BUSINESS IN THE STATE OF North Dakota

DURING THE YEAR 2020

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 65722

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	3,622		286		3,908
2. Annuity considerations					
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	3,622		286		3,908
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	183				183
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)	183				183
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)	183				183
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					
10. Matured endowments					
11. Annuity benefits	34,293				34,293
12. Surrender values and withdrawals for life contracts	44,028				44,028
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals	78,321				78,321
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	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
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	14	101,234	(a)		1	125,000			15	226,234
21. Issued during year	1	15,000							1	15,000
22. Other changes to in force (Net)	1	20,000							1	20,000
23. In force December 31 of current year	16	136,234	(a)		1	125,000			17	261,234

(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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	13,704	13,520		1,482	1,179
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 fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	136,457	137,125		104,387	108,236
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)	136,457	137,125		104,387	108,236
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	150,161	150,645		105,869	109,415

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



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Loyal American Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Ohio

DURING THE YEAR 2020

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 65722

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	213,466				213,466
2. Annuity considerations	99				99
3. Deposit-type contract funds	58	XXX		XXX	58
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	213,623				213,623
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	1,269				1,269
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)	1,269				1,269
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)	1,269				1,269
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	238,390				238,390
10. Matured endowments	1,200				1,200
11. Annuity benefits	311,054				311,054
12. Surrender values and withdrawals for life contracts	162,725				162,725
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals	713,369				713,369
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	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	2	10,000							2	10,000
17. Incurred during current year	16	305,217							16	305,217
Settled during current year:										
18.1 By payment in full	15	238,621							15	238,621
18.2 By payment on compromised claims										
18.3 Totals paid	15	238,621							15	238,621
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	15	238,621							15	238,621
19. Unpaid Dec. 31, current year (16+17-18.6)	3	76,596							3	76,596
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	461	12,751,113	(a)						461	12,751,113
21. Issued during year	37	365,500							37	365,500
22. Other changes to in force (Net)	(39)	(1,002,274)							(39)	(1,002,274)
23. In force December 31 of current year	459	12,114,339	(a)						459	12,114,339

(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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	7,645	7,664		1,384	17,344
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 fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	4,683,598	4,711,997		2,341,222	2,388,237
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	4,683,598	4,711,997		2,341,222	2,388,237
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	4,691,243	4,719,661		2,342,606	2,405,581

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



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Loyal American Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Oklahoma

DURING THE YEAR 2020

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 65722

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	124,762		365		125,127
2. Annuity considerations	137				137
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	124,899		365		125,264
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	1,176				1,176
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	157				157
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)	1,333				1,333
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)	1,333				1,333
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	46,868				46,868
10. Matured endowments					
11. Annuity benefits	60,328				60,328
12. Surrender values and withdrawals for life contracts	24,182				24,182
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals	131,378				131,378
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	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	2	8,000							2	8,000
17. Incurred during current year	7	43,065							7	43,065
Settled during current year:										
18.1 By payment in full	8	46,065							8	46,065
18.2 By payment on compromised claims										
18.3 Totals paid	8	46,065							8	46,065
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	8	46,065							8	46,065
19. Unpaid Dec. 31, current year (16+17-18.6)	1	5,000							1	5,000
POLICY EXHIBIT						No. of Policies				
20. In force December 31, prior year	311	3,337,199	(a)		5	24,000			316	3,361,199
21. Issued during year	25	199,500							25	199,500
22. Other changes to in force (Net)	(26)	(162,322)			(1)	(6,000)			(27)	(168,322)
23. In force December 31 of current year	310	3,374,377	(a)		4	18,000			314	3,392,377

(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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	7,369	7,213		3,389	3,596
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 fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	3,611,150	3,628,381		1,465,341	1,506,172
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	3,611,150	3,628,381		1,465,341	1,506,172
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	3,618,519	3,635,594		1,468,730	1,509,768

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



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE **Loyal American Life Insurance Company**

DIRECT BUSINESS IN THE STATE OF **Oregon**

DURING THE YEAR **2020**

NAIC Group Code **0901**

LIFE INSURANCE

NAIC Company Code **65722**

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	46,278				46,278
2. Annuity considerations	45				45
3. Deposit-type contract funds	26	XXX		XXX	26
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	46,349				46,349
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	549				549
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)	549				549
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)	549				549
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					
10. Matured endowments					
11. Annuity benefits	18,534				18,534
12. Surrender values and withdrawals for life contracts	44,003				44,003
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals	62,537				62,537
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	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	1	2,000							1	2,000
17. Incurred during current year	1	4,000							1	4,000
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)	2	6,000							2	6,000
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	83	2,665,782	(a)						83	2,665,782
21. Issued during year	7	64,000							7	64,000
22. Other changes to in force (Net)	(4)	(35,000)							(4)	(35,000)
23. In force December 31 of current year	86	2,694,782	(a)						86	2,694,782

(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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal 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 fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	23,562,589	23,555,012		16,771,467	16,917,872
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)	23,562,589	23,555,012		16,771,467	16,917,872
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	23,562,589	23,555,012		16,771,467	16,917,872

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



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Loyal American Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Pennsylvania

DURING THE YEAR 2020

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 65722

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	216,807				216,807
2. Annuity considerations	173				173
3. Deposit-type contract funds	99	XXX		XXX	99
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	217,079				217,079
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	1,273				1,273
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)	1,273				1,273
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)	1,273				1,273
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	100,396				100,396
10. Matured endowments					
11. Annuity benefits	405,774				405,774
12. Surrender values and withdrawals for life contracts	388,770				388,770
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals	894,940				894,940
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	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year	17	144,357							17	144,357
Settled during current year:										
18.1 By payment in full	14	100,103							14	100,103
18.2 By payment on compromised claims										
18.3 Totals paid	14	100,103							14	100,103
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	14	100,103							14	100,103
19. Unpaid Dec. 31, current year (16+17-18.6)	3	44,254							3	44,254
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	488	4,910,293	(a)						488	4,910,293
21. Issued during year	33	324,000							33	324,000
22. Other changes to in force (Net)	(23)	(113,154)							(23)	(113,154)
23. In force December 31 of current year	498	5,121,139	(a)						498	5,121,139

(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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	1,396	1,368		5,099	5,665
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 fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	3,421,177	3,447,814		1,970,303	1,937,583
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	3,421,177	3,447,814		1,970,303	1,937,583
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	3,422,573	3,449,182		1,975,402	1,943,248

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



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Loyal American Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Rhode Island

DURING THE YEAR 2020

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 65722

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	14,903				14,903
2. Annuity considerations	38				38
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	14,941				14,941
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	35,067				35,067
10. Matured endowments	1,348				1,348
11. Annuity benefits	18,979				18,979
12. Surrender values and withdrawals for life contracts	156,236				156,236
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals	211,630				211,630
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	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	1	5,025							1	5,025
17. Incurred during current year	9	32,932							9	32,932
Settled during current year:										
18.1 By payment in full	9	35,762							9	35,762
18.2 By payment on compromised claims										
18.3 Totals paid	9	35,762							9	35,762
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	9	35,762							9	35,762
19. Unpaid Dec. 31, current year (16+17-18.6)	1	2,195							1	2,195
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	158	2,800,505	(a)						158	2,800,505
21. Issued during year										
22. Other changes to in force (Net)	(17)	(84,722)							(17)	(84,722)
23. In force December 31 of current year	141	2,715,783	(a)						141	2,715,783

(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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal 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 fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	28,005	28,596		29,460	32,656
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	28,005	28,596		29,460	32,656
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	28,005	28,596		29,460	32,656

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



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Loyal American Life Insurance Company

DIRECT BUSINESS IN THE STATE OF South Carolina

DURING THE YEAR 2020

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 65722

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	358,409				358,409
2. Annuity considerations	1,082				1,082
3. Deposit-type contract funds	1,742	XXX		XXX	1,742
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	361,233				361,233
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	11,258				11,258
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	779				779
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)	12,037				12,037
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)	12,037				12,037
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	262,380				262,380
10. Matured endowments					
11. Annuity benefits	8,659				8,659
12. Surrender values and withdrawals for life contracts	255,856				255,856
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals	526,895				526,895
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	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	7	50,891							7	50,891
17. Incurred during current year	38	281,054							38	281,054
Settled during current year:										
18.1 By payment in full	36	261,225							36	261,225
18.2 By payment on compromised claims										
18.3 Totals paid	36	261,225							36	261,225
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	36	261,225							36	261,225
19. Unpaid Dec. 31, current year (16+17-18.6)	9	70,720							9	70,720
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	1,483	22,144,308	(a)						1,483	22,144,308
21. Issued during year	35	340,500							35	340,500
22. Other changes to in force (Net)	(107)	(1,941,025)							(107)	(1,941,025)
23. In force December 31 of current year	1,411	20,543,783	(a)						1,411	20,543,783

(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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	2,602	2,583		496	412
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)	4,045	4,195		4,235	4,454
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	5,376,694	5,405,974		3,258,088	3,305,818
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	5,376,694	5,405,974		3,258,088	3,305,818
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	5,383,341	5,412,752		3,262,819	3,310,684

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



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Loyal American Life Insurance Company

DIRECT BUSINESS IN THE STATE OF South Dakota

DURING THE YEAR 2020

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 65722

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	33,854				33,854
2. Annuity considerations					
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	33,854				33,854
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	85				85
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)	85				85
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)	85				85
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	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year	1	5,010							1	5,010
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)	1	5,010							1	5,010
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	64	549,556	(a)						64	549,556
21. Issued during year	11	103,000							11	103,000
22. Other changes to in force (Net)	3	15,194							3	15,194
23. In force December 31 of current year	78	667,750	(a)						78	667,750

(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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	3,203	3,204		455	628
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 fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	822,761	819,987		466,344	484,109
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)	822,761	819,987		466,344	484,109
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	825,964	823,191		466,799	484,737

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



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE **Loyal American Life Insurance Company**

DIRECT BUSINESS IN THE STATE OF Tennessee

DURING THE YEAR 2020

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 65722

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	397,969		3,561		401,530
2. Annuity considerations	706				706
3. Deposit-type contract funds	790	XXX		XXX	790
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	399,465		3,561		403,026
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	4,279				4,279
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	40				40
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)	4,319				4,319
Annuities:					
7.1 Paid in cash or left on deposit	121				121
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)	121				121
8. Grand Totals (Lines 6.5 plus 7.4)	4,440				4,440
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	558,081				558,081
10. Matured endowments	8,066				8,066
11. Annuity benefits	99,147				99,147
12. Surrender values and withdrawals for life contracts	194,468				194,468
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals	859,762				859,762
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	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	31	150,753							31	150,753
17. Incurred during current year	92	508,489							92	508,489
Settled during current year:										
18.1 By payment in full	94	555,139							94	555,139
18.2 By payment on compromised claims										
18.3 Totals paid	94	555,139							94	555,139
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	94	555,139							94	555,139
19. Unpaid Dec. 31, current year (16+17-18.6)	29	104,103							29	104,103
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	1,853	22,241,274	(a)		29	335,096			1,882	22,576,370
21. Issued during year	57	664,500							57	664,500
22. Other changes to in force (Net)	(143)	(1,537,534)			(8)	(69,094)			(151)	(1,606,628)
23. In force December 31 of current year	1,767	21,368,240	(a)		21	266,002			1,788	21,634,242

(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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	8,638	8,604		744	2,753
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)	79	94			8
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	9,492,783	9,528,471		5,483,294	5,659,804
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)	9,492,783	9,528,471		5,483,294	5,659,804
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	9,501,500	9,537,169		5,484,038	5,662,565

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



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Loyal American Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Texas

DURING THE YEAR 2020

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 65722

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	964,118		656		964,774
2. Annuity considerations	209				209
3. Deposit-type contract funds	4,572	XXX		XXX	4,572
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	968,899		656		969,555
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	9,462				9,462
6.2 Applied to pay renewal premiums	154				154
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	495				495
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)	10,111				10,111
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)	10,111				10,111
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	528,216				528,216
10. Matured endowments	1,094				1,094
11. Annuity benefits	564,903				564,903
12. Surrender values and withdrawals for life contracts	643,261				643,261
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals	1,737,474				1,737,474
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	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	5	117,143							5	117,143
17. Incurred during current year	54	484,406							54	484,406
Settled during current year:										
18.1 By payment in full	47	522,043							47	522,043
18.2 By payment on compromised claims										
18.3 Totals paid	47	522,043							47	522,043
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	47	522,043							47	522,043
19. Unpaid Dec. 31, current year (16+17-18.6)	12	79,506							12	79,506
POLICY EXHIBIT						No. of Policies				
20. In force December 31, prior year	1,731	17,977,519	(a)		3	103,000			1,734	18,080,519
21. Issued during year	198	1,846,511							198	1,846,511
22. Other changes to in force (Net)	(153)	(2,277,766)			(2)	(53,000)			(155)	(2,330,766)
23. In force December 31 of current year	1,776	17,546,264	(a)		1	50,000			1,777	17,596,264

(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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	3,666,113	3,670,815		1,197,118	1,270,295
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)		18			(35)
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	25,599,913	25,667,253		11,574,877	12,763,327
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)	25,599,913	25,667,253		11,574,877	12,763,327
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	29,266,026	29,338,086		12,771,995	14,033,587

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



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE **Loyal American Life Insurance Company**

DIRECT BUSINESS IN THE STATE OF **Utah**

DURING THE YEAR **2020**

NAIC Group Code **0901**

LIFE INSURANCE

NAIC Company Code **65722**

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	27,487				27,487
2. Annuity considerations	15				15
3. Deposit-type contract funds	120	XXX		XXX	120
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	27,622				27,622
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	720				720
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)	720				720
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)	720				720
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	8,021				8,021
10. Matured endowments					
11. Annuity benefits	89,461				89,461
12. Surrender values and withdrawals for life contracts	97,866				97,866
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals	195,348				195,348
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	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	1	2,757							1	2,757
17. Incurred during current year	1	8,021							1	8,021
Settled during current year:										
18.1 By payment in full	1	8,021							1	8,021
18.2 By payment on compromised claims										
18.3 Totals paid	1	8,021							1	8,021
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	1	8,021							1	8,021
19. Unpaid Dec. 31, current year (16+17-18.6)	1	2,757							1	2,757
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	53	502,627	(a)						53	502,627
21. Issued during year	2	28,000							2	28,000
22. Other changes to in force (Net)	(5)	(63,500)							(5)	(63,500)
23. In force December 31 of current year	50	467,127	(a)						50	467,127

(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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal 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 fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	869,822	865,212		390,956	415,188
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)	869,822	865,212		390,956	415,188
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	869,822	865,212		390,956	415,188

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



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Loyal American Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Vermont

DURING THE YEAR 2020

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 65722

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	92,190				92,190
2. Annuity considerations	363				363
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	92,553				92,553
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	108				108
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)	108				108
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)	108				108
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	52,337				52,337
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts	40,643				40,643
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals	92,980				92,980
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	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	2	10,239							2	10,239
17. Incurred during current year	5	48,363							5	48,363
Settled during current year:										
18.1 By payment in full	6	51,106							6	51,106
18.2 By payment on compromised claims										
18.3 Totals paid	6	51,106							6	51,106
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	6	51,106							6	51,106
19. Unpaid Dec. 31, current year (16+17-18.6)	1	7,496							1	7,496
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	312	8,682,991	(a)						312	8,682,991
21. Issued during year	2	13,000							2	13,000
22. Other changes to in force (Net)	(16)	(365,316)							(16)	(365,316)
23. In force December 31 of current year	298	8,330,675	(a)						298	8,330,675

(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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal 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 fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	3,243,169	3,234,168		1,942,234	1,938,477
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	3,243,169	3,234,168		1,942,234	1,938,477
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	3,243,169	3,234,168		1,942,234	1,938,477

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



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Loyal American Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Virginia

DURING THE YEAR 2020

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 65722

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	228,553		37		228,590
2. Annuity considerations	423				423
3. Deposit-type contract funds	918	XXX		XXX	918
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	229,894		37		229,931
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	22,217				22,217
6.2 Applied to pay renewal premiums	47				47
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	987				987
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)	23,251				23,251
Annuities:					
7.1 Paid in cash or left on deposit	112				112
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)	112				112
8. Grand Totals (Lines 6.5 plus 7.4)	23,363				23,363
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	137,759				137,759
10. Matured endowments	118				118
11. Annuity benefits	138,104				138,104
12. Surrender values and withdrawals for life contracts	114,983				114,983
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals	390,964				390,964
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	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	7	10,393							7	10,393
17. Incurred during current year	24	186,227							24	186,227
Settled during current year:										
18.1 By payment in full	24	136,635							24	136,635
18.2 By payment on compromised claims										
18.3 Totals paid	24	136,635							24	136,635
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	24	136,635							24	136,635
19. Unpaid Dec. 31, current year (16+17-18.6)	7	59,985							7	59,985
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	1,112	13,725,471	(a)						1,112	13,725,471
21. Issued during year	28	273,000							28	273,000
22. Other changes to in force (Net)	(55)	(697,812)			1	3,000			(54)	(694,812)
23. In force December 31 of current year	1,085	13,300,659	(a)		1	3,000			1,086	13,303,659

(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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	1,290	1,291			587
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)	136	136			60
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	1,101,719	1,101,161		606,528	630,118
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)	1,101,719	1,101,161		606,528	630,118
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,103,145	1,102,588		606,528	630,765

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



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE **Loyal American Life Insurance Company**

DIRECT BUSINESS IN THE STATE OF Washington

DURING THE YEAR 2020

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 65722

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	92,862				92,862
2. Annuity considerations					
3. Deposit-type contract funds	783	XXX		XXX	783
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	93,645				93,645
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	2,033				2,033
6.2 Applied to pay renewal premiums	96				96
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	38				38
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)	2,167				2,167
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)	2,167				2,167
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	36,273				36,273
10. Matured endowments					
11. Annuity benefits	169,391				169,391
12. Surrender values and withdrawals for life contracts	396,657				396,657
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals	602,321				602,321
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	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year	6	61,292							6	61,292
Settled during current year:										
18.1 By payment in full	4	35,792							4	35,792
18.2 By payment on compromised claims										
18.3 Totals paid	4	35,792							4	35,792
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	4	35,792							4	35,792
19. Unpaid Dec. 31, current year (16+17-18.6)	2	25,500							2	25,500
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	198	1,781,225	(a)						198	1,781,225
21. Issued during year	14	116,500							14	116,500
22. Other changes to in force (Net)	(5)	(63,132)							(5)	(63,132)
23. In force December 31 of current year	207	1,834,593	(a)						207	1,834,593

(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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	214	214			106
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 fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	40,935,745	41,014,743		30,149,273	29,417,671
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)	40,935,745	41,014,743		30,149,273	29,417,671
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	40,935,959	41,014,957		30,149,273	29,417,777

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



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Loyal American Life Insurance Company

DIRECT BUSINESS IN THE STATE OF West Virginia

DURING THE YEAR 2020

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 65722

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	132,841		48		132,889
2. Annuity considerations	631				631
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	133,472		48		133,520
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	1,836				1,836
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)	1,836				1,836
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)	1,836				1,836
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	178,844				178,844
10. Matured endowments	(2,998)				(2,998)
11. Annuity benefits	240				240
12. Surrender values and withdrawals for life contracts	54,851				54,851
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals	230,937				230,937
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	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	6	50,758							6	50,758
17. Incurred during current year	24	131,116							24	131,116
Settled during current year:										
18.1 By payment in full	26	173,552							26	173,552
18.2 By payment on compromised claims										
18.3 Totals paid	26	173,552							26	173,552
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	26	173,552							26	173,552
19. Unpaid Dec. 31, current year (16+17-18.6)	4	8,322							4	8,322
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	751	9,253,954	(a)		1	500			752	9,254,454
21. Issued during year	9	94,500							9	94,500
22. Other changes to in force (Net)	(46)	(408,248)							(46)	(408,248)
23. In force December 31 of current year	714	8,940,206	(a)		1	500			715	8,940,706

(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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	4,069	4,070		98	1,456
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 fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	1,094,038	1,100,757		428,047	538,628
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	1,094,038	1,100,757		428,047	538,628
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,098,107	1,104,827		428,145	540,084

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



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE **Loyal American Life Insurance Company**

DIRECT BUSINESS IN THE STATE OF Wisconsin

DURING THE YEAR 2020

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 65722

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	52,933				52,933
2. Annuity considerations	15				15
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	52,948				52,948
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	258				258
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	126				126
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)	384				384
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)	384				384
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					
10. Matured endowments					
11. Annuity benefits	145,982				145,982
12. Surrender values and withdrawals for life contracts	80,750				80,750
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals	226,732				226,732
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	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
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	84	1,792,484	(a)						84	1,792,484
21. Issued during year	4	69,000							4	69,000
22. Other changes to in force (Net)	(9)	(107,818)							(9)	(107,818)
23. In force December 31 of current year	79	1,753,666	(a)						79	1,753,666

(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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal 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 fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	1,083,580	1,101,320		478,078	520,842
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	1,083,580	1,101,320		478,078	520,842
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,083,580	1,101,320		478,078	520,842

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



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Loyal American Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Wyoming

DURING THE YEAR 2020

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 65722

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	7,720				7,720
2. Annuity considerations	13				13
3. Deposit-type contract funds	131	XXX		XXX	131
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	7,864				7,864
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	162				162
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)	162				162
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)	162				162
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	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year	1	20,000							1	20,000
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)	1	20,000							1	20,000
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	21	158,996	(a)						21	158,996
21. Issued during year	3	35,000							3	35,000
22. Other changes to in force (Net)	(2)	(500)							(2)	(500)
23. In force December 31 of current year	22	193,496	(a)						22	193,496

(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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	829	829			412
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 fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	387,701	388,146		224,590	228,430
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)	387,701	388,146		224,590	228,430
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	388,530	388,975		224,590	228,842

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



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Loyal American Life Insurance Company

DIRECT BUSINESS IN THE STATE OF American Samoa

DURING THE YEAR 2020

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 65722

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	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal 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 fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)					
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 0 and number of persons
insured under indemnity only products 0



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Loyal American Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Guam
NAIC Group Code 0901

LIFE INSURANCE

DURING THE YEAR 2020
NAIC Company Code 65722

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	883				883
2. Annuity considerations					
3. Deposit-type contract funds	219	XXX		XXX	219
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	1,102				1,102
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	72				72
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)	72				72
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)	72				72
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	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
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	3	43,200	(a)						3	43,200
21. Issued during year										
22. Other changes to in force (Net)	(1)	(25,000)							(1)	(25,000)
23. In force December 31 of current year	2	18,200	(a)						2	18,200

(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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal 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 fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)					
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 products0 and number of persons
insured under indemnity only products0 .



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Loyal American Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Puerto Rico

DURING THE YEAR 2020

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 65722

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	14,703				14,703
2. Annuity considerations					
3. Deposit-type contract funds	202	XXX		XXX	202
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	14,905				14,905
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	489				489
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	43				43
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)	532				532
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)	532				532
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	25,083				25,083
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	25,083				25,083
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	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year	1	25,000							1	25,000
Settled during current year:										
18.1 By payment in full	1	25,000							1	25,000
18.2 By payment on compromised claims										
18.3 Totals paid	1	25,000							1	25,000
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	1	25,000							1	25,000
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	14	635,613	(a)						14	635,613
21. Issued during year										
22. Other changes to in force (Net)	(1)	(24,950)							(1)	(24,950)
23. In force December 31 of current year	13	610,663	(a)						13	610,663

(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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal 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 fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	1,973	1,961		962	999
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)	1,973	1,961		962	999
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,973	1,961		962	999

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



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Loyal American Life Insurance Company

DIRECT BUSINESS IN THE STATE OF U.S. Virgin Islands

DURING THE YEAR 2020

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 65722

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	4,854				4,854
2. Annuity considerations	370				370
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	5,224				5,224
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit .....	.31				.31
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period .....	.75				.75
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)	106				106
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)	106				106
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	13,993				13,993
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	13,993				13,993
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	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year .....	.1	10,000							.1	10,000
17. Incurred during current year .....	.5	40,000							.5	40,000
Settled during current year:										
18.1 By payment in full .....	.2	13,000							.2	13,000
18.2 By payment on compromised claims										
18.3 Totals paid .....	.2	13,000							.2	13,000
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements .....	.2	13,000							.2	13,000
19. Unpaid Dec. 31, current year (16+17-18.6)	4	37,000							4	37,000
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	29	255,665	(a)						29	255,665
21. Issued during year										
22. Other changes to in force (Net)	(2)	(11,609)							(2)	(11,609)
23. In force December 31 of current year	27	244,056	(a)						27	244,056

(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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)	105	105			.46
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	8,146	8,005		3,119	3,335
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	8,146	8,005		3,119	3,335
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	8,251	8,110		3,119	3,381

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



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Loyal American Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Northern Mariana Islands

DURING THE YEAR 2020

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 65722

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	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal 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 fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)					
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 0 and number of persons
insured under indemnity only products 0



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Loyal American Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Canada

DURING THE YEAR 2020

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 65722

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	65				65
2. Annuity considerations					
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	65				65
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	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal 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 fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)					
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 0 and number of persons
insured under indemnity only products 0



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Loyal American Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Other Aliens

DURING THE YEAR 2020

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 65722

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	116,314				116,314
2. Annuity considerations					
3. Deposit-type contract funds	1,226	XXX		XXX	1,226
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	117,540				117,540
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	1,665				1,665
6.2 Applied to pay renewal premiums	279				279
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)	1,944				1,944
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)	1,944				1,944
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts	137,365				137,365
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals	137,365				137,365
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	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year	1	200,000							1	200,000
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)	1	200,000							1	200,000
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year			(a)							
21. Issued during year										
22. Other changes to in force (Net)	(11)	(1,262,900)							(11)	(1,262,900)
23. In force December 31 of current year	(11)	(1,262,900)	(a)						(11)	(1,262,900)

(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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal 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 fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)					
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 0 and number of persons
insured under indemnity only products 0



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Loyal American Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Grand Total

DURING THE YEAR 2020

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 65722

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	7,681,284		29,228		7,710,512
2. Annuity considerations	354,221				354,221
3. Deposit-type contract funds	47,902	XXX		XXX	47,902
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	8,083,407		29,228		8,112,635
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	194,309				194,309
6.2 Applied to pay renewal premiums	3,422				3,422
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	14,396				14,396
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)	212,127				212,127
Annuities:					
7.1 Paid in cash or left on deposit	233				233
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)	233				233
8. Grand Totals (Lines 6.5 plus 7.4)	212,360				212,360
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	7,534,881		10,525		7,545,406
10. Matured endowments	110,753				110,753
11. Annuity benefits	5,585,273				5,585,273
12. Surrender values and withdrawals for life contracts	9,659,207				9,659,207
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals	22,890,114		10,525		22,900,639
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	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	244	1,688,803							244	1,688,803
17. Incurred during current year	940	8,024,683			1	10,500			941	8,035,183
Settled during current year:										
18.1 By payment in full	890	7,503,505			1	10,500			891	7,514,005
18.2 By payment on compromised claims										
18.3 Totals paid	890	7,503,505			1	10,500			891	7,514,005
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	890	7,503,505			1	10,500			891	7,514,005
19. Unpaid Dec. 31, current year (16+17-18.6)	294	2,209,981							294	2,209,981
POLICY EXHIBIT						No. of Policies				
20. In force December 31, prior year	27,990	387,048,808	(a)		1,860	2,740,916			29,850	389,789,724
21. Issued during year	1,060	10,584,133							1,060	10,584,133
22. Other changes to in force (Net)	(2,168)	(28,980,298)			(21)	(266,854)			(2,189)	(29,247,152)
23. In force December 31 of current year	26,882	368,652,643	(a)		1,839	2,474,062			28,721	371,126,705

(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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	4,711,453	4,616,622		1,650,199	1,506,095
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)	16,480	16,587		8,028	7,804
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	295,346,427	295,893,883		180,220,080	183,121,873
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)	295,346,427	295,893,883		180,220,080	183,121,873
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	300,074,360	300,527,092		181,878,307	184,635,772

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

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Loyal American Life Insurance Company

FORM FOR CALCULATING THE INTEREST MAINTENANCE RESERVE

INTEREST MAINTENANCE RESERVE		1 Amount
1. Reserve as of December 31, Prior Year		487,252
2. Current year's realized pre-tax capital gains/(losses) of \$(36,761) transferred into the reserve net of taxes of \$(7,720)		(29,041)
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)		458,211
5. Current year's amortization released to Summary of Operations (Amortization, Line 1, Column 4)		418,248
6. Reserve as of December 31, current year (Line 4 minus Line 5)		39,963

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	430,323	(12,075)		418,248
2. 2021	241,209	(5,640)		235,569
3. 2022	54,624	(4,885)		49,739
4. 2023	(39,554)	(3,561)		(43,115)
5. 2024	(36,116)	(2,160)		(38,276)
6. 2025	(29,785)	(720)		(30,505)
7. 2026	(26,304)			(26,304)
8. 2027	(23,860)			(23,860)
9. 2028	(23,110)			(23,110)
10. 2029	(27,340)			(27,340)
11. 2030	(27,650)			(27,650)
12. 2031	(20,310)			(20,310)
13. 2032	(11,023)			(11,023)
14. 2033	(1,899)			(1,899)
15. 2034	4,232			4,232
16. 2035	6,575			6,575
17. 2036	7,074			7,074
18. 2037	4,958			4,958
19. 2038	2,717			2,717
20. 2039	1,695			1,695
21. 2040	763			763
22. 2041	74			74
23. 2042	(42)			(42)
24. 2043				
25. 2044				
26. 2045				
27. 2046				
28. 2047				
29. 2048				
30. 2049				
31. 2050 and Later				
32. Total (Lines 1 to 31)	487,251	(29,041)		458,210

