



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 Code 0901 0901 NAIC Company Code 65722 Employer's ID Number 63-0343428  
(Current) (Prior)

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

Country of Domicile United States of America

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

Incorporated/Organized 05/18/1955 Commenced Business 07/04/1955

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

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

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

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

Internet Website Address www.CignaSupplementalBenefits.com

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

#### OFFICERS

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

#### OTHER

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

#### DIRECTORS OR TRUSTEES

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

State of Tennessee SS: \_\_\_\_\_  
County of Davidson

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

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

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

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

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

a. Is this an original filing? ..... Yes [ X ] No [ ]  
b. 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

NAIC Group Code 0901

DURING THE YEAR 2020

NAIC Company Code 65722

**LIFE INSURANCE**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance .....		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
<b>DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS</b>						
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) .....		11,994				11,994
8. Grand Totals (Lines 6.5 plus 7.4) .....						11,994
<b>DIRECT CLAIMS AND BENEFITS PAID</b>						
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
<b>DETAILS OF WRITE-INS</b>						
1301. ....						
1302. ....						
1303. ....						
1398. Summary of Line 13 from overflow page .....						
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....						

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
16. Unpaid December 31, prior year .....	.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
<b>POLICY EXHIBIT</b>					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 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b) .....		17,789	18,022		2,927	7,330
24.1 Federal Employees Health Benefits Plan premium (b) .....						
24.2 Credit (Group and Individual) .....		.9	11		496	(1,256)
24.3 Collectively renewable policies/certificates (b) .....						
24.4 Medicare Title XVIII exempt from state taxes or fees						
Other Individual Policies:						
25.1 Non-cancellable (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**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 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
<b>DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS</b>						
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
Annuites:						
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
<b>DIRECT CLAIMS AND BENEFITS PAID</b>						
9. Death benefits .....						
10. Matured endowments .....						
11. Annuity benefits .....						
12. Surrender values and withdrawals for life contracts .....						
13. Aggregate write-ins for miscellaneous direct claims and benefits paid .....						
14. All other benefits, except accident and health .....						
15. Totals .....						
<b>DETAILS OF WRITE-INS</b>						
1301. ....						
1302. ....						
1303. ....						
1398. Summary of Line 13 from overflow page .....						
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....						

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
16. Unpaid December 31, prior year .....										
17. Incurred during current year .....										
Settled during current year:										
18.1 By payment in full .....										
18.2 By payment on compromised claims .....										
18.3 Totals paid .....										
18.4 Reduction by compromise .....										
18.5 Amount rejected .....										
18.6 Total settlements .....										
19. Unpaid Dec. 31, current year (16+17-18.6) .....										
<b>POLICY EXHIBIT</b>					No. of Policies					
20. In force December 31, prior year .....	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 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b) .....	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-cancellable (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 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 Arizona

NAIC Group Code 0901

DURING THE YEAR 2020

NAIC Company Code 65722

**LIFE INSURANCE**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance .....		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
<b>DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS</b>						
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
Annuites:						
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
<b>DIRECT CLAIMS AND BENEFITS PAID</b>						
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
<b>DETAILS OF WRITE-INS</b>						
1301. ....						
1302. ....						
1303. ....						
1398. Summary of Line 13 from overflow page .....						
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....						

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
16. Unpaid December 31, prior year .....	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) .....										
<b>POLICY EXHIBIT</b>				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 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b) .....		1,977	1,990		.97	.83
24.1 Federal Employees Health Benefits Plan premium (b) .....						
24.2 Credit (Group and Individual) .....		70	70			.31
24.3 Collectively renewable policies/certificates (b) .....						
24.4 Medicare Title XVIII exempt from state taxes or fees .....						
Other Individual Policies:						
25.1 Non-cancellable (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

NAIC Group Code 0901

DURING THE YEAR 2020

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 .....		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 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
16. Unpaid December 31, prior year .....	.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 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b) .....	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-cancellable (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

NAIC Group Code 0901

DURING THE YEAR 2020

NAIC Company Code 65722

**LIFE INSURANCE**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance .....		136,494			156	136,650
2. Annuity considerations .....		841				841
3. Deposit-type contract funds .....		1,267	XXX			1,267
4. Other considerations .....					XXX	
5. Totals (Sum of Lines 1 to 4) .....		138,602			156	138,758
<b>DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS</b>						
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
Annuites:						
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
<b>DIRECT CLAIMS AND BENEFITS PAID</b>						
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
<b>DETAILS OF WRITE-INS</b>						
1301. ....						
1302. ....						
1303. ....						
1398. Summary of Line 13 from overflow page .....						
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....						

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
16. Unpaid December 31, prior year .....	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
<b>POLICY EXHIBIT</b>					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 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b) .....	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-cancellable (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 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 Colorado

NAIC Group Code 0901

DURING THE YEAR 2020

NAIC Company Code 65722

**LIFE INSURANCE**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance .....		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
<b>DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS</b>						
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
<b>DIRECT CLAIMS AND BENEFITS PAID</b>						
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
<b>DETAILS OF WRITE-INS</b>						
1301. ....						
1302. ....						
1303. ....						
1398. Summary of Line 13 from overflow page .....						
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....						

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
16. Unpaid December 31, prior year .....										
17. Incurred during current year .....	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
<b>POLICY EXHIBIT</b>				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 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b) .....		624	624			
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-cancellable (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

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 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
<b>DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS</b>						
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
Annuites:						
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
<b>DIRECT CLAIMS AND BENEFITS PAID</b>						
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
<b>DETAILS OF WRITE-INS</b>						
1301. ....						
1302. ....						
1303. ....						
1398. Summary of Line 13 from overflow page .....						
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....						

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
16. Unpaid December 31, prior year .....										
17. Incurred during current year .....	.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
<b>POLICY EXHIBIT</b>					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 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b) .....		.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-cancellable (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 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 Delaware

NAIC Group Code 0901

DURING THE YEAR 2020

NAIC Company Code 65722

**LIFE INSURANCE**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance .....		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
<b>DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS</b>						
Life insurance:						
6.1 Paid in cash or left on deposit .....						
6.2 Applied to pay renewal premiums .....						
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period .....		92				92
6.4 Other .....						
6.5 Totals (Sum of Lines 6.1 to 6.4) .....		92				92
Annuites:						
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) .....		92				92
8. Grand Totals (Lines 6.5 plus 7.4) .....		92				92
<b>DIRECT CLAIMS AND BENEFITS PAID</b>						
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
<b>DETAILS OF WRITE-INS</b>						
1301. ....						
1302. ....						
1303. ....						
1398. Summary of Line 13 from overflow page .....						
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....						

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
16. Unpaid December 31, prior year .....										
17. Incurred during current year .....										
Settled during current year:										
18.1 By payment in full .....										
18.2 By payment on compromised claims .....										
18.3 Totals paid .....										
18.4 Reduction by compromise .....										
18.5 Amount rejected .....										
18.6 Total settlements .....										
19. Unpaid Dec. 31, current year (16+17-18.6) .....										
<b>POLICY EXHIBIT</b>					No. of Policies					
20. In force December 31, prior year .....	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 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b) .....					
24.1 Federal Employees Health Benefits Plan premium (b) .....					
24.2 Credit (Group and Individual) .....					
24.3 Collectively renewable policies/certificates (b) .....					
24.4 Medicare Title XVIII exempt from state taxes or fees .....					
Other Individual Policies:					
25.1 Non-cancellable (b) .....					
25.2 Guaranteed renewable (b) .....	127,541	124,909			52,481
25.3 Non-renewable for stated reasons only (b) .....					55,410
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
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) .....	127,541	124,909			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

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 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
<b>DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS</b>						
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
Annuites:						
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
<b>DIRECT CLAIMS AND BENEFITS PAID</b>						
9. Death benefits .....						
10. Matured endowments .....						
11. Annuity benefits .....						
12. Surrender values and withdrawals for life contracts .....						
13. Aggregate write-ins for miscellaneous direct claims and benefits paid .....						
14. All other benefits, except accident and health .....						
15. Totals .....						
<b>DETAILS OF WRITE-INS</b>						
1301. ....						
1302. ....						
1303. ....						
1398. Summary of Line 13 from overflow page .....						
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....						

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
16. Unpaid December 31, prior year .....										
17. Incurred during current year .....	.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
<b>POLICY EXHIBIT</b>					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 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b) .....		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-cancellable (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 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 Florida

NAIC Group Code 0901

DURING THE YEAR 2020

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 .....	.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) .....	19,151					19,151
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 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
16. Unpaid December 31, prior year .....	.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 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b) .....	.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			(2,014)
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancellable (b) .....					
25.2 Guaranteed renewable (b) .....	.7,528,059	.7,512,157			.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
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) .....	7,531,943	7,515,811			2,328,080
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products insured under indemnity only products .....	0				

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



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

DIRECT BUSINESS IN THE STATE OF Georgia

NAIC Group Code 0901

DURING THE YEAR 2020

NAIC Company Code 65722

**LIFE INSURANCE**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance .....		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
<b>DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS</b>						
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
<b>DIRECT CLAIMS AND BENEFITS PAID</b>						
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
<b>DETAILS OF WRITE-INS</b>						
1301. ....						
1302. ....						
1303. ....						
1398. Summary of Line 13 from overflow page .....						
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....						

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
16. Unpaid December 31, prior year .....	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
<b>POLICY EXHIBIT</b>					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 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b) .....	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-cancellable (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 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 Hawaii

NAIC Group Code 0901

DURING THE YEAR 2020

NAIC Company Code 65722

**LIFE INSURANCE**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance .....		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
<b>DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS</b>						
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
<b>DIRECT CLAIMS AND BENEFITS PAID</b>						
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
<b>DETAILS OF WRITE-INS</b>						
1301. ....						
1302. ....						
1303. ....						
1398. Summary of Line 13 from overflow page .....						
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....						

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
16. Unpaid December 31, prior year .....	.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) .....										
<b>POLICY EXHIBIT</b>					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 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b) .....	.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-cancellable (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

DURING THE YEAR 2020

NAIC Company Code 65722

**LIFE INSURANCE**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance .....		27,588				27,588
2. Annuity considerations .....			XXX		XXX	
3. Deposit-type contract funds .....						
4. Other considerations .....						
5. Totals (Sum of Lines 1 to 4) .....		27,588				27,588
<b>DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS</b>						
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
<b>DIRECT CLAIMS AND BENEFITS PAID</b>						
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
<b>DETAILS OF WRITE-INS</b>						
1301. ....						
1302. ....						
1303. ....						
1398. Summary of Line 13 from overflow page .....						
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....						

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
16. Unpaid December 31, prior year .....										
17. Incurred during current year .....	.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) .....										
<b>POLICY EXHIBIT</b>				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 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b) .....					
24.1 Federal Employees Health Benefits Plan premium (b) .....					
24.2 Credit (Group and Individual) .....					
24.3 Collectively renewable policies/certificates (b) .....					
24.4 Medicare Title XVIII exempt from state taxes or fees .....					
Other Individual Policies:					
25.1 Non-cancellable (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 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 Illinois

NAIC Group Code 0901

DURING THE YEAR 2020

NAIC Company Code 65722

**LIFE INSURANCE**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance .....		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
<b>DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS</b>						
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
<b>DIRECT CLAIMS AND BENEFITS PAID</b>						
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
<b>DETAILS OF WRITE-INS</b>						
1301. ....						
1302. ....						
1303. ....						
1398. Summary of Line 13 from overflow page .....						
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....						

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
16. Unpaid December 31, prior year .....	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
<b>POLICY EXHIBIT</b>					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 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b) .....		.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-cancellable (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

NAIC Group Code 0901

DURING THE YEAR 2020

NAIC Company Code 65722

**LIFE INSURANCE**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance .....	.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
<b>DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS</b>						
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
<b>DIRECT CLAIMS AND BENEFITS PAID</b>						
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
<b>DETAILS OF WRITE-INS</b>						
1301. ....						
1302. ....						
1303. ....						
1398. Summary of Line 13 from overflow page .....						
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....						

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
16. Unpaid December 31, prior year .....	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
<b>POLICY EXHIBIT</b>					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 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b) .....		.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-cancellable (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

NAIC Group Code 0901

DURING THE YEAR 2020

NAIC Company Code 65722

**LIFE INSURANCE**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance .....		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
<b>DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS</b>						
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
Annuites:						
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) .....		474				474
8. Grand Totals (Lines 6.5 plus 7.4) .....						474
<b>DIRECT CLAIMS AND BENEFITS PAID</b>						
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
<b>DETAILS OF WRITE-INS</b>						
1301. ....						
1302. ....						
1303. ....						
1398. Summary of Line 13 from overflow page .....						
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....						

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
16. Unpaid December 31, prior year .....	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
<b>POLICY EXHIBIT</b>					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 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b) .....		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-cancellable (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 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 Kansas

NAIC Group Code 0901

DURING THE YEAR 2020

NAIC Company Code 65722

**LIFE INSURANCE**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance .....		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
<b>DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS</b>						
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
<b>DIRECT CLAIMS AND BENEFITS PAID</b>						
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
<b>DETAILS OF WRITE-INS</b>						
1301. ....						
1302. ....						
1303. ....						
1398. Summary of Line 13 from overflow page .....						
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....						

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
16. Unpaid December 31, prior year .....	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
<b>POLICY EXHIBIT</b>					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 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b) .....		59,049	13,250		91,160	(33,484)
24.1 Federal Employees Health Benefits Plan premium (b) .....						
24.2 Credit (Group and Individual) .....		70	70			31
24.3 Collectively renewable policies/certificates (b) .....						
24.4 Medicare Title XVIII exempt from state taxes or fees .....						
Other Individual Policies:						
25.1 Non-cancellable (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**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 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
<b>DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS</b>						
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
<b>DIRECT CLAIMS AND BENEFITS PAID</b>						
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
<b>DETAILS OF WRITE-INS</b>						
1301. ....						
1302. ....						
1303. ....						
1398. Summary of Line 13 from overflow page .....						
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....						

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
16. Unpaid December 31, prior year .....	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
<b>POLICY EXHIBIT</b>					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 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b) .....		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-cancellable (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

DURING THE YEAR 2020

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 .....		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 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
16. Unpaid December 31, prior year .....	1	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 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b) .....	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-cancellable (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

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>		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
<b>DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS</b>						
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
Annuites:						
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
<b>DIRECT CLAIMS AND BENEFITS PAID</b>						
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
<b>DETAILS OF WRITE-INS</b>						
1301. ....						
1302. ....						
1303. ....						
1398. Summary of Line 13 from overflow page .....						
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....						

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
16. Unpaid December 31, prior year .....	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
<b>POLICY EXHIBIT</b>				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 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b) .....						
24.1 Federal Employees Health Benefits Plan premium (b) .....						
24.2 Credit (Group and Individual) .....						
24.3 Collectively renewable policies/certificates (b) .....						
24.4 Medicare Title XVIII exempt from state taxes or fees .....						
Other Individual Policies:						
25.1 Non-cancellable (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

NAIC Group Code 0901

DURING THE YEAR 2020

NAIC Company Code 65722

**LIFE INSURANCE**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance .....		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
<b>DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS</b>						
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
Annuites:						
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
<b>DIRECT CLAIMS AND BENEFITS PAID</b>						
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
<b>DETAILS OF WRITE-INS</b>						
1301. ....						
1302. ....						
1303. ....						
1398. Summary of Line 13 from overflow page .....						
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....						

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
16. Unpaid December 31, prior year .....	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
<b>POLICY EXHIBIT</b>					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 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b) .....		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-cancellable (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

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>		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
<b>DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS</b>						
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
<b>DIRECT CLAIMS AND BENEFITS PAID</b>						
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
<b>DETAILS OF WRITE-INS</b>						
1301. ....						
1302. ....						
1303. ....						
1398. Summary of Line 13 from overflow page .....						
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....						

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
16. Unpaid December 31, prior year .....	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
<b>POLICY EXHIBIT</b>					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 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b) .....		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-cancellable (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

NAIC Group Code 0901

DURING THE YEAR 2020

NAIC Company Code 65722

**LIFE INSURANCE**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance .....		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
<b>DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS</b>						
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
Annuites:						
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
<b>DIRECT CLAIMS AND BENEFITS PAID</b>						
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
<b>DETAILS OF WRITE-INS</b>						
1301. ....						
1302. ....						
1303. ....						
1398. Summary of Line 13 from overflow page .....						
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....						