ASSET VALUATION RESERVE

	Default Component			Equity Component			7 Total Amount (Cols. 3 + 6)
	1 Other Than Mortgage Loans	2 Mortgage Loans	3 Total (Cols. 1 + 2)	4 Common Stock	5 Real Estate and Other Invested Assets	6 Total (Cols. 4 + 5)	
1. Reserve as of December 31, prior year	2,013,331		2,013,331				2,013,331
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	497,642		497,642				497,642
8. Accumulated balances (Lines 1 through 5 - 6 + 7)	2,510,973		2,510,973				2,510,973
9. Maximum reserve	2,537,770		2,537,770				2,537,770
10. Reserve objective	1,508,491		1,508,491				1,508,491
11. 20% of (Line 10 - Line 8)	(200,496)		(200,496)				(200,496)
12. Balance before transfers (Lines 8 + 11)	2,310,477		2,310,477				2,310,477
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)	2,310,477		2,310,477				2,310,477

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

Line Num- ber	NAIC Desig- nation	Description	1	2	3	4	Basic Contribution		Reserve Objective		Maximum Reserve	
			Book/Adjusted Carrying Value	Reclassify Related Party Encumbrances	Add Third Party Encumbrances	Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	5	6	7	8	9	10
							Factor	Amount (Cols.4 x 5)	Factor	Amount (Cols. 4 x 7)	Factor	Amount (Cols. 4 x 9)
LONG-TERM BONDS												
1.		Exempt Obligations	4,099,191	XXX	XXX	4,099,191	0.0000		0.0000		0.0000	
2.1	1	NAIC Designation Category 1.A	3,013,735	XXX	XXX	3,013,735	0.0005	1,507	0.0016	4,822	0.0033	9,945
2.2	1	NAIC Designation Category 1.B	2,797,218	XXX	XXX	2,797,218	0.0005	1,399	0.0016	4,476	0.0033	9,231
2.3	1	NAIC Designation Category 1.C	5,187,731	XXX	XXX	5,187,731	0.0005	2,594	0.0016	8,300	0.0033	17,120
2.4	1	NAIC Designation Category 1.D	2,230,608	XXX	XXX	2,230,608	0.0005	1,115	0.0016	3,569	0.0033	7,361
2.5	1	NAIC Designation Category 1.E	13,897,962	XXX	XXX	13,897,962	0.0005	6,949	0.0016	22,237	0.0033	45,863
2.6	1	NAIC Designation Category 1.F	28,072,149	XXX	XXX	28,072,149	0.0005	14,036	0.0016	44,915	0.0033	92,638
2.7	1	NAIC Designation Category 1.G	23,800,952	XXX	XXX	23,800,952	0.0005	11,900	0.0016	38,082	0.0033	78,543
2.8		Subtotal NAIC 1 (2.1+2.2+2.3+2.4+2.5+2.6+2.7)	79,000,355	XXX	XXX	79,000,355	XXX	39,500	XXX	126,401	XXX	260,701
3.1	2	NAIC Designation Category 2.A	68,712,941	XXX	XXX	68,712,941	0.0021	144,297	0.0064	439,763	0.0106	728,357
3.2	2	NAIC Designation Category 2.B	96,983,545	XXX	XXX	96,983,545	0.0021	203,665	0.0064	620,695	0.0106	1,028,026
3.3	2	NAIC Designation Category 2.C	29,169,665	XXX	XXX	29,169,665	0.0021	61,256	0.0064	186,686	0.0106	309,198
3.4		Subtotal NAIC 2 (3.1+3.2+3.3)	194,866,151	XXX	XXX	194,866,151	XXX	409,219	XXX	1,247,143	XXX	2,065,581
4.1	3	NAIC Designation Category 3.A	2,017,051	XXX	XXX	2,017,051	0.0099	19,969	0.0263	53,048	0.0376	75,841
4.2	3	NAIC Designation Category 3.B	1,998,919	XXX	XXX	1,998,919	0.0099	19,789	0.0263	52,572	0.0376	75,159
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)	4,015,970	XXX	XXX	4,015,970	XXX	39,758	XXX	105,620	XXX	151,000
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)	281,981,667	XXX	XXX	281,981,667	XXX	488,477	XXX	1,479,164	XXX	2,477,283
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	

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

Line Num- ber	NAIC Desig- nation	Description	1	2	3	4	Basic Contribution		Reserve Objective		Maximum Reserve	
			Book/Adjusted Carrying Value	Reclassify Related Party Encumbrances	Add Third Party Encumbrances	Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	5	6	7	8	9	10
							Factor	Amount (Cols.4 x 5)	Factor	Amount (Cols. 4 x 7)	Factor	Amount (Cols. 4 x 9)
SHORT-TERM BONDS												
18.		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	18,329,496	XXX	XXX	18,329,496	0.0005	9,165	0.0016	29,327	0.0033	60,487
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)	18,329,496	XXX	XXX	18,329,496	XXX	9,165	XXX	29,327	XXX	60,487
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)	18,329,496	XXX	XXX	18,329,496	XXX	9,165	XXX	29,327	XXX	60,487
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)	300,311,163	XXX	XXX	300,311,163	XXX	497,642	XXX	1,508,491	XXX	2,537,770

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

Line Num- ber	NAIC Desig- nation	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)
		MORTGAGE LOANS										
		In Good Standing:										
35.		Farm Mortgages - CM1 - Highest Quality			XXX		0.0011		0.0057		0.0074	
36.		Farm Mortgages - CM2 - High Quality			XXX		0.0040		0.0114		0.0149	
37.		Farm Mortgages - CM3 - Medium Quality			XXX		0.0069		0.0200		0.0257	
38.		Farm Mortgages - CM4 - Low Medium Quality			XXX		0.0120		0.0343		0.0428	
39.		Farm Mortgages - CM5 - Low Quality			XXX		0.0183		0.0486		0.0628	
40.		Residential Mortgages - Insured or Guaranteed			XXX		0.0003		0.0007		0.0011	
41.		Residential Mortgages - All Other			XXX		0.0015		0.0034		0.0046	
42.		Commercial Mortgages - Insured or Guaranteed			XXX		0.0003		0.0007		0.0011	
43.		Commercial Mortgages - All Other - CM1 - Highest Quality			XXX		0.0011		0.0057		0.0074	
44.		Commercial Mortgages - All Other - CM2 - High Quality			XXX		0.0040		0.0114		0.0149	
45.		Commercial Mortgages - All Other - CM3 - Medium Quality			XXX		0.0069		0.0200		0.0257	
46.		Commercial Mortgages - All Other - CM4 - Low Medium Quality			XXX		0.0120		0.0343		0.0428	
47.		Commercial Mortgages - All Other - CM5 - Low Quality			XXX		0.0183		0.0486		0.0628	
		Overdue, Not in Process:										
48.		Farm Mortgages			XXX		0.0480		0.0868		0.1371	
49.		Residential Mortgages - Insured or Guaranteed			XXX		0.0006		0.0014		0.0023	
50.		Residential Mortgages - All Other			XXX		0.0029		0.0066		0.0103	
51.		Commercial Mortgages - Insured or Guaranteed			XXX		0.0006		0.0014		0.0023	
52.		Commercial Mortgages - All Other			XXX		0.0480		0.0868		0.1371	
		In Process of Foreclosure:										
53.		Farm Mortgages			XXX		0.0000		0.1942		0.1942	
54.		Residential Mortgages - Insured or Guaranteed			XXX		0.0000		0.0046		0.0046	
55.		Residential Mortgages - All Other			XXX		0.0000		0.0149		0.0149	
56.		Commercial Mortgages - Insured or Guaranteed			XXX		0.0000		0.0046		0.0046	
57.		Commercial Mortgages - All Other			XXX		0.0000		0.1942		0.1942	
58.		Total Schedule B Mortgages (Sum of Lines 35 through 57)			XXX		XXX		XXX		XXX	
59.		Schedule DA Mortgages			XXX		0.0034		0.0114		0.0149	
60.		Total Mortgage Loans on Real Estate (Lines 58 + 59)			XXX		XXX		XXX		XXX	

ASSET VALUATION RESERVE
BASIC CONTRIBUTION, RESERVE OBJECTIVE AND MAXIMUM RESERVE CALCULATIONS
EQUITY AND OTHER INVESTED ASSET COMPONENT

Line Num- ber	NAIC Desig- nation	Description	1	2	3	4	Basic Contribution		Reserve Objective		Maximum Reserve	
			Book/Adjusted Carrying Value	Reclassify Related Party Encumbrances	Add Third Party Encumbrances	Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	5	6	7	8	9	10
							Factor	Amount (Cols.4 x 5)	Factor	Amount (Cols. 4 x 7)	Factor	Amount (Cols. 4 x 9)
COMMON STOCK												
1.		Unaffiliated - Public		XXX	XXX		0.0000		0.1580 (a)		0.1580 (a)	
2.		Unaffiliated - Private		XXX	XXX		0.0000		0.1945		0.1945	
3.		Federal Home Loan Bank		XXX	XXX		0.0000		0.0061		0.0097	
4.		Affiliated - Life with AVR	84,547,835	XXX	XXX	84,547,835	0.0000		0.0000		0.0000	
Affiliated - Investment Subsidiary:												
5.		Fixed Income - Exempt Obligations					XXX		XXX		XXX	
6.		Fixed Income - Highest Quality					XXX		XXX		XXX	
7.		Fixed Income - High Quality					XXX		XXX		XXX	
8.		Fixed Income - Medium Quality					XXX		XXX		XXX	
9.		Fixed Income - Low Quality					XXX		XXX		XXX	
10.		Fixed Income - Lower Quality					XXX		XXX		XXX	
11.		Fixed Income - In/Near Default					XXX		XXX		XXX	
12.		Unaffiliated Common Stock - Public					0.0000		0.1580 (a)		0.1580 (a)	
13.		Unaffiliated Common Stock - Private					0.0000		0.1945		0.1945	
14.		Real Estate					(b)		(b)		(b)	
15.		Affiliated - Certain Other (See SVO Purposes and Procedures Manual)		XXX	XXX		0.0000		0.1580		0.1580	
16.		Affiliated - All Other		XXX	XXX		0.0000		0.1945		0.1945	
17.		Total Common Stock (Sum of Lines 1 through 16)	84,547,835			84,547,835	XXX		XXX		XXX	
REAL ESTATE												
18.		Home Office Property (General Account only)					0.0000		0.0912		0.0912	
19.		Investment Properties					0.0000		0.0912		0.0912	
20.		Properties Acquired in Satisfaction of Debt					0.0000		0.1337		0.1337	
21.		Total Real Estate (Sum of Lines 18 through 20)					XXX		XXX		XXX	
OTHER INVESTED ASSETS												
INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF BONDS												
22.		Exempt Obligations		XXX	XXX		0.0000		0.0000		0.0000	
23.	1	Highest Quality		XXX	XXX		0.0005		0.0016		0.0033	
24.	2	High Quality		XXX	XXX		0.0021		0.0064		0.0106	
25.	3	Medium Quality		XXX	XXX		0.0099		0.0263		0.0376	
26.	4	Low Quality		XXX	XXX		0.0245		0.0572		0.0817	
27.	5	Lower Quality		XXX	XXX		0.0630		0.1128		0.1880	
28.	6	In or Near Default		XXX	XXX		0.0000		0.2370		0.2370	
29.		Total with Bond Characteristics (Sum of Lines 22 through 28)		XXX	XXX		XXX		XXX		XXX	

ASSET VALUATION RESERVE (Continued)
BASIC CONTRIBUTION, RESERVE OBJECTIVE AND MAXIMUM RESERVE CALCULATIONS
EQUITY AND OTHER INVESTED ASSET COMPONENT

Line Number	NAIC Designation	Description	1	2	3	4	Basic Contribution		Reserve Objective		Maximum Reserve	
			Book/Adjusted Carrying Value	Reclassify Related Party Encumbrances	Add Third Party Encumbrances	Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	5	6	7	8	9	10
							Factor	Amount (Cols.4 x 5)	Factor	Amount (Cols. 4 x 7)	Factor	Amount (Cols. 4 x 9)
		INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF PREFERRED STOCKS										
30.	1	Highest Quality		XXX	XXX		0.0005		0.0016		0.0033	
31.	2	High Quality		XXX	XXX		0.0021		0.0064		0.0106	
32.	3	Medium Quality		XXX	XXX		0.0099		0.0263		0.0376	
33.	4	Low Quality		XXX	XXX		0.0245		0.0572		0.0817	
34.	5	Lower Quality		XXX	XXX		0.0630		0.1128		0.1880	
35.	6	In or Near Default		XXX	XXX		0.0000		0.2370		0.2370	
36.		Affiliated Life with AVR		XXX	XXX		0.0000		0.0000		0.0000	
37.		Total with Preferred Stock Characteristics (Sum of Lines 30 through 36)		XXX	XXX		XXX		XXX		XXX	
		INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF MORTGAGE LOANS										
		In Good Standing Affiliated:										
38.		Mortgages - CM1 - Highest Quality			XXX		0.0011		0.0057		0.0074	
39.		Mortgages - CM2 - High Quality			XXX		0.0040		0.0114		0.0149	
40.		Mortgages - CM3 - Medium Quality			XXX		0.0069		0.0200		0.0257	
41.		Mortgages - CM4 - Low Medium Quality			XXX		0.0120		0.0343		0.0428	
42.		Mortgages - CM5 - Low Quality			XXX		0.0183		0.0486		0.0628	
43.		Residential Mortgages - Insured or Guaranteed			XXX		0.0003		0.0007		0.0011	
44.		Residential Mortgages - All Other		XXX	XXX		0.0015		0.0034		0.0046	
45.		Commercial Mortgages - Insured or Guaranteed			XXX		0.0003		0.0007		0.0011	
		Overdue, Not in Process Affiliated:										
46.		Farm Mortgages			XXX		0.0480		0.0868		0.1371	
47.		Residential Mortgages - Insured or Guaranteed			XXX		0.0006		0.0014		0.0023	
48.		Residential Mortgages - All Other			XXX		0.0029		0.0066		0.0103	
49.		Commercial Mortgages - Insured or Guaranteed			XXX		0.0006		0.0014		0.0023	
50.		Commercial Mortgages - All Other			XXX		0.0480		0.0868		0.1371	
		In Process of Foreclosure Affiliated:										
51.		Farm Mortgages			XXX		0.0000		0.1942		0.1942	
52.		Residential Mortgages - Insured or Guaranteed			XXX		0.0000		0.0046		0.0046	
53.		Residential Mortgages - All Other			XXX		0.0000		0.0149		0.0149	
54.		Commercial Mortgages - Insured or Guaranteed			XXX		0.0000		0.0046		0.0046	
55.		Commercial Mortgages - All Other			XXX		0.0000		0.1942		0.1942	
56.		Total Affiliated (Sum of Lines 38 through 55)			XXX		XXX		XXX		XXX	
57.		Unaffiliated - In Good Standing With Covenants			XXX		(c)		(c)		(c)	
58.		Unaffiliated - In Good Standing Defeased With Government Securities			XXX		0.0011		0.0057		0.0074	
59.		Unaffiliated - In Good Standing Primarily Senior			XXX		0.0040		0.0114		0.0149	
60.		Unaffiliated - In Good Standing All Other			XXX		0.0069		0.0200		0.0257	
61.		Unaffiliated - Overdue, Not in Process			XXX		0.0480		0.0868		0.1371	
62.		Unaffiliated - In Process of Foreclosure			XXX		0.0000		0.1942		0.1942	
63.		Total Unaffiliated (Sum of Lines 57 through 62)			XXX		XXX		XXX		XXX	
64.		Total with Mortgage Loan Characteristics (Lines 56 + 63)			XXX		XXX		XXX		XXX	

ASSET VALUATION RESERVE (Continued)
BASIC CONTRIBUTION, RESERVE OBJECTIVE AND MAXIMUM RESERVE CALCULATIONS
EQUITY AND OTHER INVESTED ASSET COMPONENT

Line Num- ber	NAIC Desig- nation	Description	1	2	3	4	Basic Contribution		Reserve Objective		Maximum Reserve	
			Book/Adjusted Carrying Value	Reclassify Related Party Encumbrances	Add Third Party Encumbrances	Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	5	6	7	8	9	10
							Factor	Amount (Cols. 4 x 5)	Factor	Amount (Cols. 4 x 7)	Factor	Amount (Cols. 4 x 9)
INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF COMMON STOCK												
65.		Unaffiliated Public		XXX	XXX		0.0000		0.1580 (a)		0.1580 (a)	
66.		Unaffiliated Private		XXX	XXX		0.0000		0.1945		0.1945	
67.		Affiliated Life with AVR		XXX	XXX		0.0000		0.0000		0.0000	
68.		Affiliated Certain Other (See SVO Purposes & Procedures Manual)		XXX	XXX		0.0000		0.1580		0.1580	
69.		Affiliated Other - All Other		XXX	XXX		0.0000		0.1945		0.1945	
70.		Total with Common Stock Characteristics (Sum of Lines 65 through 69)		XXX	XXX		XXX		XXX		XXX	
INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF REAL ESTATE												
71.		Home Office Property (General Account only)					0.0000		0.0912		0.0912	
72.		Investment Properties					0.0000		0.0912		0.0912	
73.		Properties Acquired in Satisfaction of Debt					0.0000		0.1337		0.1337	
74.		Total with Real Estate Characteristics (Sum of Lines 71 through 73)					XXX		XXX		XXX	
LOW INCOME HOUSING TAX CREDIT INVESTMENTS												
75.		Guaranteed Federal Low Income Housing Tax Credit					0.0003		0.0006		0.0010	
76.		Non-guaranteed Federal Low Income Housing Tax Credit					0.0063		0.0120		0.0190	
77.		Guaranteed State Low Income Housing Tax Credit					0.0003		0.0006		0.0010	
78.		Non-guaranteed State Low Income Housing Tax Credit					0.0063		0.0120		0.0190	
79.		All Other Low Income Housing Tax Credit					0.0273		0.0600		0.0975	
80.		Total LIHTC (Sum of Lines 75 through 79)					XXX		XXX		XXX	
ALL OTHER INVESTMENTS												
81.		NAIC 1 Working Capital Finance Investments		XXX			0.0000		0.0042		0.0042	
82.		NAIC 2 Working Capital Finance Investments		XXX			0.0000		0.0137		0.0137	
83.		Other Invested Assets - Schedule BA		XXX			0.0000		0.1580		0.1580	
84.		Other Short-Term Invested Assets - Schedule DA		XXX			0.0000		0.1580		0.1580	
85.		Total All Other (Sum of Lines 81, 82, 83 and 84)		XXX			XXX		XXX		XXX	
86.		Total Other Invested Assets - Schedules BA & DA (Sum of Lines 29, 37, 64, 70, 74, 80 and 85)					XXX		XXX		XXX	

(a) Times the company's weighted average portfolio beta (Minimum .1215, Maximum .2431).
(b) Determined using the same factors and breakdowns used for directly owned real estate.
(c) This will be the factor associated with the risk category determined in the company generated worksheet.

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

Schedule F - Claims
N O N E

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Loyal American Life Insurance Company

SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT

	Total		Group Accident and Health		Credit Accident and Health (Group and Individual)		Collectively Renewable		Other Individual Contracts									
									Non-Cancelable		Guaranteed Renewable		Non-Renewable for Stated Reasons Only		Other Accident Only		All Other	
	1 Amount	2 %	3 Amount	4 %	5 Amount	6 %	7 Amount	8 %	9 Amount	10 %	11 Amount	12 %	13 Amount	14 %	15 Amount	16 %	17 Amount	18 %
PART 1. - ANALYSIS OF UNDERWRITING OPERATIONS																		
1. Premiums written	369,866,130	XXX	1,658,313	XXX		XXX	274,591	XXX	411,048	XXX	367,280,078	XXX	224,061	XXX		XXX	18,039	XXX
2. Premiums earned	370,460,828	XXX	1,663,256	XXX		XXX	277,939	XXX	426,397	XXX	367,844,540	XXX	229,403	XXX		XXX	19,293	XXX
3. Incurred claims	229,763,368	62.0	626,310	37.7			162,011	58.3	537,717	126.1	228,294,191	62.1	83,283	36.3			59,857	310.3
4. Cost containment expenses	421,083	0.1									421,083	0.1						
5. Incurred claims and cost containment expenses (Lines 3 and 4)	230,184,451	62.1	626,310	37.7			162,011	58.3	537,717	126.1	228,715,274	62.2	83,283	36.3			59,857	310.3
6. Increase in contract reserves	13,721,261	3.7	837,205	50.3			(22,546)	(8.1)	(244,786)	(57.4)	13,157,567	3.6	(748)	(0.3)			(5,431)	(28.2)
7. Commissions (a)	47,768,243	12.9	169,895	10.2			(13,764)	(5.0)	24,214	5.7	47,586,353	12.9	736	0.3			809	4.2
8. Other general insurance expenses	42,112,209	11.4	151,247	9.1			56,256	20.2	60,597	14.2	41,753,638	11.4	84,635	36.9			5,836	30.2
9. Taxes, licenses and fees	9,628,359	2.6	117,427	7.1			1,262	0.5			9,509,623	2.6	47	0.0				
10. Total other expenses incurred	99,508,811	26.9	438,569	26.4			43,754	15.7	84,811	19.9	98,849,614	26.9	85,418	37.2			6,645	34.4
11. Aggregate write-ins for deductions	212,535	0.1	2,067	0.1			(143)	(0.1)	182	0.0	210,216	0.1	195	0.1			18	0.1
12. Gain from underwriting before dividends or refunds	26,833,769	7.2	(240,895)	(14.5)			94,864	34.1	48,472	11.4	26,911,869	7.3	61,255	26.7			(41,795)	(216.6)
13. Dividends or refunds																		
14. Gain from underwriting after dividends or refunds	26,833,769	7.2	(240,895)	(14.5)			94,864	34.1	48,472	11.4	26,911,869	7.3	61,255	26.7			(41,795)	(216.6)
DETAILS OF WRITE-INS																		
1101. Increase in Loading	88,833	0.0	1,625	0.1			(306)	(0.1)			87,562	0.0	(48)	0.0				
1102. Penalties	120,430	0.0	433	0.0			161	0.1	173	0.0	119,404	0.0	242	0.1			17	0.1
1103. Express Script Rebates	3,273	0.0	9	0.0			2	0.0	8	0.0	3,252	0.0	1	0.0			1	0.0
1198. Summary of remaining write-ins for Line 11 from overflow page	(1)	0.0							1	0.0	(2)	0.0						
1199. Totals (Lines 1101 thru 1103 plus 1198)(Line 11 above)	212,535	0.1	2,067	0.1			(143)	(0.1)	182	0.0	210,216	0.1	195	0.1			18	0.1

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

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Loyal American Life Insurance Company

SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT (Continued)

	1	2	3	4	Other Individual Contracts				
					5	6	7	8	9
	Total	Group Accident and Health	Credit Accident and Health (Group and Individual)	Collectively Renewable	Non-Cancelable	Guaranteed Renewable	Non-Renewable for Stated Reasons Only	Other Accident Only	All Other
PART 2. - RESERVES AND LIABILITIES									
A. Premium Reserves:									
1. Unearned premiums	11,059,272	62,085		16,735	48,618	10,878,749	50,443		2,642
2. Advance premiums	3,174,754	18,739		6,491	1,946	3,145,915	1,516		146
3. Reserve for rate credits									
4. Total premium reserves, current year	14,234,025	80,825		23,225	50,564	14,024,664	51,959		2,788
5. Total premium reserves, prior year	15,439,496	89,837		27,163	67,119	15,192,554	58,577		4,246
6. Increase in total premium reserves	(1,205,471)	(9,012)		(3,938)	(16,555)	(1,167,890)	(6,618)		(1,458)
B. Contract Reserves:									
1. Additional reserves (a)	144,841,344	8,619,299		107,097	720,873	135,378,681	2,992		12,402
2. Reserve for future contingent benefits									
3. Total contract reserves, current year	144,841,344	8,619,299		107,097	720,873	135,378,681	2,992		12,402
4. Total contract reserves, prior year	131,120,083	7,782,094		129,643	965,659	122,221,114	3,740		17,833
5. Increase in contract reserves	13,721,261	837,205		(22,546)	(244,786)	13,157,567	(748)		(5,431)
C. Claim Reserves and Liabilities:									
1. Total current year	56,389,496	440,805		36,729	5,172,439	50,493,019	44,929		201,574
2. Total prior year	54,515,909	544,070		42,730	6,118,911	47,569,156	41,060		199,982
3. Increase	1,873,587	(103,265)		(6,001)	(946,472)	2,923,863	3,869		1,592

PART 3. - TEST OF PRIOR YEAR'S CLAIM RESERVES AND LIABILITIES									
1. Claims paid during the year:									
1.1 On claims incurred prior to current year	37,366,651	130,174		22,120	1,454,497	35,668,863	33,197		57,800
1.2 On claims incurred during current year	190,523,131	599,401		145,891	29,693	189,701,465	46,216		465
2. Claim reserves and liabilities, December 31, current year:									
2.1 On claims incurred prior to current year	14,794,698	63,058		3,320	4,490,777	10,043,148	3,790		190,606
2.2 On claims incurred during current year	41,594,797	377,747		33,410	681,662	40,449,872	41,139		10,968
3. Test:									
3.1 Lines 1.1 and 2.1	52,161,349	193,232		25,439	5,945,274	45,712,010	36,987		248,406
3.2 Claim reserves and liabilities, December 31, prior year	54,515,909	544,070		42,730	6,118,911	47,569,156	41,060		199,982
3.3 Line 3.1 minus Line 3.2	(2,354,560)	(350,838)		(17,291)	(173,637)	(1,857,146)	(4,073)		48,424

PART 4. - REINSURANCE									
A. Reinsurance Assumed:									
1. Premiums written	81,441,498	1,609,495		257,957	411,048	78,920,898	224,061		18,039
2. Premiums earned	82,037,405	1,614,234		260,854	426,397	79,487,224	229,403		19,293
3. Incurred claims	51,717,017	520,415		150,187	563,781	50,339,952	82,825		59,857
4. Commissions	7,085,452	168,840		(15,238)	24,214	6,906,091	736		809
B. Reinsurance Ceded:									
1. Premiums written	12,104,079	4,571,816				7,532,264			
2. Premiums earned	12,103,427	4,568,192				7,535,234			
3. Incurred claims	6,589,223	1,407,560		448		5,181,215			
4. Commissions	2,261,435	1,087,906				1,173,529			

(a) Includes \$ premium deficiency reserve.

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Loyal American Life Insurance Company

SCHEDULE H - PART 5 - HEALTH CLAIMS

	1 Medical	2 Dental	3 Other	4 Total
A. Direct:				
1. Incurred Claims			184,635,009	184,635,009
2. Beginning Claim Reserves and Liabilities			35,918,407	35,918,407
3. Ending Claim Reserves and Liabilities			38,675,189	38,675,189
4. Claims Paid			181,878,227	181,878,227
B. Assumed Reinsurance:				
5. Incurred Claims.....	102,665	106,072	51,508,121	51,716,858
6. Beginning Claim Reserves and Liabilities	48,137	13,495	20,598,778	20,660,410
7. Ending Claim Reserves and Liabilities	55,270	12,389	19,751,630	19,819,289
8. Claims Paid	95,532	107,178	52,355,269	52,557,979
C. Ceded Reinsurance:				
9. Incurred Claims.....			6,589,221	6,589,221
10. Beginning Claim Reserves and Liabilities			4,283,820	4,283,820
11. Ending Claim Reserves and Liabilities			3,843,626	3,843,626
12. Claims Paid			7,029,415	7,029,415
D. Net:				
13. Incurred Claims.....	102,665	106,072	229,553,909	229,762,646
14. Beginning Claim Reserves and Liabilities	48,137	13,495	52,233,365	52,294,997
15. Ending Claim Reserves and Liabilities	55,270	12,389	54,583,193	54,650,852
16. Claims Paid	95,532	107,178	227,204,081	227,406,791
E. Net Incurred Claims and Cost Containment Expenses:				
17. Incurred Claims and Cost Containment Expenses	102,665	106,072	229,974,992	230,183,729
18. Beginning Reserves and Liabilities	48,137	13,495	52,334,179	52,395,811
19. Ending Reserves and Liabilities	55,270	12,389	54,623,886	54,691,545
20. Paid Claims and Cost Containment Expenses	95,532	107,178	227,685,285	227,887,995

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Loyal American Life Insurance Company

SCHEDULE S - PART 1 - SECTION 1

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsured	5 Domiciliary Jurisdiction	6 Type of Reinsurance Assumed	7 Type of Business Assumed	8 Amount of In Force at End of Year	9 Reserve	10 Premiums	11 Reinsurance Payable on Paid and Unpaid Losses	12 Modified Coinsurance Reserve	13 Funds Withheld Under Coinsurance
0399999. Total General Account - U.S. Affiliates												
0699999. Total General Account - Non-U.S. Affiliates												
0799999. Total General Account - Affiliates												
86231	39-0989781	10/20/1978	Transamerica Life Insurance Company	IA	CO/I	OL	1,538,744	728,656	18,277			
0899999. General Account - U.S. Non-Affiliates							1,538,744	728,656	18,277			
1099999. Total General Account - Non-Affiliates							1,538,744	728,656	18,277			
1199999. Total General Account							1,538,744	728,656	18,277			
1499999. Total Separate Accounts - U.S. Affiliates												
1799999. Total Separate Accounts - Non-U.S. Affiliates												
1899999. Total Separate Accounts - Affiliates												
2199999. Total Separate Accounts - Non-Affiliates												
2299999. Total Separate Accounts												
2399999. Total U.S. (Sum of 0399999, 0899999, 1499999 and 1999999)							1,538,744	728,656	18,277			
2499999. Total Non-U.S. (Sum of 0699999, 0999999, 1799999 and 2099999)												
9999999 - Totals							1,538,744	728,656	18,277			

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Loyal American Life Insurance Company

SCHEDULE S - PART 1 - SECTION 2

Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Effective Date	Name of Reinsured	Domiciliary Jurisdiction	Type of Reinsurance Assumed	Type of Business Assumed	Premiums	Unearned Premiums	Reserve Liability Other Than for Unearned Premiums	Reinsurance Payable on Paid and Unpaid Losses	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
0399999. Total - U.S. Affiliates												
0699999. Total - Non-U.S. Affiliates												
0799999. Total - Affiliates												
66044	46-0164570	01/01/1994	Midland National Life	IA	OTH/I	LTD I	88					
66044	46-0164570	01/01/1994	Midland National Life	IA	OTH/I	SD	8,107		35	4,470		
63312	13-1935920	08/31/2012	Great American Life Insurance Comapny	OH	OTH/I	A	931	272	4,160	111		
63312	13-1935920	08/31/2012	Great American Life Insurance Comapny	OH	OTH/I	LTD I	3,339	1,867	46,183	1,420		
63312	13-1935920	08/31/2012	Great American Life Insurance Comapny	OH	OTH/I	MS	2,877,267	111,439	1,028,245	227,799		
63312	13-1935920	08/31/2012	Great American Life Insurance Comapny	OH	OTH/I	OM	1,953	525	18,629	743		
66583	39-0493780	11/15/2017	National Guardian Life Insurance Company	WI	OTH/I	MS	8,349,702	116,479		884,556		
71404	47-0463747	08/31/2012	Continental General Insurance Company	TX	OTH/I	A	598,951	50,870	307,505	62,727		
71404	47-0463747	08/31/2012	Continental General Insurance Company	TX	OTH/I	CMM	116,877	13,249	83,351	55,270		
71404	47-0463747	08/31/2012	Continental General Insurance Company	TX	OTH/I	D	154,710	10,557		11,244		
71404	47-0463747	08/31/2012	Continental General Insurance Company	TX	OTH/I	LTD I	1,144,821	139,599	10,724,981	766,045		
71404	47-0463747	08/31/2012	Continental General Insurance Company	TX	OTH/I	MS	38,725,830	3,373,978	6,131,091	2,768,062		
71404	47-0463747	08/31/2012	Continental General Insurance Company	TX	OTH/I	OM	226,892	20,760	379,972	106,721		
71404	47-0463747	08/31/2012	Continental General Insurance Company	TX	OTH/I	SD	27,611,560	1,255,253	94,372,587	8,685,592		
71404	47-0463747	08/31/2012	Continental General Insurance Company	TX	OTH/I	STM	34,626	3,549	190,140	14,307		
71404	47-0463747	08/31/2012	Continental General Insurance Company	TX	OTH/G	D	64,145	374		1,145		
71404	47-0463747	08/31/2012	Continental General Insurance Company	TX	OTH/G	MS	400,139	9,706	13,162	27,241		
71404	47-0463747	08/31/2012	Continental General Insurance Company	TX	OTH/G	OM	39,680	735	17,018	13,929		
71404	47-0463747	08/31/2012	Continental General Insurance Company	TX	OTH/G	LTD I	(40)					
71404	47-0463747	08/31/2012	Continental General Insurance Company	TX	OTH/G	SD	1,105,571	49,086	8,500,530	256,677		
0899999. U.S. Non-Affiliates							81,465,149	5,158,298	121,817,589	13,888,059		
1099999. Total - Non-Affiliates							81,465,149	5,158,298	121,817,589	13,888,059		
1199999. Total U.S. (Sum of 0399999 and 0899999)							81,465,149	5,158,298	121,817,589	13,888,059		
1299999. Total Non-U.S. (Sum of 0699999 and 0999999)												
9999999 - Totals							81,465,149	5,158,298	121,817,589	13,888,059		

SCHEDULE S - PART 2

[illegible]

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Loyal American Life Insurance Company

SCHEDULE S - PART 3 - SECTION 1

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domi- ciliary Juris- diction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Amount in Force at End of Year	Reserve Credit Taken		11 Premiums	Outstanding Surplus Relief		14 Modified Coinsurance Reserve	15 Funds Withheld Under Coinsurance
								9	10		12	13		
								Current Year	Prior Year		Current Year	Prior Year		
0399999. Total General Account - Authorized U.S. Affiliates														
0699999. Total General Account - Authorized Non-U.S. Affiliates														
0799999. Total General Account - Authorized Affiliates														
86231	39-0989781	04/24/1975	Transamerica Life Insurance Company	IA	YRT/I	QL	1,615,527	49,340	53,043	102,733				
93572	43-1235868	06/01/1989	RGA Insurance Company	MO	YRT/I	QL	85,338	21	20	503				
93572	43-1235868	12/15/1989	RGA Insurance Company	MO	YRT/I	QL	39,500	528	626	852				
93572	43-1235868	09/01/1986	RGA Insurance Company	MO	YRT/I	QL	33,334	319	292	793				
60895	35-0145825	05/01/1980	American United Life Insurance Company	IN	CO/I	QL	360,000	11,060	10,222	17,840				
60895	35-0145825	03/01/1965	American United Life Insurance Company	IN	YRT/I	QL	4,823	304	304	639				
60895	35-0145825	02/14/1962	American United Life Insurance Company	IN	YRT/I	QL	11,362	3,773	3,923	875				
88099	75-1608507	01/01/1975	Optimum Re Insurance Company	TX	YRT/I	QL	12,395	70	190	271				
86258	13-2572994	02/01/1990	General Re Life Corporation	CT	YRT/I	QL	9,933	7	7	171				
86258	13-2572994	12/15/1989	General Re Life Corporation	CT	YRT/I	QL	39,500	528	626	852				
86258	13-2572994	11/22/1966	General Re Life Corporation	CT	YRT/I	QL	8,000	173	158					
86258	13-2572994	02/12/1965	General Re Life Corporation	CT	YRT/I	QL	535,456	20,431	19,214	31,865				
68276	48-1024691	07/01/1983	Employers Reassurance Corporation	KS	YRT/I	QL	101,956	779	49	1,077				
68276	48-1024691	07/01/1983	Employers Reassurance Corporation	KS	YRT/I	QL	120,734	10,135	80,264	(316,199)				
68276	48-1024691	10/01/1986	Employers Reassurance Corporation	KS	CO/I	QL	33,333	319	292	899				
91472	63-0782739	05/17/1972	Globe Life & Accident Insurance Company	NE	CO/I	QL	1,926,131	1,294,912	1,325,839	35,597				
86258	13-2572994	05/01/1984	General Re Life Corporation	CT	CO/I	QL	2,436,570	2,168,226	2,073,340	342,669				
82627	06-0839705	04/01/1984	Swiss Re Life & Health America Inc	MO	CO/I	QL				(23,661)				
82627	06-0839705	04/01/1982	Swiss Re Life & Health America Inc	MO	YRT/I	QL	427,425	20,844	16,817	18,137				
82627	06-0839705	11/01/2000	Swiss Re Life & Health America Inc	MO	OTH/I	QL				7,417				
88099	75-1608507	09/01/1980	Optimum Re Insurance Company	TX	CO/I	QL	200,000	93,400	89,400	5,644				
88099	75-1608507	12/31/1985	Optimum Re Insurance Company	TX	CO/I	QL	1,000,000	23,122	22,449	409				
88099	75-1608507	12/31/1966	Optimum Re Insurance Company	TX	YRT/I	QL				(934)				
88099	75-1608507	10/15/1980	Optimum Re Insurance Company	TX	YRT/I	QL	386,396	2,740	2,812	16,402				
87572	23-2038295	03/01/1980	Scottish Re (US) Inc	DE	CO/I	QL	10,000	417	419	843				
87572	23-2038295	10/01/1981	Scottish Re (US) Inc	DE	YRT/I	QL	23,675	36	38	862				
87572	23-2038295	01/01/1969	Scottish Re (US) Inc	DE	YRT/I	QL	116,409	3,899	3,280	3,941				
88340	59-2859797	11/01/1991	Hannover Life Reassurance Company Of America	FL	YRT/I	QL	3,636,616	2,935	2,939	69,888				
88340	59-2859797	07/01/1983	Hannover Life Reassurance Company Of America	FL	YRT/I	QL	1,773,735	1,048	980	25,985				
88340	59-2859797	07/01/1983	Hannover Life Reassurance Company Of America	FL	YRT/I	QL		495	447	14,760				
88340	59-2859797	04/01/1996	Hannover Life Reassurance Company Of America	FL	CO/I	QL	196,012	610	581	1,221				
64688	75-6020048	06/01/1989	SCOR Global Life Americas Reinsurance Company	DE	YRT/I	QL	75,405	14	13	855				
64688	75-6020048	09/01/1986	SCOR Global Life Americas Reinsurance Company	DE	YRT/I	QL	33,334	319	292	290				
64688	75-6020048	08/01/1987	SCOR Global Life Americas Reinsurance Company	DE	YRT/I	QL	42,795	69	84	564				
64688	75-6020048	06/01/1991	SCOR Global Life Americas Reinsurance Company	DE	YRT/I	QL	2,141,905	1,645	1,651	39,152				
88099	75-1608507	03/01/1976	Optimum Re Insurance Company	TX	YRT/I	QL	34,567	177	177	445				
88099	75-1608507	04/19/1976	Optimum Re Insurance Company	TX	CO/I	QL								
82627	06-0839705	07/01/1981	Swiss Re Life & Health America Inc	MO	YRT/I	QL	186,716	468	433	1,641				
88099	75-1608507	03/01/2002	Optimum Re Insurance Company	TX	CO/I	XXXL	13,034,160	279,899	334,640	16,110				
88340	59-2859797	03/01/2002	Hannover Life Reassurance Company Of America	FL	CO/I	XXXL	17,378,881	373,199	446,187	21,480				
93572	43-1235868	03/01/2002	RGA Reinsurance Company	MO	CO/I	XXXL	4,344,721	186,599	223,094	10,740				
68713	84-0499703	03/01/2002	Security Life of Denver Insurance Company	CO	CO/I	XXXL	8,689,440	93,300	111,547	5,370				
63312	13-1935920	08/31/2012	Great American Life Insurance Company	OH	CO/I	QL	275,817,633	104,596,538	108,871,902	3,225,427				
63312	13-1935920	08/31/2012	Great American Life Insurance Company	OH	CO/I	FA		91,341,957	96,904,203	283,127				
63312	13-1935920	01/01/2007	Great American Life Insurance Company	OH	CO/I	JA		17,889,579	20,037,761	71,094				
0899999. General Account - Authorized U.S. Non-Affiliates								336,923,717	218,474,234	230,642,463	4,038,646			
1099999. Total General Account - Authorized Non-Affiliates								336,923,717	218,474,234	230,642,463	4,038,646			
1199999. Total General Account Authorized								336,923,717	218,474,234	230,642,463	4,038,646			
1499999. Total General Account - Unauthorized U.S. Affiliates														
1799999. Total General Account - Unauthorized Non-U.S. Affiliates														
1899999. Total General Account - Unauthorized Affiliates														
2199999. Total General Account - Unauthorized Non-Affiliates														

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Loyal American Life Insurance Company

SCHEDULE S - PART 3 - SECTION 1

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domi- ciliary Juris- diction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Amount in Force at End of Year	Reserve Credit Taken		11 Premiums	Outstanding Surplus Relief		14 Modified Coinsurance Reserve	15 Funds Withheld Under Coinsurance
								9	10		12	13		
								Current Year	Prior Year		Current Year	Prior Year		
2299999.			Total General Account Unauthorized											
2599999.			Total General Account - Certified U.S. Affiliates											
2899999.			Total General Account - Certified Non-U.S. Affiliates											
2999999.			Total General Account - Certified Affiliates											
3299999.			Total General Account - Certified Non-Affiliates											
3399999.			Total General Account Certified											
3699999.			Total General Account - Reciprocal Jurisdiction U.S. Affiliates											
3999999.			Total General Account - Reciprocal Jurisdiction Non-U.S. Affiliates											
4099999.			Total General Account - Reciprocal Jurisdiction Affiliates											
4399999.			Total General Account - Reciprocal Jurisdiction Non-Affiliates											
4499999.			Total General Account Reciprocal Jurisdiction											
4599999.			Total General Account Authorized, Unauthorized, Reciprocal Jurisdiction, and Certified				336,923,717	218,474,234	230,642,463	4,038,646				
4899999.			Total Separate Accounts - Authorized U.S. Affiliates											
5199999.			Total Separate Accounts - Authorized Non-U.S. Affiliates											
5299999.			Total Separate Accounts - Authorized Affiliates											
5599999.			Total Separate Accounts - Authorized Non-Affiliates											
5699999.			Total Separate Accounts Authorized											
5999999.			Total Separate Accounts - Unauthorized U.S. Affiliates											
6299999.			Total Separate Accounts - Unauthorized Non-U.S. Affiliates											
6399999.			Total Separate Accounts - Unauthorized Affiliates											
6699999.			Total Separate Accounts - Unauthorized Non-Affiliates											
6799999.			Total Separate Accounts Unauthorized											
7099999.			Total Separate Accounts - Certified U.S. Affiliates											
7399999.			Total Separate Accounts - Certified Non-U.S. Affiliates											
7499999.			Total Separate Accounts - Certified Affiliates											
7799999.			Total Separate Accounts - Certified Non-Affiliates											
7899999.			Total Separate Accounts Certified											
8199999.			Total Separate Accounts - Reciprocal Jurisdiction U.S. Affiliates											
8499999.			Total Separate Accounts - Reciprocal Jurisdiction Non-U.S. Affiliates											
8599999.			Total Separate Accounts - Reciprocal Jurisdiction Affiliates											
8899999.			Total Separate Accounts - Reciprocal Jurisdiction Non-Affiliates											
8999999.			Total Separate Accounts Reciprocal Jurisdiction											
9099999.			Total Separate Accounts Authorized, Unauthorized, Reciprocal Jurisdiction and Certified											
9199999.			Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3699999, 0899999, 1499999, 1999999, 2599999, 3099999, 3699999, 4199999, 4899999, 5399999, 5999999, 6499999, 7099999, 7599999, 8199999 and 8699999)				336,923,717	218,474,234	230,642,463	4,038,646				
9299999.			Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2899999, 3199999, 3999999, 4299999, 5199999, 5499999, 6299999, 6599999, 7399999, 7699999, 8499999 and 8799999)											
9999999.			Totals				336,923,717	218,474,234	230,642,463	4,038,646				

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Loyal American Life Insurance Company

SCHEDULE S - PART 3 - SECTION 2

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domi- ciliary Juris- diction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Premiums	9 Unearned Premiums (Estimated)	10 Reserve Credit Taken Other than for Unearned Premiums	Outstanding Surplus Relief		13 Modified Coinsurance Reserve	14 Funds Withheld Under Coinsurance
										11 Current Year	12 Prior Year		
0399999.	Total General Account - Authorized U.S. Affiliates												
0699999.	Total General Account - Authorized Non-U.S. Affiliates												
0799999.	Total General Account - Authorized Affiliates												
99724	73-1155182	06/01/2008	LifeShield National Insurance Company	OK	OTH/G	LTDI	8,655	27					
99724	73-1155182	06/01/2008	LifeShield National Insurance Company	OK	OTH/G	OM	942,404	4,661	684,153				
99724	73-1155182	06/01/2008	LifeShield National Insurance Company	OK	OTH/G	SD	3,620,757	22,556	923,475				
99724	73-1155182	06/01/2008	LifeShield National Insurance Company	OK	OTH/I	A	1,255,203	33,822	662,764				
99724	73-1155182	06/01/2008	LifeShield National Insurance Company	OK	OTH/I	LTDI	112,031	3,997	53,449				
99724	73-1155182	06/01/2008	LifeShield National Insurance Company	OK	OTH/I	OM	1,605,676	34,427	4,048,864				
99724	73-1155182	06/01/2008	LifeShield National Insurance Company	OK	OTH/I	SD	4,460,757	106,804	8,154,765				
71404	47-0463747	01/01/2009	Continental General Insurance Company	TX	OTH/I	LTDI	98,596	23,516	1,840,973				
62308	06-0303370	01/01/1984	Connecticut General Life Insurance Co	CT	OTH/I	A							
0899999.	General Account - Authorized U.S. Non-Affiliates						12,104,079	229,810	16,368,443				
00000	AA-1122000	07/01/2019	Lloyds of London	GBR	CAT/G	OM	6,828						
00000	AA-1122000	07/01/2019	Lloyds of London	GBR	CAT/G	A	7,554						
0999999.	General Account - Authorized Non-U.S. Non-Affiliates						14,382						
1099999.	Total General Account - Authorized Non-Affiliates						12,118,461	229,810	16,368,443				
1199999.	Total General Account Authorized						12,118,461	229,810	16,368,443				
1499999.	Total General Account - Unauthorized U.S. Affiliates												
1799999.	Total General Account - Unauthorized Non-U.S. Affiliates												
1899999.	Total General Account - Unauthorized Affiliates												
2199999.	Total General Account - Unauthorized Non-Affiliates												
2299999.	Total General Account Unauthorized												
2599999.	Total General Account - Certified U.S. Affiliates												
2899999.	Total General Account - Certified Non-U.S. Affiliates												
2999999.	Total General Account - Certified Affiliates												
3299999.	Total General Account - Certified Non-Affiliates												
3399999.	Total General Account Certified												
3699999.	Total General Account - Reciprocal Jurisdiction U.S. Affiliates												
3999999.	Total General Account - Reciprocal Jurisdiction Non-U.S. Affiliates												
4099999.	Total General Account - Reciprocal Jurisdiction Affiliates												
4399999.	Total General Account - Reciprocal Jurisdiction Non-Affiliates												
4499999.	Total General Account Reciprocal Jurisdiction												
4599999.	Total General Account Authorized, Unauthorized, Reciprocal Jurisdiction and Certified						12,118,461	229,810	16,368,443				
4899999.	Total Separate Accounts - Authorized U.S. Affiliates												
5199999.	Total Separate Accounts - Authorized Non-U.S. Affiliates												
5299999.	Total Separate Accounts - Authorized Affiliates												
5599999.	Total Separate Accounts - Authorized Non-Affiliates												
5699999.	Total Separate Accounts Authorized												
5999999.	Total Separate Accounts - Unauthorized U.S. Affiliates												
6299999.	Total Separate Accounts - Unauthorized Non-U.S. Affiliates												
6399999.	Total Separate Accounts - Unauthorized Affiliates												
6699999.	Total Separate Accounts - Unauthorized Non-Affiliates												
6799999.	Total Separate Accounts Unauthorized												
7099999.	Total Separate Accounts - Certified U.S. Affiliates												
7399999.	Total Separate Accounts - Certified Non-U.S. Affiliates												
7499999.	Total Separate Accounts - Certified Affiliates												
7799999.	Total Separate Accounts - Certified Non-Affiliates												
7899999.	Total Separate Accounts Certified												
8199999.	Total Separate Accounts - Reciprocal Jurisdiction U.S. Affiliates												
8499999.	Total Separate Accounts - Reciprocal Jurisdiction Non-U.S. Affiliates												
8599999.	Total Separate Accounts - Reciprocal Jurisdiction Affiliates												
8899999.	Total Separate Accounts - Reciprocal Jurisdiction Non-Affiliates												

SCHEDULE S - PART 3 - SECTION 2

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domi- ciliary Juris- diction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Premiums	9 Unearned Premiums (Estimated)	10 Reserve Credit Taken Other than for Unearned Premiums	Outstanding Surplus Relief		13 Modified Coinsurance Reserve	14 Funds Withheld Under Coinsurance
										11 Current Year	12 Prior Year		
8999999. Total Separate Accounts Reciprocal Jurisdiction													
9099999. Total Separate Accounts Authorized, Unauthorized, Reciprocal Jurisdiction and Certified													
9199999. Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3699999, 4199999, 4899999, 5399999, 5999999, 6499999, 7099999, 7599999, 8199999 and 8699999)							12,104,079	229,810	16,368,443				
9299999. Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2899999, 3199999, 3999999, 4299999, 5199999, 5499999, 6299999, 6599999, 7399999, 7699999, 8499999 and 8799999)							14,382						
9999999 - Totals							12,118,461	229,810	16,368,443				

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

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

	1 2020	2 2019	3 2018	4 2017	5 2016
A. OPERATIONS ITEMS					
1. Premiums and annuity considerations for life and accident and health contracts	16,157	17,989	20,279	22,089	22,800
2. Commissions and reinsurance expense allowances	2,334	2,796	3,962	4,002	5,101
3. Contract claims	18,416	20,793	21,849	21,513	19,778
4. Surrender benefits and withdrawals for life contracts					
5. Dividends to policyholders and refunds to members					
6. Reserve adjustments on reinsurance ceded					
7. Increase in aggregate reserve for life and accident and health contracts					
B. BALANCE SHEET ITEMS					
8. Premiums and annuity considerations for life and accident and health contracts deferred and uncollected	1,040	1,197	1,314	1,490	1,505
9. Aggregate reserves for life and accident and health contracts	235,072	247,175	265,366	285,759	289,587
10. Liability for deposit-type contracts	9,640	9,191	9,483	10,139	10,320
11. Contract claims unpaid	7,159	7,706	8,049	8,495	9,236
12. Amounts recoverable on reinsurance	1,818	2,256	2,443	2,937	3,012
13. Experience rating refunds due or unpaid					
14. Policyholders' dividends and refunds to members (not included in Line 10)					
15. Commissions and reinsurance expense allowances due					
16. Unauthorized reinsurance offset					
17. Offset for reinsurance with Certified Reinsurers					
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
18. Funds deposited by and withheld from (F)					
19. Letters of credit (L)					
20. Trust agreements (T)					
21. Other (O)					
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
22. Multiple Beneficiary Trust					
23. Funds deposited by and withheld from (F)					
24. Letters of credit (L)					
25. Trust agreements (T)					
26. Other (O)					

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit for Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	379,877,054		379,877,054
2. Reinsurance (Line 16)	2,487,290	(2,487,290)	
3. Premiums and considerations (Line 15)	(773,555)	1,039,938	266,383
4. Net credit for ceded reinsurance	XXX	234,039,366	234,039,366
5. All other admitted assets (balance)	29,859,679		29,859,679
6. Total assets excluding Separate Accounts (Line 26)	411,450,468	232,592,015	644,042,483
7. Separate Account assets (Line 27)			
8. Total assets (Line 28)	411,450,468	232,592,015	644,042,483
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
9. Contract reserves (Lines 1 and 2)	167,614,285	225,432,699	393,046,984
10. Liability for deposit-type contracts (Line 3)	62		62
11. Claim reserves (Line 4)	48,075,407	7,159,316	55,234,723
12. Policyholder dividends/member refunds/reserves (Lines 5 through 7)			
13. Premium & annuity considerations received in advance (Line 8)	3,177,797		3,177,797
14. Other contract liabilities (Line 9)	1,516,079		1,516,079
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)	31,046,042		31,046,042
20. Total liabilities excluding Separate Accounts (Line 26)	251,429,672	232,592,015	484,021,686
21. Separate Account liabilities (Line 27)			
22. Total liabilities (Line 28)	251,429,672	232,592,015	484,021,686
23. Capital & surplus (Line 38)	160,020,796	XXX	160,020,796
24. Total liabilities, capital & surplus (Line 39)	411,450,468	232,592,015	644,042,482
NET CREDIT FOR CEDED REINSURANCE			
25. Contract reserves	225,432,699		
26. Claim reserves	7,159,316		
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	2,487,290		
32. Other ceded reinsurance recoverables			
33. Total ceded reinsurance recoverables	235,079,305		
34. Premiums and considerations	1,039,938		
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	1,039,938		
41. Total net credit for ceded reinsurance	234,039,366		

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

Allocated by States and Territories

			Direct Business Only					
			1	2	3	4	5	6
States, Etc.			Life (Group and Individual)	Annuities (Group and Individual)	Disability Income (Group and Individual)	Long-Term Care (Group and Individual)	Deposit-Type Contracts	Totals
1.	Alabama	AL	457,240	2,669	10,906		108	470,923
2.	Alaska	AK	3,593	8				3,601
3.	Arizona	AZ	47,014	53	3,444		1,218	51,729
4.	Arkansas	AR	223,104	217	2,862		162	226,345
5.	California	CA	136,650	841	39,570	1,830	1,267	180,158
6.	Colorado	CO	53,961	34	302	12,399	489	67,185
7.	Connecticut	CT	29,798	30	5,465			35,293
8.	Delaware	DE	20,614	23				20,637
9.	District of Columbia	DC	9,276	8				9,284
10.	Florida	FL	349,607	77,822	6,299	5,933	676	440,337
11.	Georgia	GA	350,048	135	1,618	15,350	2,373	369,524
12.	Hawaii	HI	7,817	23			818	8,658
13.	Idaho	ID	27,588					27,588
14.	Illinois	IL	306,343	294	1,503	1,567		309,707
15.	Indiana	IN	294,982	497	282		541	296,302
16.	Iowa	IA	81,163		2,710		257	84,130
17.	Kansas	KS	136,387	222,963	1,601	4,002	65	365,018
18.	Kentucky	KY	218,123	112	1,303		210	219,748
19.	Louisiana	LA	215,513	165	9,094		141	224,913
20.	Maine	ME	53,762	297	195			54,254
21.	Maryland	MD	87,473	461	107		1,944	89,985
22.	Massachusetts	MA	53,576	233			420	54,229
23.	Michigan	MI	126,714	771			96	127,581
24.	Minnesota	MN	32,378	22,834			53	55,265
25.	Mississippi	MS	253,978	2,589	160		300	257,027
26.	Missouri	MO	191,186	308	1,056	10,070		202,620
27.	Montana	MT	572	8				580
28.	Nebraska	NE	47,832			1,899	4,288	54,019
29.	Nevada	NV	40,877	8	157		4,789	45,831
30.	New Hampshire	NH	12,087	8				12,095
31.	New Jersey	NJ	162,811	2,511			325	165,647
32.	New Mexico	NM	48,395	23			118	48,536
33.	New York	NY	10,033	13,531			351	23,915
34.	North Carolina	NC	469,471	426	7,389	14,988	16,007	508,281
35.	North Dakota	ND	3,908					3,908
36.	Ohio	OH	213,466	99	3,076		58	216,699
37.	Oklahoma	OK	125,127	137				125,264
38.	Oregon	OR	46,278	45			26	46,349
39.	Pennsylvania	PA	216,807	173	4,661		99	221,740
40.	Rhode Island	RI	14,903	38	107			15,048
41.	South Carolina	SC	358,409	1,082	2,144		1,742	363,377
42.	South Dakota	SD	33,854					33,854
43.	Tennessee	TN	401,530	706	2,386	4,492	790	409,904
44.	Texas	TX	964,774	209	19,176		4,572	988,731
45.	Utah	UT	27,487	15	350		120	27,972
46.	Vermont	VT	92,190	363				92,553
47.	Virginia	VA	228,590	423	109		918	230,040
48.	Washington	WA	92,862			2,040	783	95,685
49.	West Virginia	WV	132,889	631				133,520
50.	Wisconsin	WI	52,933	15		8,040		60,988
51.	Wyoming	WY	7,720	13	604		131	8,468
52.	American Samoa	AS						
53.	Guam	GU	883				219	1,102
54.	Puerto Rico	PR	14,703				202	14,905
55.	U.S. Virgin Islands	VI	4,854	370				5,224
56.	Northern Mariana Islands	MP						
57.	Canada	CAN	65					65
58.	Aggregate Other Alien	OT	116,314				1,226	117,540
59.	Total		7,710,512	354,221	128,636	82,610	47,902	8,323,881

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Loyal American 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 Location	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 Ownership Provide Percen-tage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Y/N)	*
0901	Cigna Group		00-000000				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	IA	Benefit Management Corp.	Ownership	95.000	Cigna Corporation	N	
0901	Cigna Group		26-2201582				Allegiance Provider Direct, LLC	MT	NIA	Benefit Management Corp.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		20-3851464				Allegiance Re, Inc.	MT	IA	Benefit Management Corp.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group	88366	59-2760189				American Retirement Life Insurance Company	OH	DS	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				AristaMD, 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				Berewick Apartments LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	85.000	Cigna Corporation	N	
0901	Cigna Group		43-1815573				Biopartners in Care, Inc.	MO	NIA	Accredo Health, Incorporated	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		06-1522976				Blodgett & Hazard Limited	GBR	NIA	Cigna Re Corporation	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group	10095	52-2259087				Bravo Health Mid-Atlantic, Inc.	MD	IA	NewQuest Management Northeast, LLC	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group	11524	52-2363406				Bravo Health Pennsylvania, Inc.	PA	IA	NewQuest Management Northeast, LLC	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		27-1713977				Brighter, Inc.	DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		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	IA	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, LLC	Ownership	100.000	Cigna Corporation	N	

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 Location	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 Percen-tage	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	