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
16. Unpaid December 31, prior year .....										
17. Incurred during current year .....	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) .....										
<b>POLICY EXHIBIT</b>					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 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b) .....		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-cancellable (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

NAIC Group Code 0901

DURING THE YEAR 2020

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 .....		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
Annuites:						
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 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
16. Unpaid December 31, prior year .....	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 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b) .....						
24.1 Federal Employees Health Benefits Plan premium (b) .....						
24.2 Credit (Group and Individual) .....						
24.3 Collectively renewable policies/certificates (b) .....						
24.4 Medicare Title XVIII exempt from state taxes or fees .....						
Other Individual Policies:						
25.1 Non-cancellable (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 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 Mississippi

NAIC Group Code 0901

DURING THE YEAR 2020

NAIC Company Code 65722

**LIFE INSURANCE**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance .....		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
<b>DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS</b>						
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
Annuites:						
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
<b>DIRECT CLAIMS AND BENEFITS PAID</b>						
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
<b>DETAILS OF WRITE-INS</b>						
1301. ....						
1302. ....						
1303. ....						
1398. Summary of Line 13 from overflow page .....						
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....						

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
16. Unpaid December 31, prior year .....	.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
<b>POLICY EXHIBIT</b>					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-cancellable (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 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 Missouri

NAIC Group Code 0901

DURING THE YEAR 2020

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 .....		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 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
16. Unpaid December 31, prior year .....	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 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b) .....	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-cancellable (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**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 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
<b>DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS</b>						
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) .....		190				190
8. Grand Totals (Lines 6.5 plus 7.4) .....						
<b>DIRECT CLAIMS AND BENEFITS PAID</b>						
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
<b>DETAILS OF WRITE-INS</b>						
1301. ....						
1302. ....						
1303. ....						
1398. Summary of Line 13 from overflow page .....						
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....						

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
16. Unpaid December 31, prior year .....	.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) .....										
<b>POLICY EXHIBIT</b>					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 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b) .....					
24.1 Federal Employees Health Benefits Plan premium (b) .....					
24.2 Credit (Group and Individual) .....					
24.3 Collectively renewable policies/certificates (b) .....					
24.4 Medicare Title XVIII exempt from state taxes or fees .....					
Other Individual Policies:					
25.1 Non-cancellable (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 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 Nebraska

NAIC Group Code 0901

DURING THE YEAR 2020

NAIC Company Code 65722

**LIFE INSURANCE**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance .....		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
<b>DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS</b>						
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
<b>DIRECT CLAIMS AND BENEFITS PAID</b>						
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
<b>DETAILS OF WRITE-INS</b>						
1301. ....						
1302. ....						
1303. ....						
1398. Summary of Line 13 from overflow page .....						
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....						

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
16. Unpaid December 31, prior year .....										
17. Incurred during current year .....	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) .....										
<b>POLICY EXHIBIT</b>					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 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b) .....		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-cancellable (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

NAIC Group Code 0901

DURING THE YEAR 2020

NAIC Company Code 65722

**LIFE INSURANCE**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance .....		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
<b>DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS</b>						
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
<b>DIRECT CLAIMS AND BENEFITS PAID</b>						
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
<b>DETAILS OF WRITE-INS</b>						
1301. ....						
1302. ....						
1303. ....						
1398. Summary of Line 13 from overflow page .....						
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....						

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
16. Unpaid December 31, prior year .....										
17. Incurred during current year .....	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) .....										
<b>POLICY EXHIBIT</b>					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 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b) .....		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-cancellable (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

NAIC Company Code 65722

**LIFE INSURANCE**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance .....		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
<b>DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS</b>						
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
Annuites:						
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
<b>DIRECT CLAIMS AND BENEFITS PAID</b>						
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
<b>DETAILS OF WRITE-INS</b>						
1301. ....						
1302. ....						
1303. ....						
1398. Summary of Line 13 from overflow page .....						
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....						

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
16. Unpaid December 31, prior year .....										
17. Incurred during current year .....										
Settled during current year:										
18.1 By payment in full .....										
18.2 By payment on compromised claims .....										
18.3 Totals paid .....										
18.4 Reduction by compromise .....										
18.5 Amount rejected .....										
18.6 Total settlements .....										
19. Unpaid Dec. 31, current year (16+17-18.6) .....										
<b>POLICY EXHIBIT</b>					No. of Policies					
20. In force December 31, prior year .....	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 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b) .....	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-cancellable (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

DURING THE YEAR 2020

NAIC Group Code 0901

**LIFE INSURANCE**

NAIC Company Code 65722

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>		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
<b>DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS</b>						
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
<b>DIRECT CLAIMS AND BENEFITS PAID</b>						
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
<b>DETAILS OF WRITE-INS</b>						
1301. ....						
1302. ....						
1303. ....						
1398. Summary of Line 13 from overflow page .....						
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....						

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
16. Unpaid December 31, prior year .....	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
<b>POLICY EXHIBIT</b>					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 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b) .....		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-cancellable (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

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>		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
<b>DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS</b>						
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
<b>DIRECT CLAIMS AND BENEFITS PAID</b>						
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
<b>DETAILS OF WRITE-INS</b>						
1301. ....						
1302. ....						
1303. ....						
1398. Summary of Line 13 from overflow page .....						
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....						

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
16. Unpaid December 31, prior year .....										
17. Incurred during current year .....	.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) .....										
<b>POLICY EXHIBIT</b>				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 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b) .....	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-cancellable (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

NAIC Group Code 0901

DURING THE YEAR 2020

NAIC Company Code 65722

**LIFE INSURANCE**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance .....		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
<b>DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS</b>						
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
<b>DIRECT CLAIMS AND BENEFITS PAID</b>						
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
<b>DETAILS OF WRITE-INS</b>						
1301. ....						
1302. ....						
1303. ....						
1398. Summary of Line 13 from overflow page .....						
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....						

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
16. Unpaid December 31, prior year .....										
17. Incurred during current year .....	.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) .....										
<b>POLICY EXHIBIT</b>					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 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b) .....						
24.1 Federal Employees Health Benefits Plan premium (b) .....						
24.2 Credit (Group and Individual) .....						
24.3 Collectively renewable policies/certificates (b) .....						
24.4 Medicare Title XVIII exempt from state taxes or fees .....						
Other Individual Policies:						
25.1 Non-cancellable (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

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 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
<b>DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS</b>						
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
Annuites:						
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) .....		18,478				18,478
8. Grand Totals (Lines 6.5 plus 7.4) .....						
<b>DIRECT CLAIMS AND BENEFITS PAID</b>						
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
<b>DETAILS OF WRITE-INS</b>						
1301. ....						
1302. ....						
1303. ....						
1398. Summary of Line 13 from overflow page .....						
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....						

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
16. Unpaid December 31, prior year .....	.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
<b>POLICY EXHIBIT</b>					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 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b) .....		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-cancellable (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 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 Dakota

NAIC Group Code 0901

DURING THE YEAR 2020

NAIC Company Code 65722

**LIFE INSURANCE**

1 DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance .....	3,622	286		3,908
2. Annuity considerations .....		XXX	XXX	
3. Deposit-type contract funds .....				
4. Other considerations .....				
5. Totals (Sum of Lines 1 to 4) .....	3,622	286		3,908
<b>DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS</b>				
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 .....	183			183
6.5 Totals (Sum of Lines 6.1 to 6.4) .....	183			183
Annuites:				
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) .....	183			183
8. Grand Totals (Lines 6.5 plus 7.4) .....	183			183
<b>DIRECT CLAIMS AND BENEFITS PAID</b>				
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
<b>DETAILS OF WRITE-INS</b>				
1301. ....				
1302. ....				
1303. ....				
1398. Summary of Line 13 from overflow page .....				
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....				

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
16. Unpaid December 31, prior year .....										
17. Incurred during current year Settled during current year:										
18.1 By payment in full .....										
18.2 By payment on compromised claims .....										
18.3 Totals paid .....										
18.4 Reduction by compromise .....										
18.5 Amount rejected .....										
18.6 Total settlements .....										
19. Unpaid Dec. 31, current year (16+17-18.6) .....										
<b>POLICY EXHIBIT</b>					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 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b) .....	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-cancellable (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

NAIC Group Code 0901

DURING THE YEAR 2020

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 .....	.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 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
16. Unpaid December 31, prior year .....	2	10,000							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 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b) .....	7,645	7,664			1,384
24.1 Federal Employees Health Benefits Plan premium (b) .....					17,344
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-cancellable (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

NAIC Group Code 0901

DURING THE YEAR 2020

NAIC Company Code 65722

**LIFE INSURANCE**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance .....		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
<b>DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS</b>						
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
Annuites:						
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
<b>DIRECT CLAIMS AND BENEFITS PAID</b>						
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
<b>DETAILS OF WRITE-INS</b>						
1301. ....						
1302. ....						
1303. ....						
1398. Summary of Line 13 from overflow page .....						
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....						

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
16. Unpaid December 31, prior year .....	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
<b>POLICY EXHIBIT</b>					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 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b) .....		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-cancellable (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

NAIC Group Code 0901

DURING THE YEAR 2020

NAIC Company Code 65722

**LIFE INSURANCE**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance .....		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
<b>DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS</b>						
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
<b>DIRECT CLAIMS AND BENEFITS PAID</b>						
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
<b>DETAILS OF WRITE-INS</b>						
1301. ....						
1302. ....						
1303. ....						
1398. Summary of Line 13 from overflow page .....						
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....						

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
16. Unpaid December 31, prior year .....	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
<b>POLICY EXHIBIT</b>					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 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b) .....					
24.1 Federal Employees Health Benefits Plan premium (b) .....					
24.2 Credit (Group and Individual) .....					
24.3 Collectively renewable policies/certificates (b) .....					
24.4 Medicare Title XVIII exempt from state taxes or fees .....					
Other Individual Policies:					
25.1 Non-cancellable (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 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 Pennsylvania

NAIC Group Code 0901

DURING THE YEAR 2020

NAIC Company Code 65722

**LIFE INSURANCE**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance .....		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
<b>DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS</b>						
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
Annuites:						
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
<b>DIRECT CLAIMS AND BENEFITS PAID</b>						
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
<b>DETAILS OF WRITE-INS</b>						
1301. ....						
1302. ....						
1303. ....						
1398. Summary of Line 13 from overflow page .....						
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....						

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
16. Unpaid December 31, prior year .....										
17. Incurred during current year .....	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
<b>POLICY EXHIBIT</b>					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 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b) .....		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-cancellable (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

NAIC Group Code 0901

**DURING THE YEAR 2020**

NAIC Company Code 65722

**LIFE INSURANCE**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance .....		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
<b>DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS</b>						
Life insurance:						
6.1 Paid in cash or left on deposit .....						
6.2 Applied to pay renewal premiums .....						
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period .....						
6.4 Other .....						
6.5 Totals (Sum of Lines 6.1 to 6.4) .....						
Annuites:						
7.1 Paid in cash or left on deposit .....						
7.2 Applied to provide paid-up annuities .....						
7.3 Other .....						
7.4 Totals (Sum of Lines 7.1 to 7.3) .....						
8. Grand Totals (Lines 6.5 plus 7.4) .....						
<b>DIRECT CLAIMS AND BENEFITS PAID</b>						
9. Death benefits .....		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
<b>DETAILS OF WRITE-INS</b>						
1301. ....						
1302. ....						
1303. ....						
1398. Summary of Line 13 from overflow page .....						
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....						

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
16. Unpaid December 31, prior year .....	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
<b>POLICY EXHIBIT</b>				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 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b) .....					
24.1 Federal Employees Health Benefits Plan premium (b) .....					
24.2 Credit (Group and Individual) .....					
24.3 Collectively renewable policies/certificates (b) .....					
24.4 Medicare Title XVIII exempt from state taxes or fees .....					
Other Individual Policies:					
25.1 Non-cancellable (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

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 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
<b>DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS</b>						
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
Annuites:						
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
<b>DIRECT CLAIMS AND BENEFITS PAID</b>						
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
<b>DETAILS OF WRITE-INS</b>						
1301. ....						
1302. ....						
1303. ....						
1398. Summary of Line 13 from overflow page .....						
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....						

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
16. Unpaid December 31, prior year .....	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
<b>POLICY EXHIBIT</b>					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 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b) .....		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-cancellable (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

NAIC Group Code 0901

DURING THE YEAR 2020

NAIC Company Code 65722

**LIFE INSURANCE**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance .....		33,854				33,854
2. Annuity considerations .....			XXX		XXX	
3. Deposit-type contract funds .....						
4. Other considerations .....						
5. Totals (Sum of Lines 1 to 4) .....		33,854				33,854
<b>DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS</b>						
Life insurance:						
6.1 Paid in cash or left on deposit .....						
6.2 Applied to pay renewal premiums .....						
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period .....		85				85
6.4 Other .....						
6.5 Totals (Sum of Lines 6.1 to 6.4) .....		85				85
Annuites:						
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
<b>DIRECT CLAIMS AND BENEFITS PAID</b>						
9. Death benefits .....						
10. Matured endowments .....						
11. Annuity benefits .....						
12. Surrender values and withdrawals for life contracts .....						
13. Aggregate write-ins for miscellaneous direct claims and benefits paid .....						
14. All other benefits, except accident and health .....						
15. Totals .....						
<b>DETAILS OF WRITE-INS</b>						
1301. ....						
1302. ....						
1303. ....						
1398. Summary of Line 13 from overflow page .....						
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....						

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
16. Unpaid December 31, prior year .....										
17. Incurred during current year .....	.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
<b>POLICY EXHIBIT</b>					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 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b) .....	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-cancellable (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

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 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
<b>DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS</b>						
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
<b>DIRECT CLAIMS AND BENEFITS PAID</b>						
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
<b>DETAILS OF WRITE-INS</b>						
1301. ....						
1302. ....						
1303. ....						
1398. Summary of Line 13 from overflow page .....						
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....						

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
16. Unpaid December 31, prior year .....	.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
<b>POLICY EXHIBIT</b>					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 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b) .....		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-cancellable (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 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 Texas

NAIC Group Code 0901

DURING THE YEAR 2020

NAIC Company Code 65722

**LIFE INSURANCE**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance .....		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
<b>DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS</b>						
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
Annuites:						
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
<b>DIRECT CLAIMS AND BENEFITS PAID</b>						
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
<b>DETAILS OF WRITE-INS</b>						
1301. ....						
1302. ....						
1303. ....						
1398. Summary of Line 13 from overflow page .....						
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....						

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
16. Unpaid December 31, prior year .....	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
<b>POLICY EXHIBIT</b>					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
24.1 Federal Employees Health Benefits Plan premium (b) .....					1,270,295
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-cancellable (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 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 Utah

NAIC Group Code 0901

DURING THE YEAR 2020

NAIC Company Code 65722

**LIFE INSURANCE**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance .....		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
<b>DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS</b>						
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
<b>DIRECT CLAIMS AND BENEFITS PAID</b>						
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
<b>DETAILS OF WRITE-INS</b>						
1301. ....						
1302. ....						
1303. ....						
1398. Summary of Line 13 from overflow page .....						
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....						

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
16. Unpaid December 31, prior year .....	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
<b>POLICY EXHIBIT</b>					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 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b) .....						
24.1 Federal Employees Health Benefits Plan premium (b) .....						
24.2 Credit (Group and Individual) .....						
24.3 Collectively renewable policies/certificates (b) .....						
24.4 Medicare Title XVIII exempt from state taxes or fees .....						
Other Individual Policies:						
25.1 Non-cancellable (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 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 Vermont

NAIC Group Code 0901

DURING THE YEAR 2020

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 .....		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 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
16. Unpaid December 31, prior year .....	2	10,239							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 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b) .....					
24.1 Federal Employees Health Benefits Plan premium (b) .....					
24.2 Credit (Group and Individual) .....					
24.3 Collectively renewable policies/certificates (b) .....					
24.4 Medicare Title XVIII exempt from state taxes or fees .....					
Other Individual Policies:					
25.1 Non-cancellable (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

NAIC Group Code 0901

DURING THE YEAR 2020

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 .....		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 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
16. Unpaid December 31, prior year .....	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 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b) .....		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-cancellable (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

NAIC Group Code 0901

DURING THE YEAR 2020

NAIC Company Code 65722

**LIFE INSURANCE**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance .....		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
<b>DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS</b>						
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
Annuites:						
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
<b>DIRECT CLAIMS AND BENEFITS PAID</b>						
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
<b>DETAILS OF WRITE-INS</b>						
1301. ....						
1302. ....						
1303. ....						
1398. Summary of Line 13 from overflow page .....						
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....						

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
16. Unpaid December 31, prior year .....										
17. Incurred during current year .....	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
<b>POLICY EXHIBIT</b>					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							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 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b) .....		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-cancellable (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 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 West Virginia

NAIC Group Code 0901

DURING THE YEAR 2020

NAIC Company Code 65722

**LIFE INSURANCE**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance .....		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
<b>DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS</b>						
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
Annuites:						
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
<b>DIRECT CLAIMS AND BENEFITS PAID</b>						
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
<b>DETAILS OF WRITE-INS</b>						
1301. ....						
1302. ....						
1303. ....						
1398. Summary of Line 13 from overflow page .....						
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....						

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
16. Unpaid December 31, prior year .....	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
<b>POLICY EXHIBIT</b>					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 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b) .....	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-cancellable (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

NAIC Group Code 0901

DURING THE YEAR 2020

NAIC Company Code 65722

**LIFE INSURANCE**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance .....		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
<b>DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS</b>						
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
Annuites:						
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
<b>DIRECT CLAIMS AND BENEFITS PAID</b>						
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
<b>DETAILS OF WRITE-INS</b>						
1301. ....						
1302. ....						
1303. ....						
1398. Summary of Line 13 from overflow page .....						
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....						

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
16. Unpaid December 31, prior year .....										
17. Incurred during current year .....										
Settled during current year:										
18.1 By payment in full .....										
18.2 By payment on compromised claims .....										
18.3 Totals paid .....										
18.4 Reduction by compromise .....										
18.5 Amount rejected .....										
18.6 Total settlements .....										
19. Unpaid Dec. 31, current year (16+17-18.6) .....										
<b>POLICY EXHIBIT</b>					No. of Policies					
20. In force December 31, prior year .....	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 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b) .....					
24.1 Federal Employees Health Benefits Plan premium (b) .....					
24.2 Credit (Group and Individual) .....					
24.3 Collectively renewable policies/certificates (b) .....					
24.4 Medicare Title XVIII exempt from state taxes or fees .....					
Other Individual Policies:					
25.1 Non-cancellable (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 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 Wyoming

NAIC Group Code 0901

DURING THE YEAR 2020

NAIC Company Code 65722

**LIFE INSURANCE**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance .....		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
<b>DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS</b>						
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
<b>DIRECT CLAIMS AND BENEFITS PAID</b>						
9. Death benefits .....						
10. Matured endowments .....						
11. Annuity benefits .....						
12. Surrender values and withdrawals for life contracts .....						
13. Aggregate write-ins for miscellaneous direct claims and benefits paid .....						
14. All other benefits, except accident and health .....						
15. Totals .....						
<b>DETAILS OF WRITE-INS</b>						
1301. ....						
1302. ....						
1303. ....						
1398. Summary of Line 13 from overflow page .....						
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....						

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
16. Unpaid December 31, prior year .....										
17. Incurred during current year .....	.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
<b>POLICY EXHIBIT</b>					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 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b) .....	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-cancellable (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

NAIC Group Code 0901

DURING THE YEAR 2020

NAIC Company Code 65722

**LIFE INSURANCE**

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

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

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

**ACCIDENT AND HEALTH INSURANCE**

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

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

DURING THE YEAR 2020

NAIC Company Code 65722

**LIFE INSURANCE**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance .....		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
<b>DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS</b>						
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
Annuites:						
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
<b>DIRECT CLAIMS AND BENEFITS PAID</b>						
9. Death benefits .....						
10. Matured endowments .....						
11. Annuity benefits .....						
12. Surrender values and withdrawals for life contracts .....						
13. Aggregate write-ins for miscellaneous direct claims and benefits paid .....						
14. All other benefits, except accident and health .....						
15. Totals .....						
<b>DETAILS OF WRITE-INS</b>						
1301. ....						
1302. ....						
1303. ....						
1398. Summary of Line 13 from overflow page .....						
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....						

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
16. Unpaid December 31, prior year .....										
17. Incurred during current year .....										
Settled during current year:										
18.1 By payment in full .....										
18.2 By payment on compromised claims .....										
18.3 Totals paid .....										
18.4 Reduction by compromise .....										
18.5 Amount rejected .....										
18.6 Total settlements .....										
19. Unpaid Dec. 31, current year (16+17-18.6) .....										
<b>POLICY EXHIBIT</b>					No. of Policies					
20. In force December 31, prior year .....	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 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b) .....					
24.1 Federal Employees Health Benefits Plan premium (b) .....					
24.2 Credit (Group and Individual) .....					
24.3 Collectively renewable policies/certificates (b) .....					
24.4 Medicare Title XVIII exempt from state taxes or fees .....					
Other Individual Policies:					
25.1 Non-cancellable (b) .....					
25.2 Guaranteed renewable (b) .....					
25.3 Non-renewable for stated reasons only (b) .....					
25.4 Other accident only .....					
25.5 All other (b) .....					
25.6 Totals (sum of Lines 25.1 to 25.5) .....					
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) .....					

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products ..... 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 Puerto Rico

DURING THE YEAR 2020

NAIC Group Code 0901

**LIFE INSURANCE**

NAIC Company Code 65722

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>		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
<b>DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS</b>						
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
Annuites:						
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
<b>DIRECT CLAIMS AND BENEFITS PAID</b>						
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
<b>DETAILS OF WRITE-INS</b>						
1301. ....						
1302. ....						
1303. ....						
1398. Summary of Line 13 from overflow page .....						
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....						

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
16. Unpaid December 31, prior year .....										
17. Incurred during current year .....	.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) .....										
<b>POLICY EXHIBIT</b>					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 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b) .....					
24.1 Federal Employees Health Benefits Plan premium (b) .....					
24.2 Credit (Group and Individual) .....					
24.3 Collectively renewable policies/certificates (b) .....					
24.4 Medicare Title XVIII exempt from state taxes or fees .....					
Other Individual Policies:					
25.1 Non-cancellable (b) .....					
25.2 Guaranteed renewable (b) .....		1,973	1,961		962
25.3 Non-renewable for stated reasons only (b) .....					999
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
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) .....		1,973	1,961		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

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>		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
<b>DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS</b>						
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
Annuites:						
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
<b>DIRECT CLAIMS AND BENEFITS PAID</b>						
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
<b>DETAILS OF WRITE-INS</b>						
1301. ....						
1302. ....						
1303. ....						
1398. Summary of Line 13 from overflow page .....						
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....						

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
16. Unpaid December 31, prior year .....	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
<b>POLICY EXHIBIT</b>					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 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b) .....						
24.1 Federal Employees Health Benefits Plan premium (b) .....						
24.2 Credit (Group and Individual) .....						
24.3 Collectively renewable policies/certificates (b) .....		105	105			46
24.4 Medicare Title XVIII exempt from state taxes or fees						
Other Individual Policies:						
25.1 Non-cancellable (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

NAIC Group Code 0901

DURING THE YEAR 2020

NAIC Company Code 65722

**LIFE INSURANCE**

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

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

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

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

NAIC Group Code 0901

DURING THE YEAR 2020

NAIC Company Code 65722

**LIFE INSURANCE**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>	<b>1 Ordinary</b>	<b>2 Credit Life (Group and Individual)</b>	<b>3 Group</b>	<b>4 Industrial</b>	<b>5 Total</b>
1. Life insurance .....	65				65
2. Annuity considerations .....		XXX		XXX	
3. Deposit-type contract funds .....					
4. Other considerations .....					
5. Totals (Sum of Lines 1 to 4) .....	65				65
<b>DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS</b>					
Life insurance:					
6.1 Paid in cash or left on deposit .....					
6.2 Applied to pay renewal premiums .....					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period .....					
6.4 Other .....					
6.5 Totals (Sum of Lines 6.1 to 6.4) .....					
Annuities:					
7.1 Paid in cash or left on deposit .....					
7.2 Applied to provide paid-up annuities .....					
7.3 Other .....					
7.4 Totals (Sum of Lines 7.1 to 7.3) .....					
8. Grand Totals (Lines 6.5 plus 7.4) .....					
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits .....					
10. Matured endowments .....					
11. Annuity benefits .....					
12. Surrender values and withdrawals for life contracts .....					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid .....					
14. All other benefits, except accident and health .....					
15. Totals .....					
<b>DETAILS OF WRITE-INS</b>					
1301. .....					
1302. .....					
1303. .....					
1398. Summary of Line 13 from overflow page .....					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....					

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

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

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

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 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
<b>DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS</b>						
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
Annuites:						
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
<b>DIRECT CLAIMS AND BENEFITS PAID</b>						
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
<b>DETAILS OF WRITE-INS</b>						
1301. ....						
1302. ....						
1303. ....						
1398. Summary of Line 13 from overflow page .....						
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....						

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
16. Unpaid December 31, prior year .....										
17. Incurred during current year .....	.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
<b>POLICY EXHIBIT</b>				No. of Policies						
20. In force December 31, prior year .....			(a)							
21. Issued during year .....										
22. Other changes to in force (Net) .....	(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 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b) .....						
24.1 Federal Employees Health Benefits Plan premium (b) .....						
24.2 Credit (Group and Individual) .....						
24.3 Collectively renewable policies/certificates (b) .....						
24.4 Medicare Title XVIII exempt from state taxes or fees .....						
Other Individual Policies:						
25.1 Non-cancellable (b) .....						
25.2 Guaranteed renewable (b) .....						
25.3 Non-renewable for stated reasons only (b) .....						
25.4 Other accident only .....						
25.5 All other (b) .....						
25.6 Totals (sum of Lines 25.1 to 25.5) .....						
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) .....						

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

NAIC Group Code 0901

DURING THE YEAR 2020

NAIC Company Code 65722

**LIFE INSURANCE**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance .....		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
<b>DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS</b>						
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
<b>DIRECT CLAIMS AND BENEFITS PAID</b>						
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
<b>DETAILS OF WRITE-INS</b>						
1301. ....						
1302. ....						
1303. ....						
1398. Summary of Line 13 from overflow page .....						
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....						

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
16. Unpaid December 31, prior year .....	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
<b>POLICY EXHIBIT</b>					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 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b) .....	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-cancellable (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

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

**ASSET VALUATION RESERVE**

	Default Component			Equity Component			7 Total Amount (Cols. 3 + 6)
	1 Other Than Mortgage Loans	2 Mortgage Loans	3 Total (Cols. 1 + 2)	4 Common Stock	5 Real Estate and Other Invested Assets	6 Total (Cols. 4 + 5)	
1. Reserve as of December 31, prior year .....	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

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

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

Line Number	NAIC Designation	Description	1 Book/Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	Basic Contribution		Reserve Objective		Maximum Reserve	
							5 Factor	6 Amount (Cols. 4 x 5)	7 Factor	8 Amount (Cols. 4 x 7)	9 Factor	10 Amount (Cols. 4 x 9)
1.		LONG-TERM BONDS										
1.		Exempt Obligations	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	

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

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

Line Number	NAIC Designation	Description	1 Book/Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	Basic Contribution		Reserve Objective		Maximum Reserve	
							5 Factor	6 Amount (Cols. 4 x 5)	7 Factor	8 Amount (Cols. 4 x 7)	9 Factor	10 Amount (Cols. 4 x 9)
18.		SHORT-TERM BONDS										
19.1	1	Exempt Obligations		XXX	XXX		0.0000		0.0000		0.0000	
19.1	1	NAIC Designation Category 1.A		XXX	XXX		0.0005		0.0016		0.0033	
19.2	1	NAIC Designation Category 1.B		XXX	XXX		0.0005		0.0016		0.0033	
19.3	1	NAIC Designation Category 1.C		XXX	XXX		0.0005		0.0016		0.0033	
19.4	1	NAIC Designation Category 1.D	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	300,311,163	XXX	XXX	300,311,163	XXX	497,642	XXX	1,508,491	XXX	2,537,770
34.		Total (Lines 9 + 17 + 25 + 33)										

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

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

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

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

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

Line Number	NAIC Designation	Description	1 Book/Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	Basic Contribution		Reserve Objective		Maximum Reserve	
							5 Factor	6 Amount (Cols. 4 x 5)	7 Factor	8 Amount (Cols. 4 x 7)	9 Factor	10 Amount (Cols. 4 x 9)
33		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.	1	Exempt Obligations .....		XXX	XXX		0.0000		0.0000		0.0000	
23.		Highest Quality .....		XXX	XXX		0.0005		0.0016		0.0033	
24.		High Quality .....		XXX	XXX		0.0021		0.0064		0.0106	
25.		Medium Quality .....		XXX	XXX		0.0099		0.0263		0.0376	
26.		Low Quality .....		XXX	XXX		0.0245		0.0572		0.0817	
27.		Lower Quality .....		XXX	XXX		0.0630		0.1128		0.1880	
28.		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 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)
		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			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

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

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

Line Number	NAIC Designation	Description	1 Book/Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	Basic Contribution		Reserve Objective		Maximum Reserve	
							5 Factor	6 Amount (Cols. 4 x 5)	7 Factor	8 Amount (Cols. 4 x 7)	9 Factor	10 Amount (Cols. 4 x 9)
65.		INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF COMMON STOCK										
66.		Unaffiliated Public .....		XXX	XXX		0.0000		0.1580 (a)		0.1580 (a)	
67.		Unaffiliated Private .....		XXX	XXX		0.0000		0.1945		0.1945	
68.		Affiliated Life with AVR .....		XXX	XXX		0.0000		0.0000		0.0000	
69.		Affiliated Certain Other (See SVO Purposes & Procedures Manual) .....		XXX	XXX		0.0000		0.1580		0.1580	
70.		Affiliated Other - All Other .....		XXX	XXX		0.0000		0.1945		0.1945	
		Total with Common Stock Characteristics (Sum of Lines 65 through 69)		XXX	XXX		XXX		XXX		XXX	
71.		INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF REAL ESTATE										
72.		Home Office Property (General Account only) .....					0.0000		0.0912		0.0912	
73.		Investment Properties .....					0.0000		0.0912		0.0912	
74.		Properties Acquired in Satisfaction of Debt .....					0.0000		0.1337		0.1337	
		Total with Real Estate Characteristics (Sum of Lines 71 through 73)					XXX		XXX		XXX	
75.		LOW INCOME HOUSING TAX CREDIT INVESTMENTS										
76.		Guaranteed Federal Low Income Housing Tax Credit .....					0.0003		0.0006		0.0010	
77.		Non-guaranteed Federal Low Income Housing Tax Credit .....					0.0063		0.0120		0.0190	
78.		Guaranteed State Low Income Housing Tax Credit .....					0.0003		0.0006		0.0010	
79.		Non-guaranteed State Low Income Housing Tax Credit .....					0.0063		0.0120		0.0190	
80.		All Other Low Income Housing Tax Credit .....					0.0273		0.0600		0.0975	
		Total LIHTC (Sum of Lines 75 through 79)					XXX		XXX		XXX	
81.		ALL OTHER INVESTMENTS										
82.		NAIC 1 Working Capital Finance Investments .....		XXX			0.0000		0.0042		0.0042	
83.		NAIC 2 Working Capital Finance Investments .....		XXX			0.0000		0.0137		0.0137	
84.		Other Invested Assets - Schedule BA .....		XXX			0.0000		0.1580		0.1580	
85.		Other Short-Term Invested Assets - Schedule DA .....		XXX			0.0000		0.1580		0.1580	
		Total All Other (Sum of Lines 81, 82, 83 and 84)		XXX			XXX		XXX		XXX	
		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									
	1 Amount	2 %							11 Amount	12 %	13 Amount	14 %	15 Amount	16 %	17 Amount	18 %		
<b>PART 1. - ANALYSIS OF UNDERWRITING OPERATIONS</b>																		
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	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	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)
<b>DETAILS OF WRITE-INS</b>																		
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 Total	2 Group Accident and Health	3 Credit Accident and Health (Group and Individual)	4 Collectively Renewable	Other Individual Contracts				
					5 Non-Cancelable	6 Guaranteed Renewable	7 Non-Renewable for Stated Reasons Only	8 Other Accident Only	9 All Other
<b>PART 2. - RESERVES AND LIABILITIES</b>									
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
<b>A. Direct:</b>				
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>B. Assumed Reinsurance:</b>				
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
<b>C. Ceded Reinsurance:</b>				
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
<b>D. Net:</b>				
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
<b>E. Net Incurred Claims and Cost Containment Expenses:</b>				
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 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 Premiums	9 Unearned Premiums	10 Reserve Liability Other Than for Unearned Premiums	11 Reinsurance Payable on Paid and Unpaid Losses	12 Modified Coinsurance Reserve	13 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	LTDI	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 Company				OH	OTH/I	A	931	272	4,160		111	
63312 ..13-1935920 ..08/31/2012 Great American Life Insurance Company				OH	OTH/I	LTDI	3,339	1,867	46,183		1,420	
63312 ..13-1935920 ..08/31/2012 Great American Life Insurance Company				OH	OTH/I	MS	2,877,267	111,439	1,028,245		227,799	
63312 ..13-1935920 ..08/31/2012 Great American Life Insurance Company				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			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	LTDI	1,144,821	139,599			766,045	
71404 ..47-0463747 ..08/31/2012 Continental General Insurance Company				TX	OTH/I	MS	38,725,830	3,373,978			2,768,062	
71404 ..47-0463747 ..08/31/2012 Continental General Insurance Company				TX	OTH/I	OM	226,892	20,760			106,721	
71404 ..47-0463747 ..08/31/2012 Continental General Insurance Company				TX	OTH/I	SD	27,611,560	1,255,253			8,685,592	
71404 ..47-0463747 ..08/31/2012 Continental General Insurance Company				TX	OTH/I	STM	34,626	3,549			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			27,241	
71404 ..47-0463747 ..08/31/2012 Continental General Insurance Company				TX	OTH/G	OM	39,680	735			13,929	
71404 ..47-0463747 ..08/31/2012 Continental General Insurance Company				TX	OTH/G	LTDI	(40)					
71404 ..47-0463747 ..08/31/2012 Continental General Insurance Company				TX	OTH/G	SD	1,105,571	49,086			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)							81,465,149	5,158,298	121,817,589		13,888,059	
9999999 - Totals							81,465,149	5,158,298	121,817,589		13,888,059	