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 Location	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 Ownership Provide Per-centage	Ultimate Controlling Entity(ies)/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-AQ 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		83-2993316				CG-Muller 550 Winchester, LLC	.DE	NIA	CARING Century Plaza Investor LLC	Ownership.....	90.000	Cigna Corporation	..N	
.0901	Cigna Group		45-5499889				CG Seventh Street, LLC	.DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership.....	87.500	Cigna Corporation	..N	
.0901	Cigna Group		82-1280312				CG/Wood Alta 601, LLC	.DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership.....	90.000	Cigna Corporation	..N	
.0901	Cigna Group		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 LTDA	.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 Life Insurance Company Limited	.CHN	NIA	Cigna & CMB Life Insurance Company Limited	Ownership.....	100.000	Cigna Corporation	..N	
.0901	Cigna Group		00-0000000				Cigna & CMB Health Services Company, Ltd. ....	.CHN	NIA	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	

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.0901	Cigna Group	95380	59-2676987				Cigna Dental Health Of Delaware, Inc.	DE	IA	Cigna Dental Health, Inc.	Ownership.....	100.000	Cigna Corporation	.N	
.0901	Cigna Group	52021	59-1611217				Cigna Dental Health Of Florida, Inc.	FL	IA	Cigna Dental Health, Inc.	Ownership.....	100.000	Cigna Corporation	.N	
.0901	Cigna Group		06-1351097				Cigna Dental Health of Illinois, Inc.	IL	NIA	Cigna Dental Health, Inc.	Ownership.....	100.000	Cigna Corporation	.N	
.0901	Cigna Group	52024	59-2625350				Cigna Dental Health Of Kansas, Inc.	KS	IA	Cigna Dental Health, Inc.	Ownership.....	100.000	Cigna Corporation	.N	
.0901	Cigna Group	52108	59-2619589				Cigna Dental Health Of Kentucky, Inc.	KY	IA	Cigna Dental Health, Inc.	Ownership.....	100.000	Cigna Corporation	.N	
.0901	Cigna Group	48119	20-2844020				Cigna Dental Health Of Maryland, Inc.	MD	IA	Cigna Dental Health, Inc.	Ownership.....	100.000	Cigna Corporation	.N	
.0901	Cigna Group	11160	06-1582068				Cigna Dental Health Of Missouri, Inc.	MO	IA	Cigna Dental Health, Inc.	Ownership.....	100.000	Cigna Corporation	.N	
.0901	Cigna Group	11167	59-2308062				Cigna Dental Health Of New Jersey, Inc.	NJ	IA	Cigna Dental Health, Inc.	Ownership.....	100.000	Cigna Corporation	.N	
.0901	Cigna Group	95179	56-1803464				Cigna Dental Health Of North Carolina, Inc.	NC	IA	Cigna Dental Health, Inc.	Ownership.....	100.000	Cigna Corporation	.N	
.0901	Cigna Group	47805	59-2579774				Cigna Dental Health Of Ohio, Inc.	OH	IA	Cigna Dental Health, Inc.	Ownership.....	100.000	Cigna Corporation	.N	
.0901	Cigna Group	47041	52-1220578				Cigna Dental Health Of Pennsylvania, Inc.	PA	IA	Cigna Dental Health, Inc.	Ownership.....	100.000	Cigna Corporation	.N	
.0901	Cigna Group	95037	59-2676977				Cigna Dental Health Of Texas, Inc.	TX	IA	Cigna Dental Health, Inc.	Ownership.....	100.000	Cigna Corporation	.N	
.0901	Cigna Group	52617	52-2188914				Cigna Dental Health Of Virginia, Inc.	VA	IA	Cigna Dental Health, Inc.	Ownership.....	100.000	Cigna Corporation	.N	
.0901	Cigna Group	47013	86-0807222				Cigna Dental Health Plan Of Arizona, Inc.	AZ	IA	Cigna Dental Health, Inc.	Ownership.....	100.000	Cigna Corporation	.N	
.0901	Cigna Group		59-2308055				Cigna Dental Health, Inc.	FL	NIA	Connecticut General Corporation	Ownership.....	100.000	Cigna Corporation	.N	
.0901	Cigna Group		58-1136865				Cigna Direct Marketing Company, Inc.	DE	NIA	Connecticut General Corporation	Ownership.....	100.000	Cigna Corporation	.N	
.0901	Cigna Group		98-1155943				Cigna Elmwood Holdings, SPRL	BEL	NIA	Cigna Myrtle Holdings, Ltd.	Ownership.....	100.000	Cigna Corporation	.N	
.0901	Cigna Group		00-0000000				Cigna Europe Insurance Company S.A.-N.V.	BEL	IA	Cigna Beechwood Holdings	Ownership.....	99.999	Cigna Corporation	.N	
.0901	Cigna Group		00-0000000				Cigna European Services (UK) Limited	GBR	NIA	Cigna Elmwood Holdings, SPRL	Ownership.....	100.000	Cigna Corporation	.N	
.0901	Cigna Group		62-1724116				Cigna Federal Benefits, Inc.	DE	NIA	Connecticut General Corporation	Ownership.....	100.000	Cigna Corporation	.N	
.0901	Cigna Group		00-0000000				Cigna Finans Emeklilik Ve Hayat A.S.	TUR	NIA	Cigna Nederland Gamma, B.V.	Ownership.....	51.000	Cigna Corporation	.N	
.0901	Cigna Group		51-0389196				Cigna Global Holdings, Inc.	DE	NIA	Cigna Holdings, Inc.	Ownership.....	100.000	Cigna Corporation	.N	
.0901	Cigna Group		68-0676638				Cigna Global Insurance Company Limited	GGY	IA	Cigna Holdings Overseas, Inc.	Ownership.....	99.990	Cigna Corporation	.N	
.0901	Cigna Group		98-0210110				Cigna Global Reinsurance Company, Ltd.	BMU	IA	Cigna Global Holdings, Inc.	Ownership.....	100.000	Cigna Corporation	.N	
.0901	Cigna Group						Cigna Global Wellbeing Holdings Limited	GBR	NIA	Connecticut General Corporation	Ownership.....	70.000	Cigna Corporation	.N	
.0901	Cigna Group						Cigna Global Wellbeing Solutions Limited	GBR	NIA	Cigna Global Wellbeing Holdings Limited	Ownership.....	100.000	Cigna Corporation	.N	
							Connecticut General Life Insurance Company								
.0901	Cigna Group	67369	59-1031071				Cigna Health and Life Insurance Company	CT	UDP		Ownership.....	100.000	Cigna Corporation	.N	
.0901	Cigna Group		62-1312478				Cigna Health Corporation	DE	NIA	Connecticut General Corporation	Ownership.....	100.000	Cigna Corporation	.N	
.0901	Cigna Group		23-1728483				Cigna Health Management, Inc.	DE	NIA	Connecticut General Corporation	Ownership.....	100.000	Cigna Corporation	.N	
.0901	Cigna Group		00-0000000				Cigna Health Solution India Pvt. Ltd.	IND	NIA	Cigna Holdings Overseas, Inc.	Ownership.....	99.900	Cigna Corporation	.N	
.0901	Cigna Group		23-2741293				Cigna Healthcare Benefits, Inc.	DE	NIA	Connecticut General Corporation	Ownership.....	100.000	Cigna Corporation	.N	
.0901	Cigna Group		84-0985843				Cigna Healthcare Holdings, Inc.	CO	NIA	Connecticut General Corporation	Ownership.....	100.000	Cigna Corporation	.N	
.0901	Cigna Group	95599	52-1404350				Cigna HealthCare Mid-Atlantic, Inc.	MD	NIA	Healthsource, Inc.	Ownership.....	100.000	Cigna Corporation	.N	
.0901	Cigna Group	95125	86-0334392				Cigna HealthCare of Arizona, Inc.	AZ	IA	Healthsource, Inc.	Ownership.....	100.000	Cigna Corporation	.N	
.0901	Cigna Group		95-3310115				Cigna HealthCare of California, Inc.	CA	NIA	Healthsource, Inc.	Ownership.....	100.000	Cigna Corporation	.N	
.0901	Cigna Group	95604	84-1004500				Cigna HealthCare of Colorado, Inc.	CO	IA	Healthsource, Inc.	Ownership.....	100.000	Cigna Corporation	.N	
.0901	Cigna Group	95660	06-1141174				Cigna HealthCare of Connecticut, Inc.	CT	IA	Healthsource, Inc.	Ownership.....	100.000	Cigna Corporation	.N	
.0901	Cigna Group	95136	59-2089259				Cigna HealthCare of Florida, Inc.	FL	IA	Healthsource, Inc.	Ownership.....	100.000	Cigna Corporation	.N	
.0901	Cigna Group	96229	58-1641057				Cigna HealthCare of Georgia, Inc.	GA	IA	Healthsource, Inc.	Ownership.....	100.000	Cigna Corporation	.N	
.0901	Cigna Group	95602	36-3385638				Cigna HealthCare of Illinois, Inc.	IL	IA	Healthsource, Inc.	Ownership.....	100.000	Cigna Corporation	.N	
.0901	Cigna Group	95525	35-1679172				Cigna HealthCare of Indiana, Inc.	IN	IA	Healthsource, Inc.	Ownership.....	100.000	Cigna Corporation	.N	
.0901	Cigna Group	95477	01-0418220				Cigna HealthCare of Maine, Inc.	ME	NIA	Healthsource, Inc.	Ownership.....	100.000	Cigna Corporation	.N	
.0901	Cigna Group	95220	02-0402111				Cigna HealthCare of Massachusetts, Inc.	MA	NIA	Healthsource, Inc.	Ownership.....	100.000	Cigna Corporation	.N	
.0901	Cigna Group	95493	02-0387749				Cigna HealthCare of New Hampshire, Inc.	NH	IA	Healthsource, Inc.	Ownership.....	100.000	Cigna Corporation	.N	
.0901	Cigna Group	95500	22-2720890				Cigna HealthCare of New Jersey, Inc.	NJ	IA	Healthsource, Inc.	Ownership.....	100.000	Cigna Corporation	.N	
.0901	Cigna Group	95132	56-1479515				Cigna HealthCare of North Carolina, Inc.	NC	IA	Healthsource, Inc.	Ownership.....	100.000	Cigna Corporation	.N	
.0901	Cigna Group	95121	23-2301807				Cigna HealthCare of Pennsylvania, Inc.	PA	NIA	Healthsource, Inc.	Ownership.....	100.000	Cigna Corporation	.N	
.0901	Cigna Group	95708	06-1185590				Cigna HealthCare of South Carolina, Inc.	SC	IA	Healthsource, Inc.	Ownership.....	100.000	Cigna Corporation	.N	
.0901	Cigna Group	95635	36-3359925				Cigna HealthCare of St. Louis, Inc.	MO	IA	Healthsource, Inc.	Ownership.....	100.000	Cigna Corporation	.N	
.0901	Cigna Group	95606	62-1218053				Cigna HealthCare of Tennessee, Inc.	TN	IA	Healthsource, Inc.	Ownership.....	100.000	Cigna Corporation	.N	
.0901	Cigna Group	95383	74-2767437				Cigna HealthCare of Texas, Inc.	TX	IA	Healthsource, Inc.	Ownership.....	100.000	Cigna Corporation	.N	
.0901	Cigna Group	95518	62-1230908				Cigna HealthCare of Utah, Inc.	UT	NIA	Healthsource, Inc.	Ownership.....	100.000	Cigna Corporation	.N	
.0901	Cigna Group		02-0495422				Cigna Healthcare, Inc.	VT	NIA	Cigna Healthcare Holdings, Inc.	Ownership.....	100.000	Cigna Corporation	.N	

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 Location	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 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	100.000	Cigna Corporation	.N	
.0901	Cigna Group		06-1059331				Cigna Holding Company	.DE	UIP	Cigna Corporation	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		23-3009279				Cigna Holdings Overseas, Inc.	.DE	NIA	Cigna Global Reinsurance Company, Ltd.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		06-1072796				Cigna Holdings, Inc.	.DE	UIP	Cigna Holding Company	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		00-0000000				Cigna Hong Kong Holdings Company Limited	.HKG	NIA	Cigna Chestnut Holdings, Ltd.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		27-1903785				Cigna Insurance Agency, LLC	.CT	NIA	Cigna Health and Life Insurance Company	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		00-0000000				Cigna Insurance Management Services (DIFC), Ltd.	.ARE	NIA	Cigna Apac Holdings, Ltd.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		00-0000000				Cigna Insurance Middle East S.A.L.	.LBN	IA	Cigna Cedar Holdings, Ltd.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		00-0000000				Cigna Insurance Public Company Limited	.THA	IA	KDM Thailand Limited	Ownership	75.000	Cigna Corporation	.N	
.0901	Cigna Group		00-0000000				Cigna Insurance Services (Europe) Limited	.GBR	NIA	Cigna Willow Holdings, LTD.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		23-2924152				Cigna Integratedcare, Inc.	.DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		51-0402128				Cigna Intellectual Property, Inc.	.DE	NIA	Cigna Holdings, Inc.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		51-0111677				Cigna International Corporation, Inc.	.DE	NIA	Cigna Global Holdings, Inc.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		52-0291385				Cigna International Finance, Inc.	.DE	NIA	Cigna Investment Group, Inc.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		00-0000000				Cigna International Health Services Kenya Limited	.KEN	NIA	Cigna International Health Services, BVBA	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		00-0000000				Cigna International Health Services Sdn. Bhd.	.MYS	NIA	Cigna Hong Kong Holdings Company Limited	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		00-0000000				Cigna International Health Services, BVBA	.BEL	NIA	Cigna Elmwood Holdings, Ltd.	Ownership	51.000	Cigna Corporation	.N	
.0901	Cigna Group		30-0526216				Cigna International Health Services, LLC	.FL	NIA	Cigna International Health Services, BVBA	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group						Cigna International Marketing (Thailand) Limited	.THA	NIA	Cigna Global Holdings, Inc.	Ownership	99.900	Cigna Corporation	.N	
.0901	Cigna Group		00-0000000				Cigna International Services Australia Pty Ltd.	.AUS	NIA	Cigna Chestnut Holdings, Ltd.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		23-2610178				Cigna International Services, Inc.	.DE	NIA	Cigna Global Holdings, Inc.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		06-1095823				Cigna Investment Group, Inc.	.DE	NIA	Cigna Holdings, Inc.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		06-0861092				Cigna Investments, Inc.	.DE	NIA	Cigna Investment Group, Inc.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		00-0000000				Cigna Korea Chusik Heosa (A/K/A Cigna Korea Company Limited)	.KOR	NIA	Cigna Chestnut Holdings, Ltd.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		98-1146864				Cigna Laurel Holdings, Ltd.	.BMU	NIA	Cigna Linden Holdings, Inc.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		00-0000000				Cigna Legal Protection U.K. Ltd.	.GBR	NIA	Cigna Willow Holdings, LTD.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		AA-1560515				Cigna Life Insurance Company of Canada	.CAN	IA	Cigna Chestnut Holdings, Ltd.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		AA-1240009				Cigna Life Insurance Company of Europe S.A.-N.V.	.BEL	IA	Cigna Beechwood Holdings	Ownership	99.993	Cigna Corporation	.N	
.0901	Cigna Group		00-0000000				Cigna Life Insurance New Zealand Limited	.NZL	IA	Cigna New Zealand Holdings Limited	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		46-4110289				Cigna Linden Holdings, Inc.	.DE	NIA	Cigna Holdings Overseas, Inc.	Ownership	82.000	Cigna Corporation	.N	
.0901	Cigna Group		98-1232512				Cigna Magnolia Holdings, Ltd.	.BMU	NIA	Cigna Palmetto Holdings, Ltd.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		23-2741294				Cigna Managed Care Benefits Company	.DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		98-1154657				Cigna Myrtle Holdings, Ltd.	.MLT	NIA	Cigna Apac Holdings, Ltd.	Ownership	74.560	Cigna Corporation	.N	
.0901	Cigna Group	61727	34-0970995				Cigna National Health Insurance Company	.OH	IA	Cigna Health and Life Insurance Company	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		00-0000000				Cigna Nederland Gamma B.V.	.NLD	NIA	Cigna Walnut Holdings, Ltd.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		00-0000000				Cigna New Zealand Holdings Limited	.NZL	NIA	Cigna Hong Kong Holdings Company Limited	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		00-0000000				Cigna Oak Holdings, Ltd.	.GBR	NIA	Cigna Elmwood Holdings, SPRL	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		32-0222252				Cigna Onsite Health, LLC	.DE	NIA	Connecticut General Life Insurance Company	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		98-1232443				Cigna Palmetto Holdings, Ltd.	.BMU	NIA	Cigna Laurel Holdings, Ltd.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		46-4099800				Cigna Poplar Holdings, Inc.	.DE	NIA	Cigna Holdings Overseas, Inc.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		06-1071502				Cigna RE Corporation	.DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		06-1567902				Cigna Resource Manager, Inc.	.DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		00-0000000				Cigna Spruce Holdings GmbH	.CHE	NIA	Cigna Chestnut Holdings, Ltd.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		00-0000000				Cigna Taiwan Life Assurance Company Limited	.TWN	IA	Cigna Apac Holdings, Ltd.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		00-0000000				Cigna Teak Holdings, LLC	.DE	NIA	Cigna Global Holdings, Inc.	Ownership	100.000	Cigna Corporation	.N	

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Loyal American 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 Location	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 Percen-tage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Y/N)	*
.0901	Cigna Group		00-0000000				Cigna Turkey Danismanlik Hizmetleri, A.S (A/K/A Cigna Turkey Consultancy Services, A.S.)	.TUR	.NIA	Cigna Magnolia Holdings, Ltd.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		83-1069280				Cigna Ventures, LLC	.DE	.NIA	Cigna Health and Life Insurance Company	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		00-0000000				Cigna Walnut Holdings, Ltd.	.GBR	.NIA	Cigna Apac Holdings, Ltd.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		00-0000000				Cigna Willow Holdings, Ltd.	.GBR	.NIA	Cigna Oak Holdings, Ltd.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		00-0000000				Cigna Worldwide General Insurance Company Limited	.HKG	.IA	Cigna Hong Kong Holdings Company Limited	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group	.90859	23-2088429				Cigna Worldwide Insurance Company	.DE	.IA	Cigna Global Reinsurance Company, Ltd.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		00-0000000				Cigna Worldwide Life Insurance Company Limited	.HKG	.IA	Cigna Hong Kong Holdings Company Limited	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		00-0000000				Claims and Risk Services Limited	.SAU	.IA	NAS Neuron Health Services, L.L.C.	Ownership	50.000	Cigna Corporation	.N	
.0901	Cigna Group		00-0000000				ManipalCigna Health Insurance Company Limited	.IND	.IA	Cigna Holdings Overseas, Inc.	Ownership	49.000	TTK (non-affiliate)	.N	
.0901	Cigna Group		84-1461840				Community Health Network, LLC	.MT	.NIA	Benefit Management Corp.	Ownership	50.000	Cigna Corporation	.N	
.0901	Cigna Group		06-1252419				Connecticut General Benefit Payments, Inc.	.DE	.NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		06-0840391				Connecticut General Corporation	.CT	.NIA	Cigna Holdings, Inc.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group	.62308	06-0303370		.0000023419		Connecticut General Life Insurance Company	.CT	.UIP	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		82-4936006				CPI-CII 9171 Wilshire JV LLC	.DE	.NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	90.000	Cigna Corporation	.N	
.0901	Cigna Group		27-3555688				CR Washington Street Investors LP	.DE	.NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	33.820	Charles River Washington Street LLC (non-affiliate)	.N	
.0901	Cigna Group		47-2746692				Cricket Health, Inc.	.DE	.NIA	Cigna Health and Life Insurance Company	Ownership	9.000	Cigna Corporation	.N	
.0901	Cigna Group		36-4369972				CuraScript, Inc.	.DE	.NIA	Express Scripts, Inc.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		16-1526641				Diversified NY IPA, Inc.	.NY	.NIA	Diversified Pharmaceutical Services, Inc.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		41-1627938				Diversified Pharmaceutical Services, Inc.	.MN	.NIA	Express Scripts, Inc.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		52-2099336				Dulles Town Center Mall, LLC	.VA	.NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	50.000	Cigna Corporation	.N	
.0901	Cigna Group		27-3542089				Econdisc Contracting Solutions, LLC	.DE	.NIA	Express Scripts Pharmaceutical Procurement LLC (90%)	Ownership	90.000	Cigna Corporation	.N	
.0901	Cigna Group		00-0000000				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	100.000	Cigna Corporation	.N	
.0901	Cigna Group						ESI GP Canada ULC	.CAN	.NIA	Express Scripts Canada Co.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		43-1925556				ESI GP Holdings, Inc.	.DE	.NIA	Express Scripts, Inc.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		00-0000000				ESI GP2 Canada ULC	.CAN	.NIA	Express Scripts Canada Co.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		74-2974964				ESI Mail Order Processing, Inc. (f/k/a NXI)	.DE	.NIA	Express Scripts, Inc.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		43-1867735				ESI Mail Pharmacy Service, Inc.	.DE	.NIA	Express Scripts, Inc.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		43-1925562				ESI Partnership	.DE	.NIA	Express Scripts, Inc. (82%); ESI-GP Holdings, Inc. (18%)	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		41-2006555				ESI Resources, Inc.	.MN	.NIA	ESI Partnership	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		85-2732455				Evernorth Enterprise Services, Inc.	.DE	.NIA	Cigna Corporation	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		85-2759151				Evernorth Sales Operations, Inc.	.DE	.NIA	Evernorth Health, Inc.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		85-2717903				Evernorth Strategic Development, Inc.	.DE	.NIA	Cigna Corporation	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		46-4676347				eviCore 1, LLC	.DE	.NIA	Evernorth Health, Inc.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		62-1615395				eviCore healthcare MSI, LLC	.TN	.NIA	CareCore National, LLC	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group	.13918	27-3175443				Express Reinsurance Company	.MO	.IA	Express Scripts, Inc.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		41-2063830				Express Scripts Administrators LLC	.DE	.NIA	Medco Health Solutions, Inc.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group						Express Scripts Canada Co.	.CAN	.NIA	Express Scripts Canada Holding Co.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		43-1942542				Express Scripts Canada Holding Co.	.DE	.NIA	Express Scripts, Inc.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		27-1490640				Express Scripts Canada Holding, LLC	.DE	.NIA	Express Scripts Canada Holding Co.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		00-0000000				Express Scripts Canada Services	.CAN	.NIA	Express Scripts Canada Co. (99.9%); ESI-GP2 Canada, ULC (0.1%)	Ownership	100.000	Cigna Corporation	.N	

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
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0901	Cigna Group						Express Scripts Canada Wholesale	CAN	NIA	Express Scripts Canada Co. (99.9%); ESI-GP2 Canada, LLC (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						Express Scripts Pharmaceutical Procurement, LLC	DE	NIA	Express Scripts Pharmacy Service, Inc. (50%); Express Scripts, Inc. (50%)	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		20-5826948				Express Scripts Pharmacy Atlantic, Ltd.	CAN	NIA	Express Scripts Canada Services	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000				Express Scripts Pharmacy Central, Ltd.	CAN	NIA	Express Scripts Canada Services	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000				Express Scripts Pharmacy Ontario, Ltd.	CAN	NIA	Express Scripts Canada Services	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000				Express Scripts Pharmacy West, Ltd.	CAN	NIA	Express Scripts Canada Services	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		30-0789911				Express Scripts Pharmacy, Inc.	DE	NIA	Medco Health Services, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		22-3114423				Express Scripts Sales Operations, Inc.	NJ	NIA	ESI Mail Pharmacy Service, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		20-3126104				Express Scripts Senior Care Holdings, Inc.	DE	NIA	Express Scripts, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group						Express Scripts Senior Care Holdings, Inc.			Express Scripts Senior Care Holdings, Inc.					
0901	Cigna Group		20-3126075				Express Scripts Senior Care, Inc.	DE	NIA		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						Express Scripts Specialty Distribution Services, Inc.	DE	NIA	Express Scripts, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		43-1869712				Express Scripts Strategic Development, Inc.	NJ	NIA	Express Scripts, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		22-2230703				Express Scripts Utilization Management Company	DE	NIA	Express Scripts, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		43-1869714				Express Scripts, Inc.	DE	NIA	Evernorth Health, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		43-1420563				FirstAssist Administration Limited	GBR	NIA	Cigna Willow Holdings, LTD.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		23-1914061				Former Cigna Investments, Inc.	DE	NIA	Cigna Investment Group, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		02-0523249				Freco, Inc.	FL	NIA	Priority Healthcare Corporation	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		20-3229217				Freedom Service Company, LLC	FL	NIA	Lynnfield Drug, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group						Gillette Ridge Community Council, Inc.	CT	NIA	Connecticut General Life Insurance Company	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000				Connecticut General Life Insurance Company			Connecticut General Life Insurance Company					
0901	Cigna Group		20-3700105				Gillette Ridge Golf, LLC	DE	NIA		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						Connecticut General Life Insurance Company			Connecticut General Life Insurance Company					
0901	Cigna Group		00-0000000				GRG Acquisitions LLC	DE	NIA		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						Connecticut General Life Insurance Company			Connecticut General Life Insurance Company					
0901	Cigna Group		52-2149519				Hazard Center Investment Company LLC	DE	NIA		Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group						Healthbridge Reimbursement & Product Support, Inc.	MA	NIA	Priority Healthcare Corporation	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		04-2992335				Healthbridge, Inc.	DE	NIA	Express Scripts, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		26-2159005				HealthLynx, LLC	DE	NIA	Express Scripts, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		46-2086778				Healthsource Benefits, Inc.	NJ	NIA	QualCare Alliance Networks, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		06-1533555				Healthsource Properties, Inc.	DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		02-0467679				Healthsource, Inc.	NH	NIA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		02-0387748			0000855587	HealthSpring Life & Health Insurance Company, Inc.	DE	NIA	Cigna Health Corporation	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group	12902	20-8534298				HealthSpring Management of America, LLC	TX	IA	NewQuest, LLC	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		20-8647386				HealthSpring of Florida, Inc.	DE	NIA	NewQuest, LLC	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group	11532	65-1129599				HealthSpring Pharmacy of Tennessee, LLC	FL	IA	NewQuest, LLC	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		26-2353772				HealthSpring Pharmacy Services, LLC	DE	NIA	HealthSpring Pharmacy Services, LLC	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		26-2353476				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		0001339553		HealthSpring, Inc.	DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	

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 Location	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 Percen-tage	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 OM-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	.RE	Cigna Health and Life Insurance Company	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		58-2593075				Lynnfield Compounding Center, Inc.	.FL	NIA	Priority Healthcare Corporation	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		04-3546044				Lynnfield Drug, Inc.	.FL	NIA	Priority Healthcare Corporation	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		27-1506930				MAH Pharmacy, LLC	.DE	NIA	Medco Health Solutions, Inc.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		80-0908244				Mallory Square Partners I, LLC	.DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	80.000	Cigna Corporation	.N	
.0901	Cigna Group		88-0241365				Managed Care Consultants, Inc.	.NV	NIA	Cigna Health Corporation	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		51-0500147				Matrix GPO, LLC	.IN	NIA	Priority Healthcare Corporation	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		59-3720653				Matrix Healthcare Services, Inc.	.FL	NIA	MyMatrixx Holdings, LLC	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		06-1346406				MCC Independent Practice Association of New York, Inc.	.NY	NIA	Cigna Behavioral Health, Inc.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group	34720	13-3506395				Medco Containment Insurance Company of NY	.NY	IA	Medco Health Solutions, Inc.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group	63762	42-1425239				Medco Containment Life Insurance Company	.PA	IA	Medco Health Solutions, Inc.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		27-3709630				Medco Europe II, LLC	.DE	NIA	Medco Europe, LLC	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		46-2166374				Medco Europe, LLC	.DE	NIA	Medco Health Solutions, Inc.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		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	