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

**SCHEDULE S - PART 2**

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Paid Losses	7 Unpaid Losses
0399999. Total Life and Annuity - U.S. Affiliates						
0699999. Total Life and Annuity - Non-U.S. Affiliates						
0799999. Total Life and Annuity - Affiliates						
86258 .....	.13-2572994	11/01/1982	General Re Life Corp .....	CT.....	28,000	
86231 .....	.39-0989781	04/24/1975	Transamerica Life Insurance Company .....	IA.....	3,000	.15,500
91472 .....	.63-0782739	05/17/1972	Globe Life & Accident Company .....	NE.....		.50,000
88340 .....	.59-2859797	07/01/1983	Hannover Life Reassurance Company of America .....	FL.....		.40,928
68276 .....	.48-1024691	07/01/1983	Employers Reassurance Corporation .....	KS.....	50,000	
63312 .....	.13-1935920	08/31/2012	Great American Life Insurance .....	OH.....		3,736,803
63312 .....	.13-1935920	01/01/2007	Great American Life Insurance .....	OH.....		.127,477
0899999. Life and Annuity - U.S. Non-Affiliates					81,000	3,970,708
1099999. Total Life and Annuity - Non-Affiliates					81,000	3,970,708
1199999. Total Life and Annuity					81,000	3,970,708
1499999. Total Accident and Health - U.S. Affiliates						
1799999. Total Accident and Health - Non-U.S. Affiliates						
1899999. Total Accident and Health - Affiliates						
71404 .....	.47-0463747	08/31/2012	Continental General Insurance Company .....	TX.....	1,739,534	.24,033
99724 .....	.73-1155182	06/01/2008	LifeShield National Insurance Company .....	OK.....		3,164,575
1999999. Accident and Health - U.S. Non-Affiliates					1,739,534	3,188,608
2199999. Total Accident and Health - Non-Affiliates					1,739,534	3,188,608
2299999. Total Accident and Health					1,739,534	3,188,608
2399999. Total U.S. (Sum of 0399999, 0899999, 1499999 and 1999999)					1,820,534	7,159,316
2499999. Total Non-U.S. (Sum of 0699999, 0999999, 1799999 and 2099999)						
9999999 Totals - Life, Annuity and Accident and Health					1,820,534	7,159,316

## 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	Outstanding Surplus Relief		14 Modified Coinsurance Reserve	15 Funds Withheld Under Coinsurance
								9 Current Year	10 Prior Year		12 Current Year	13 Prior Year		
0399999.			Total General Account - Authorized U.S. Affiliates											
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.	OL	1,615,527	.49,340	.53,043	.102,733				
93572	.43-1235868	06/01/1989	RGA Insurance Company	MO	YRT/I.	OL	85,338	.21	.20	.503				
93572	.43-1235868	12/15/1989	RGA Insurance Company	MO	YRT/I.	OL	39,500	.528	.626	.852				
93572	.43-1235868	09/01/1986	RGA Insurance Company	MO	YRT/I.	OL	33,334	.319	.292	.793				
60895	.35-0145825	05/01/1980	American United Life Insurance Company	IN	CO/I.	OL	360,000	.11,060	.10,222	.17,840				
60895	.35-0145825	03/01/1965	American United Life Insurance Company	IN	YRT/I.	OL	4,823	.304	.304	.639				
60895	.35-0145825	02/14/1962	American United Life Insurance Company	IN	YRT/I.	OL	11,362	.3,773	.3,923	.875				
88099	.75-1608507	01/01/1975	Optimum Re Insurance Company	TX	YRT/I.	OL	12,395	.70	.190	.271				
86258	.13-2572994	02/01/1990	General Re Life Corporation	CT	YRT/I.	OL	9,933	.7	.7	.171				
86258	.13-2572994	12/15/1989	General Re Life Corporation	CT	YRT/I.	OL	39,500	.528	.626	.852				
86258	.13-2572994	11/22/1966	General Re Life Corporation	CT	YRT/I.	OL	8,000	.173	.158					
86258	.13-2572994	02/12/1965	General Re Life Corporation	CT	YRT/I.	OL	535,456	.20,431	.19,214	.31,865				
68276	.48-1024691	07/01/1983	Employers Reassurance Corporation	KS	YRT/I.	OL	101,956	.779	.49	.1,077				
68276	.48-1024691	07/01/1983	Employers Reassurance Corporation	KS	YRT/I.	OL	120,734	.10,135	.80,264	(316,199)				
68276	.48-1024691	10/01/1986	Employers Reassurance Corporation	KS	CO/I.	OL	33,333	.319	.292	.899				
91472	.63-0782739	05/17/1972	Globe Life & Accident Insurance Company	NE	CO/I.	OL	1,926,131	.1,294,912	.1,325,839	.35,597				
86258	.13-2572994	05/01/1984	General Re Life Corporation	CT	CO/I.	OL	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.	OL				(23,661)				
82627	.06-0839705	04/01/1982	Swiss Re Life & Health America Inc	MO	YRT/I.	OL	.427,425	.20,844	.16,817	.18,137				
82627	.06-0839705	11/01/2000	Swiss Re Life & Health America Inc	MO	OTH/I.	OL				.7,417				
88099	.75-1608507	09/01/1980	Optimum Re Insurance Company	TX	CO/I.	OL	.200,000	.93,400	.89,400	.5,644				
88099	.75-1608507	12/31/1985	Optimum Re Insurance Company	TX	CO/I.	OL	1,000,000	.23,122	.22,449	.409				
88099	.75-1608507	12/31/1966	Optimum Re Insurance Company	TX	YRT/I.	OL			.1,908	(934)				
88099	.75-1608507	10/15/1980	Optimum Re Insurance Company	TX	YRT/I.	OL	.386,396	.2,740	.2,812	.16,402				
87572	.23-2038295	03/01/1980	Scottish Re (US) Inc	DE	CO/I.	OL	10,000	.417	.419	.843				
87572	.23-2038295	10/01/1981	Scottish Re (US) Inc	DE	YRT/I.	OL	.23,675	.36	.38	.862				
87572	.23-2038295	01/01/1966	Scottish Re (US) Inc	DE	YRT/I.	OL	.116,409	.3,899	.3,280	.3,941				
88340	.59-2859797	11/01/1991	Hannover Life Reassurance Company Of America	FL	YRT/I.	OL	.3,636,616	.2,935	.2,939	.69,888				
88340	.59-2859797	07/01/1983	Hannover Life Reassurance Company Of America	FL	YRT/I.	OL	.1,773,735	.1,048	.980	.25,985				
88340	.59-2859797	07/01/1983	Hannover Life Reassurance Company Of America	FL	YRT/I.	OL		.495	.447	.14,760				
88340	.59-2859797	04/01/1996	Hannover Life Reassurance Company Of America	FL	CO/I.	OL	.196,012	.610	.581	.1,221				
64688	.75-6020048	06/01/1989	SCOR Global Life Americas Reinsurance Company	DE	YRT/I.	OL	.75,405	.14	.13	.855				
64688	.75-6020048	09/01/1986	SCOR Global Life Americas Reinsurance Company	DE	YRT/I.	OL	.33,334	.319	.292	.290				
64688	.75-6020048	08/01/1987	SCOR Global Life Americas Reinsurance Company	DE	YRT/I.	OL	.42,795	.69	.84	.564				
64688	.75-6020048	06/01/1991	SCOR Global Life Americas Reinsurance Company	DE	YRT/I.	OL	.2,141,905	.1,645	.1,651	.39,152				
88099	.75-1608507	03/01/1976	Optimum Re Insurance Company	TX	YRT/I.	OL	.34,567	.177	.177	.445				
88099	.75-1608507	04/19/1976	Optimum Re Insurance Company	TX	CO/I.	OL		.468	.433	.1,641				
82627	.06-0839705	07/01/1981	Swiss Re Life & Health America Inc	MO	YRT/I.	OL	.186,716							
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.	OL	.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.	IA	.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	Outstanding Surplus Relief		14 Modified Coinsurance Reserve	15 Funds Withheld Under Coinsurance
								9 Current Year	10 Prior Year		12 Current Year	13 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, 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										

## 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		
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**

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

**SCHEDULE S - PART 6**Five Year Exhibit of Reinsurance Ceded Business  
(\$000 Omitted)

	1 2020	2 2019	3 2018	4 2017	5 2016
<b>A. OPERATIONS ITEMS</b>					
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>B. BALANCE SHEET ITEMS</b>					
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 .....					
<b>C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
18. Funds deposited by and withheld from (F) .....					
19. Letters of credit (L) .....					
20. Trust agreements (T) .....					
21. Other (O) .....					
<b>D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
22. Multiple Beneficiary Trust .....					
23. Funds deposited by and withheld from (F) .....					
24. Letters of credit (L) .....					
25. Trust agreements (T) .....					
26. Other (O) .....					

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

**SCHEDULE S - PART 7**

Restatement of Balance Sheet to Identify Net Credit for Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
<b>ASSETS (Page 2, Col. 3)</b>			
1. Cash and invested assets (Line 12) .....	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
<b>LIABILITIES, CAPITAL AND SURPLUS (Page 3)</b>			
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
<b>NET CREDIT FOR CEDED REINSURANCE</b>			
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	

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

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

Allocated by States and Territories

States, Etc.		Direct Business Only					
		1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	6 Totals
1. Alabama	AL	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	354,221	128,636	82,610	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 Loca-tion	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Owner-ship Provide Percent-age	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Y/N)	*
.0901	Cigna Group .....		00-0000000			222 Main Street CARING GP LLC .....	DE..NIA..	Cigna Affiliates Realty Investment Group, LLC .....	Ownership..	100.000	Cigna Corporation .....		N .....		
.0901	Cigna Group .....		46-4671745			222 Main Street Investors LP .....	DE..NIA..	Cigna Affiliates Realty Investment Group, LLC .....	Ownership..	90.000	Cigna Corporation .....		N .....		
.0901	Cigna Group .....		46-4926192			3601 North Fairfax Drive Associates, LLC .....	DE..NIA..	Cigna Affiliates Realty Investment Group, LLC .....	Ownership..	90.000	Cigna Corporation .....		N .....		
.0901	Cigna Group .....		00-0000000			680 Investors LLC .....	CA..NIA..	SB-SNH LLC .....	Ownership..	85.000	Cigna Corporation .....		N .....		
.0901	Cigna Group .....		00-0000000			685 New Hampshire LLC .....	CA..NIA..	SB-SNH LLC .....	Ownership..	85.000	Cigna Corporation .....		N .....		
.0901	Cigna Group .....		82-4794800			9171 Wilshire CPI-CII LLC .....	DE..NIA..	CPI-CII 9171 Wilshire JV LLC .....	Ownership..	90.000	Cigna Corporation .....		N .....		
.0901	Cigna Group .....		11-3358535			Accredo Health Group, Inc. .....	DE..NIA..	Accredo Health, Incorporated .....	Ownership..	100.000	Cigna Corporation .....		N .....		
.0901	Cigna Group .....		55-0894449			Accredo Health, Incorporated .....	DE..NIA..	Medco Health Solutions, Inc. .....	Ownership..	100.000	Cigna Corporation .....		N .....		
.0901	Cigna Group .....		13-3888838			AHG of New York, Inc. .....	NY..NIA..	Accredo Health, Incorporated .....	Ownership..	100.000	Cigna Corporation .....		N .....		
.0901	Cigna Group .....		75-3040465			Airport Holdings, LLC .....	NJ..NIA..	Express Scripts, Inc. .....	Ownership..	100.000	Cigna Corporation .....		N .....		
.0901	Cigna Group .....		35-2562415			Alegis Care Services, LLC .....	DE..NIA..	Home Physicians Management, LLC .....	Ownership..	100.000	Cigna Corporation .....		N .....		
.0901	Cigna Group .....		85-0909305			Alegis Care Services of Colorado, LLC .....	CO..NIA..	Home Physicians Management, LLC .....	Ownership..	100.000	Cigna Corporation .....		N .....		
.0901	Cigna Group .....		81-0400550			Allegiance Benefit Plan Management, Inc. .....	MT..NIA..	Benefit Management Corp. .....	Ownership..	100.000	Cigna Corporation .....		N .....		
.0901	Cigna Group .....		03-0507057			Allegiance Care Management, LLC .....	MT..NIA..	Benefit Management Corp. .....	Ownership..	100.000	Cigna Corporation .....		N .....		
.0901	Cigna Group .....		71-0916514			Allegiance COBRA Services, Inc. .....	MT..NIA..	Benefit Management Corp. .....	Ownership..	100.000	Cigna Corporation .....		N .....		
.0901	Cigna Group .....	12814	20-4433475			Allegiance Life & Health Insurance Company .....	MT..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			AristalND, Inc. .....	DE..NIA..	Cigna Ventures, LLC .....	Ownership..	11.100	Cigna Corporation .....		N .....		
.0901	Cigna Group .....		86-3581583			Arizona Health Plan, Inc. .....	AZ..NIA..	Healthsource, Inc. .....	Ownership..	100.000	Cigna Corporation .....		N .....		
.0901	Cigna Group .....		00-0000000			Ascent Health Services LLC .....	DE..NIA..	Cigna Spruce Holdings GmbH .....	Ownership..	80.000	Cigna Corporation .....		N .....		
.0901	Cigna Group .....		81-0585518			Benefit Management Corp. .....	MT..NIA..	Connecticut General Corporation .....	Ownership..	100.000	Cigna Corporation .....		N .....		
.0901	Cigna Group .....		81-2650133			Berwick Apartments LLC .....	DE..NIA..	Cigna Affiliates Realty Investment Group, LLC .....	Ownership..	85.000	Cigna Corporation .....		N .....		
.0901	Cigna Group .....		43-1815573			Biopartners in Care, Inc. .....	MO..NIA..	Accredo Health, Incorporated .....	Ownership..	100.000	Cigna Corporation .....		N .....		
.0901	Cigna Group .....		06-1522976			Blodget & Hazard Limited .....	GBR..NIA..	Cigna Re Corporation .....	Ownership..	100.000	Cigna Corporation .....		N .....		
.0901	Cigna Group .....		10095	52-2259087		Bravo Health Mid-Atlantic, Inc. .....	MD..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, 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 Loca-tion	Rela-tion-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Owner-ship Provide Percen-tage	Ultimate Controlling Entity(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 .....		