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 Location	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 Ownership Provide Percen-tage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Y/N)	*
.0901	Cigna Group		20-1222347				MSICO I, LLC	TN	NIA	eviCore healthcare MSI, LLC	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		55-0840800				MSIFL, LLC	TN	NIA	eviCore healthcare MSI, LLC	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		26-0181185				MSIMD I, LLC	TN	NIA	eviCore healthcare MSI, LLC	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		74-3122235				MSINC I, LLC	TN	NIA	eviCore healthcare MSI, LLC	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		11-3715243				MSINH II, LLC	TN	NIA	eviCore healthcare MSI, LLC	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		03-0524694				MSINH, LLC	TN	NIA	eviCore healthcare MSI, LLC	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		20-1749446				MSINJ I, LLC	TN	NIA	eviCore healthcare MSI, LLC	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		20-1761914				MSINV I, LLC	TN	NIA	eviCore healthcare MSI, LLC	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		55-0840806				MSISC II, LLC	TN	NIA	eviCore healthcare MSI, LLC	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		26-0336736				MSIVT I, LLC	TN	NIA	eviCore healthcare MSI, LLC	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		20-2536458				MSIWA, LLC	TN	NIA	eviCore healthcare MSI, LLC	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		36-4833284				MyM Technology Services, LLC	FL	NIA	MyMatrixx Holdings, LLC	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		82-1350878				myMatrixx Holdings, LLC	DE	NIA	Express Scripts, Inc.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		46-2589799				myMatrixx-B, LLC	FL	NIA	Matrix Healthcare Services, Inc.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		00-0000000				NAS Administrative Services Company LLC	ARE	NIA	NAS Neuron Health Services, L.L.C.	Ownership	99.000	Cigna Corporation	.N	
.0901	Cigna Group		00-0000000				NAS Neuron Health Services, L.L.C.	ARE	NIA	Cigna Chestnut Holdings, Ltd.	Ownership	34.000	Cigna Corporation	.N	
.0901	Cigna Group		00-0000000				NAS United SPV	CYM	NIA	NAS Neuron Health Services, L.L.C.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		00-0000000				Neuron LLC	ARE	NIA	NAS Neuron Health Services, L.L.C.	Ownership	99.000	Cigna Corporation	.N	
.0901	Cigna Group		52-1929677				NewQuest Management Northeast, LLC	DE	NIA	NewQuest, LLC	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		33-1033586				NewQuest Management of Alabama, LLC	AL	NIA	NewQuest, LLC	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		20-4954206				NewQuest Management of Florida, LLC	FL	NIA	NewQuest, LLC	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		77-0632665				NewQuest Management of Illinois, LLC	IL	NIA	NewQuest, LLC	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		45-0633893				NewQuest Management of West Virginia, LLC	DE	NIA	NewQuest, LLC	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		76-0628370				NewQuest, LLC	TX	NIA	HealthSpring, Inc.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		82-5244890				Octave Health Group, Inc.	DE	NIA	Cigna Ventures, LLC	Ownership	10.100	Cigna Corporation	.N	
.0901	Cigna Group		91-1599329				Olympic Health Management Services, Inc.	WA	NIA	Olympic Health Management Systems, Inc.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		91-1500758				Olympic Health Management Systems, Inc.	WA	NIA	Sterling Life Insurance Company	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		00-0000000				OnePath Life (NZ) Limited	NZL	IA	Cigna New Zealand Holdings Limited	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		80-0818758				Patient Provider Alliance, Inc.	DE	NIA	Brighter, Inc.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		35-1927379				Priority Healthcare Corporation	IN	NIA	CuraScript, Inc.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		59-3761140				Priority Healthcare Distribution, Inc.	FL	NIA	Priority Healthcare Corp	Ownership	100.000	Cigna Corporation	.N	
							Provident American Life & Health Insurance Company								
.0901	Cigna Group	67903	23-1335885				Company	OH	IA	Cigna National Health Insurance Company	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		00-0000000				PT GAR Indonesia	IDN	NIA	Cigna Holdings Overseas, Inc.	Ownership	99.160	Cigna Corporation	.N	
.0901	Cigna Group		AA-5360003				PT Asuransi Cigna	IDN	IA	Cigna Worldwide Insurance Company	Ownership	99.999	Cigna Corporation	.N	
							Cigna Affiliates Realty Investment Group, LLC								
.0901	Cigna Group		45-5046449				PUR Arbors Apartments Venture LLC	DE	NIA		Ownership	87.500	Cigna Corporation	.N	
.0901	Cigna Group		23-3744987				QualCare Alliance Networks, Inc.	NJ	NIA	Cigna Health and Life Insurance Company	Ownership	100.000	Cigna Corporation	.N	
							QualCare Management Resources Limited Liability Company								
.0901	Cigna Group		46-1801639				QualCare, Inc.	NJ	NIA	QualCare Alliance Networks, Inc.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		22-3129563				QualCare, Inc.	NJ	NIA	QualCare Alliance Networks, Inc.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		45-5569416				QPID Health, LLC	DE	NIA	eviCore healthcare MSI, LLC	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		00-0000000				RHP (Thailand) Limited	THA	NIA	Cigna Apac Holdings, Ltd.	Ownership	49.000	Cigna Corporation	.N	
.0901	Cigna Group		83-1460134				Rise-CG Capitol Hill, LP	DE	NIA	CARING Capitol Hill LP LLC	Ownership	90.000	Cigna Corporation	.N	
							JA Lofts Holdings, LLC (.5%); JA Lofts JV Limited Partnership (99.5%)								
.0901	Cigna Group		84-3254168				Rise-CG JA Lofts Limited Partnership	DE	NIA		Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		35-1641636				Sagamore Health Network, Inc.	IN	NIA	Cigna Health Corporation	Ownership	100.000	Cigna Corporation	.N	
							Cigna Affiliates Realty Investment Group, LLC								
.0901	Cigna Group		46-3593103				SB-SNH LLC	DE	NIA		Ownership	85.000	Cigna Corporation	.N	
.0901	Cigna Group		22-2483867				Scibal Associates, Inc.	NJ	NIA	QualCare Alliance Networks, Inc.	Ownership	100.000	Cigna Corporation	.N	
							Cigna Affiliates Realty Investment Group, LLC								
.0901	Cigna Group		95-2876207				Secon Properties, LP	CA	NIA		Ownership	50.000	South Coast Plaza Associates, LLC (non-affiliate)	.N	
							SOMA Apartments Venture LLC								
.0901	Cigna Group		82-1732483				SOMA Apartments Venture LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	90.000	Cigna Corporation	.N	

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Loyal American 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 Location	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 Ownership Provide Percen-tage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Y/N)	*
.0901	Cigna Group		82-4405071				Specialty Products Acquisitions, LLC	.DE	.NIA	Medco Health Solutions, Inc.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		61-1317695				SpectraCare Health Care Ventures, Inc.	.KY	.NIA	SpectraCare, Inc.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		61-1147068				SpectraCare, Inc.	.KY	.NIA	Priority Healthcare Corp	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group	77399	13-1867829				Sterling Life Insurance Company	.IL	.IA	Cigna Health and Life Insurance Company	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		47-2658932				Strategic Pharmaceutical Investments, LLC	.DE	.NIA	Priority Healthcare Corp	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		00-0000000				SureScripts, LLC	.VA	.NIA	Express Scripts, Inc. 16.7%/Medco Health Solutions, Inc. 16.7%	Ownership	33.400	Cigna Corporation	.N	
.0901	Cigna Group		22-3474888				Systemed, LLC	.DE	.NIA	Medco Health Solutions, Inc.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		23-3074013				Tel-Drug of Pennsylvania, LLC	.PA	.NIA	Connecticut General Life Insurance Company	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		46-0427127				Tel-Drug, Inc.	.SD	.NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		00-0000000				Temple Insurance Company Limited	.BMU	.IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		20-5524622				Tennessee Quest, LLC	.TN	.NIA	NewQuest, LLC	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		75-3108527				TexQuest, LLC	.DE	.NIA	NewQuest, LLC	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		85-1955731				The Flats at Interbay Holdings, LLC	.DE	.NIA	The Flats at Interbay JV Limited Partnership	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		85-1955075				The Flats at Interbay JV Limited Partnership	.DE	.NIA	CARING Interbay Investor LP LLC	Ownership	90.000	Cigna Corporation	.N	
.0901	Cigna Group		85-1962013				The Flats at Interbay Limited Partnership	.DE	.NIA	The Flats at Interbay JV Limited Partnership	Ownership	99.500	Cigna Corporation	.N	
.0901	Cigna Group		46-5264463				Trainer Rx, Inc.	.DE	.NIA	Cigna Ventures, LLC	Ownership	19.400	Cigna Corporation	.N	
.0901	Cigna Group		00-0000000				Transwestern Federal, L.L.C.	.DE	.NIA	Transwestern Federal Holdings, L.L.C.	Ownership	7.616	Cigna Corporation	.N	
.0901	Cigna Group		00-0000000				Transwestern Federal Holdings, L.L.C.	.DE	.NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	7.616	Cigna Corporation	.N	
.0901	Cigna Group	65269	75-2305400				United Benefit Life Insurance Company	.OH	.IA	Provident American Life and Health Insurance Company	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		88-0344624				Universal Claims Administration	.MT	.NIA	Mediversal, Inc.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		82-4410128				ValoremRx Sourcing Solutions, LLC	.DE	.NIA	Specialty Products Acquisitions, LLC (50%)	Ownership	50.000	Cigna Corporation	.N	
.0901	Cigna Group		98-0463704				Vielife Services, Inc.	.DE	.NIA	Cigna Global Wellbeing Holdings Limited	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		00-0000000				Verity Solutions Group, Inc.	.DE	.NIA	Cigna Health and Life Insurance Company	Ownership	100.000	Cigna Corporation	.Y	
.0901	Cigna Group		00-0000000				Westcore CG AC, LLC	.DE	.NIA	CARING Westcore Holding Investor LLC	Ownership	90.000	Cigna Corporation	.N	
.0901	Cigna Group		84-3178563				Westcore CG Camelback, LLC	.DE	.NIA	CARING Westcore Holding Investor LLC	Ownership	90.000	Cigna Corporation	.N	
.0901	Cigna Group		00-0000000				Westcore CG Commerce, LLC	.DE	.NIA	CARING Westcore Holding Investor LLC	Ownership	90.000	Cigna Corporation	.N	
.0901	Cigna Group		84-3178563				Westcore CG Dove Valley I, LLC	.DE	.NIA	CARING Westcore Holding Investor LLC	Ownership	90.000	Cigna Corporation	.N	
.0901	Cigna Group		84-3178563				Westcore CG Dove Valley II, LLC	.DE	.NIA	CARING Westcore Holding Investor LLC	Ownership	90.000	Cigna Corporation	.N	
.0901	Cigna Group		84-3178563				Westcore CG Fountain Lakes, LLC	.DE	.NIA	CARING Westcore Holding Investor LLC	Ownership	90.000	Cigna Corporation	.N	
.0901	Cigna Group		84-3178563				Westcore CG Gateway, LLC	.DE	.NIA	CARING Westcore Holding Investor LLC	Ownership	90.000	Cigna Corporation	.N	
.0901	Cigna Group		84-3178563				Westcore CG I-35, LLC	.DE	.NIA	CARING Westcore Holding Investor LLC	Ownership	90.000	Cigna Corporation	.N	
.0901	Cigna Group		84-3178563				Westcore CG Mezz, LLC	.DE	.NIA	CARING Westcore Holding Investor LLC	Ownership	90.000	Cigna Corporation	.N	
.0901	Cigna Group		84-3178563				Westcore CG Navy, LLC	.DE	.NIA	CARING Westcore Holding Investor LLC	Ownership	90.000	Cigna Corporation	.N	
.0901	Cigna Group		84-3178563				Westcore CG Potomac Park, LLC	.DE	.NIA	CARING Westcore Holding Investor LLC	Ownership	90.000	Cigna Corporation	.N	
.0901	Cigna Group		84-3178563				Westcore CG Solano, LLC	.DE	.NIA	CARING Westcore Holding Investor LLC	Ownership	90.000	Cigna Corporation	.N	
.0901	Cigna Group		84-3178563				Westcore CG Susana, LLC	.DE	.NIA	CARING Westcore Holding Investor LLC	Ownership	90.000	Cigna Corporation	.N	
.0901	Cigna Group		00-0000000				Westcore CG Venture, LLC	.DE	.NIA	CARING Westcore Holding Investor LLC	Ownership	90.000	Cigna Corporation	.N	
.0901	Cigna Group		85-3567364				Westcore Realty CG Avondale, LLC	.DE	.NIA	CARING Avondale Investor LLC	Ownership	90.000	Cigna Corporation	.N	
.0901	Cigna Group		00-0000000				Willow DSP LLC	.DE	.NIA	Accredo Health, Incorporated	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		00-0000000				YCFM Servicios LTDA	.BRA	.NIA	Cigna Global Holdings, Inc.	Ownership	35.320	Cigna Corporation	.N	

Asterisk	Explanation

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

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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)
	00-0000000	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)	31,870
	26-2201582	Allegiance Provider Direct, LLC										
	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					(488)				(488)	
	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)	456,882
	00-0000000	CIGNA 2000 UK Pension LTD										
	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.										
52024	59-2625350	Cigna Dental Health Of Kansas, Inc.	(540,000)				(208,932)				(748,932)	

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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.				(147,500)	(22,791,045)	(1,460,101)			(24,398,646)	5,213,446
95604	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)			(23,000)	(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.					(7,241)				(7,241)	
95500	22-2720890	Cigna HealthCare of New Jersey, Inc.	(6,000,000)				(55,610)	(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.										
95708	06-1185590	Cigna HealthCare of South Carolina, Inc.	(3,500,000)				(10,775,576)	(2,754)			(14,278,330)	1,047
95635	36-3359925	Cigna HealthCare of St. Louis, Inc.		6,000,000			(5,100,099)	(39,236)			860,665	14,921
95606	62-1218053	Cigna HealthCare of Tennessee, Inc.		2,000,000			(1,969,044)				30,956	241,018
95383	74-2767437	Cigna HealthCare of Texas, Inc.	(18,000,000)				(4,429,448)	(468,892)			(22,898,340)	539,243
95518	62-1230908	Cigna HealthCare of Utah, Inc.										
	02-0495422	Cigna Healthcare, Inc.					(1,026)				(1,026)	
	00-0000000	Cigna HLA Technology Services Company Limited										
	06-1059331	Cigna Holding Company				170,500	(9,381)				161,119	
	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

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	AA-1240009	Cigna Life Insurance Company of Europe S.A.-N.V.					(6,922)	291,927			285,005	
64548	13-2556568	Cigna Life Insurance Company of New York					(448,767)	11,628,268			11,179,501	116,322,874
	00-0000000	Cigna Life Insurance New Zealand Limited										
	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)	8,982,517
	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)	(754,949,558)
	82-4936006	CPI-CII 9171 Wilshire JV LLC										
	27-3555688	CR Washington Street Investors LP										
	47-2746692	Cricket Health, Inc.										

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	36-4369972	CuraScript, Inc.										
	16-1526641	Diversified NY IPA, Inc.										
	41-1627938	Diversified Pharmaceutical Services, Inc.										
	52-2099336	Dulles Town Center Mall, LLC										
	27-3542089	Econdisc Contracting Solutions, LLC										
	00-0000000	Egyptian Emirates Administration Services SAE										
		ESI Canada										
		ESI GP Canada ULC										
	43-1925556	ESI GP Holdings, Inc.										
	00-0000000	ESI GP2 Canada ULC										
	74-2974964	ESI Mail Order Processing, Inc. (f/k/a NXI)										
	43-1867735	ESI Mail Pharmacy Service, Inc.										
	43-1925562	ESI Partnership										
	41-2006555	ESI Resources, Inc.										
	85-2732455	Evernorth Enterprise Services, Inc.										
	85-2759151	Evernorth Sales Operations, Inc.										
	85-2717903	Evernorth Strategic Development, Inc.										
	46-4676347	eviCore 1, LLC										
	62-1615395	eviCore healthcare MSI, LLC										
13918	27-3175443	Express Reinsurance Company										
	41-2063830	Express Scripts Administrators LLC										
		Express Scripts Canada Co.										
	43-1942542	Express Scripts Canada Holding Co.										
	27-1490640	Express Scripts Canada Holding, LLC										
	00-0000000	Express Scripts Canada Services										
		Express Scripts Canada Wholesale										
	84-5003423	Express Scripts Health Information Network Partners, Inc.										
	45-2884094	Evernorth Health, Inc.										
	20-5826948	Express Scripts Pharmaceutical Procurement, LLC										
	00-0000000	Express Scripts Pharmacy Atlantic, Ltd.										
	00-0000000	Express Scripts Pharmacy Central, Ltd.										
	00-0000000	Express Scripts Pharmacy Ontario, Ltd.										
	00-0000000	Express Scripts Pharmacy West, Ltd.										
	30-0789911	Express Scripts Pharmacy, Inc.										
	22-3114423	Express Scripts Sales Operations, Inc.										
	20-3126104	Express Scripts Senior Care Holdings, Inc.										
	20-3126075	Express Scripts Senior Care, Inc.										
	43-1832983	Express Scripts Services Co.										

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)
	43-1869712	Express Scripts Specialty Distribution Services, Inc.										
	22-2230703	Express Scripts Strategic Development, Inc.										
	43-1869714	Express Scripts Utilization Management Company										
	43-1420563	Express Scripts, Inc.					170,995,725				170,995,725	
	00-0000000	FirstAssist Administration Limited										
	23-1914061	Former Cigna Investments, Inc.				(41,723)	23,537				(18,186)	
	02-0523249	Freco, Inc.										
	20-3229217	Freedom Service Company, LLC										
	00-0000000	Gillette Ridge Community Council, Inc.										
	20-3700105	Gillette Ridge Golf, LLC										
95388	93-1174749	Great-West Healthcare of Illinois, Inc.										
	00-0000000	GRG Acquisitions LLC		(54,081)							(54,081)	
	11-9599164	Grown Ups New Zealand Limited										
	76-0657035	GulfQuest, LP	(36,000,000)				342,043,407				306,043,407	
	52-2149519	Hazard Center Investment Company LLC										
	04-2992335	Healthbridge Reimbursement & Product Support, Inc.										
	26-2159005	Healthbridge, Inc.										
	46-2086778	Health-Lynx, LLC										
	06-1533555	Healthsource Benefits, Inc.										
	02-0467679	Healthsource Properties, Inc.										
	02-0387748	Healthsource, Inc.	29,000,000								29,000,000	
12902	20-8534298	HealthSpring Life & Health Insurance Company, Inc.	(148,000,000)				(763,833,841)				(911,833,841)	
	20-8647386	HealthSpring Management of America, LLC		25,000,000			169,517,115				194,517,115	
11532	65-1129599	HealthSpring of Florida, Inc.	(22,000,000)				(115,751,279)				(137,751,279)	
	26-2353772	HealthSpring Pharmacy of Tennessee, LLC										
	26-2353476	HealthSpring Pharmacy Services, LLC										
	72-1559530	HealthSpring USA, LLC	(11,000,000)				181,989,346				170,989,346	
	20-1821898	HealthSpring, Inc.					63,603,327				63,603,327	
	81-4139432	Heights at Bear Creek Venture LLC										
	20-4266628	Home Physicians Management, LLC										
	75-3108521	HouQuest, LLC										
	37-1708015	Houston Briar Forest Apartments Limited Partnership										
	95-4838551	Ideal Properties II LLC										
	35-2041388	IHN, Inc.					(2,240)				(2,240)	
	00-0000000	Independent Health Information Technology Services L.L.C.										
	82-1655179	Innovative Product Alignment, LLC										
	82-0658250	Inside RX, LLC										

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

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	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	Lakehills 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										13,995,367
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					(12,552,650)				(12,552,650)	
63762	42-1425239	Medco Containment Life Insurance Company	(26,800,000)				(164,769,309)				(191,569,309)	
	27-3709630	Medco Europe II, LLC										
	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										

SCHEDULE Y

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

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	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										
	23-3744987	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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PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

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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										

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

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

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

MARCH FILING	
12. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1? (Not applicable to fraternal benefit societies) ...	NO
13. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	YES
14. Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC by March 1?	NO
15. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 to Exhibit 5 be filed with the state of domicile and electronically with the NAIC by March 1?	YES
16. Will the actuarial opinion on non-guaranteed elements as required in interrogatory #3 to Exhibit 5 be filed with the state of domicile and electronically with the NAIC by March 1?	YES
17. Will the actuarial opinion on X-Factors be filed with the state of domicile and electronically with the NAIC by March 1?	YES
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?	YES
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 OFTHE Loyal American Life Insurance Company

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES








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

APRIL FILING

41.	Will the confidential Regulatory Asset Adequacy Issues Summary (RAAIS) required by the Valuation Manual be filed with the state of domicile by April 1?	YES
42.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	YES
43.	Will the Credit Insurance Experience Exhibit be filed with the state of domicile and the NAIC by April 1? (Not applicable to fraternal benefit societies) ...	NO
44.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?	YES
45.	Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	YES
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?	YES
49.	Will the Variable Annuities Supplement be filed with the state of domicile and the NAIC by April 1?	NO
50.	Will the confidential Executive Summary of the PBR Actuarial Report be filed with the state of domicile by April 1?	NO
51.	Will the confidential Life Summary of the PBR Actuarial Report be filed with the state of domicile by April 1?	NO
52.	Will the confidential Variable Annuities Summary of the PBR Actuarial Report be filed with the state of domicile by April 1?	NO

AUGUST FILING

53.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	NO
Explanations:		
12.	The data for this supplement is not required to be filed.	
14.	The data for this supplement is not required to be filed.	
18.	The data for this supplement is not required to be filed.	
19.	The data for this supplement is not required to be filed.	
20.	The data for this supplement is not required to be filed.	
22.	The data for this supplement is not required to be filed.	
23.	The data for this supplement is not required to be filed.	
24.	The data for this supplement is not required to be filed.	
25.	The data for this supplement is not required to be filed.	
26.	The data for this supplement is not required to be filed.	
27.	The data for this supplement is not required to be filed.	
28.	The data for this supplement is not required to be filed.	
33.	The data for this supplement is not required to be filed.	
34.	The data for this supplement is not required to be filed.	
36.	The data for this supplement is not required to be filed.	
37.	The data for this supplement is not required to be filed.	
38.	The data for this supplement is not required to be filed.	
39.	The data for this supplement is not required to be filed.	
43.	The data for this supplement is not required to be filed.	
46.	The data for this supplement is not required to be filed.	
47.	The data for this supplement is not required to be filed.	
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]	
14.	Trusted Surplus Statement [Document Identifier 490]	
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]	
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]	

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Loyal American Life Insurance Company

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

24.	Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Market Value) [Document Identifier 449]	<div><div></div><div>657222020449000000</div></div>
25.	C-3 RBC Certifications Required Under C-3 Phase I [Document Identifier 450]	<div><div></div><div>657222020450000000</div></div>
26.	C-3 RBC Certifications Required Under C-3 Phase II [Document Identifier 451]	<div><div></div><div>657222020451000000</div></div>
27.	Actuarial Certifications Related to Annuity Nonforfeiture Ongoing Compliance for Equity Indexed Annuities [Document Identifier 452]	<div><div></div><div>657222020452000000</div></div>
28.	Modified Guaranteed Annuity Model Regulation [Document Identifier 453]	<div><div></div><div>657222020453000000</div></div>
33.	Actuarial Certification regarding the use of 2001 Preferred Class Tables required by the Model Regulation Permitting the Recognition of Preferred Mortality Tables for Use in Determining Minimum Reserve Liabilities [Document Identifier 454]	<div><div></div><div>657222020454000000</div></div>
34.	Workers' Compensation Carve-Out Supplement [Document Identifier 495]	<div><div></div><div>657222020495000000</div></div>
36.	Medicare Part D Coverage Supplement [Document Identifier 365]	<div><div></div><div>657222020365000000</div></div>
37.	Relief from the five-year rotation requirement for lead audit partner [Document Identifier 224]	<div><div></div><div>657222020224000000</div></div>
38.	Relief from the one-year cooling off period for independent CPA [Document Identifier 225]	<div><div></div><div>657222020225000000</div></div>
39.	Relief from the Requirements for Audit Committees [Document Identifier 226]	<div><div></div><div>657222020226000000</div></div>
43.	Credit Insurance Experience Exhibit [Document Identifier 230]	<div><div></div><div>657222020230000000</div></div>
46.	Supplemental Health Care Exhibit's Expense Allocation Report [Document Identifier 217]	<div><div></div><div>657222020217000000</div></div>
47.	Actuarial Memorandum Required by Actuarial Guideline XXXVIII 8D [Document Identifier 435]	<div><div></div><div>657222020435000000</div></div>
49.	Variable Annuities Supplement [Document Identifier 286]	<div><div></div><div>657222020286000000</div></div>
50.	Executive Summary of the PBR Actuarial Report [Document Identifier 457]	<div><div></div><div>657222020457000000</div></div>
51.	Life Summary of the PBR Actuarial Report [Document Identifier 458]	<div><div></div><div>657222020458000000</div></div>
52.	Variable Annuities Summary of the PBR Actuarial Report [Document Identifier 459]	<div><div></div><div>657222020459000000</div></div>
53.	Management's Report of Internal Control Over Financial Reporting [Document Identifier 223]	<div><div></div><div>657222020223000000</div></div>

OVERFLOW PAGE FOR WRITE-INS

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Loyal American Life Insurance Company

OVERFLOW PAGE FOR WRITE-INS

Additional Write-ins for Schedule H Part 1 Line 11

	Total		Group Accident and Health		Credit Accident and Health (Group and Individual)		Collectively Renewable		Other Individual Contracts									
									Non-Cancelable		Guaranteed Renewable		Non-Renewable for Stated Reasons Only		Other Accident Only		All Other	
	1 Amount	2 %	3 Amount	4 %	5 Amount	6 %	7 Amount	8 %	9 Amount	10 %	11 Amount	12 %	13 Amount	14 %	15 Amount	16 %	17 Amount	18 %
1104. Interest and adjustments on contract or deposit-type contract funds	(1)	0.0							1	0.0	(2)	0.0						
1197. Summary of remaining write-ins for Line 11 from overflow page	(1)	0.0							1	0.0	(2)	0.0						



SUPPLEMENT FOR THE YEAR 2020 OF THE Loyal American Life Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF Alabama.....
NAIC Group Code 0901..... NAIC Company Code 65722.....
ADDRESS (City, State and Zip Code) Cleveland , OH 44114.....
Person Completing This Exhibit Mohammed Umar Gilani.....
Title Appointed Actuary..... Telephone Number 512-807-4966.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2017				Policies Issued in 2018; 2019; 2020			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
YES	L-6200-AL	H	NO	0034000	08/29/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	4,635	310	6.7	1				
YES	L-6201-AL	I	NO	0034000	08/29/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	3,686	3,495	94.8	1				
YES	L-6202-AL	J	NO	0034000	08/29/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	59,920	30,532	51.0	12				
YES	LOYAL-MS-AA-F-AL	F	NO	0034000	06/01/2010			09/30/2016	Modernized Medicare Supplement Insurance Plan	652,657	342,435	52.5	190				
YES	LOYAL-MS-AA-G-AL	G	NO	0034000	06/01/2010			09/30/2016	Modernized Medicare Supplement Insurance Plan	239,759	113,006	47.1	77				
YES	LOYAL-MS-AA-N-AL	N	NO	0034000	06/01/2010			09/30/2016	Modernized Medicare Supplement Insurance Plan	149,933	117,430	78.3	65				
0199999. Total Experience on Individual Policies										1,110,590	607,208	54.7	346				
0299999. Total Experience on Group Policies																	

GENERAL INTERROGATORIES

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

2.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717

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

3.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717

3.2 Contact Person and Phone Number: David Brosig 1-866-459-4272
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2020 OF THE Loyal American Life Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF Alaska.....
NAIC Group Code 0901..... NAIC Company Code 65722.....
ADDRESS (City, State and Zip Code) Cleveland , OH 44114.....
Person Completing This Exhibit Mohammed Umar Gilani.....
Title Appointed Actuary..... Telephone Number 512-807-4966.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2017				Policies Issued in 2018; 2019; 2020			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
YES	LOYAL-MS-AA-F-AK	F	NO	0034000					Modernized Medicare Supplement Insurance Plan	125,819	120,785	96.0	47	17,298	13,071	75.6	8
YES	LOYAL-MS-AA-G-AK	G	NO	0034000					Modernized Medicare Supplement Insurance Plan	230,503	180,711	78.4	133	130,619	83,981	64.3	98
YES	LOYAL-MS-AA-N-AK	N	NO	0034000					Modernized Medicare Supplement Insurance Plan	68,058	68,453	100.6	51	50,445	63,441	125.8	70
YES	LOYAL-MSD-AA-F-AK	F	NO	0204000					Modernized Medicare Supplement Insurance Plan	10,289	4,556	44.3	4	23,397	37,317	159.5	11
YES	LOYAL-MSD-AA-G-AK	G	NO	0204000					Modernized Medicare Supplement Insurance Plan	25,445	24,730	97.2	15	80,919	65,784	81.3	59
YES	LOYAL-MSD-AA-N-AK	N	NO	0204000					Modernized Medicare Supplement Insurance Plan	2,293	(20)	(0.9)	2	27,825	21,429	77.0	35
YES	LOYAL-MSX-AA-F-AK	F	NO	0030500					Modernized Medicare Supplement Insurance Plan	55,387	29,440	53.2	17	49,888	42,844	85.9	20
YES	LOYAL-MSX-AA-G-AK	G	NO	0030500					Modernized Medicare Supplement Insurance Plan	31,249	6,541	20.9	14	47,070	25,925	55.1	25
YES	LOYAL-MSX-AA-HDF-AK	F	NO	0030500					Modernized Medicare Supplement Insurance Plan	20,321	2,328	11.5	22	13,490	2,177	16.1	17
YES	LOYAL-MSX-AA-N-AK	N	NO	0030500					Modernized Medicare Supplement Insurance Plan	46,666	37,321	80.0	22	41,218	80,337	194.9	23
0199999. Total Experience on Individual Policies										616,030	474,845	77.1	327	482,169	436,306	90.5	366
0299999. Total Experience on Group Policies																	

360.AK



SUPPLEMENT FOR THE YEAR 2020 OF THE Loyal American Life Insurance Company
GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
2.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717
2.2 Contact Person and Phone Number: David Brosig 1-866-459-4272
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
3.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717
3.2 Contact Person and Phone Number: David Brosig 1-866-459-4272
- 4. Explain any policies identified above as policy type "O".