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**SCHEDULE Y**  
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Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi- ciliary Loca- tion	Rela- tionship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Owner- ship Provide Per- centage	Ultimate Controlling Entity(es)/Person(s)	Is an SCA Filing Re- quired? (Y/N)	*
.0901	Cigna Group		06-1332405			CG Life Pension Benefits Payments, Inc.	DE	NIA	Connecticut General Corporation	Ownership	100.00	Cigna Corporation		N	
.0901	Cigna Group		06-1332401			CG LINA Pension Benefits Payments, Inc.	DE	NIA	Connecticut General Corporation	Ownership	100.00	Cigna Corporation		N	
.0901	Cigna Group		84-2083351			CG-AO 477 South Market Street LLC	DE	NIA	CARING Firestone Investor LLC	Ownership	85.00	Cigna Corporation		N	
.0901	Cigna Group		84-4773972			CG-LEDO IBP Venture LLC	DE	NIA	CARING IBP Investor LLC	Ownership	90.00	Cigna Corporation		N	
.0901	Cigna Group		84-4747045			CG-LEDO IBP I LLC	DE	NIA	CARING IBP Investor LLC	Ownership	90.00	Cigna Corporation		N	
.0901	Cigna Group		84-4755025			CG-LEDO IBP II LLC	DE	NIA	CARING IBP Investor LLC	Ownership	90.00	Cigna Corporation		N	
.0901	Cigna Group		84-2993316			CG-Muller 550 Winchester, LLC	DE	NIA	CARING Century Plaza Investor LLC	Ownership	90.00	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	90.00	Cigna Corporation		N	
.0901	Cigna Group		85-2233381			CG/Wood Alta Leander Station, LLC	DE	NIA	CARING Alta Leander Investor LLC	Ownership	90.00	Cigna Corporation		N	
.0901	Cigna Group		81-3281922			CGGL Chapman LLC	DE	NIA	CGGL Orange Collection LLC	Ownership	90.00	Cigna Corporation		N	
.0901	Cigna Group		81-3313562			CGGL City Parkway LLC	DE	NIA	CGGL Orange Collection LLC	Ownership	90.00	Cigna Corporation		N	
.0901	Cigna Group		61-1797835			CGGL Orange Collection LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	90.00	Cigna Corporation		N	
.0901	Cigna Group		00-0000000			CGGL Orange Collection Mezz LLC	DE	NIA	CARING Orange Collection Investor LLC	Ownership	100.00	Cigna corporation		N	
.0901	Cigna Group		84-1921719			CGGL XR International LLC	DE	NIA	CARING XR International Investor LLC	Ownership	90.00	Cigna Corporation		N	
.0901	Cigna Group		84-1843578			CGGL XR 2 International LLC	DE	NIA	CARING XR 2 International Investor LLC	Ownership	90.00	Cigna Corporation		N	
.0901	Cigna Group		00-0000000			CGO Participatos LTD A	BRA	NIA	Cigna Global Holdings, Inc.	Ownership	99.780	Cigna Corporation		N	
.0901	Cigna Group		59-3466707			Chiro Alliance Corporation	FL	NIA	eviCore healthcare MSI, LLC	Ownership	100.00	Cigna Corporation		N	
.0901	Cigna Group		81-3389374			CIG-LEI Ygnacio Associates LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	90.00	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	90.00	Cigna Corporation		N	
.0901	Cigna Group		00-0000000			Cigna & CMB Asset Management Company Limited	CHN	NIA	Cigna & CMB Life Insurance Company Limited	Ownership	87.350	Cigna Corporation		N	
.0901	Cigna Group		00-0000000			Cigna & CMB Health Services Company, Ltd.	CHN	NIA	Cigna & CMB Life Insurance Company Limited	Ownership	100.00	Cigna Corporation		N	
.0901	Cigna Group		00-0000000			Cigna & CMB Life Insurance Company Limited	CHN	IA	Cigna Health and Life Insurance Company	Ownership	50.00	Cigna Corporation		N	
.0901	Cigna Group		00-0000000			CIGNA 2000 UK Pension LTD	GBR	NIA	Cigna European Services (UK) Limited	Ownership	100.00	Cigna Corporation		N	
.0901	Cigna Group		27-5402196			Cigna Affiliates Realty Investment Group, LLC	DE	NIA	Connecticut General Life Insurance Company	Ownership	100.00	Cigna Corporation		N	
.0901	Cigna Group		00-0000000			Cigna Alder Holdings, LLC	DE	NIA	Cigna Apac Holdings, Ltd.	Ownership	100.00	Cigna Corporation		N	
.0901	Cigna Group		00-0000000			Cigna Apac Holdings, Ltd.	BMU	NIA	Cigna Palmetto Holdings, Ltd.	Ownership	100.00	Cigna Corporation		N	
.0901	Cigna Group		13733	03-0452349		Cigna Arbor Life Insurance Company	CT	IA	Connecticut General Corporation	Ownership	100.00	Cigna Corporation		N	
.0901	Cigna Group		98-1181787			Cigna Beechwood Holdings	BEL	NIA	Cigna Elmwood Holdings, SPRL	Ownership	51.00	Cigna Corporation		N	
.0901	Cigna Group		94-3107309			Cigna Behavioral Health of California, Inc.	CA	NIA	Cigna Behavioral Health, Inc.	Ownership	100.00	Cigna Corporation		N	
.0901	Cigna Group		75-2751090			Cigna Behavioral Health of Texas, Inc.	TX	NIA	Cigna Behavioral Health, Inc.	Ownership	100.00	Cigna Corporation		N	
.0901	Cigna Group		41-1648670			Cigna Behavioral Health, Inc.	MN	NIA	Connecticut General Corporation	Ownership	100.00	Cigna Corporation		N	
.0901	Cigna Group		00-0000000			Cigna Bellevue Alpha LLC	DE	NIA	Cigna Holdings Overseas, Inc.	Ownership	100.00	Cigna Corporation		N	
.0901	Cigna Group		02-0515554			Cigna Benefit Technology Solutions, Inc.	DE	NIA	Cigna Health Corporation	Ownership	100.00	Cigna Corporation		N	
.0901	Cigna Group		01-0947889	0001489070		Cigna Benefits Financing, Inc.	DE	NIA	Cigna Investments, Inc.	Ownership	100.00	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	100.00	Cigna Corporation		N	
.0901	Cigna Group		98-1137759			Cigna Chestnut Holdings, Ltd.	GBR	NIA	Cigna Walnut Holdings, Ltd.	Ownership	100.00	Cigna Corporation		N	
.0901	Cigna Group		27-3396038			Cigna Corporate Services, LLC	DE	NIA	Cigna Health and Life Insurance Company	Ownership	100.00	Cigna Corporation		N	
.0901	Cigna Group		82-4991898	1739940	US	Cigna Corporation (A Delaware corporation and ultimate parent company)	DE	UJP	Publicly Traded	Ownership	100.00	Publicly Traded		N	
.0901	Cigna Group		00-0000000			Cigna Data Services (Shanghai) Company Limited	CHN	NIA	Cigna Hong Kong Holdings Company Limited	Ownership	100.00	Cigna Corporation		N	
.0901	Cigna Group		59-2600475			Cigna Dental Health Of California, Inc.	CA	NIA	Cigna Dental Health, Inc.	Ownership	100.00	Cigna Corporation		N	
.0901	Cigna Group	11175	59-2675861			Cigna Dental Health Of Colorado, Inc.	CO	IA	Cigna Dental Health, Inc.	Ownership	100.00	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 Loca-tion	Rela-tion-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Owner-ship Provide Percen-tage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Y/N)	*
0901	Cigna Group	95380	59-2676987			Cigna Dental Health Of Delaware, Inc.	DE	IA	Cigna Dental Health, Inc.	Ownership	100.00	Cigna Corporation	N		
0901	Cigna Group	52021	59-1611217			Cigna Dental Health Of Florida, Inc.	FL	IA	Cigna Dental Health, Inc.	Ownership	100.00	Cigna Corporation	N		
0901	Cigna Group		06-1351097			Cigna Dental Health Of Illinois, Inc.	IL	NIA	Cigna Dental Health, Inc.	Ownership	100.00	Cigna Corporation	N		
0901	Cigna Group	52024	59-2625350			Cigna Dental Health Of Kansas, Inc.	KS	IA	Cigna Dental Health, Inc.	Ownership	100.00	Cigna Corporation	N		
0901	Cigna Group	52108	59-2619589			Cigna Dental Health Of Kentucky, Inc.	KY	IA	Cigna Dental Health, Inc.	Ownership	100.00	Cigna Corporation	N		
0901	Cigna Group	48119	20-2844020			Cigna Dental Health Of Maryland, Inc.	MD	IA	Cigna Dental Health, Inc.	Ownership	100.00	Cigna Corporation	N		
0901	Cigna Group	11160	06-1582068			Cigna Dental Health Of Missouri, Inc.	MO	IA	Cigna Dental Health, Inc.	Ownership	100.00	Cigna Corporation	N		
0901	Cigna Group	11167	59-2308062			Cigna Dental Health Of New Jersey, Inc.	NJ	IA	Cigna Dental Health, Inc.	Ownership	100.00	Cigna Corporation	N		
0901	Cigna Group	95179	56-1803464			Cigna Dental Health Of North Carolina, Inc.	NC	IA	Cigna Dental Health, Inc.	Ownership	100.00	Cigna Corporation	N		
0901	Cigna Group	47805	59-2579774			Cigna Dental Health Of Ohio, Inc.	OH	IA	Cigna Dental Health, Inc.	Ownership	100.00	Cigna Corporation	N		
0901	Cigna Group	47041	52-1220578			Cigna Dental Health Of Pennsylvania, Inc.	PA	IA	Cigna Dental Health, Inc.	Ownership	100.00	Cigna Corporation	N		
0901	Cigna Group	95037	59-2676977			Cigna Dental Health Of Texas, Inc.	TX	IA	Cigna Dental Health, Inc.	Ownership	100.00	Cigna Corporation	N		
0901	Cigna Group	52617	52-2188914			Cigna Dental Health Of Virginia, Inc.	VA	IA	Cigna Dental Health, Inc.	Ownership	100.00	Cigna Corporation	N		
0901	Cigna Group	47013	86-0807222			Cigna Dental Health Plan Of Arizona, Inc.	AZ	IA	Cigna Dental Health, Inc.	Ownership	100.00	Cigna Corporation	N		
0901	Cigna Group		59-2308055			Cigna Dental Health, Inc.	FL	NIA	Connecticut General Corporation	Ownership	100.00	Cigna Corporation	N		
0901	Cigna Group		58-1136865			Cigna Direct Marketing Company, Inc.	DE	NIA	Connecticut General Corporation	Ownership	100.00	Cigna Corporation	N		
0901	Cigna Group		98-1155943			Cigna Elmwood Holdings, SPRL	BEL	NIA	Cigna Myrtle Holdings, Ltd.	Ownership	100.00	Cigna Corporation	N		
0901	Cigna Group		00-0000000			Cigna Europe Insurance Company S.A.-N.V.	BEL	IA	Cigna Beechwood Holdings	Ownership	99.99	Cigna Corporation	N		
0901	Cigna Group		00-0000000			Cigna European Services (UK) Limited	GBR	NIA	Cigna Elmwood Holdings, SPRL	Ownership	100.00	Cigna Corporation	N		
0901	Cigna Group		62-1724116			Cigna Federal Benefits, Inc.	DE	NIA	Connecticut General Corporation	Ownership	100.00	Cigna Corporation	N		
0901	Cigna Group		00-0000000			Cigna Finans Emlkililik Ve Hayat A.S.	TUR	NIA	Cigna Nederland Gamma, B.V.	Ownership	51.00	Cigna Corporation	N		
0901	Cigna Group		51-0389196			Cigna Global Holdings, Inc.	DE	NIA	Cigna Holdings, Inc.	Ownership	100.00	Cigna Corporation	N		
0901	Cigna Group		68-0676638			Cigna Global Insurance Company Limited	GGY	IA	Cigna Holdings Overseas, Inc.	Ownership	99.99	Cigna Corporation	N		
0901	Cigna Group		98-0210110			Cigna Global Reinsurance Company, Ltd.	BMU	IA	Cigna Global Holdings, Inc.	Ownership	100.00	Cigna Corporation	N		
0901	Cigna Group					Cigna Global Wellbeing Holdings Limited	GBR	NIA	Connecticut General Corporation	Ownership	70.00	Cigna Corporation	N		
0901	Cigna Group					Cigna Global Wellbeing Solutions Limited	GBR	NIA	Cigna Global Wellbeing Holdings Limited	Ownership	100.00	Cigna Corporation	N		
									Connecticut General Life Insurance Company						
0901	Cigna Group	67369	59-1031071			Cigna Health and Life Insurance Company	CT	UDP		Ownership	100.00	Cigna Corporation	N		
0901	Cigna Group		62-1312478			Cigna Health Corporation	DE	NIA	Connecticut General Corporation	Ownership	100.00	Cigna Corporation	N		
0901	Cigna Group		23-1728483			Cigna Health Management, Inc.	DE	NIA	Connecticut General Corporation	Ownership	100.00	Cigna Corporation	N		
0901	Cigna Group		00-0000000			Cigna Health Solution India Pvt. Ltd.	IND	NIA	Cigna Holdings Overseas, Inc.	Ownership	99.90	Cigna Corporation	N		
0901	Cigna Group		23-2741293			Cigna Healthcare Benefits, Inc.	DE	NIA	Connecticut General Corporation	Ownership	100.00	Cigna Corporation	N		
0901	Cigna Group		84-0985843			Cigna Healthcare Holdings, Inc.	CO	NIA	Connecticut General Corporation	Ownership	100.00	Cigna Corporation	N		
0901	Cigna Group	95599	52-1404350			Cigna HealthCare Mid-Atlantic, Inc.	MD	NIA	Healthsource, Inc.	Ownership	100.00	Cigna Corporation	N		
0901	Cigna Group	95125	86-0334392			Cigna HealthCare of Arizona, Inc.	AZ	IA	Healthsource, Inc.	Ownership	100.00	Cigna Corporation	N		
0901	Cigna Group		95-3310115			Cigna HealthCare of California, Inc.	CA	NIA	Healthsource, Inc.	Ownership	100.00	Cigna Corporation	N		
0901	Cigna Group		95604	84-1004500		Cigna HealthCare of Colorado, Inc.	CO	IA	Healthsource, Inc.	Ownership	100.00	Cigna Corporation	N		
0901	Cigna Group		95660	06-1141174		Cigna HealthCare of Connecticut, Inc.	CT	IA	Healthsource, Inc.	Ownership	100.00	Cigna Corporation	N		
0901	Cigna Group	95136	59-2089259			Cigna HealthCare of Florida, Inc.	FL	IA	Healthsource, Inc.	Ownership	100.00	Cigna Corporation	N		
0901	Cigna Group	96229	58-1641057			Cigna HealthCare of Georgia, Inc.	GA	IA	Healthsource, Inc.	Ownership	100.00	Cigna Corporation	N		
0901	Cigna Group	95602	36-3385638			Cigna HealthCare of Illinois, Inc.	IL	IA	Healthsource, Inc.	Ownership	100.00	Cigna Corporation	N		
0901	Cigna Group	95525	35-1679172			Cigna HealthCare of Indiana, Inc.	IN	IA	Healthsource, Inc.	Ownership	100.00	Cigna Corporation	N		
0901	Cigna Group	95477	01-0418220			Cigna HealthCare of Maine, Inc.	ME	NIA	Healthsource, Inc.	Ownership	100.00	Cigna Corporation	N		
0901	Cigna Group		95220	02-0402111		Cigna HealthCare of Massachusetts, Inc.	MA	NIA	Healthsource, Inc.	Ownership	100.00	Cigna Corporation	N		
0901	Cigna Group	95493	02-0387749			Cigna HealthCare of New Hampshire, Inc.	NH	IA	Healthsource, Inc.	Ownership	100.00	Cigna Corporation	N		
0901	Cigna Group	95500	22-2720890			Cigna HealthCare of New Jersey, Inc.	NJ	IA	Healthsource, Inc.	Ownership	100.00	Cigna Corporation	N		
0901	Cigna Group	95132	56-1479515			Cigna HealthCare of North Carolina, Inc.	NC	IA	Healthsource, Inc.	Ownership	100.00	Cigna Corporation	N		
0901	Cigna Group	95121	23-2301807			Cigna HealthCare of Pennsylvania, Inc.	PA	NIA	Healthsource, Inc.	Ownership	100.00	Cigna Corporation	N		
0901	Cigna Group	95708	06-1185594			Cigna HealthCare of South Carolina, Inc.	SC	IA	Healthsource, Inc.	Ownership	100.00	Cigna Corporation	N		
0901	Cigna Group	95635	36-3359925			Cigna HealthCare of St. Louis, Inc.	MO	IA	Healthsource, Inc.	Ownership	100.00	Cigna Corporation	N		
0901	Cigna Group	95606	62-1218053			Cigna HealthCare of Tennessee, Inc.	TN	IA	Healthsource, Inc.	Ownership	100.00	Cigna Corporation	N		
0901	Cigna Group	95383	74-2767437			Cigna HealthCare of Texas, Inc.	TX	IA	Healthsource, Inc.	Ownership	100.00	Cigna Corporation	N		
0901	Cigna Group	95518	62-1230908			Cigna HealthCare of Utah, Inc.	UT	NIA	Healthsource, Inc.	Ownership	100.00	Cigna Corporation	N		
0901	Cigna Group		02-0495422			Cigna Healthcare, Inc.	VT	NIA	Cigna Healthcare Holdings, Inc.	Ownership	100.00	Cigna Corporation	N		