360.AZ



SUPPLEMENT FOR THE YEAR 2020 OF THE Loyal American Life Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF Arizona.....
NAIC Group Code 0901..... NAIC Company Code 65722.....
ADDRESS (City, State and Zip Code) Cleveland , OH 44114.....
Person Completing This Exhibit Mohammed Umar Gilani.....
Title Appointed Actuary..... Telephone Number 512-807-4966.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2017				Policies Issued in 2018; 2019; 2020			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
YES	L-5233-AZ	D	NO	0034000	11/22/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	3,641	158	4.3	1				
YES	L-5234-AZ	F	NO	0034000	11/22/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	32,181	22,222	69.1	7				
YES	LOYAL-MS-1A-F-AZ	F	NO	0034000	06/01/2010			09/30/2016	Modernized Medicare Supplement Insurance Plan	71,887	31,268	43.5	18				
YES	LOYAL-MS-1A-G-AZ	G	NO	0034000	06/01/2010			09/30/2016	Modernized Medicare Supplement Insurance Plan	30,053	10,560	35.1	9				
YES	LOYAL-MS-1A-N-AZ	N	NO	0034000	06/01/2010			09/30/2016	Modernized Medicare Supplement Insurance Plan	2,990	468	15.7	1				
0199999. Total Experience on Individual Policies										140,752	64,676	46.0	36				
0299999. Total Experience on Group Policies																	

GENERAL INTERROGATORIES

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

2.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717

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

3.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717

3.2 Contact Person and Phone Number: David Brosig 1-866-459-4272
4. Explain any policies identified above as policy type "O".

360.AR



SUPPLEMENT FOR THE YEAR 2020 OF THE Loyal American Life Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF Arkansas.....
NAIC Group Code 0901..... NAIC Company Code 65722.....
ADDRESS (City, State and Zip Code) Cleveland , OH 44114.....
Person Completing This Exhibit Mohammed Umar Gilani.....
Title Appointed Actuary..... Telephone Number 512-807-4966.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2017				Policies Issued in 2018; 2019; 2020			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
YES	L-5234-AR	F	NO	0034060	09/22/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	81,215	53,902	66.4	33				
YES	L-5235-AR	G	NO	0034060	09/22/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	(39)	552	(1,415.4)					
YES	LOYAL-MS-CR-D-AR	D	NO	0034000	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	10,982	17,918	163.2	5				
YES	LOYAL-MS-CR-F-AR	F	NO	0034000	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	1,851,244	1,434,816	77.5	721				
YES	LOYAL-MS-CR-G-AR	G	NO	0034000	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	368,887	477,022	129.3	177				
YES	LOYAL-MS-CR-N-AR	N	NO	0034000	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	314,438	274,591	87.3	197				
0199999. Total Experience on Individual Policies										2,626,727	2,258,801	86.0	1,133				
0299999. Total Experience on Group Policies																	

GENERAL INTERROGATORIES

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

2.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717

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

3.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717

3.2 Contact Person and Phone Number: David Brosig 1-866-459-4272
4. Explain any policies identified above as policy type "O".

360.CA



SUPPLEMENT FOR THE YEAR 2020 OF THE Loyal American Life Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF California.....
NAIC Group Code 0901..... NAIC Company Code 65722
ADDRESS (City, State and Zip Code) Cleveland , OH 44114
Person Completing This Exhibit Mohammed Umar Gilani
Title Appointed Actuary Telephone Number 512-807-4966

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2017				Policies Issued in 2018; 2019; 2020			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
YES	LOYAL-MS-AA-A-CA	A	NO	0034060	04/02/2014				Modernized Medicare Supplement Insurance Plan	9,032	2,350	26.0	3				
YES	LOYAL-MS-AA-F-CA	F	NO	0034060	04/02/2014				Modernized Medicare Supplement Insurance Plan	15,562,740	11,365,704	73.0	4,501	2,129,891	1,984,095	93.2	707
YES	LOYAL-MS-AA-G-CA	G	NO	0034000	04/02/2014				Modernized Medicare Supplement Insurance Plan	6,945,962	5,588,234	80.5	2,971	8,248,248	6,871,910	83.3	4,139
YES	LOYAL-MS-AA-N-CA	N	NO	0034060	04/02/2014				Modernized Medicare Supplement Insurance Plan	3,437,917	2,528,154	73.5	1,718	2,934,441	2,236,645	76.2	1,890
0199999. Total Experience on Individual Policies										25,955,651	19,484,442	75.1	9,193	13,312,580	11,092,650	83.3	6,736
0299999. Total Experience on Group Policies																	

GENERAL INTERROGATORIES

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

2.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717

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

3.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717

3.2 Contact Person and Phone Number: David Brosig 1-866-459-4272
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2020 OF THE Loyal American Life Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF Colorado.....
NAIC Group Code 0901..... NAIC Company Code 65722
ADDRESS (City, State and Zip Code) Cleveland , OH 44114
Person Completing This Exhibit Mohammed Umar Gilani
Title Appointed Actuary Telephone Number 512-807-4966

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2017				Policies Issued in 2018; 2019; 2020			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
YES	LOYAL-MS-AA-F-CO	F	NO	0034060	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	971,386	642,720	66.2	288				
YES	LOYAL-MS-AA-G-CO	G	NO	0034060	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	202,658	136,735	67.5	71				
YES	LOYAL-MS-AA-N-CO	N	NO	0034060	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	25,473	21,321	83.7	10				
0199999. Total Experience on Individual Policies										1,199,517	800,776	66.8	369				
0299999. Total Experience on Group Policies																	

GENERAL INTERROGATORIES

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

2.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717

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

3.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717

3.2 Contact Person and Phone Number: David Brosig 1-866-459-4272
4. Explain any policies identified above as policy type "O".

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SUPPLEMENT FOR THE YEAR 2020 OF THE Loyal American Life Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF Connecticut
NAIC Group Code 0901 NAIC Company Code 65722
ADDRESS (City, State and Zip Code) Cleveland , OH 44114
Person Completing This Exhibit Mohammed Umar Gilani
Title Appointed Actuary Telephone Number 512-807-4966

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2017			Policies Issued in 2018; 2019; 2020				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
YES	LOYAL-MS-CR-A-CT	A	NO	0034060	11/08/2013				Modernized Medicare Supplement Insurance Plan	22,209	11,581	52.1	6				
YES	LOYAL-MS-CR-F-CT	F	NO	0034000	11/08/2013				Modernized Medicare Supplement Insurance Plan	751,487	410,587	54.6	191	65,501	23,003	35.1	17
YES	LOYAL-MS-CR-G-CT	G	NO	0034000	11/08/2013				Modernized Medicare Supplement Insurance Plan	1,293,385	702,775	54.3	384	18,987	4,224	22.2	6
YES	LOYAL-MS-CR-N-CT	N	NO	0034000	11/08/2013				Modernized Medicare Supplement Insurance Plan	159,093	78,000	49.0	68	16,751	6,803	40.6	7
YES	LOYAL-MSD-CR-A-CT	A	NO	0204060	05/23/2014				Modernized Medicare Supplement Insurance Plan	11,052	1,634	14.8	3				
0199999. Total Experience on Individual Policies										2,237,226	1,204,577	53.8	652	101,239	34,030	33.6	30
0299999. Total Experience on Group Policies																	

GENERAL INTERROGATORIES

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

2.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717

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

3.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717

3.2 Contact Person and Phone Number: David Brosig 1-866-459-4272
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2020 OF THE Loyal American Life Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF Delaware.....
 NAIC Group Code 0901..... NAIC Company Code 65722.....
 ADDRESS (City, State and Zip Code) Cleveland, OH 44114.....
 Person Completing This Exhibit.....
 Title..... Telephone Number.....

[illegible]

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
- 2.1 Address: 11200 Lakeline Blvd Suite 100 Austin, TX 78717
- 2.2 Contact Person and Phone Number: David Brosig 1-866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
- 3.1 Address: 11200 Lakeline Blvd Suite 100 Austin, TX 78717
- 3.2 Contact Person and Phone Number: David Brosig 1-866-459-4272
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2020 OF THE Loyal American Life Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF District of Columbia.....
NAIC Group Code 0901..... NAIC Company Code 65722.....
ADDRESS (City, State and Zip Code) Cleveland , OH 44114.....
Person Completing This Exhibit Mohammed Umar Gilani.....
Title Appointed Actuary..... Telephone Number 512-807-4966.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2017				Policies Issued in 2018; 2019; 2020			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
YES	LOYAL-MS-AA-A-DC	A	NO	0034000	05/09/2013				Modernized Medicare Supplement Insurance Plan								
YES	LOYAL-MS-AA-F-DC	F	NO	0034000	05/09/2013				Modernized Medicare Supplement Insurance Plan	34,088	18,884	55.4	11	5,863	1,164	19.9	2
YES	LOYAL-MS-AA-G-DC	G	NO	0034000	05/09/2013				Modernized Medicare Supplement Insurance Plan	49,913	20,634	41.3	23	18,525	12,691	68.5	10
YES	LOYAL-MS-AA-N-DC	N	NO	0034000	05/09/2013				Modernized Medicare Supplement Insurance Plan	7,307	273	3.7	5	6,497	349	5.4	5
YES	LOYAL-MSD-AA-A-DC	A	NO	0204000	08/05/2013				Modernized Medicare Supplement Insurance Plan								
YES	LOYAL-MSD-AA-F-DC	F	NO	0204000	08/05/2013				Modernized Medicare Supplement Insurance Plan	85,029	72,531	85.3	26	18,046	5,266	29.2	7
YES	LOYAL-MSD-AA-G-DC	G	NO	0204000	08/05/2013				Modernized Medicare Supplement Insurance Plan	41,760	28,428	68.1	19	40,540	16,701	41.2	26
YES	LOYAL-MSD-AA-N-DC	N	NO	0204000	08/05/2013				Modernized Medicare Supplement Insurance Plan	7,542	1,528	20.3	4	7,288	698	9.6	5
YES	LOYAL-MSX-AA-F-DC	F	NO	0030500	06/12/2015				Modernized Medicare Supplement Insurance Plan	53,442	25,717	48.1	17	25,392	9,528	37.5	10
YES	LOYAL-MSX-AA-G-DC	G	NO	0030500	06/12/2015				Modernized Medicare Supplement Insurance Plan	2,102	415	19.7	1	15,059	3,494	23.2	7
YES	LOYAL-MSX-AA-HDF-DC	F	NO	0030500	06/12/2015				Modernized Medicare Supplement Insurance Plan	1,029	1,032	100.3	1	817	(4)	(0.5)	1
YES	LOYAL-MSX-AA-N-DC	N	NO	0030500	06/12/2015				Modernized Medicare Supplement Insurance Plan	6,979	4,681	67.1	4	2,469	452	18.3	2
0199999. Total Experience on Individual Policies										289,191	174,123	60.2	111	140,496	50,339	35.8	75
0299999. Total Experience on Group Policies																	



SUPPLEMENT FOR THE YEAR 2020 OF THE Loyal American Life Insurance Company
GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
2.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717
2.2 Contact Person and Phone Number: David Brosig 1-866-459-4272
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
3.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717
3.2 Contact Person and Phone Number: David Brosig 1-866-459-4272
- 4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2020 OF THE Loyal American Life Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF Florida.....
 NAIC Group Code 0901..... NAIC Company Code 65722.....
 ADDRESS (City, State and Zip Code) Cleveland , OH 44114.....
 Person Completing This Exhibit.....
 Title..... Telephone Number.....

[illegible]

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
2.1 Address: 11200 Lakeline Blvd Suite 100 Austin, TX 78717
2.2 Contact Person and Phone Number: David Brosig 1-866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
3.1 Address: 11200 Lakeline Blvd Suite 100 Austin, TX 78717
3.2 Contact Person and Phone Number: David Brosig 1-866-459-4272
4. Explain any policies identified above as policy type "O".

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SUPPLEMENT FOR THE YEAR 2020 OF THE Loyal American Life Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF Georgia.....
NAIC Group Code 0901..... NAIC Company Code 65722.....
ADDRESS (City, State and Zip Code) Cleveland , OH 44114.....
Person Completing This Exhibit Mohammed Umar Gilani.....
Title Appointed Actuary..... Telephone Number 512-807-4966.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2017				Policies Issued in 2018; 2019; 2020			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
YES	L-6201-GA	I	NO	0034000	09/22/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	10,154	1,300	12.8	3				
YES	L-6202-GA	J	NO	0034000	09/22/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	163,832	140,916	86.0	39				
YES	LOYAL-MS-1A-F-GA	F	NO	0034060	06/01/2010			09/30/2016	Modernized Medicare Supplement Insurance Plan	471,335	304,107	64.5	132				
YES	LOYAL-MS-1A-G-GA	G	NO	0034060	06/01/2010			09/30/2016	Modernized Medicare Supplement Insurance Plan	181,759	125,825	69.2	63				
YES	LOYAL-MS-1A-N-GA	N	NO	0034060	06/01/2010			09/30/2016	Modernized Medicare Supplement Insurance Plan	82,613	70,266	85.1	36				
0199999. Total Experience on Individual Policies										909,693	642,414	70.6	273				
0299999. Total Experience on Group Policies																	

GENERAL INTERROGATORIES

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

2.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717

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

3.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717

3.2 Contact Person and Phone Number: David Brosig 1-866-459-4272
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2020 OF THE Loyal American Life Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF Hawaii.....
NAIC Group Code 0901..... NAIC Company Code 65722.....
ADDRESS (City, State and Zip Code) Cleveland , OH 44114.....
Person Completing This Exhibit Mohammed Umar Gilani.....
Title Appointed Actuary..... Telephone Number 512-807-4966.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2017				Policies Issued in 2018; 2019; 2020			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
YES	LOYAL-MS-AA-F-HI	F	NO	0034060	01/03/2014				Modernized Medicare Supplement Insurance Plan	102,194	74,772	73.2	46	114,345	115,872	101.3	63
YES	LOYAL-MS-AA-G-HI	G	NO	0034060	01/03/2014				Modernized Medicare Supplement Insurance Plan	152,881	95,210	62.3	89	256,621	231,202	90.1	181
YES	LOYAL-MS-AA-N-HI	N	NO	0034060	01/03/2014				Modernized Medicare Supplement Insurance Plan	17,494	4,199	24.0	10	27,474	12,463	45.4	21
YES	LOYAL-MSD-AA-A-HI	A	NO	0204060	02/03/2014				Modernized Medicare Supplement Insurance Plan								
YES	LOYAL-MSD-AA-F-HI	F	NO	0204060	02/03/2014				Modernized Medicare Supplement Insurance Plan	25,527	42,439	166.3	10	21,712	12,527	57.7	12
YES	LOYAL-MSD-AA-G-HI	G	NO	0204060	02/03/2014				Modernized Medicare Supplement Insurance Plan	49,848	28,565	57.3	28	53,087	32,831	61.8	34
YES	LOYAL-MSD-AA-N-HI	N	NO	0204060	02/03/2014				Modernized Medicare Supplement Insurance Plan	10,619	7,145	67.3	6	3,298	488	14.8	2
0199999. Total Experience on Individual Policies										358,563	252,330	70.4	189	476,537	405,383	85.1	313
0299999. Total Experience on Group Policies																	

GENERAL INTERROGATORIES

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

2.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717

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

3.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717

3.2 Contact Person and Phone Number: David Brosig 1-866-459-4272
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2020 OF THE Loyal American Life Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF Idaho.....
NAIC Group Code 0901..... NAIC Company Code 65722.....
ADDRESS (City, State and Zip Code) Cleveland , OH 44114.....
Person Completing This Exhibit Mohammed Umar Gilani.....
Title Appointed Actuary..... Telephone Number 512-807-4966.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2017				Policies Issued in 2018; 2019; 2020			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
YES	L-5234-ID	F	NO	0034000	07/26/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	32,899	29,261	88.9	10				
YES	L-5235-ID	G	NO	0034000	07/26/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	31,971	40,467	126.6	11				
YES	L-6202-ID	J	NO	0034060	08/28/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	229,481	140,481	61.2	64				
YES	LOYAL-MS-IA-A-ID	A	NO	0034000	06/01/2010			12/01/2018	Modernized Medicare Supplement Insurance Plan	888	1,812	204.1					
YES	LOYAL-MS-IA-B-ID	B	NO	0034000	08/04/2010				Modernized Medicare Supplement Insurance Plan	2,671	262	9.8	1				
YES	LOYAL-MS-IA-F-ID	F	NO	0034000	06/01/2010			12/01/2018	Modernized Medicare Supplement Insurance Plan	761,150	551,728	72.5	256				
YES	LOYAL-MS-IA-G-ID	G	NO	0034000	06/01/2010			12/01/2018	Modernized Medicare Supplement Insurance Plan	188,344	141,343	75.0	84				
YES	LOYAL-MS-IA-N-ID	N	NO	0034000	06/01/2010			12/01/2018	Modernized Medicare Supplement Insurance Plan	159,097	86,874	54.6	85				
YES	LOYAL-MSX-IA-F-MI	F	NO	0030500	08/04/2015			06/23/2019	Modernized Medicare Supplement Insurance Plan	300,170	241,424	80.4	117	160,941	90,027	55.9	63
YES	LOYAL-MSX-IA-G-MI	G	NO	0030500	08/04/2015			06/23/2019	Modernized Medicare Supplement Insurance Plan	125,703	89,489	71.2	57	196,650	102,132	51.9	89
YES	LOYAL-MSX-IA-HDF-MI	F	NO	0030500	08/04/2015			06/23/2019	Modernized Medicare Supplement Insurance Plan	9,762	688	7.0	10	12,587	(151)	(1.2)	13
YES	LOYAL-MSX-IA-N-MI	N	NO	0030500	08/04/2015			06/23/2019	Modernized Medicare Supplement Insurance Plan	118,864	71,921	60.5	65	100,567	59,103	58.8	54
0199999. Total Experience on Individual Policies										1,961,000	1,395,750	71.2	760	470,745	251,111	53.3	219
0299999. Total Experience on Group Policies																	



SUPPLEMENT FOR THE YEAR 2020 OF THE Loyal American Life Insurance Company
GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
2.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717
2.2 Contact Person and Phone Number: David Brosig 1-866-459-4272
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
3.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717
3.2 Contact Person and Phone Number: David Brosig 1-866-459-4272
- 4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2020 OF THE Loyal American Life Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF Illinois.....
NAIC Group Code 0901..... NAIC Company Code 65722.....
ADDRESS (City, State and Zip Code) Cleveland , OH 44114.....
Person Completing This Exhibit Mohammed Umar Gilani.....
Title Appointed Actuary..... Telephone Number 512-807-4966.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2017				Policies Issued in 2018; 2019; 2020			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
YES	L-5234-IL	F	NO	0034060	11/07/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	322,972	210,739	65.2	65				
YES	L-5235-IL	G	NO	0034060	11/07/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	18,382	7,383	40.2	5				
YES	L-6200-IL	H	NO	0034060	11/20/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	8,126	4,538	55.8	2				
YES	L-6201-IL	I	NO	0034060	11/20/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	8,021	1,615	20.1	2				
YES	L-6202-IL	J	NO	0034060	11/20/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	1,198,739	754,032	62.9	250				
YES	LOYAL-MS-AA-C-IL	C	NO	0034060	06/28/2010			01/04/2017	Modernized Medicare Supplement Insurance Plan	8,909	6,042	67.8	2				
YES	LOYAL-MS-AA-D-IL	D	NO	0034060	06/28/2010			01/04/2017	Modernized Medicare Supplement Insurance Plan	3,744	108	2.9	1				
YES	LOYAL-MS-AA-F-IL	F	NO	0034060	06/01/2010			01/04/2017	Modernized Medicare Supplement Insurance Plan	4,240,038	3,094,693	73.0	1,082				
YES	LOYAL-MS-AA-G-IL	G	NO	0034060	06/01/2010			01/04/2017	Modernized Medicare Supplement Insurance Plan	622,288	411,055	66.1	187				
YES	LOYAL-MS-AA-N-IL	N	NO	0034060	06/01/2010			01/04/2017	Modernized Medicare Supplement Insurance Plan	775,903	598,469	77.1	286				
0199999. Total Experience on Individual Policies										7,207,122	5,088,674	70.6	1,882				
0299999. Total Experience on Group Policies																	



SUPPLEMENT FOR THE YEAR 2020 OF THE Loyal American Life Insurance Company
GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
2.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717
2.2 Contact Person and Phone Number: David Brosig 1-866-459-4272
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
3.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717
3.2 Contact Person and Phone Number: David Brosig 1-866-459-4272
- 4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2020 OF THE Loyal American Life Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF Indiana.....
NAIC Group Code 0901..... NAIC Company Code 65722.....
ADDRESS (City, State and Zip Code) Cleveland , OH 44114.....
Person Completing This Exhibit Mohammed Umar Gilani.....
Title Appointed Actuary..... Telephone Number 512-807-4966.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2017				Policies Issued in 2018; 2019; 2020			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
YES	L-5231-IN	B	NO	0034000	12/18/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	3,413	1,551	45.4	1				
YES	L-5233-IN	D	NO	0034000	12/18/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	3,404	288	8.5	1				
YES	L-5234-IN	F	NO	0034000	12/18/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	407,826	288,162	70.7	85				
YES	L-5235-IN	G	NO	0034000	12/18/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	163,941	73,458	44.8	33				
YES	L-6200-IN	H	NO	0034000	11/14/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	5,307	171	3.2	1				
YES	L-6201-IN	I	NO	0034000	11/14/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	10,694	3,114	29.1	3				
YES	L-6202-IN	J	NO	0034000	11/14/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	822,957	532,136	64.7	182				
YES	LOYAL-MS-AA-A-IN	A	NO	0034000	06/01/2010				Modernized Medicare Supplement Insurance Plan	5,820	1,769	30.4	3				
YES	LOYAL-MS-AA-B-IN	B	NO	0034000	07/26/2010				Modernized Medicare Supplement Insurance Plan	2,362	112	4.7	1				
YES	LOYAL-MS-AA-C-IN	C	NO	0034000	07/26/2010				Modernized Medicare Supplement Insurance Plan	16,807	12,479	74.2	5				
YES	LOYAL-MS-AA-D-IN	D	NO	0034000	07/26/2010				Modernized Medicare Supplement Insurance Plan	30,279	17,800	58.8	9				
YES	LOYAL-MS-AA-F-IN	F	NO	0034000	06/01/2010				Modernized Medicare Supplement Insurance Plan	4,088,125	2,802,965	68.6	1,282	51,722	19,084	36.9	17
YES	LOYAL-MS-AA-G-IN	G	NO	0034000	06/01/2010				Modernized Medicare Supplement Insurance Plan	1,090,497	786,842	72.2	440	96,706	57,776	59.7	41
YES	LOYAL-MS-AA-N-IN	N	NO	0034000	06/01/2010				Modernized Medicare Supplement Insurance Plan	1,425,805	1,185,676	83.2	645	71,694	50,337	70.2	34
0199999. Total Experience on Individual Policies										8,077,237	5,706,523	70.6	2,691	220,122	127,197	57.8	92



SUPPLEMENT FOR THE YEAR 2020 OF THE Loyal American Life Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF Indiana.....
NAIC Group Code 0901..... NAIC Company Code 65722
ADDRESS (City, State and Zip Code) Cleveland , OH 44114
Person Completing This Exhibit Mohammed Umar Gilani
Title Appointed Actuary Telephone Number 512-807-4966

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2017			Policies Issued in 2018; 2019; 2020				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
0299999. Total Experience on Group Policies																	

GENERAL INTERROGATORIES

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

2.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717

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

3.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717

3.2 Contact Person and Phone Number: David Brosig 1-866-459-4272
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2020 OF THE Loyal American Life Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF Iowa.....
NAIC Group Code 0901..... NAIC Company Code 65722.....
ADDRESS (City, State and Zip Code) Cleveland , OH 44114.....
Person Completing This Exhibit Mohammed Umar Gilani.....
Title Appointed Actuary..... Telephone Number 512-807-4966.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2017				Policies Issued in 2018; 2019; 2020			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
YES	L-5234-1A	F	NO	0034000	10/31/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	230,890	211,242	91.5	61				
YES	L-5235-1A	G	NO	0034000	10/31/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	3,571	1,906	53.4	1				
YES	L-6200-1A	H	NO	0034000	09/12/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	3,693	75	2.0	1				
YES	L-6201-1A	J	NO	0034000	09/12/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	3,337	486	14.6	1				
YES	L-6202-1A	J	NO	0034000	09/12/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	637,221	424,524	66.6	149				
YES	LOYAL-MS-AA-F-1A	F	NO	0034000	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	628,258	522,296	83.1	163				
YES	LOYAL-MS-AA-G-1A	G	NO	0034000	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	59,264	43,754	73.8	18				
YES	LOYAL-MS-AA-N-1A	N	NO	0034000	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	58,812	61,976	105.4	24				
0199999. Total Experience on Individual Policies										1,625,046	1,266,259	77.9	418				
0299999. Total Experience on Group Policies																	

GENERAL INTERROGATORIES

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

2.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717

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

3.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717

3.2 Contact Person and Phone Number: David Brosig 1-866-459-4272
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2020 OF THE Loyal American Life Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF Kansas.....
NAIC Group Code 0901..... NAIC Company Code 65722.....
ADDRESS (City, State and Zip Code) Cleveland , OH 44114.....
Person Completing This Exhibit Mohammed Umar Gilani.....
Title Appointed Actuary..... Telephone Number 512-807-4966.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2017				Policies Issued in 2018; 2019; 2020			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
YES	L-6200-KS	H	NO	0034060	11/04/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	3,243	2,823	87.0	1				
YES	L-6201-KS	I	NO	0034060	11/04/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	29,732	21,804	73.3	8				
YES	L-6202-KS	J	NO	0034060	11/04/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	447,451	296,485	66.3	93				
YES	LOYAL-MS-AA-A-KS	A	NO	0034060	06/01/2010				Modernized Medicare Supplement Insurance Plan	2,120	405	19.1	1				
YES	LOYAL-MS-AA-F-KS	F	NO	0034060	06/01/2010				Modernized Medicare Supplement Insurance Plan	2,340,436	1,701,543	72.7	716	111,011	80,878	72.9	38
YES	LOYAL-MS-AA-G-KS	G	NO	0034060	06/01/2010				Modernized Medicare Supplement Insurance Plan	296,481	195,892	66.1	117	215,203	160,500	74.6	107
YES	LOYAL-MS-AA-N-KS	N	NO	0034060	06/01/2010				Modernized Medicare Supplement Insurance Plan	73,175	37,854	51.7	33	21,062	36,443	173.0	10
0199999. Total Experience on Individual Policies										3,192,638	2,256,806	70.7	969	347,276	277,821	80.0	155
0299999. Total Experience on Group Policies																	

GENERAL INTERROGATORIES

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

2.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717

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

3.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717

3.2 Contact Person and Phone Number: David Brosig 1-866-459-4272
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2020 OF THE Loyal American Life Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF Kentucky.....
NAIC Group Code 0901..... NAIC Company Code 65722.....
ADDRESS (City, State and Zip Code) Cleveland , OH 44114.....
Person Completing This Exhibit Mohammed Umar Gilani.....
Title Appointed Actuary..... Telephone Number 512-807-4966.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2017				Policies Issued in 2018; 2019; 2020			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
YES	L-5231-KY	B	NO	0034060	08/26/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	18,459	3,896	21.1	4				
YES	L-5232-KY	C	NO	0034060	08/26/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	4,178	2,165	51.8	1				
YES	L-5234-KY	F	NO	0034060	08/26/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	237,779	163,022	68.6	53				
YES	L-5235-KY	G	NO	0034060	08/26/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	20,585	16,008	77.8	4				
YES	LOYAL-MS-AA-A-KY	A	NO	0034060	06/01/2010				Modernized Medicare Supplement Insurance Plan	4,126	11,585	280.8	2	15	(393)	(2,620.0)	
YES	LOYAL-MS-AA-B-KY	B	NO	0034000	06/01/2010				Modernized Medicare Supplement Insurance Plan	(138)	64	(46.4)					
YES	LOYAL-MS-AA-C-KY	C	NO	0034060	06/01/2010				Modernized Medicare Supplement Insurance Plan	20,841	9,191	44.1	7				
YES	LOYAL-MS-AA-D-KY	D	NO	0034000	06/01/2010				Modernized Medicare Supplement Insurance Plan	3,211	2,250	70.1	1				
YES	LOYAL-MS-AA-F-KY	F	NO	0034000	06/01/2010				Modernized Medicare Supplement Insurance Plan	2,661,013	1,598,163	60.1	817	25,221	48,530	192.4	9
YES	LOYAL-MS-AA-G-KY	G	NO	0034000	06/01/2010				Modernized Medicare Supplement Insurance Plan	906,266	566,674	62.5	321	81,324	31,823	39.1	34
YES	LOYAL-MS-AA-N-KY	N	NO	0034000	06/01/2010				Modernized Medicare Supplement Insurance Plan	530,848	363,976	68.6	242	63,384	37,137	58.6	30
0199999. Total Experience on Individual Policies										4,407,168	2,736,994	62.1	1,452	169,944	117,097	68.9	73
0299999. Total Experience on Group Policies																	



SUPPLEMENT FOR THE YEAR 2020 OF THE Loyal American Life Insurance Company
GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
2.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717
2.2 Contact Person and Phone Number: David Brosig 1-866-459-4272
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
3.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717
3.2 Contact Person and Phone Number: David Brosig 1-866-459-4272
- 4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2020 OF THE Loyal American Life Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF Louisiana.....
NAIC Group Code 0901..... NAIC Company Code 65722.....
ADDRESS (City, State and Zip Code) Cleveland , OH 44114.....
Person Completing This Exhibit Mohammed Umar Gilani.....
Title Appointed Actuary..... Telephone Number 512-807-4966.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2017				Policies Issued in 2018; 2019; 2020			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
YES	L-5231-LA	B	NO	0034060	11/09/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	4,769	102	2.1	1				
YES	L-5232-LA	C	NO	0034060	11/09/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	6,427	688	10.7	1				
YES	L-5233-LA	D	NO	0034060	11/09/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	1,558	(373)	(23.9)					
YES	L-5234-LA	F	NO	0034060	11/09/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	104,153	37,489	36.0	18				
YES	L-5235-LA	G	NO	0034060	11/09/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	17,591	3,906	22.2	3				
YES	L-5333-LA	F	YES	0034060	06/30/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	3,268	827	25.3	1				
YES	LOYAL-MS-AA-A-LA	A	NO	0034060	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	2,330	2,626	112.7	1				
YES	LOYAL-MS-AA-C-LA	C	NO	0034060	06/25/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	542	(190)	(35.1)					
YES	LOYAL-MS-AA-F-LA	F	NO	0034060	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	564,547	395,409	70.0	151				
YES	LOYAL-MS-AA-G-LA	G	NO	0034060	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	191,952	122,994	64.1	62				
YES	LOYAL-MS-AA-N-LA	N	NO	0034060	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	75,669	21,732	28.7	28				
0199999. Total Experience on Individual Policies										972,806	585,210	60.2	266				
0299999. Total Experience on Group Policies																	



SUPPLEMENT FOR THE YEAR 2020 OF THE Loyal American Life Insurance Company
GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
2.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717
2.2 Contact Person and Phone Number: David Brosig 1-866-459-4272
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
3.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717
3.2 Contact Person and Phone Number: David Brosig 1-866-459-4272
- 4. Explain any policies identified above as policy type "O".