## ANNUAL STATEMENT FOR THE YEAR 2020 OF THE 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 Loca-tion	Rela-tionship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Owner-ship Provide Percen-tage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Y/N)	*
.0901	Cigna Group .....		00-0000000			Cigna HLA Technology Services Company Limited		HKG	NIA	Cigna Hong Kong Holdings Company Limited ..	Ownership.....	100.00	Cigna Corporation .....	N	
.0901	Cigna Group .....		06-1059331			Cigna Holding Company .....		DE	UIP	Cigna Corporation .....	Ownership.....	100.00	Cigna Corporation .....	N	
.0901	Cigna Group .....		23-3009279			Cigna Holdings Overseas, Inc. .....		DE	NIA	Cigna Global Reinsurance Company, Ltd. ..	Ownership.....	100.00	Cigna Corporation .....	N	
.0901	Cigna Group .....		06-1072796			Cigna Holdings, Inc. .....		DE	UIP	Cigna Holding Company .....	Ownership.....	100.00	Cigna Corporation .....	N	
.0901	Cigna Group .....		00-0000000			Cigna Hong Kong Holdings Company Limited .....		HKG	NIA	Cigna Chestnut Holdings, Ltd. .....	Ownership.....	100.00	Cigna Corporation .....	N	
.0901	Cigna Group .....		27-1903785			Cigna Insurance Agency, LLC .....		CT	NIA	Cigna Health and Life Insurance Company .....	Ownership.....	100.00	Cigna Corporation .....	N	
.0901	Cigna Group .....		00-0000000			Cigna Insurance Management Services (DIFC), Ltd. .....		ARE	NIA	Cigna Apac Holdings, Ltd. .....	Ownership.....	100.00	Cigna Corporation .....	N	
.0901	Cigna Group .....		00-0000000			Cigna Insurance Middle East S.A.L. .....		LBN	IA	Cigna Cedar Holdings, Ltd. .....	Ownership.....	100.00	Cigna Corporation .....	N	
.0901	Cigna Group .....		00-0000000			Cigna Insurance Public Company Limited .....		THA	IA	KDM Thailand Limited .....	Ownership.....	75.00	Cigna Corporation .....	N	
.0901	Cigna Group .....		00-0000000			Cigna Insurance Services (Europe) Limited .....		GBR	NIA	Cigna Willow Holdings, LTD. .....	Ownership.....	100.00	Cigna Corporation .....	N	
.0901	Cigna Group .....		23-2924152			Cigna Integratedcare, Inc. .....		DE	NIA	Connecticut General Corporation .....	Ownership.....	100.00	Cigna Corporation .....	N	
.0901	Cigna Group .....		51-0402128			Cigna Intellectual Property, Inc. .....		DE	NIA	Cigna Holdings, Inc. .....	Ownership.....	100.00	Cigna Corporation .....	N	
.0901	Cigna Group .....		51-0111677			Cigna International Corporation, Inc. .....		DE	NIA	Cigna Global Holdings, Inc. .....	Ownership.....	100.00	Cigna Corporation .....	N	
.0901	Cigna Group .....		52-0291385			Cigna International Finance, Inc. .....		DE	NIA	Cigna Investment Group, Inc. .....	Ownership.....	100.00	Cigna Corporation .....	N	
.0901	Cigna Group .....		00-0000000			Cigna International Health Services Kenya Limited .....		KEN	NIA	Cigna International Health Services, BVBA .....	Ownership.....	100.00	Cigna Corporation .....	N	
.0901	Cigna Group .....		00-0000000			Cigna International Health Services Sdn. Bhd. .....		MYS	NIA	Cigna Hong Kong Holdings Company Limited .....	Ownership.....	100.00	Cigna Corporation .....	N	
.0901	Cigna Group .....		00-0000000			Cigna International Health Services, BVBA .....		BEL	NIA	Cigna Elmwood Holdings, Ltd. .....	Ownership.....	51.00	Cigna Corporation .....	N	
.0901	Cigna Group .....		30-0526216			Cigna International Health Services, LLC .....		FL	NIA	Cigna International Health Services, BVBA .....	Ownership.....	100.00	Cigna Corporation .....	N	
.0901	Cigna Group .....					Cigna International Marketing (Thailand) Limited .....		THA	NIA	Cigna Global Holdings, Inc. .....	Ownership.....	99.90	Cigna Corporation .....	N	
.0901	Cigna Group .....		00-0000000			Cigna International Services Australia Pty Ltd. .....		AUS	NIA	Cigna Chestnut Holdings, Ltd. .....	Ownership.....	100.00	Cigna Corporation .....	N	
.0901	Cigna Group .....		23-2610178			Cigna International Services, Inc. .....		DE	NIA	Cigna Global Holdings, Inc. .....	Ownership.....	100.00	Cigna Corporation .....	N	
.0901	Cigna Group .....		06-1095823			Cigna Investment Group, Inc. .....		DE	NIA	Cigna Holdings, Inc. .....	Ownership.....	100.00	Cigna Corporation .....	N	
.0901	Cigna Group .....		06-0861092			Cigna Investments, Inc. .....		DE	NIA	Cigna Investment Group, Inc. .....	Ownership.....	100.00	Cigna Corporation .....	N	
.0901	Cigna Group .....					Cigna Korea Chusik Heosa (A/K/A Cigna Korea Company Limited) .....		KOR	NIA	Cigna Chestnut Holdings, Ltd. .....	Ownership.....	100.00	Cigna Corporation .....	N	
.0901	Cigna Group .....		98-1146864			Cigna Laurel Holdings, Ltd. .....		BMU	NIA	Cigna Linden Holdings, Inc. .....	Ownership.....	100.00	Cigna Corporation .....	N	
.0901	Cigna Group .....		00-0000000			Cigna Legal Protection U.K. Ltd. .....		GBR	NIA	Cigna Willow Holdings, LTD. .....	Ownership.....	100.00	Cigna Corporation .....	N	
.0901	Cigna Group .....		AA-1560515			Cigna Life Insurance Company of Canada .....		CAN	IA	Cigna Chestnut Holdings, Ltd. .....	Ownership.....	100.00	Cigna Corporation .....	N	
.0901	Cigna Group .....		AA-1240009			Cigna Life Insurance Company of Europe S.A.-N.V. .....		BEL	IA	Cigna Beechwood Holdings .....	Ownership.....	99.993	Cigna Corporation .....	N	
.0901	Cigna Group .....		00-0000000			Cigna Life Insurance New Zealand Limited .....		NZL	IA	Cigna New Zealand Holdings Limited .....	Ownership.....	100.00	Cigna Corporation .....	N	
.0901	Cigna Group .....		46-4110289			Cigna Linden Holdings, Inc. .....		DE	NIA	Cigna Holdings Overseas, Inc. .....	Ownership.....	82.00	Cigna Corporation .....	N	
.0901	Cigna Group .....		98-1232512			Cigna Magnolia Holdings, Ltd. .....		BMU	NIA	Cigna Palmetto Holdings, Ltd. .....	Ownership.....	100.00	Cigna Corporation .....	N	
.0901	Cigna Group .....		23-2741294			Cigna Managed Care Benefits Company .....		DE	NIA	Connecticut General Corporation .....	Ownership.....	100.00	Cigna Corporation .....	N	
.0901	Cigna Group .....		98-1154657			Cigna Myrtle Holdings, Ltd. .....		MLT	NIA	Cigna Apac Holdings, Ltd. .....	Ownership.....	74.560	Cigna Corporation .....	N	
.0901	Cigna Group .....		61727	34-0970995		Cigna National Health Insurance Company .....		OH	IA	Cigna Health and Life Insurance Company .....	Ownership.....	100.00	Cigna Corporation .....	N	
.0901	Cigna Group .....		00-0000000			Cigna Nederland Gamma B.V. .....		NLD	NIA	Cigna Walnut Holdings, Ltd. .....	Ownership.....	100.00	Cigna Corporation .....	N	
.0901	Cigna Group .....		00-0000000			Cigna New Zealand Holdings Limited .....		NZL	NIA	Cigna Hong Kong Holdings Company Limited .....	Ownership.....	100.00	Cigna Corporation .....	N	
.0901	Cigna Group .....		00-0000000			Cigna Oak Holdings, Ltd. .....		GBR	NIA	Cigna Elmwood Holdings, SPRL .....	Ownership.....	100.00	Cigna Corporation .....	N	
.0901	Cigna Group .....		32-0222252			Cigna Onsite Health, LLC .....		DE	NIA	Connecticut General Life Insurance Company .....	Ownership.....	100.00	Cigna Corporation .....	N	
.0901	Cigna Group .....		98-1232443			Cigna Palmetto Holdings, Ltd. .....		BMU	NIA	Cigna Laurel Holdings, Ltd. .....	Ownership.....	100.00	Cigna Corporation .....	N	
.0901	Cigna Group .....		46-4099800			Cigna Poplar Holdings, Inc. .....		DE	NIA	Cigna Holdings Overseas, Inc. .....	Ownership.....	100.00	Cigna Corporation .....	N	
.0901	Cigna Group .....		06-1071502			Cigna RE Corporation .....		DE	NIA	Connecticut General Corporation .....	Ownership.....	100.00	Cigna Corporation .....	N	
.0901	Cigna Group .....		06-1567902			Cigna Resource Manager, Inc. .....		DE	NIA	Connecticut General Corporation .....	Ownership.....	100.00	Cigna Corporation .....	N	
.0901	Cigna Group .....		00-0000000			Cigna Spruce Holdings GmbH .....		CHE	NIA	Cigna Chestnut Holdings, Ltd. .....	Ownership.....	100.00	Cigna Corporation .....	N	
.0901	Cigna Group .....		00-0000000			Cigna Taiwan Life Assurance Company Limited .....		TWN	IA	Cigna Apac Holdings, Ltd. .....	Ownership.....	100.00	Cigna Corporation .....	N	
.0901	Cigna Group .....		00-0000000			Cigna Teak Holdings, LLC .....		DE	NIA	Cigna Global Holdings, Inc. .....	Ownership.....	100.00	Cigna Corporation .....	N	

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE 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	Domestic- iliary Loca- tion	Rela- tionship to Report- ing Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Owner- ship Provide Per- cen- tage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
..0901	Cigna Group		00-000000			Cigna Turkey Danismanlik Hizmetleri, A.S (A/K/A Cigna Turkey Consultancy Services, A.S.)		TUR	NIA	Cigna Magnolia Holdings, Ltd.	Ownership	100.00	Cigna Corporation	.N.	
..0901	Cigna Group		83-1069280			Cigna Ventures, LLC		DE	NIA	Cigna Health and Life Insurance Company	Ownership	100.00	Cigna Corporation	.N.	
..0901	Cigna Group		00-000000			Cigna Walnut Holdings, Ltd.		GBR	NIA	Cigna Apac Holdings, Ltd.	Ownership	100.00	Cigna Corporation	.N.	
..0901	Cigna Group		00-000000			Cigna Willow Holdings, Ltd.		GBR	NIA	Cigna Oak Holdings, Ltd.	Ownership	100.00	Cigna Corporation	.N.	
..0901	Cigna Group		00-000000			Cigna Worldwide General Insurance Company Limited		HKG	IA	Cigna Hong Kong Holdings Company Limited	Ownership	100.00	Cigna Corporation	.N.	
..0901	Cigna Group	90859	23-2088429			Cigna Worldwide Insurance Company		DE	IA	Cigna Global Reinsurance Company, Ltd.	Ownership	100.00	Cigna Corporation	.N.	
..0901	Cigna Group		00-000000			Cigna Worldwide Life Insurance Company Limited		HKG	IA	Cigna Hong Kong Holdings Company Limited	Ownership	100.00	Cigna Corporation	.N.	
..0901	Cigna Group		00-000000			Claims and Risk Services Limited		SAU	IA	NAS Neuron Health Services, L.L.C.	Ownership	50.00	Cigna Corporation	.N.	
..0901	Cigna Group		00-000000			ManipalCigna Health Insurance Company Limited		IND	IA	Cigna Holdings Overseas, Inc.	Ownership	49.00	TTK (non-affiliate)	.N.	
..0901	Cigna Group		84-1461840			Community Health Network, LLC		MT	NIA	Benefit Management Corp.	Ownership	50.00	Cigna Corporation	.N.	
..0901	Cigna Group		06-1252419			Connecticut General Benefit Payments, Inc.		DE	NIA	Connecticut General Corporation	Ownership	100.00	Cigna Corporation	.N.	
..0901	Cigna Group		06-0840391			Connecticut General Corporation		CT	NIA	Cigna Holdings, Inc.	Ownership	100.00	Cigna Corporation	.N.	
..0901	Cigna Group	62308	06-0303370	0000023419		Connecticut General Life Insurance Company		CT	UIP	Connecticut General Corporation	Ownership	100.00	Cigna Corporation	.N.	
..0901	Cigna Group		82-4936006			CPI-CII 9171 Wilshire JV LLC		DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	90.00	Cigna Corporation	.N.	
..0901	Cigna Group		27-3555688			CR Washington Street Investors LP		DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	33.820	Charles River Washington Street LLC (non-affiliate)	.N.	
..0901	Cigna Group		47-2746692			Cricket Health, Inc.		DE	NIA	Cigna Health and Life Insurance Company	Ownership	9.000	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		00-000000			Egyptian Emirates Administration Services SAE		EGY	NIA	NAS Neuron Health Services, L.L.C.	Ownership	64.999	Cigna Corporation	.N.	
..0901	Cigna Group					ESI Canada		CAN	NIA	Express Scripts Canada Co. (99.9%); ESI-GP Canada, ULC (0.1%)	Ownership	100.000	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		00-000000			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		00-000000			Express Scripts Canada Services		CAN	NIA	Express Scripts Canada Co. (99.9%); ESI-GP2 Canada, ULC (0.1%)	Ownership	100.000	Cigna Corporation	.N.	