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SUPPLEMENT FOR THE YEAR 2020 OF THE Loyal American Life Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF Maine.....
NAIC Group Code 0901..... NAIC Company Code 65722.....
ADDRESS (City, State and Zip Code) Cleveland , OH 44114.....
Person Completing This Exhibit Mohammed Umar Gilani.....
Title Appointed Actuary..... Telephone Number 512-807-4966.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2017				Policies Issued in 2018; 2019; 2020			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
YES	LOYAL-MS-CR-A-ME	A	NO	0034060	05/29/2013				Modernized Medicare Supplement Insurance Plan	2,233	2,638	118.1	1				
YES	LOYAL-MS-CR-F-ME	F	NO	0034000	05/29/2013				Modernized Medicare Supplement Insurance Plan	133,208	143,478	107.7	38	50,810	32,278	63.5	14
YES	LOYAL-MS-CR-G-ME	G	NO	0034000	05/29/2013				Modernized Medicare Supplement Insurance Plan	672,202	418,405	62.2	255	1,060,667	641,324	60.5	415
YES	LOYAL-MS-CR-N-ME	N	NO	0034000	05/29/2013				Modernized Medicare Supplement Insurance Plan	99,418	78,063	78.5	54	269,798	194,608	72.1	178
YES	LOYAL-MSD-CR-A-ME	A	NO	0204060	07/03/2013				Modernized Medicare Supplement Insurance Plan								
YES	LOYAL-MSD-CR-F-ME	F	NO	0204000	07/03/2013				Modernized Medicare Supplement Insurance Plan	9,247	6,331	68.5	3	5,620	703	12.5	2
YES	LOYAL-MSD-CR-G-ME	G	NO	0204000	07/03/2013				Modernized Medicare Supplement Insurance Plan	100,660	73,661	73.2	38	138,841	62,828	45.3	57
YES	LOYAL-MSD-CR-N-ME	N	NO	0204000	07/03/2013				Modernized Medicare Supplement Insurance Plan	7,759	5,520	71.1	4	70,923	26,493	37.4	51
0199999. Total Experience on Individual Policies										1,024,727	728,096	71.1	393	1,596,659	958,234	60.0	717
0299999. Total Experience on Group Policies																	

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
2.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717
2.2 Contact Person and Phone Number: David Brosig 1-866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
3.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717
3.2 Contact Person and Phone Number: David Brosig 1-866-459-4272
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2020 OF THE Loyal American Life Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF Massachusetts.....
 NAIC Group Code 0901..... NAIC Company Code 65722.....
 ADDRESS (City, State and Zip Code) Cleveland , OH 44114.....
 Person Completing This Exhibit.....
 Title..... Telephone Number.....

[illegible]

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
2.1 Address: 11200 Lakeline Blvd Suite 100 Austin, TX 78717
2.2 Contact Person and Phone Number: David Brosig 1-866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
3.1 Address: 11200 Lakeline Blvd Suite 100 Austin, TX 78717
3.2 Contact Person and Phone Number: David Brosig 1-866-459-4272
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2020 OF THE Loyal American Life Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF Michigan.....
NAIC Group Code 0901..... NAIC Company Code 65722.....
ADDRESS (City, State and Zip Code) Cleveland , OH 44114.....
Person Completing This Exhibit Mohammed Umar Gilani.....
Title Appointed Actuary..... Telephone Number 512-807-4966.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2017				Policies Issued in 2018; 2019; 2020			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
YES	L-5234-MI	F	NO	0034000	09/21/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	20,537	4,347	21.2	4				
YES	L-6200-MI	H	NO	0034000	08/19/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	7,585	127	1.7	1				
YES	L-6201-MI	I	NO	0034000	08/19/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	9,464	23,283	246.0	2				
YES	L-6202-MI	J	NO	0034000	08/19/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	381,134	139,914	36.7	78				
YES	LOYAL-MS-AA-C-MI	C	NO	0034000	06/01/2010			12/04/2018	Modernized Medicare Supplement Insurance Plan	44,665	27,686	62.0	12				
YES	LOYAL-MS-AA-D-MI	D	NO	0034000	06/07/2010			12/04/2018	Modernized Medicare Supplement Insurance Plan	30,455	17,349	57.0	8				
YES	LOYAL-MS-AA-F-MI	F	NO	0034000	06/01/2010			12/04/2018	Modernized Medicare Supplement Insurance Plan	2,685,947	1,797,907	66.9	785				
YES	LOYAL-MS-AA-G-MI	G	NO	0034000	06/01/2010			12/04/2018	Modernized Medicare Supplement Insurance Plan	767,220	463,309	60.4	259				
YES	LOYAL-MS-AA-N-MI	N	NO	0034000	06/01/2010			12/04/2018	Modernized Medicare Supplement Insurance Plan	535,021	371,393	69.4	233				
YES	LOYAL-MSX-AA-F-MI	F	NO	0030500	09/24/2015				Modernized Medicare Supplement Insurance Plan	910,028	603,646	66.3	293	428,133	266,619	62.3	153
YES	LOYAL-MSX-AA-G-MI	G	NO	0030500	09/24/2015				Modernized Medicare Supplement Insurance Plan	236,490	123,831	52.4	97	465,964	458,562	98.4	215
YES	LOYAL-MSX-AA-HDF-MI	F	NO	0030500	09/24/2015				Modernized Medicare Supplement Insurance Plan	83,986	44,612	53.1	77	46,181	51,090	110.6	46
YES	LOYAL-MSX-AA-N-MI	N	NO	0030500	09/24/2015				Modernized Medicare Supplement Insurance Plan	327,002	294,133	89.9	169	205,593	212,178	103.2	102
0199999. Total Experience on Individual Policies										6,039,534	3,911,537	64.8	2,018	1,145,871	988,449	86.3	516
0299999. Total Experience on Group Policies																	



SUPPLEMENT FOR THE YEAR 2020 OF THE Loyal American Life Insurance Company
GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
2.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717
2.2 Contact Person and Phone Number: David Brosig 1-866-459-4272
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
3.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717
3.2 Contact Person and Phone Number: David Brosig 1-866-459-4272
- 4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2020 OF THE Loyal American Life Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF Minnesota.....
NAIC Group Code 0901..... NAIC Company Code 65722
ADDRESS (City, State and Zip Code) Cleveland , OH 44114
Person Completing This Exhibit Mohammed Umar Gilani
Title Appointed Actuary Telephone Number 512-807-4966

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2017				Policies Issued in 2018; 2019; 2020			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
YES	LOYAL-MS-BASIC-MN	0	NO	0034000	06/01/2010				Modernized Medicare Supplement Insurance Plan	901,999	678,262	75.2	341	2,420,790	1,301,059	53.7	990
YES	LOYAL-MS-COPAYMENT-MN	0	NO	0034000	06/01/2010				Modernized Medicare Supplement Insurance Plan	7,905	9,586	121.3	3				
YES	LOYAL-MS-EXTENDED-MN	0	NO	0034000	06/01/2010				Modernized Medicare Supplement Insurance Plan	973,887	663,340	68.1	332	651,365	475,120	72.9	236
0199999. Total Experience on Individual Policies										1,883,791	1,351,188	71.7	676	3,072,155	1,776,179	57.8	1,226
0299999. Total Experience on Group Policies																	

GENERAL INTERROGATORIES

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

2.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717

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

3.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717

3.2 Contact Person and Phone Number: David Brosig 1-866-459-4272
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2020 OF THE Loyal American Life Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF Mississippi.....
NAIC Group Code 0901..... NAIC Company Code 65722.....
ADDRESS (City, State and Zip Code) Cleveland , OH 44114.....
Person Completing This Exhibit Mohammed Umar Gilani.....
Title Appointed Actuary..... Telephone Number 512-807-4966.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2017				Policies Issued in 2018; 2019; 2020			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
YES	L-5234-MS	F	NO	0034060	07/29/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	108,442	99,929	92.1	22				
YES	L-5333-MS	F	YES	0034060	03/11/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	195,316	164,807	84.4	56				
YES	L-5334-MS	G	YES	0034060	03/11/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	2,861	13,126	458.8	1				
YES	L-6200-MS	H	NO	0034060	11/20/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	4,890	807	16.5	1				
YES	L-6201-MS	I	NO	0034060	11/20/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	950	4,174	439.4					
YES	L-6202-MS	J	NO	0034060	11/20/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	584,270	420,179	71.9	129				
YES	LOYAL-MS-AA-A-MS	A	NO	0034060	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	9,352	5,799	62.0	4				
YES	LOYAL-MS-AA-B-MS	B	NO	0034060	07/22/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	11,512	6,874	59.7	4				
YES	LOYAL-MS-AA-C-MS	C	NO	0034060	07/22/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	21,247	3,466	16.3	6				
YES	LOYAL-MS-AA-D-MS	D	NO	0034000	07/22/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	5,949	2,045	34.4	2				
YES	LOYAL-MS-AA-F-MS	F	NO	0034060	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	2,588,111	1,739,393	67.2	745				
YES	LOYAL-MS-AA-G-MS	G	NO	0034000	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	390,634	297,310	76.1	137				
YES	LOYAL-MS-AA-N-MS	N	NO	0034000	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	349,306	211,125	60.4	155				
0199999. Total Experience on Individual Policies										4,272,840	2,969,034	69.5	1,262				
0299999. Total Experience on Group Policies																	

360.MS



SUPPLEMENT FOR THE YEAR 2020 OF THE Loyal American Life Insurance Company
GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
2.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717
2.2 Contact Person and Phone Number: David Brosig 1-866-459-4272
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
3.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717
3.2 Contact Person and Phone Number: David Brosig 1-866-459-4272
- 4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2020 OF THE Loyal American Life Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF Missouri.....
NAIC Group Code 0901..... NAIC Company Code 65722.....
ADDRESS (City, State and Zip Code) Cleveland , OH 44114.....
Person Completing This Exhibit Mohammed Umar Gilani.....
Title Appointed Actuary..... Telephone Number 512-807-4966.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2017				Policies Issued in 2018; 2019; 2020			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
YES	L-6200-MO	H	NO	0034060	08/26/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	3,613	6,699	185.4	1				
YES	L-6201-MO	I	NO	0034060	08/26/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	6,228	4,387	70.4	2				
YES	L-6202-MO	J	NO	0034060	08/26/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	432,887	277,597	64.1	111				
YES	LOYAL-MS-1A-A-MO	A	NO	0034060	06/01/2010				Modernized Medicare Supplement Insurance Plan	1,794	(15)	(0.8)	1	3,203	481	15.0	1
YES	LOYAL-MS-1A-F-MO	F	NO	0034060	06/01/2010				Modernized Medicare Supplement Insurance Plan	1,040,006	764,940	73.6	337	20,052	6,027	30.1	7
YES	LOYAL-MS-1A-G-MO	G	NO	0034060	06/01/2010				Modernized Medicare Supplement Insurance Plan	210,426	250,362	119.0	80	52,309	33,207	63.5	21
YES	LOYAL-MS-1A-N-MO	N	NO	0034060	06/01/2010				Modernized Medicare Supplement Insurance Plan	39,321	11,315	28.8	19				
0199999. Total Experience on Individual Policies										1,734,275	1,315,285	75.8	551	75,564	39,715	52.6	29
0299999. Total Experience on Group Policies																	

GENERAL INTERROGATORIES

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

2.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717

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

3.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717

3.2 Contact Person and Phone Number: David Brosig 1-866-459-4272
4. Explain any policies identified above as policy type "O".

360.MT



SUPPLEMENT FOR THE YEAR 2020 OF THE Loyal American Life Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF Montana.....
NAIC Group Code 0901..... NAIC Company Code 65722
ADDRESS (City, State and Zip Code) Cleveland , OH 44114
Person Completing This Exhibit Mohammed Umar Gilani
Title Appointed Actuary Telephone Number 512-807-4966

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2017				Policies Issued in 2018; 2019; 2020			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
YES	L-5234-MT	F	NO	0034000	09/19/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	9,450	2,135	22.6	2				
YES	L-6201-MT	I	NO	0034000	02/25/2009			05/31/2010	Senior Class Medicare Supplement Insurance Plan	12	(331)	(2,758.3)					
YES	L-6202-MT	J	NO	0034000	02/25/2009			05/31/2010	Senior Class Medicare Supplement Insurance Plan	807,466	510,755	63.3	204				
YES	LOYAL-MS-AA-F-MT	F	NO	0034000	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	145,224	70,919	48.8	44				
YES	LOYAL-MS-AA-G-MT	G	NO	0034000	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	56,284	32,706	58.1	21				
YES	LOYAL-MS-AA-N-MT	N	NO	0034000	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	17,559	9,643	54.9	7				
0199999. Total Experience on Individual Policies										1,035,995	625,827	60.4	278				
0299999. Total Experience on Group Policies																	

GENERAL INTERROGATORIES

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

2.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717

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

3.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717

3.2 Contact Person and Phone Number: David Brosig 1-866-459-4272
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2020 OF THE Loyal American Life Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF Nebraska.....
NAIC Group Code 0901..... NAIC Company Code 65722.....
ADDRESS (City, State and Zip Code) Cleveland , OH 44114.....
Person Completing This Exhibit Mohammed Umar Gilani.....
Title Appointed Actuary..... Telephone Number 512-807-4966.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2017				Policies Issued in 2018; 2019; 2020			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
YES	L-5234-NE	F	NO	0034000	09/13/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	85,320	103,997	121.9	18				
YES	L-5235-NE	G	NO	0034000	09/13/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	4,633	5,320	114.8	1				
YES	L-6200-NE	H	NO	0034000	10/08/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	3,891	3,502	90.0	1				
YES	L-6202-NE	J	NO	0034000	10/08/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	474,408	285,701	60.2	106				
YES	LOYAL-MS-AA-F-NE	F	NO	0034000	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	915,966	710,314	77.5	250				
YES	LOYAL-MS-AA-G-NE	G	NO	0034000	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	77,891	68,147	87.5	26				
YES	LOYAL-MS-AA-N-NE	N	NO	0034000	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	14,912	12,981	87.1	6				
0199999. Total Experience on Individual Policies										1,577,021	1,189,962	75.5	408				
0299999. Total Experience on Group Policies																	

GENERAL INTERROGATORIES

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

2.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717

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

3.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717

3.2 Contact Person and Phone Number: David Brosig 1-866-459-4272
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2020 OF THE Loyal American Life Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF Nevada.....
NAIC Group Code 0901..... NAIC Company Code 65722
ADDRESS (City, State and Zip Code) Cleveland , OH 44114
Person Completing This Exhibit
Title Telephone Number

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2017				Policies Issued in 2018; 2019; 2020			
										11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
2.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717
2.2 Contact Person and Phone Number: David Brosig 1-866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
3.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717
3.2 Contact Person and Phone Number: David Brosig 1-866-459-4272
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2020 OF THE Loyal American Life Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF New Hampshire.....
NAIC Group Code 0901..... NAIC Company Code 65722.....
ADDRESS (City, State and Zip Code) Cleveland , OH 44114.....
Person Completing This Exhibit Mohammed Umar Gilani.....
Title Appointed Actuary..... Telephone Number 512-807-4966.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2017				Policies Issued in 2018; 2019; 2020			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
YES	LOYAL-MS-1A-F-NH	F	NO	0034060	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	9,151	3,033	33.1	2				
YES	LOYAL-MS-1A-G-NH	G	NO	0034060	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	3,860	1,870	48.4	1				
0199999. Total Experience on Individual Policies										13,011	4,903	37.7	3				
0299999. Total Experience on Group Policies																	

GENERAL INTERROGATORIES

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

2.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717

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

3.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717

3.2 Contact Person and Phone Number: David Brosig 1-866-459-4272
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2020 OF THE Loyal American Life Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF New Jersey.....
NAIC Group Code 0901..... NAIC Company Code 65722.....
ADDRESS (City, State and Zip Code) Cleveland , OH 44114.....
Person Completing This Exhibit Mohammed Umar Gilani.....
Title Appointed Actuary..... Telephone Number 512-807-4966.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2017				Policies Issued in 2018; 2019; 2020			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
YES	LOYAL-MS-AA-C-NJ	C	NO	0034060	05/16/2013				Modernized Medicare Supplement Insurance Plan	146,093	227,646	155.8	58	25,932	27,321	105.4	11
YES	LOYAL-MS-AA-F-NJ	F	NO	0034000	05/16/2013				Modernized Medicare Supplement Insurance Plan	5,274,557	4,126,034	78.2	1,884	1,452,119	1,081,862	74.5	556
YES	LOYAL-MS-AA-G-NJ	G	NO	0034000	05/16/2013				Modernized Medicare Supplement Insurance Plan	5,205,400	4,034,748	77.5	2,427	2,032,187	1,721,759	84.7	1,092
YES	LOYAL-MS-AA-N-NJ	N	NO	0034000	05/16/2013				Modernized Medicare Supplement Insurance Plan	1,051,051	804,532	76.5	642	300,604	163,386	54.4	210
YES	LOYAL-MSD-AA-A-NJ	A	NO	0204000	07/12/2013				Modernized Medicare Supplement Insurance Plan	2,456	1,956	79.6	1				
YES	LOYAL-MSD-AA-C-NJ	C	NO	0204060	07/12/2013				Modernized Medicare Supplement Insurance Plan	38,677	32,282	83.5	16	2,642	1,491	56.4	1
YES	LOYAL-MSD-AA-F-NJ	F	NO	0204000	07/12/2013				Modernized Medicare Supplement Insurance Plan	839,439	555,223	66.1	286	186,274	95,218	51.1	73
YES	LOYAL-MSD-AA-G-NJ	G	NO	0204000	07/12/2013				Modernized Medicare Supplement Insurance Plan	885,414	558,535	63.1	413	245,095	167,738	68.4	130
YES	LOYAL-MSD-AA-N-NJ	N	NO	0204000	07/12/2013				Modernized Medicare Supplement Insurance Plan	255,554	238,809	93.4	150	57,008	24,804	43.5	35
0199999. Total Experience on Individual Policies										13,698,641	10,579,765	77.2	5,877	4,301,861	3,283,579	76.3	2,108
0299999. Total Experience on Group Policies																	

GENERAL INTERROGATORIES

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

2.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717

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

3.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717

3.2 Contact Person and Phone Number: David Brosig 1-866-459-4272
4. Explain any policies identified above as policy type "O".

360.NM



SUPPLEMENT FOR THE YEAR 2020 OF THE Loyal American Life Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF New Mexico.....
NAIC Group Code 0901..... NAIC Company Code 65722.....
ADDRESS (City, State and Zip Code) Cleveland , OH 44114.....
Person Completing This Exhibit Mohammed Umar Gilani.....
Title Appointed Actuary..... Telephone Number 512-807-4966.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2017				Policies Issued in 2018; 2019; 2020			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
YES	L-6201-NM	I	NO	0034000	10/07/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	16,700	4,365	26.1	4				
YES	L-6202-NM	J	NO	0034000	10/07/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	276,904	219,756	79.4	64				
YES	LOYAL-MS-AA-F-NM	F	NO	0034000	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	216,824	111,267	51.3	65				
YES	LOYAL-MS-AA-G-NM	G	NO	0034000	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	47,219	40,768	86.3	17				
YES	LOYAL-MS-AA-N-NM	N	NO	0034000	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	13,148	3,030	23.0	6				
0199999. Total Experience on Individual Policies										570,795	379,186	66.4	156				
0299999. Total Experience on Group Policies																	

GENERAL INTERROGATORIES

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

2.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717

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

3.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717

3.2 Contact Person and Phone Number: David Brosig 1-866-459-4272
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2020 OF THE Loyal American Life Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF New York
NAIC Group Code 0901 NAIC Company Code 65722
ADDRESS (City, State and Zip Code) Cleveland , OH 44114
Person Completing This Exhibit
Title Telephone Number

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2017				Policies Issued in 2018; 2019; 2020			
										11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	

GENERAL INTERROGATORIES

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

2.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717

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

3.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717

3.2 Contact Person and Phone Number: David Brosig 1-866-459-4272
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2020 OF THE Loyal American Life Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF North Carolina.....
NAIC Group Code 0901..... NAIC Company Code 65722.....
ADDRESS (City, State and Zip Code) Cleveland , OH 44114.....
Person Completing This Exhibit Mohammed Umar Gilani.....
Title Appointed Actuary..... Telephone Number 512-807-4966.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2017				Policies Issued in 2018; 2019; 2020			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
YES	L-5232-NC	C	NO	0034060	08/16/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	4,036	2,102	52.1					
YES	L-5233-NC	D	NO	0034000	08/16/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	3,882	1,127	29.0	1				
YES	L-5234-NC	F	NO	0034000	08/16/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	142,095	99,220	69.8	29				
YES	L-5235-NC	G	NO	0034000	08/16/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	8,935	2,698	30.2	1				
YES	L-6200-NC	H	NO	0034000	09/30/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	4,395	4,539	103.3	1				
YES	L-6201-NC	I	NO	0034000	09/30/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	26,030	52,862	203.1	6				
YES	L-6202-NC	J	NO	0034060	09/30/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	870,657	529,235	60.8	183				
YES	LOYAL-MS-AA-A-NC	A	NO	0034060	06/01/2010			01/31/2017	Modernized Medicare Supplement Insurance Plan	5,101	5,792	113.5	1				
YES	LOYAL-MS-AA-B-NC	B	NO	0034000	07/02/2010			01/31/2017	Modernized Medicare Supplement Insurance Plan	2,599	251	9.7	1				
YES	LOYAL-MS-AA-C-NC	C	NO	0034060	07/02/2010			01/31/2017	Modernized Medicare Supplement Insurance Plan	41,079	14,153	34.5	10				
YES	LOYAL-MS-AA-D-NC	D	NO	0034000	07/02/2010			01/31/2017	Modernized Medicare Supplement Insurance Plan	19,126	24,287	127.0	6				
YES	LOYAL-MS-AA-F-NC	F	NO	0034000	06/01/2010			01/31/2017	Modernized Medicare Supplement Insurance Plan	1,661,585	1,120,084	67.4	441				
YES	LOYAL-MS-AA-G-NC	G	NO	0034000	06/01/2010			01/31/2017	Modernized Medicare Supplement Insurance Plan	333,498	213,928	64.1	113				
YES	LOYAL-MS-AA-N-NC	N	NO	0034000	06/01/2010			01/31/2017	Modernized Medicare Supplement Insurance Plan	204,850	97,689	47.7	88				
0199999. Total Experience on Individual Policies										3,327,868	2,167,967	65.1	881				

360.NC



SUPPLEMENT FOR THE YEAR 2020 OF THE Loyal American Life Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF North Carolina.....
NAIC Group Code 0901..... NAIC Company Code 65722
ADDRESS (City, State and Zip Code) Cleveland , OH 44114
Person Completing This Exhibit Mohammed Umar Gilani
Title Appointed Actuary Telephone Number 512-807-4966

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2017				Policies Issued in 2018; 2019; 2020			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
0299999. Total Experience on Group Policies																	

GENERAL INTERROGATORIES

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

2.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717

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

3.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717

3.2 Contact Person and Phone Number: David Brosig 1-866-459-4272
4. Explain any policies identified above as policy type "O".

360.ND



SUPPLEMENT FOR THE YEAR 2020 OF THE Loyal American Life Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF North Dakota.....
NAIC Group Code 0901..... NAIC Company Code 65722.....
ADDRESS (City, State and Zip Code) Cleveland , OH 44114.....
Person Completing This Exhibit Mohammed Umar Gilani.....
Title Appointed Actuary..... Telephone Number 512-807-4966.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2017				Policies Issued in 2018; 2019; 2020			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
YES	L-6202-ND	J	NO	0034000	10/21/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	10,514	32,519	309.3	3				
YES	LOYAL-MS-AA-F-ND	F	NO	0034000	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	44,241	33,453	75.6	13				
YES	LOYAL-MS-AA-G-ND	G	NO	0034000	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	7,692	22,888	297.6	3				
0199999. Total Experience on Individual Policies										62,447	88,860	142.3	19				
0299999. Total Experience on Group Policies																	

GENERAL INTERROGATORIES

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

2.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717

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

3.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717

3.2 Contact Person and Phone Number: David Brosig 1-866-459-4272
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2020 OF THE Loyal American Life Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF Ohio.....
NAIC Group Code 0901..... NAIC Company Code 65722.....
ADDRESS (City, State and Zip Code) Cleveland , OH 44114.....
Person Completing This Exhibit Mohammed Umar Gilani.....
Title Appointed Actuary..... Telephone Number 512-807-4966.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2017				Policies Issued in 2018; 2019; 2020			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
YES	L-5230-OH	A	NO	0034000	08/10/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	3,486	23,366	670.3	1				
YES	L-5232-OH	C	NO	0034000	08/10/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	23,448	12,089	51.6	4				
YES	L-5233-OH	D	NO	0034000	08/10/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	8,755	1,884	21.5	2				
YES	L-5234-OH	F	NO	0034000	08/10/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	149,357	164,395	110.1	31				
YES	L-5235-OH	G	NO	0034000	08/10/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	16,990	11,975	70.5	5				
YES	L-6201-OH	I	NO	0034060	09/05/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	4,861	250	5.1	1				
YES	L-6202-OH	J	NO	0034060	09/05/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	580,383	384,207	66.2	119				
YES	LOYAL-MS-AA-C-OH	C	NO	0034000	06/01/2010			08/09/2017	Modernized Medicare Supplement Insurance Plan	166,332	143,477	86.3	38				
YES	LOYAL-MS-AA-D-OH	D	NO	0034000	07/12/2010			08/09/2017	Modernized Medicare Supplement Insurance Plan	9,906	7,777	78.5	3				
YES	LOYAL-MS-AA-F-OH	F	NO	0034000	06/01/2010			08/09/2017	Modernized Medicare Supplement Insurance Plan	1,383,356	732,548	53.0	335				
YES	LOYAL-MS-AA-G-OH	G	NO	0034000	06/01/2010			08/09/2017	Modernized Medicare Supplement Insurance Plan	301,194	162,200	53.9	86				
YES	LOYAL-MS-AA-N-OH	N	NO	0034000	06/01/2010			08/09/2017	Modernized Medicare Supplement Insurance Plan	351,861	211,413	60.1	137				
0199999. Total Experience on Individual Policies										2,999,929	1,855,581	61.9	762				
0299999. Total Experience on Group Policies																	

360.OH



SUPPLEMENT FOR THE YEAR 2020 OF THE Loyal American Life Insurance Company
GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
2.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717
2.2 Contact Person and Phone Number: David Brosig 1-866-459-4272
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
3.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717
3.2 Contact Person and Phone Number: David Brosig 1-866-459-4272
- 4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2020 OF THE Loyal American Life Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF Oklahoma.....
NAIC Group Code 0901..... NAIC Company Code 65722.....
ADDRESS (City, State and Zip Code) Cleveland , OH 44114.....
Person Completing This Exhibit Mohammed Umar Gilani.....
Title Appointed Actuary..... Telephone Number 512-807-4966.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2017				Policies Issued in 2018; 2019; 2020			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
YES	L-5234-OK	F	NO	0034000	08/18/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	142,577	111,844	78.4	29				
YES	L-5235-OK	G	NO	0034000	08/18/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	23,443	10,283	43.9	5				
YES	L-6200-OK	H	NO	0034060	08/28/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	11,188	1,376	12.3	3				
YES	L-6202-OK	J	NO	0034060	08/28/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	473,414	251,693	53.2	100				
YES	LOYAL-MS-AA-A-OK	A	NO	0034060	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	10,751	7,516	69.9	4				
YES	LOYAL-MS-AA-F-OK	F	NO	0034000	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	362,480	261,920	72.3	92				
YES	LOYAL-MS-AA-G-OK	G	NO	0034000	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	34,887	17,084	49.0	12				
YES	LOYAL-MS-AA-N-OK	N	NO	0034000	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	46,530	48,369	104.0	18				
0199999. Total Experience on Individual Policies										1,105,270	710,085	64.2	263				
0299999. Total Experience on Group Policies																	