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## 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	Domiciliary Location	Relationship 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 Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
.0901	Cigna Group .....					Express Scripts Canada Wholesale .....		.CAN	.NIA	Express Scripts Canada Co. (99.9%); ESI-GP2 Canada, ULC (0.1%) .....	Ownership.....	100.000	Cigna Corporation .....	N	
.0901	Cigna Group .....	84-5003423				Express Scripts Health Information Network Partners, Inc. .....		.DE	.NIA	Express Scripts, Inc. .....	Ownership.....	100.000	Cigna Corporation .....	N	
.0901	Cigna Group .....	45-2884094				Evernorth Health, Inc. .....		.DE	.NIA	Cigna Corporation .....	Ownership.....	100.000	Cigna Corporation .....	N	
.0901	Cigna Group .....	20-5826948				Express Scripts Pharmaceutical Procurement, LLC .....		.DE	.NIA	ESI Mail Pharmacy Service, Inc. (50%); Express Scripts, Inc. (50%) .....	Ownership.....	100.000	Cigna Corporation .....	N	
.0901	Cigna Group .....	00-0000000				Express Scripts Pharmacy Atlantic, Ltd. .....		.CAN	.NIA	Express Scripts Canada Services .....	Ownership.....	100.000	Cigna Corporation .....	N	
.0901	Cigna Group .....	00-0000000				Express Scripts Pharmacy Central, Ltd. .....		.CAN	.NIA	Express Scripts Canada Services .....	Ownership.....	100.000	Cigna Corporation .....	N	
.0901	Cigna Group .....	00-0000000				Express Scripts Pharmacy Ontario, Ltd. .....		.CAN	.NIA	Express Scripts Canada Services .....	Ownership.....	100.000	Cigna Corporation .....	N	
.0901	Cigna Group .....	30-0789911				Express Scripts Pharmacy West, Ltd. .....		.CAN	.NIA	Express Scripts Canada Services .....	Ownership.....	100.000	Cigna Corporation .....	N	
.0901	Cigna Group .....	22-3114423				Express Scripts Pharmacy, Inc. .....		.DE	.NIA	Medco Health Services, Inc. .....	Ownership.....	100.000	Cigna Corporation .....	N	
.0901	Cigna Group .....	20-3126104				Express Scripts Sales Operations, Inc. .....		.NJ	.NIA	ESI Mail Pharmacy Service, Inc. .....	Ownership.....	100.000	Cigna Corporation .....	N	
.0901	Cigna Group .....					Express Scripts Senior Care Holdings, Inc. .....		.DE	.NIA	Express Scripts, Inc. .....	Ownership.....	100.000	Cigna Corporation .....	N	
.0901	Cigna Group .....	20-3126075				Express Scripts Senior Care, Inc. .....		.DE	.NIA	Express Scripts Senior Care Holdings, Inc. .....	Ownership.....	100.000	Cigna Corporation .....	N	
.0901	Cigna Group .....	43-1832983				Express Scripts Services Co. .....		.DE	.NIA	Express Scripts, Inc. .....	Ownership.....	100.000	Cigna Corporation .....	N	
.0901	Cigna Group .....	43-1869712				Express Scripts Specialty Distribution Services, Inc. .....		.DE	.NIA	Express Scripts, Inc. .....	Ownership.....	100.000	Cigna Corporation .....	N	
.0901	Cigna Group .....	22-2230703				Express Scripts Strategic Development, Inc. .....		.NJ	.NIA	Express Scripts, Inc. .....	Ownership.....	100.000	Cigna Corporation .....	N	
.0901	Cigna Group .....	43-1869714				Express Scripts Utilization Management Company .....		.DE	.NIA	Express Scripts, Inc. .....	Ownership.....	100.000	Cigna Corporation .....	N	
.0901	Cigna Group .....	43-1420563				Express Scripts, Inc. .....		.DE	.NIA	Evernorth Health, Inc. .....	Ownership.....	100.000	Cigna Corporation .....	N	
.0901	Cigna Group .....	00-0000000				FirstAssist Administration Limited .....		.GBR	.NIA	Cigna Willow Holdings, LTD. .....	Ownership.....	100.000	Cigna Corporation .....	N	
.0901	Cigna Group .....	23-1914061				Former Cigna Investments, Inc. .....		.DE	.NIA	Cigna Investment Group, Inc. .....	Ownership.....	100.000	Cigna Corporation .....	N	
.0901	Cigna Group .....	02-0523249				Fresco, Inc. .....		.FL	.NIA	Priority Healthcare Corporation .....	Ownership.....	100.000	Cigna Corporation .....	N	
.0901	Cigna Group .....	20-3229217				Freedom Service Company, LLC .....		.FL	.NIA	Lynnfield Drug, Inc. .....	Ownership.....	100.000	Cigna Corporation .....	N	
.0901	Cigna Group .....		00-0000000			Gillette Ridge Community Council, Inc. .....		.CT	.NIA	Connecticut General Life Insurance Company .....	Ownership.....	100.000	Cigna Corporation .....	N	
.0901	Cigna Group .....	20-3700105				Gillette Ridge Golf, LLC .....		.DE	.NIA	Connecticut General Life Insurance Company .....	Ownership.....	100.000	Cigna Corporation .....	N	
.0901	Cigna Group .....	95388	93-1174749			Great-West Healthcare of Illinois, Inc. .....		.IL	.NIA	Cigna Healthcare Holdings, Inc. .....	Ownership.....	100.000	Cigna Corporation .....	N	
.0901	Cigna Group .....		00-0000000			GRG Acquisitions LLC .....		.DE	.NIA	Connecticut General Life Insurance Company .....	Ownership.....	100.000	Cigna Corporation .....	N	
.0901	Cigna Group .....		11-9599164			Grown Ups New Zealand Limited .....		.NZL	.NIA	Cigna Life Insurance New Zealand Limited .....	Ownership.....	100.000	Cigna Corporation .....	N	
.0901	Cigna Group .....		76-0657035			GulfQuest, LP .....		.TX	.NIA	HouQuest, LLC .....	Ownership.....	99.000	Cigna Corporation .....	N	
.0901	Cigna Group .....		52-2149519			Hazard Center Investment Company LLC .....		.DE	.NIA	Connecticut General Life Insurance Company .....	Ownership.....	100.000	Cigna Corporation .....	N	
.0901	Cigna Group .....		04-2992335			Healthbridge Reimbursement & Product Support, Inc. .....		.MA	.NIA	Priority Healthcare Corporation .....	Ownership.....	100.000	Cigna Corporation .....	N	
.0901	Cigna Group .....		26-2159005			Healthbridge, Inc. .....		.DE	.NIA	Express Scripts, Inc. .....	Ownership.....	100.000	Cigna Corporation .....	N	
.0901	Cigna Group .....		46-2086778			Health-Lynx, LLC .....		.NJ	.NIA	QualCare Alliance Networks, Inc. .....	Ownership.....	100.000	Cigna Corporation .....	N	
.0901	Cigna Group .....		06-1533555			Healthsource Benefits, Inc. .....		.DE	.NIA	Connecticut General Corporation .....	Ownership.....	100.000	Cigna Corporation .....	N	
.0901	Cigna Group .....		02-0467679			Healthsource Properties, Inc. .....		.NH	.NIA	Healthsource, Inc. .....	Ownership.....	100.000	Cigna Corporation .....	N	
.0901	Cigna Group .....		02-0387748			Healthsource, Inc. .....		.DE	.NIA	Cigna Health Corporation .....	Ownership.....	100.000	Cigna Corporation .....	N	
.0901	Cigna Group .....		12902	20-8534298		HealthSpring Life & Health Insurance Company, Inc. .....		.TX	.IA	NewQuest, LLC .....	Ownership.....	100.000	Cigna Corporation .....	N	
.0901	Cigna Group .....		20-8647386			HealthSpring Management of America, LLC .....		.DE	.NIA	NewQuest, LLC .....	Ownership.....	100.000	Cigna Corporation .....	N	
.0901	Cigna Group .....		11532	65-1129599		HealthSpring of Florida, Inc. .....		.FL	.IA	NewQuest, LLC .....	Ownership.....	100.000	Cigna Corporation .....	N	
.0901	Cigna Group .....		26-2353772			HealthSpring Pharmacy of Tennessee, LLC .....		.DE	.NIA	HealthSpring Pharmacy Services, LLC .....	Ownership.....	100.000	Cigna Corporation .....	N	
.0901	Cigna Group .....		26-1559347			HealthSpring Pharmacy Services, LLC .....		.DE	.NIA	NewQuest, LLC .....	Ownership.....	100.000	Cigna Corporation .....	N	
.0901	Cigna Group .....		72-1559530			HealthSpring USA, LLC .....		.TN	.NIA	NewQuest, LLC .....	Ownership.....	100.000	Cigna Corporation .....	N	
.0901	Cigna Group .....		20-1821898			HealthSpring, Inc. .....		.DE	.NIA	Connecticut General Corporation .....	Ownership.....	100.000	Cigna Corporation .....	N	

## ANNUAL STATEMENT FOR THE YEAR 2020 OF THE 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 Loca-tion	Rela-tion-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Owner-ship Provide Percen-tage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Y/N)	*
..0901	Cigna Group .....		81-4139432			Heights at Bear Creek Venture LLC .....		DE	NIA	Cigna Affiliates Realty Investment Group, LLC .....	Ownership.....	90.000	Cigna Corporation .....	N	
..0901	Cigna Group .....		20-4266628			Home Physicians Management, LLC .....		DE	NIA	NewQuest, LLC .....	Ownership.....	100.000	Cigna Corporation .....	N	
..0901	Cigna Group .....		75-3108521			HouQuest, LLC .....		DE	NIA	NewQuest, LLC .....	Ownership.....	100.000	Cigna Corporation .....	N	
..0901	Cigna Group .....		37-1708015			Houston Briar Forest Apartments Limited Partnership .....		DE	NIA	Cigna Affiliates Realty Investment Group, LLC .....	Ownership.....	80.000	Cigna Corporation .....	N	
..0901	Cigna Group .....		95-4838551			Ideal Properties II LLC .....		CA	NIA	Cigna Affiliates Realty Investment Group, LLC .....	Ownership.....	85.000	Cigna Corporation .....	N	
..0901	Cigna Group .....		35-2041388			IHN, Inc. .....		IN	NIA	Connecticut General Corporation .....	Ownership.....	100.000	Cigna Corporation .....	N	
..0901	Cigna Group .....		00-0000000			Independent Health Information Technology Services L.L.C. .....		ARE	NIA	NAS Neuron Health Services, L.L.C. .....	Ownership.....	50.000	Cigna Corporation .....	N	
..0901	Cigna Group .....		82-1655179			Innovative Product Alignment, LLC .....		DE	NIA	Express Scripts, Inc. .....	Ownership.....	100.000	Cigna Corporation .....	N	
..0901	Cigna Group .....		82-0658250			Inside RX, LLC .....		DE	NIA	Express Scripts, Inc. .....	Ownership.....	100.000	Cigna Corporation .....	N	
..0901	Cigna Group .....		81-0425785			Intermountain Underwriters, Inc. .....		MT	NIA	Benefit Management Corp. .....	Ownership.....	100.000	Cigna Corporation .....	N	
..0901	Cigna Group .....		00-0000000			International Pharmaceutical Solutions, GmbH .....		CHE	NIA	Cigna Holdings Overseas, Inc. .....	Ownership.....	100.000	Cigna Corporation .....	N	
..0901	Cigna Group .....		84-3406799			JA Lofts Holdings, LLC .....		DE	NIA	JA Lofts JV Limited Partnership .....	Ownership.....	100.000	Cigna Corporation .....	N	
..0901	Cigna Group .....		84-3395923			JA Lofts JV Limited Partnership .....		DE	NIA	CARING JA Lofts Investor LP LLC .....	Ownership.....	90.000	Cigna Corporation .....	N	
..0901	Cigna Group .....		00-0000000			Kuwait Emirates Administration Services WLL .....		KWT	NIA	NAS Administrative Services Company LLC .....	Ownership.....	90.000	Cigna Corporation .....	N	
..0901	Cigna Group .....		00-0000000			KDM (Thailand) Limited .....		THA	NIA	RHP Thailand Limited .....	Ownership.....	99.900	Cigna Corporation .....	N	
..0901	Cigna Group .....		20-8064696			Kronos Optimal Health Company .....		AZ	NIA	Connecticut General Corporation .....	Ownership.....	100.000	Cigna Corporation .....	N	
..0901	Cigna Group .....		47-5292506			L&C Investments, LLC .....		DE	NIA	Express Scripts, Inc. .....	Ownership.....	100.000	Cigna Corporation .....	N	
..0901	Cigna Group .....		47-4375626			Lakehills CM-CG LLC .....		DE	NIA	Cigna Affiliates Realty Investment Group, LLC .....	Ownership.....	90.000	Cigna Corporation .....	N	
..0901	Cigna Group .....		00-0000000			LINA Financial Service .....		KOR	NIA	Cigna Korea Chusik Heosa .....	Ownership.....	100.000	Cigna Corporation .....	N	
..0901	Cigna Group .....		00-0000000			LINA Life Insurance Company of Korea .....		KOR	IA	Cigna Chestnut Holdings, Ltd. .....	Ownership.....	100.000	Cigna Corporation .....	N	
..0901	Cigna Group .....	65722	63-0343428			Loyal American Life Insurance Company .....		OH	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			MAH Pharmacy, Inc. .....		FL	NIA	Priority Healthcare Corporation .....	Ownership.....	100.000	Cigna Corporation .....	N	
..0901	Cigna Group .....		27-1506930			MAH Pharmacy, LLC .....		DE	NIA	Medco Health Solutions, Inc. .....	Ownership.....	100.000	Cigna Corporation .....	N	
..0901	Cigna Group .....		80-0908244			Mallory Square Partners I, LLC .....		DE	NIA	Cigna Affiliates Realty Investment Group, LLC .....	Ownership.....	80.000	Cigna Corporation .....	N	
..0901	Cigna Group .....		88-0241365			Managed Care Consultants, Inc. .....		NV	NIA	Cigna Health Corporation .....	Ownership.....	100.000	Cigna Corporation .....	N	
..0901	Cigna Group .....		51-0500147			Matrix GPO, LLC .....		IN	NIA	Priority Healthcare Corporation .....	Ownership.....	100.000	Cigna Corporation .....	N	
..0901	Cigna Group .....		59-3720653			Matrix Healthcare Services, Inc. .....		FL	NIA	MyMatrixx Holdings, LLC .....	Ownership.....	100.000	Cigna Corporation .....	N	
..0901	Cigna Group .....		06-1346406			MCC Independent Practice Association of New York, Inc. .....		NY	NIA	Cigna Behavioral Health, Inc. .....	Ownership.....	100.000	Cigna Corporation .....	N	
..0901	Cigna Group .....		34720	13-3506395		Medco Containment Insurance Company of NY .....		NY	IA	Medco Health Solutions, Inc. .....	Ownership.....	100.000	Cigna Corporation .....	N	
..0901	Cigna Group .....		63762	42-1425239		Medco Containment Life Insurance Company .....		PA	IA	Medco Health Solutions, Inc. .....	Ownership.....	100.000	Cigna Corporation .....	N	
..0901	Cigna Group .....		27-3709630			Medco Europe II, LLC .....		DE	NIA	Medco Europe, LLC .....	Ownership.....	100.000	Cigna Corporation .....	N	
..0901	Cigna Group .....		46-2166374			Medco Europe, LLC .....		DE	NIA	Medco Health Solutions, Inc. .....	Ownership.....	100.000	Cigna Corporation .....	N	
..0901	Cigna Group .....		84-5017653			Medco Health Information Network Partners, Inc. .....		DE	NIA	Medco Health Solutions, Inc. .....	Ownership.....	100.000	Cigna Corporation .....	N	
..0901	Cigna Group .....		81-0616525			Medco Health Puerto Rico, LLC .....		DE	NIA	Medco Health Solutions, Inc. .....	Ownership.....	100.000	Cigna Corporation .....	N	
..0901	Cigna Group .....		26-3544786			Medco Health Services, Inc. .....		DE	NIA	Medco Health Solutions, Inc. .....	Ownership.....	100.000	Cigna Corporation .....	N	
..0901	Cigna Group .....		22-3461740			Medco Health Solutions, Inc. .....		DE	NIA	Evernorth Health, Inc. .....	Ownership.....	100.000	Cigna Corporation .....	N	
..0901	Cigna Group .....		88-0334401			Mediversal, Inc. .....		NV	NIA	Connecticut General Corporation .....	Ownership.....	100.000	Cigna Corporation .....	N	
..0901	Cigna Group .....		27-3801345			MedSolutions Holdings, Inc. .....		DE	NIA	eviCore 1, LLC .....	Ownership.....	100.000	Cigna Corporation .....	N	
..0901	Cigna Group .....		32-0071543			MSI Health Organization of Texas, Inc. .....		TX	NIA	eviCore healthcare MSI, LLC .....	Ownership.....	100.000	Cigna Corporation .....	N	
..0901	Cigna Group .....		27-5492993			MSI HT, LLC .....		TN	NIA	eviCore healthcare MSI, LLC .....	Ownership.....	100.000	Cigna Corporation .....	N	
..0901	Cigna Group .....		27-5493148			MSI LT, LLC .....		TN	NIA	eviCore healthcare MSI, LLC .....	Ownership.....	100.000	Cigna Corporation .....	N	
..0901	Cigna Group .....		27-5493321			MSI SAP-GW, LLC .....		TN	NIA	eviCore healthcare MSI, LLC .....	Ownership.....	100.000	Cigna Corporation .....	N	
..0901	Cigna Group .....		86-1090522			MSIAZ I, LLC .....		TN	NIA	eviCore healthcare MSI, LLC .....	Ownership.....	100.000	Cigna Corporation .....	N	
..0901	Cigna Group .....		20-1749733			MSICA I, LLC .....		TN	NIA	eviCore healthcare MSI, LLC .....	Ownership.....	100.000	Cigna Corporation .....	N	