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
2.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717
2.2 Contact Person and Phone Number: David Brosig 1-866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
3.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717
3.2 Contact Person and Phone Number: David Brosig 1-866-459-4272
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2020 OF THE Loyal American Life Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF Oregon.....
NAIC Group Code 0901..... NAIC Company Code 65722.....
ADDRESS (City, State and Zip Code) Cleveland , OH 44114.....
Person Completing This Exhibit Mohammed Umar Gilani.....
Title Appointed Actuary..... Telephone Number 512-807-4966.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2017				Policies Issued in 2018; 2019; 2020			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
YES	L-5230-OR	A	NO	0034060	09/08/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	2,726	1,824	66.9	1				
YES	L-5234-OR	F	NO	0034060	09/08/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	31,367	12,027	38.3	8				
YES	L-5235-OR	G	NO	0034060	09/08/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	5,381	17,276	321.1	2				
YES	L-6200-OR	H	NO	0034060	10/13/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	3,271	634	19.4	1				
YES	L-6201-OR	I	NO	0034060	10/13/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	1,960	(314)	(16.0)					
YES	L-6202-OR	J	NO	0034060	10/13/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	381,719	181,766	47.6	82				
YES	LOYAL-MS-AA-A-OR	A	NO	0034060	06/01/2010				Modernized Medicare Supplement Insurance Plan					5,095	143	2.8	2
YES	LOYAL-MS-AA-B-OR	B	NO	0034060	06/10/2010				Modernized Medicare Supplement Insurance Plan	3,131	1,227	39.2					
YES	LOYAL-MS-AA-C-OR	C	NO	0034060	06/10/2010				Modernized Medicare Supplement Insurance Plan	21,000	18,477	88.0	5	15,720	8,964	57.0	7
YES	LOYAL-MS-AA-D-OR	D	NO	0034060	06/10/2010				Modernized Medicare Supplement Insurance Plan	18,102	25,350	140.0	6	11,469	5,788	50.5	5
YES	LOYAL-MS-AA-F-OR	F	NO	0034060	06/01/2010				Modernized Medicare Supplement Insurance Plan	2,523,289	1,921,646	76.2	817	2,782,765	2,122,308	76.3	1,077
YES	LOYAL-MS-AA-G-OR	G	NO	0034060	06/01/2010				Modernized Medicare Supplement Insurance Plan	1,934,660	1,307,806	67.6	878	13,080,050	10,394,705	79.5	7,112
YES	LOYAL-MS-AA-N-OR	N	NO	0034060	06/01/2010				Modernized Medicare Supplement Insurance Plan	787,668	664,446	84.4	382	1,572,877	1,203,927	76.5	863
0199999. Total Experience on Individual Policies										5,714,274	4,152,165	72.7	2,182	17,467,976	13,735,835	78.6	9,066
0299999. Total Experience on Group Policies																	

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SUPPLEMENT FOR THE YEAR 2020 OF THE Loyal American Life Insurance Company
GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
2.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717
2.2 Contact Person and Phone Number: David Brosig 1-866-459-4272
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
3.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717
3.2 Contact Person and Phone Number: David Brosig 1-866-459-4272
- 4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2020 OF THE Loyal American Life Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF Pennsylvania.....
NAIC Group Code 0901..... NAIC Company Code 65722.....
ADDRESS (City, State and Zip Code) Cleveland , OH 44114.....
Person Completing This Exhibit Mohammed Umar Gilani.....
Title Appointed Actuary..... Telephone Number 512-807-4966.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2017				Policies Issued in 2018; 2019; 2020			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
YES	L-5232-PA	C	NO	0034060	12/02/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	6,603	10,325	156.4	2				
YES	L-5233-PA	D	NO	0034060	12/02/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	36,005	26,152	72.6	10				
YES	L-5234-PA	F	NO	0034060	12/02/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	97,897	78,740	80.4	29				
YES	L-5235-PA	G	NO	0034060	12/02/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	14,456	6,141	42.5	4				
YES	LOYAL-MS-AA-C-PA	C	NO	0034060	06/10/2010			09/30/2016	Modernized Medicare Supplement Insurance Plan	1,503	2,287	152.2					
YES	LOYAL-MS-AA-D-PA	D	NO	0034060	06/10/2010			09/30/2016	Modernized Medicare Supplement Insurance Plan	8,510	5,428	63.8	3				
YES	LOYAL-MS-AA-F-PA	F	NO	0034060	06/01/2010			09/30/2016	Modernized Medicare Supplement Insurance Plan	1,597,333	880,768	55.1	428				
YES	LOYAL-MS-AA-G-PA	G	NO	0034060	06/01/2010			09/30/2016	Modernized Medicare Supplement Insurance Plan	371,118	247,907	66.8	106				
YES	LOYAL-MS-AA-N-PA	N	NO	0034060	06/01/2010			09/30/2016	Modernized Medicare Supplement Insurance Plan	711,981	430,936	60.5	279				
0199999. Total Experience on Individual Policies										2,845,406	1,688,684	59.3	861				
0299999. Total Experience on Group Policies																	

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
2.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717
2.2 Contact Person and Phone Number: David Brosig 1-866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
3.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717
3.2 Contact Person and Phone Number: David Brosig 1-866-459-4272
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2020 OF THE Loyal American Life Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF South Carolina.....
NAIC Group Code 0901..... NAIC Company Code 65722.....
ADDRESS (City, State and Zip Code) Cleveland , OH 44114.....
Person Completing This Exhibit Mohammed Umar Gilani.....
Title Appointed Actuary..... Telephone Number 512-807-4966.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2017				Policies Issued in 2018; 2019; 2020			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
YES	L-5234-SC	F	NO	0034000	12/29/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	141,425	86,547	61.2	38				
YES	L-5235-SC	G	NO	0034000	12/29/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	38,945	39,788	102.2	11				
YES	L-6200-SC	H	NO	0034000	09/24/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	18,211	7,627	41.9	6				
YES	L-6201-SC	I	NO	0034000	09/24/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	57,454	40,522	70.5	17				
YES	L-6202-SC	J	NO	0034000	09/24/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	1,230,008	829,316	67.4	341				
YES	LOYAL-MS-AA-C-SC	C	NO	0034000	08/25/2010			09/30/2016	Modernized Medicare Supplement Insurance Plan	15,150	8,069	53.3	5				
YES	LOYAL-MS-AA-D-SC	D	NO	0034000	08/25/2010			09/30/2016	Modernized Medicare Supplement Insurance Plan	9,159	4,282	46.8	3				
YES	LOYAL-MS-AA-F-SC	F	NO	0034000	06/01/2010			09/30/2016	Modernized Medicare Supplement Insurance Plan	2,453,411	1,499,310	61.1	684				
YES	LOYAL-MS-AA-G-SC	G	NO	0034000	06/01/2010			09/30/2016	Modernized Medicare Supplement Insurance Plan	544,845	321,274	59.0	179				
YES	LOYAL-MS-AA-N-SC	N	NO	0034000	06/01/2010			09/30/2016	Modernized Medicare Supplement Insurance Plan	248,637	139,635	56.2	105				
0199999. Total Experience on Individual Policies										4,757,245	2,976,370	62.6	1,389				
0299999. Total Experience on Group Policies																	

360.SC



SUPPLEMENT FOR THE YEAR 2020 OF THE Loyal American Life Insurance Company
GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
2.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717
2.2 Contact Person and Phone Number: David Brosig 1-866-459-4272
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
3.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717
3.2 Contact Person and Phone Number: David Brosig 1-866-459-4272
- 4. Explain any policies identified above as policy type "O".

360.SD



SUPPLEMENT FOR THE YEAR 2020 OF THE Loyal American Life Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF South Dakota.....
NAIC Group Code 0901..... NAIC Company Code 65722.....
ADDRESS (City, State and Zip Code) Cleveland , OH 44114.....
Person Completing This Exhibit Mohammed Umar Gilani.....
Title Appointed Actuary..... Telephone Number 512-807-4966.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2017				Policies Issued in 2018; 2019; 2020			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
YES	L-6202-SD	J	NO	0034060	08/01/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	338,158	214,755	63.5	86				
YES	LOYAL-MS-AA-A-SD	A	NO	0034060	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	3,064	(2)	(0.1)	1				
YES	LOYAL-MS-AA-F-SD	F	NO	0034060	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	257,194	165,104	64.2	77				
YES	LOYAL-MS-AA-G-SD	G	NO	0034060	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	20,314	16,810	82.8	8				
YES	LOYAL-MS-AA-N-SD	N	NO	0034060	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	2,199	(8)	(0.4)	1				
0199999. Total Experience on Individual Policies										620,929	396,659	63.9	173				
0299999. Total Experience on Group Policies																	

GENERAL INTERROGATORIES

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

2.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717

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

3.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717

3.2 Contact Person and Phone Number: David Brosig 1-866-459-4272
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2020 OF THE Loyal American Life Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF Tennessee.....
NAIC Group Code 0901..... NAIC Company Code 65722.....
ADDRESS (City, State and Zip Code) Cleveland , OH 44114.....
Person Completing This Exhibit Mohammed Umar Gilani.....
Title Appointed Actuary..... Telephone Number 512-807-4966.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2017				Policies Issued in 2018; 2019; 2020			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
YES	L-5234-TN	F	NO	0034000	09/15/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	114,517	97,312	85.0	23				
YES	L-5235-TN	G	NO	0034000	09/15/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	27,697	11,027	39.8	5				
YES	LOYAL-MS-AA-B-TN	B	NO	0034060	07/30/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	21,222	12,169	57.3	6				
YES	LOYAL-MS-AA-C-TN	C	NO	0034060	07/30/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	12,025	3,894	32.4	3				
YES	LOYAL-MS-AA-D-TN	D	NO	0034060	07/30/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	29,479	26,779	90.8	8				
YES	LOYAL-MS-AA-F-TN	F	NO	0034060	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	6,037,858	3,686,118	61.1	1,719				
YES	LOYAL-MS-AA-G-TN	G	NO	0034060	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	709,610	416,339	58.7	238				
YES	LOYAL-MS-AA-N-TN	N	NO	0034060	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	895,398	629,358	70.3	398				
0199999. Total Experience on Individual Policies										7,847,806	4,882,996	62.2	2,400				
0299999. Total Experience on Group Policies																	

GENERAL INTERROGATORIES

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

2.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717

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

3.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717

3.2 Contact Person and Phone Number: David Brosig 1-866-459-4272
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2020 OF THE Loyal American Life Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF Texas.....
NAIC Group Code 0901..... NAIC Company Code 65722.....
ADDRESS (City, State and Zip Code) Cleveland , OH 44114.....
Person Completing This Exhibit Mohammed Umar Gilani.....
Title Appointed Actuary..... Telephone Number 512-807-4966.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2017				Policies Issued in 2018; 2019; 2020			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
YES	L-5230-TX	A	NO	0034060	02/14/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan		258						
YES	L-5232-TX	C	NO	0034000	10/19/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	10,409	3,619	34.8	2				
YES	L-5233-TX	D	NO	0034000	10/19/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	12,179	5,119	42.0	2				
YES	L-5234-TX	F	NO	0034000	10/19/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	1,173,452	705,931	60.2	233				
YES	L-5235-TX	G	NO	0034000	10/19/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	102,730	78,128	76.1	22				
YES	L-5332-TX	D	YES	0034000	02/14/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	2,939	728	24.8	1				
YES	L-5333-TX	F	YES	0034000	02/14/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	7,228	1,175	16.3	2				
YES	L-5334-TX	G	YES	0034000	02/14/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	14,083	10,574	75.1	3				
YES	L-6200-TX	H	NO	0034000	09/03/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	457,707	288,935	63.1	108				
YES	L-6201-TX	I	NO	0034000	09/03/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	771,263	514,762	66.7	188				
YES	L-6202-TX	J	NO	0034000	09/03/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	3,651,821	2,363,790	64.7	720				
YES	LOYAL-MS-AA-A-TX	A	NO	0034060	06/01/2010				Modernized Medicare Supplement Insurance Plan	94,085	85,971	91.4	22				
YES	LOYAL-MS-AA-B-TX	B	NO	0034000	08/05/2010				Modernized Medicare Supplement Insurance Plan	3,161	923	29.2	1				
YES	LOYAL-MS-AA-C-TX	C	NO	0034000	08/05/2010				Modernized Medicare Supplement Insurance Plan	7,315	511	7.0	2				

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SUPPLEMENT FOR THE YEAR 2020 OF THE Loyal American Life Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF Texas.....
NAIC Group Code 0901..... NAIC Company Code 65722
ADDRESS (City, State and Zip Code) Cleveland , OH 44114
Person Completing This Exhibit Mohammed Umar Gilani
Title Appointed Actuary Telephone Number 512-807-4966

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2017				Policies Issued in 2018; 2019; 2020			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
YES	LOYAL-MS-AA-D-TX	D	NO	0034000	08/05/2010				Modernized Medicare Supplement Insurance Plan	17,666	3,589	20.3	5				
YES	LOYAL-MS-AA-F-TX	F	NO	0034000	06/01/2010				Modernized Medicare Supplement Insurance Plan	3,254,653	2,399,255	73.7	817	59,807	47,899	80.1	16
YES	LOYAL-MS-AA-G-TX	G	NO	0034000	06/01/2010				Modernized Medicare Supplement Insurance Plan	1,546,208	1,238,236	80.1	538	201,515	192,322	95.4	82
YES	LOYAL-MS-AA-N-TX	N	NO	0034000	06/01/2010				Modernized Medicare Supplement Insurance Plan	1,095,431	907,074	82.8	471	89,257	63,965	71.7	39
0199999. Total Experience on Individual Policies										12,222,330	8,608,578	70.4	3,137	350,579	304,186	86.8	137
0299999. Total Experience on Group Policies																	

GENERAL INTERROGATORIES

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

2.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717

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

3.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717

3.2 Contact Person and Phone Number: David Brosig 1-866-459-4272
4. Explain any policies identified above as policy type "O".

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SUPPLEMENT FOR THE YEAR 2020 OF THE Loyal American Life Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF Utah.....
NAIC Group Code 0901..... NAIC Company Code 65722
ADDRESS (City, State and Zip Code) Cleveland , OH 44114
Person Completing This Exhibit Mohammed Umar Gilani
Title Appointed Actuary Telephone Number 512-807-4966

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2017				Policies Issued in 2018; 2019; 2020			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
YES	L-6202-UT	J	NO	0034000	10/04/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	171,019	87,982	51.4	40				
YES	LOYAL-MS-AA-F-UT	F	NO	0034000	06/01/2010			01/02/2017	Modernized Medicare Supplement Insurance Plan	227,016	132,274	58.3	63				
YES	LOYAL-MS-AA-G-UT	G	NO	0034000	06/01/2010			01/02/2017	Modernized Medicare Supplement Insurance Plan	45,052	27,157	60.3	17				
YES	LOYAL-MS-AA-N-UT	N	NO	0034000	06/01/2010			01/02/2017	Modernized Medicare Supplement Insurance Plan	137,956	71,130	51.6	61				
0199999. Total Experience on Individual Policies										581,043	318,543	54.8	181				
0299999. Total Experience on Group Policies																	

GENERAL INTERROGATORIES

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

2.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717

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

3.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717

3.2 Contact Person and Phone Number: David Brosig 1-866-459-4272
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2020 OF THE Loyal American Life Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF Vermont.....
NAIC Group Code 0901..... NAIC Company Code 65722.....
ADDRESS (City, State and Zip Code) Cleveland , OH 44114.....
Person Completing This Exhibit Mohammed Umar Gilani.....
Title Appointed Actuary..... Telephone Number 512-807-4966.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2017				Policies Issued in 2018; 2019; 2020			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
YES	LOYAL-MS-CR-F-VT	F	NO	0034060	06/18/2013				Modernized Medicare Supplement Insurance Plan	582,403	323,131	55.5	224	836,802	620,860	74.2	329
YES	LOYAL-MS-CR-G-VT	G	NO	0034060	06/18/2013				Modernized Medicare Supplement Insurance Plan	304,326	197,365	64.9	131	765,490	498,575	65.1	370
YES	LOYAL-MS-CR-N-VT	N	NO	0034060	06/18/2013				Modernized Medicare Supplement Insurance Plan	173,717	128,122	73.8	101	321,857	151,712	47.1	224
YES	LOYAL-MSD-CR-A-VT	A	NO	0204060	07/25/2013				Modernized Medicare Supplement Insurance Plan								
YES	LOYAL-MSD-CR-F-VT	F	NO	0204060	07/25/2013				Modernized Medicare Supplement Insurance Plan	30,089	16,356	54.4	11	19,132	23,546	123.1	8
YES	LOYAL-MSD-CR-G-VT	G	NO	0204060	07/25/2013				Modernized Medicare Supplement Insurance Plan	35,362	15,105	42.7	16	132,712	59,889	45.1	60
YES	LOYAL-MSD-CR-N-VT	N	NO	0204060	07/25/2013				Modernized Medicare Supplement Insurance Plan	22,977	9,614	41.8	14	44,955	27,800	61.8	31
0199999. Total Experience on Individual Policies										1,148,874	689,693	60.0	497	2,120,948	1,382,382	65.2	1,022
0299999. Total Experience on Group Policies																	

GENERAL INTERROGATORIES

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

2.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717

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

3.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717

3.2 Contact Person and Phone Number: David Brosig 1-866-459-4272
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2020 OF THE Loyal American Life Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF Virginia.....
NAIC Group Code 0901..... NAIC Company Code 65722.....
ADDRESS (City, State and Zip Code) Cleveland , OH 44114.....
Person Completing This Exhibit Mohammed Umar Gilani.....
Title Appointed Actuary..... Telephone Number 512-807-4966.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2017				Policies Issued in 2018; 2019; 2020			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
YES	LOYAL-MS-AA-F-VA	F	NO	0034000	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	608,869	370,257	60.8	184				
YES	LOYAL-MS-AA-G-VA	G	NO	0034000	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	193,590	111,017	57.3	69				
YES	LOYAL-MS-AA-N-VA	N	NO	0034000	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	18,636	16,350	87.7	7				
0199999. Total Experience on Individual Policies										821,095	497,624	60.6	260				
0299999. Total Experience on Group Policies																	

GENERAL INTERROGATORIES

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

2.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717

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

3.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717

3.2 Contact Person and Phone Number: David Brosig 1-866-459-4272
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2020 OF THE Loyal American Life Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF Washington.....
NAIC Group Code 0901..... NAIC Company Code 65722.....
ADDRESS (City, State and Zip Code) Cleveland , OH 44114.....
Person Completing This Exhibit Mohammed Umar Gilani.....
Title Appointed Actuary..... Telephone Number 512-807-4966.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2017				Policies Issued in 2018; 2019; 2020			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
YES	LOYAL-MS-CR-A-WA	A	NO	0034000	06/20/2013				Modernized Medicare Supplement Insurance Plan								
YES	LOYAL-MS-CR-F-WA	F	NO	0034000	06/20/2013				Modernized Medicare Supplement Insurance Plan	350,813	163,923	46.7	107	1,035,571	622,402	60.1	321
YES	LOYAL-MS-CR-G-WA	G	NO	0034000	06/20/2013				Modernized Medicare Supplement Insurance Plan	5,649,942	3,979,586	70.4	2,109	18,471,154	14,287,421	77.3	7,453
YES	LOYAL-MS-CR-N-WA	N	NO	0034000	06/20/2013				Modernized Medicare Supplement Insurance Plan	1,890,216	1,744,491	92.3	1,120	7,534,822	6,173,156	81.9	5,263
YES	LOYAL-MSD-CR-A-WA	A	NO	0204000	08/21/2013				Modernized Medicare Supplement Insurance Plan								
YES	LOYAL-MSD-CR-F-WA	F	NO	0204000	08/21/2013				Modernized Medicare Supplement Insurance Plan	213,862	191,334	89.5	64	287,348	257,256	89.5	102
YES	LOYAL-MSD-CR-G-WA	G	NO	0204000	08/21/2013				Modernized Medicare Supplement Insurance Plan	1,127,988	778,556	69.0	448	2,695,902	2,044,896	75.9	1,177
YES	LOYAL-MSD-CR-N-WA	N	NO	0204000	08/21/2013				Modernized Medicare Supplement Insurance Plan	361,132	325,016	90.0	213	722,379	594,635	82.3	545
0199999. Total Experience on Individual Policies										9,593,953	7,182,906	74.9	4,061	30,747,176	23,979,766	78.0	14,861
0299999. Total Experience on Group Policies																	

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
2.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717
2.2 Contact Person and Phone Number: David Brosig 1-866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
3.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717
3.2 Contact Person and Phone Number: David Brosig 1-866-459-4272
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2020 OF THE Loyal American Life Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF West Virginia.....
NAIC Group Code 0901..... NAIC Company Code 65722.....
ADDRESS (City, State and Zip Code) Cleveland , OH 44114.....
Person Completing This Exhibit Mohammed Umar Gilani.....
Title Appointed Actuary..... Telephone Number 512-807-4966.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2017				Policies Issued in 2018; 2019; 2020			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
YES	L-5232-WV	C	NO	0034000	08/25/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	4,312	1,359	31.5	1				
YES	L-5234-WV	F	NO	0034000	08/25/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	7,772	15,118	194.5	2				
YES	L-5235-WV	G	NO	0034000	08/25/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	3,806	975	25.6					
YES	L-6202-WV	J	NO	0034060	09/24/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	129,855	77,448	59.6	30				
YES	LOYAL-MS-AA-D-WV	D	NO	0034000	06/23/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	3,224	27	0.8	1				
YES	LOYAL-MS-AA-F-WV	F	NO	0034000	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	244,194	124,855	51.1	67				
YES	LOYAL-MS-AA-G-WV	G	NO	0034000	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	45,640	10,792	23.6	16				
YES	LOYAL-MS-AA-N-WV	N	NO	0034000	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	81,547	54,134	66.4	35				
0199999. Total Experience on Individual Policies										520,350	284,708	54.7	152				
0299999. Total Experience on Group Policies																	

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
2.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717
2.2 Contact Person and Phone Number: David Brosig 1-866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
3.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717
3.2 Contact Person and Phone Number: David Brosig 1-866-459-4272
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2020 OF THE Loyal American Life Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF Wisconsin.....
NAIC Group Code 0901..... NAIC Company Code 65722
ADDRESS (City, State and Zip Code) Cleveland , OH 44114
Person Completing This Exhibit Mohammed Umar Gilani
Title Appointed Actuary Telephone Number 512-807-4966

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2017				Policies Issued in 2018; 2019; 2020			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
YES	L-5220-WI	0	NO	0034060	04/23/2004			05/31/2010	Senior Class Medicare Supplement Insurance Plan	67,511	57,597	85.3	12				
									Modernized Medicare Supplement Insurance Plan								
YES	LOYAL-MS-WI	0	NO	0034060	06/01/2010			09/30/2016		185,249	152,686	82.4	46				
0199999. Total Experience on Individual Policies										252,760	210,283	83.2	58				
0299999. Total Experience on Group Policies																	

GENERAL INTERROGATORIES

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

2.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717

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

3.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717

3.2 Contact Person and Phone Number: David Brosig 1-866-459-4272
4. Explain any policies identified above as policy type "O".

360.WY



SUPPLEMENT FOR THE YEAR 2020 OF THE Loyal American Life Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF Wyoming.....
NAIC Group Code 0901..... NAIC Company Code 65722
ADDRESS (City, State and Zip Code) Cleveland , OH 44114
Person Completing This Exhibit Mohammed Umar Gilani
Title Appointed Actuary Telephone Number 512-807-4966

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2017			Policies Issued in 2018; 2019; 2020				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
YES	L-6202-WY	J	NO	0034060	08/27/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	107,285	47,047	43.9	24				
YES	LOYAL-MS-AA-F-WY	F	NO	0034000	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	101,301	60,196	59.4	26				
YES	LOYAL-MS-AA-G-WY	G	NO	0034000	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	13,837	4,601	33.3	5				
YES	LOYAL-MS-AA-N-WY	N	NO	0034000	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	35,552	74,663	210.0	15				
0199999. Total Experience on Individual Policies										257,975	186,507	72.3	70				
0299999. Total Experience on Group Policies																	

GENERAL INTERROGATORIES

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

2.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717

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

3.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717

3.2 Contact Person and Phone Number: David Brosig 1-866-459-4272
4. Explain any policies identified above as policy type "O".

VM-20 Reserves Supplement - Part 1A

N O N E

VM-20 Reserves Supplement - Part 1B

N O N E

VM-20 Reserves Supplement - Part 2

N O N E

VM-20 Reserves Supplement - Part 3

N O N E



SUPPLEMENT FOR THE YEAR 2020 OF THE Loyal American Life Insurance Company

SCHEDULE O SUPPLEMENT

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

Of The Loyal American Life Insurance Company
ADDRESS (City, State and Zip Code) Cleveland , OH 44114
NAIC Group Code 0901 NAIC Company Code 65722 Employer's Identification Number (FEIN) 63-0343428

SUPPLEMENTAL SCHEDULE O - PART 1

Development of Incurred Losses
(\$000 Omitted)

Section A - Group Accident and Health

Years in Which Losses Were Incurred		Cumulative Net Amounts Paid Policyholders				
		1 2016	2 2017	3 2018	4 2019	5 2020(a)
1.	Prior	14,631	14,716	14,731	14,764	14,766
2.	2016	1,016	1,357	1,357	1,377	1,377
3.	2017	XXX	1,222	1,696	1,697	1,697
4.	2018	XXX	XXX	1,728	2,100	2,104
5.	2019	XXX	XXX	XXX	956	1,080
6.	2020	XXX	XXX	XXX	XXX	599

Section B - Other Accident and Health

1.	Prior	783,231	790,911	797,295	803,376	808,820
2.	2016	155,202	178,580	179,860	180,544	180,922
3.	2017	XXX	172,455	196,933	198,854	199,632
4.	2018	XXX	XXX	199,044	227,983	230,233
5.	2019	XXX	XXX	XXX	219,498	247,883
6.	2020	XXX	XXX	XXX	XXX	189,924

Section C - Credit Accident and Health

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

Section D -

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

Section E -

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

Section F -

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

Section G -

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

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

SUPPLEMENT FOR THE YEAR 2020 OF THE Loyal American Life Insurance Company

SCHEDULE O SUPPLEMENT

SUPPLEMENTAL SCHEDULE O - PART 2

Development of Incurred Losses
(\$000 Omitted)

Section A - Group Accident and Health

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

Section B - Other Accident and Health

1. Prior					
2. 2016	632				
3. 2017	XXX	601			
4. 2018	XXX	XXX	528		
5. 2019	XXX	XXX	XXX	509	
6. 2020	XXX	XXX	XXX	XXX	421

Section C - Credit Accident and Health

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

Section D -

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

Section E -

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

Section F -

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

Section G -

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

SUPPLEMENT FOR THE YEAR 2020 OF THE Loyal American Life Insurance Company

SCHEDULE O SUPPLEMENT

SUPPLEMENTAL SCHEDULE O - PART 3

Development of Incurred Losses
(\$000 Omitted)

Section A - Group Accident and Health

Years in Which Losses Were Incurred		Sum of Net Cumulative Amount Paid Policyholders and Claim Liability and Reserve Outstanding at End of Year				
		1 2016	2 2017	3 2018	4 2019	5 2020
1.	2016	1,586	1,409	1,384	XXX	XXX
2.	2017	XXX	1,759	1,751	1,725	XXX
3.	2018	XXX	XXX	2,356	2,189	2,121
4.	2019	XXX	XXX	XXX	1,367	1,119
5.	2020	XXX	XXX	XXX	XXX	977

Section B - Other Accident and Health

1.	2016	184,510	180,900	180,875	XXX	XXX
2.	2017	XXX	207,362	199,951	200,376	XXX
3.	2018	XXX	XXX	239,171	231,529	232,358
4.	2019	XXX	XXX	XXX	260,023	253,124
5.	2020	XXX	XXX	XXX	XXX	231,140

Section C - Credit Accident and Health

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

Section D -

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

Section E -

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

Section F -

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

Section G -

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

SUPPLEMENT FOR THE YEAR 2020 OF THE Loyal American Life Insurance Company

SCHEDULE O SUPPLEMENT

SUPPLEMENTAL SCHEDULE O - PART 4

Development of Incurred Losses
(\$000 Omitted)

Section A - Group Accident and Health

Years in Which Losses Were Incurred	Sum of Net Cumulative Amount Paid Policyholders, Cost Containment Expenses, and Claim and Cost Containment Liability and Reserve Outstanding at End of Year				
	1 2016	2 2017	3 2018	4 2019	5 2020
1. 2016	1,586	1,409	1,384		
2. 2017	XXX	1,763	1,751	1,725	
3. 2018	XXX	XXX	2,359	2,189	2,121
4. 2019	XXX	XXX	XXX	1,370	1,119
5. 2020	XXX	XXX	XXX	XXX	977

Section B - Other Accident and Health

1. 2016	185,069	180,900	180,875		
2. 2017	XXX	207,963	199,951	200,376	
3. 2018	XXX	XXX	239,699	231,529	232,358
4. 2019	XXX	XXX	XXX	260,551	253,124
5. 2020	XXX	XXX	XXX	XXX	231,561

Section C - Credit Accident and Health

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

Section D -

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

Section E -

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

Section F -

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

Section G -

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

SUPPLEMENTAL SCHEDULE O - PART 5

(\$000 OMITTED)

Reserve and Liability Methodology - Exhibits 6 and 8

Line of Business		1 Methodology	2 Amount
1. Industrial Life		None	
2. Ordinary Life		Standard Factor	370
3. Individual Annuity		None	
4. Supplementary Contracts		None	
5. Credit Life		None	
6. Group Life		None	
7. Group Annuities		None	
8. Group Accident and Health		Development	319
9. Credit Accident and Health		None	
10. Other Accident and Health		Development	56,070
11. Total			56,759