## ANNUAL STATEMENT FOR THE YEAR 2020 OF THE 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 Loca- tion	Rela- tionship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Owner- ship Provide Per- centage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re- quired? (Y/N)	*
.0901	Cigna Group		20-1222347			MSICO I, LLC		TN	N/A	eviCore healthcare MSI, LLC	Ownership	100.00	Cigna Corporation	N	
.0901	Cigna Group		55-0840800			MSI FL, LLC		TN	N/A	eviCore healthcare MSI, LLC	Ownership	100.00	Cigna Corporation	N	
.0901	Cigna Group		26-0181185			MSI MD I, LLC		TN	N/A	eviCore healthcare MSI, LLC	Ownership	100.00	Cigna Corporation	N	
.0901	Cigna Group		74-3122235			MSI NC I, LLC		TN	N/A	eviCore healthcare MSI, LLC	Ownership	100.00	Cigna Corporation	N	
.0901	Cigna Group		11-3715243			MSI NH II, LLC		TN	N/A	eviCore healthcare MSI, LLC	Ownership	100.00	Cigna Corporation	N	
.0901	Cigna Group		03-0524694			MSI NH, LLC		TN	N/A	eviCore healthcare MSI, LLC	Ownership	100.00	Cigna Corporation	N	
.0901	Cigna Group		20-1749446			MSI NJ I, LLC		TN	N/A	eviCore healthcare MSI, LLC	Ownership	100.00	Cigna Corporation	N	
.0901	Cigna Group		20-1761914			MSI NV I, LLC		TN	N/A	eviCore healthcare MSI, LLC	Ownership	100.00	Cigna Corporation	N	
.0901	Cigna Group		55-0840806			MSI SC II, LLC		TN	N/A	eviCore healthcare MSI, LLC	Ownership	100.00	Cigna Corporation	N	
.0901	Cigna Group		26-0336736			MSI VT I, LLC		TN	N/A	eviCore healthcare MSI, LLC	Ownership	100.00	Cigna Corporation	N	
.0901	Cigna Group		20-2536458			MSI WA, LLC		TN	N/A	eviCore healthcare MSI, LLC	Ownership	100.00	Cigna Corporation	N	
.0901	Cigna Group		36-4833284			MyM Technology Services, LLC		FL	N/A	MyMatrixx Holdings, LLC	Ownership	100.00	Cigna Corporation	N	
.0901	Cigna Group		82-1350878			myMatrixx Holdings, LLC		DE	N/A	Express Scripts, Inc.	Ownership	100.00	Cigna Corporation	N	
.0901	Cigna Group		46-2589799			myMatrixx-B, LLC		FL	N/A	Matrix Healthcare Services, Inc.	Ownership	100.00	Cigna Corporation	N	
.0901	Cigna Group		00-0000000			NAS Administrative Services Company LLC		ARE	N/A	NAS Neuron Health Services, L.L.C.	Ownership	99.00	Cigna Corporation	N	
.0901	Cigna Group		00-0000000			NAS Neuron Health Services, L.L.C.		ARE	N/A	Cigna Chestnut Holdings, Ltd.	Ownership	34.00	Cigna Corporation	N	
.0901	Cigna Group		00-0000000			NAS United SPV		CYM	N/A	NAS Neuron Health Services, L.L.C.	Ownership	100.00	Cigna Corporation	N	
.0901	Cigna Group		00-0000000			Neuron LLC		ARE	N/A	NAS Neuron Health Services, L.L.C.	Ownership	99.00	Cigna Corporation	N	
.0901	Cigna Group		52-1929677			NewQuest Management Northeast, LLC		DE	N/A	NewQuest, LLC	Ownership	100.00	Cigna Corporation	N	
.0901	Cigna Group		33-1033586			NewQuest Management of Alabama, LLC		AL	N/A	NewQuest, LLC	Ownership	100.00	Cigna Corporation	N	
.0901	Cigna Group		20-4954206			NewQuest Management of Florida, LLC		FL	N/A	NewQuest, LLC	Ownership	100.00	Cigna Corporation	N	
.0901	Cigna Group		77-0632665			NewQuest Management of Illinois, LLC		IL	N/A	NewQuest, LLC	Ownership	100.00	Cigna Corporation	N	
.0901	Cigna Group		45-0633893			NewQuest Management of West Virginia, LLC		DE	N/A	NewQuest, LLC	Ownership	100.00	Cigna Corporation	N	
.0901	Cigna Group		76-0628370			NewQuest, LLC		TX	N/A	HealthSpring, Inc.	Ownership	100.00	Cigna Corporation	N	
.0901	Cigna Group		82-5244690			Octave Health Group, Inc.		DE	N/A	Cigna Ventures, LLC	Ownership	10.10	Cigna Corporation	N	
.0901	Cigna Group		91-1599329			Olympic Health Management Services, Inc.		WA	N/A	Olympic Health Management Systems, Inc.	Ownership	100.00	Cigna Corporation	N	
.0901	Cigna Group		91-1500758			Olympic Health Management Systems, Inc.		WA	N/A	Sterling Life Insurance Company	Ownership	100.00	Cigna Corporation	N	
.0901	Cigna Group		00-0000000			OnePath Life (NZ) Limited		NZL	IA	Cigna New Zealand Holdings Limited	Ownership	100.00	Cigna Corporation	N	
.0901	Cigna Group		80-0818758			Patient Provider Alliance, Inc.		DE	N/A	Brighter, Inc.	Ownership	100.00	Cigna Corporation	N	
.0901	Cigna Group		35-1927379			Priority Healthcare Corporation		IN	N/A	CuraScript, Inc.	Ownership	100.00	Cigna Corporation	N	
.0901	Cigna Group		59-3761140			Priority Healthcare Distribution, Inc.		FL	N/A	Priority Healthcare Corp	Ownership	100.00	Cigna Corporation	N	
.0901	Cigna Group	67903	23-1335885			Provident American Life & Health Insurance Company		OH	IA	Cigna National Health Insurance Company	Ownership	100.00	Cigna Corporation	N	
.0901	Cigna Group		00-0000000			PT GAR Indonesia		IDN	N/A	Cigna Holdings Overseas, Inc.	Ownership	99.160	Cigna Corporation	N	
.0901	Cigna Group		AA-5360003			PT Asuransi Cigna		IDN	IA	Cigna Worldwide Insurance Company	Ownership	99.999	Cigna Corporation	N	
.0901	Cigna Group		45-5046449			PUR Arbors Apartments Venture LLC		DE	N/A	Cigna Affiliates Realty Investment Group, LLC	Ownership	87.500	Cigna Corporation	N	
.0901	Cigna Group		23-3744987			QualCare Alliance Networks, Inc.		NJ	N/A	Cigna Health and Life Insurance Company	Ownership	100.00	Cigna Corporation	N	
.0901	Cigna Group		46-1801639			QualCare Management Resources Limited									
.0901	Cigna Group		22-3129563			Liability Company		NJ	N/A	QualCare Alliance Networks, Inc.	Ownership	100.00	Cigna Corporation	N	
.0901	Cigna Group		45-5569416			QualCare, Inc.		NJ	N/A	QualCare Alliance Networks, Inc.	Ownership	100.00	Cigna Corporation	N	
.0901	Cigna Group		00-0000000			QPID Health, LLC		DE	N/A	eviCore healthcare MSI, LLC	Ownership	100.00	Cigna Corporation	N	
.0901	Cigna Group		83-1460134			RHP (Thailand) Limited		THA	N/A	Cigna Apac Holdings, Ltd.	Ownership	49.000	Cigna Corporation	N	
.0901	Cigna Group		84-3254168			Rise-CG Capitol Hill, LP		DE	N/A	CARING Capitol Hill LP LLC	Ownership	90.000	Cigna Corporation	N	
.0901	Cigna Group		35-1641636			Rise-CG JA Lofts Limited Partnership		DE	N/A	JA Lofts Holdings, LLC (.5%); JA Lofts JV	Ownership	100.00	Cigna Corporation	N	
.0901	Cigna Group		46-3593103			Sagamore Health Network, Inc.		IN	N/A	Cigna Health Corporation	Ownership	100.00	Cigna Corporation	N	
.0901	Cigna Group		22-2483867			SB-SNH LLC		DE	N/A	Cigna Affiliates Realty Investment Group, LLC	Ownership	85.000	Cigna Corporation	N	
.0901	Cigna Group		95-2876207			Scibal Associates, Inc.		NJ	N/A	QualCare Alliance Networks, Inc.	Ownership	100.00	Cigna Corporation		South Coast Plaza Associates, LLC (non-affiliate)
.0901	Cigna Group		82-1732483			Secon Properties, LP		CA	N/A	Cigna Affiliates Realty Investment Group, LLC	Ownership	50.000	Cigna Corporation	N	
.0901	Cigna Group					SOMA Apartments Venture LLC		DE	N/A	Cigna Affiliates Realty Investment Group, Ownership	90.000	Cigna Corporation	N		

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

Asterisk	Explanation

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

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

1 NAIC Company Code	2 ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred Under Reinsurance Agreements	10 *	11 Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	12	13 Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
	00-000000	222 Main Street CARING GP LLC										
	46-4671745	222 Main Street Investors LP										
	00-0000000	680 Investors LLC										
	00-0000000	685 New Hampshire LLC										
	82-4794800	9171 Wilshire CPI-CII LLC										
	11-3358535	Accredo Health Group, Inc.										
	55-0894449	Accredo Health, Incorporated										
	13-3888838	AHG of New York, Inc.										
	75-3040465	Airport Holdings, LLC										
	35-2562415	Alegis Care Services, LLC										
	85-0909305	Alegis Care Services of Colorado, LLC										
	81-0400550	Allegiance Benefit Plan Management, Inc.						15,007,518				15,007,518
	03-0507057	Allegiance Care Management, LLC						92,821				92,821
	71-0916514	Allegiance COBRA Services, Inc.						605				605
12814	20-4433475	Allegiance Life & Health Insurance Company						(1,812,762)	(383,300)			(2,196,062)
	26-2201582	Allegiance Provider Direct, LLC										31,870
	20-3851464	Allegiance Re, Inc.										
88366	59-2760189	American Retirement Life Insurance Company	(15,000,000)	(5,000,000)				(22,125,012)				(42,125,012)
	82-3315524	Arbor Heights Venture LLC										
	46-4080861	AristaMD, Inc.										
	86-3581583	Arizona Health Plan, Inc.										
	00-0000000	Ascent Health Services LLC	(200,000,000)					(64,616)				(200,064,616)
	81-0585518	Benefit Management Corp.	(5,000,000)									(5,000,000)
	81-2650133	Berewick Apartments LLC										
	43-1815573	Biopartners in Care, Inc.										
	06-1522976	Blodget & Hazard Limited										
10095	52-2259087	Bravo Health Mid-Atlantic, Inc.						(25,914,803)				(25,914,803)
11524	52-2363406	Bravo Health Pennsylvania, Inc.	(23,000,000)					(109,766,931)				(132,766,931)
	27-1713977	Brighter, Inc.						1,274,117				1,274,117
	46-4918521	Buoy Health, Inc.										
	61-1162797	Care Continuum, Inc.										
	85-0954556	CareAllies Accountable Care Collaborative LLC										
	85-0935554	CareAllies Accountable Care Network LLC										
	26-0180898	CareAllies, Inc.						(1,234)				(1,234)
	81-2760646	CareAllies, LLC										
	14-1831391	CareCore National, LLC										
10144	20-1089572	CareCore NJ, LLC										
	45-2681649	CarePlexus, LLC										
	83-1400586	CARING 18th & Salmon Investor LLC										
	83-2562994	CARING 500 Ygnacio Investor LLC										
	84-1960231	CARING 3130 Investor LLC										

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

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

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

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

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

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

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52108	59-2619589	Cigna Dental Health Of Kentucky, Inc.	(3,250,000)				(1,298,064)				(4,548,064)		
48119	20-2844020	Cigna Dental Health Of Maryland, Inc.	(3,750,000)				(1,112,646)				(4,862,646)		
11160	06-1582068	Cigna Dental Health Of Missouri, Inc.	(1,582,000)				(544,286)				(2,126,286)		
11167	59-2308062	Cigna Dental Health Of New Jersey, Inc.	(1,100,000)				(1,733,110)				(2,833,110)		
.95179	56-1803464	Cigna Dental Health Of North Carolina, Inc.					(711,417)				(711,417)		
.47805	59-2579774	Cigna Dental Health Of Ohio, Inc.	(1,800,000)				(1,005,885)				(2,805,885)		
.47041	52-1220578	Cigna Dental Health Of Pennsylvania, Inc.		(1,850,000)			(742,523)				(2,592,523)		
.95037	59-2676977	Cigna Dental Health Of Texas, Inc.		(7,900,000)			(4,664,458)				(12,564,458)		
.52617	52-2188914	Cigna Dental Health Of Virginia, Inc.		(2,000,000)			(702,684)				(2,702,684)		
.47013	86-0807222	Cigna Dental Health Plan Of Arizona, Inc.		(3,200,000)			605,726				(2,594,274)		
	59-2308055	Cigna Dental Health, Inc.		6,672,000			32,679,293				39,351,293		
	58-1136865	Cigna Direct Marketing Company, Inc.											
	98-1155943	Cigna Elmwood Holdings, SPRL											
	00-0000000	Cigna Europe Insurance Company S.A.-N.V.											
	00-0000000	Cigna European Services (UK) Limited											
	62-1724116	Cigna Federal Benefits, Inc.											
	00-0000000	Cigna Finans Emeklilik Ve Hayat A.S.											
	51-0389196	Cigna Global Holdings, Inc.	(19,096,130)	144,927,800			(12,299)				125,819,371		
	68-0676638	Cigna Global Insurance Company Limited					(3,131)	(291,927)			(295,058)		
	98-0210110	Cigna Global Reinsurance Company, Ltd.	(136,971,699)				(125,772)	9,729,123			(127,368,348)	(115,182,312)	
		Cigna Global Wellbeing Holdings Limited											
		Cigna Global Wellbeing Solutions Limited											
.67369	59-1031071	Cigna Health and Life Insurance Company	(1,715,000,000)	(282,735,774)	(1,084,457,759)		235,477,856	(116,899,356)			(2,963,615,033)	38,394,202	
	62-1312478	Cigna Health Corporation		(29,000,000)			45,957,249				16,957,249		
	23-1728483	Cigna Health Management, Inc.					63,598,943	110,234,514			173,833,457		
	00-0000000	Cigna Health Solution India Pvt. Ltd.					352,974				352,974		
	23-2741293	Cigna Healthcare Benefits, Inc.											
	84-0985843	Cigna Healthcare Holdings, Inc.											
.95599	52-1404350	Cigna HealthCare Mid-Atlantic, Inc.											
.95125	86-0334392	Cigna HealthCare of Arizona, Inc.		7,000,000			(12,135,018)	(360,762)			(5,495,780)	795,027	
	95-3310115	Cigna HealthCare of California, Inc.					(22,791,045)	(1,460,101)			(24,398,646)	5,213,446	
	84-1004500	Cigna HealthCare of Colorado, Inc.					(1,228,416)	965			(1,227,451)	21,043	
	95660	06-1141174	Cigna HealthCare of Connecticut, Inc.				(745,287)	(21,879)			(767,166)	8,320	
	.95136	59-2089259	Cigna HealthCare of Florida, Inc.				(259,279)	(58,630)			(317,909)	31,845	
	.96229	58-1641057	Cigna HealthCare of Georgia, Inc.				(48,638,452)	1,320,245			(47,318,207)	5,657	
	.95602	36-3385638	Cigna HealthCare of Illinois, Inc.	(1,500,000)			(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.					(10,775,576)	(2,754)			(14,278,330)	1,047
.95708	06-1185590	Cigna HealthCare of South Carolina, Inc.	(3,500,000)				(5,100,099)	(39,236)			860,665	14,921
.95635	36-3359925	Cigna HealthCare of St. Louis, Inc.		6,000,000			(1,969,044)				30,956	241,018
.95606	62-1218053	Cigna HealthCare of Tennessee, Inc.		2,000,000			(4,429,448)	(468,892)			(22,898,340)	539,243
.95383	74-2767437	Cigna HealthCare of Texas, Inc.	(18,000,000)				(1,026)				(1,026)	
.95518	62-1230908	Cigna HealthCare of Utah, Inc.										
02-0495422		Cigna Healthcare, Inc.										
00-0000000		Cigna HLA Technology Services Company Limited										
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

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

## SCHEDULE Y

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

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

## **SCHEDULE Y**

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

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

## SCHEDULE Y

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

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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	Lakehill's CM-CG LLC											
.65498	23-1503749	Life Insurance Company of North America	(646,472,262)	2,037,895	1,233,416,800			(20,859,710)	.109,552,755			677,675,478	.683,812,199
	00-0000000	LINA Financial Service											
	00-0000000	LINA Life Insurance Company of Korea											
.65722	63-0343428	Loyal American Life Insurance Company	(10,000,000)	(20,000,000)				(53,093,986)				(83,093,986)	
	58-2593075	Lynnfield Compounding Center, Inc.											
	04-3546044	Lynnfield Drug, Inc.											
	27-1506930	MAH Pharmacy, LLC											
	80-0908244	Mallory Square Partners I, LLC											
	88-0241365	Managed Care Consultants, Inc.											
	51-0500147	Matrix GPO, LLC											
	59-3720653	Matrix Healthcare Services, Inc.											
	06-1346406	MCC Independent Practice Association of New York, Inc.											
.34720	13-3506395	Medco Containment Insurance Company of NY											
.63762	42-1425239	Medco Containment Life Insurance Company	(26,800,000)					(12,552,650)				(12,552,650)	
	27-3709630	Medco Europe II, LLC						(164,769,309)				(191,569,309)	
	46-2166374	Medco Europe, LLC											
	84-5017653	Medco Health Information Network Partners, Inc.											
	81-0616525	Medco Health Puerto Rico, LLC											
	26-3544786	Medco Health Services, Inc.											
	22-3461740	Medco Health Solutions, Inc.	26,800,000									26,800,000	
	88-0334401	Mediversal, Inc.											
	27-3801345	MedSolutions Holdings, Inc.											
	32-0071543	MSI Health Organization of Texas, Inc.											
	27-5492993	MSI HT, LLC											
	27-5493148	MSI LT, LLC											
	27-5493321	MSI SAR-GW, LLC											
	86-1090522	MSIAZ I, LLC											
	20-1749733	MSICA I, LLC											
	20-1222347	MSICO I, LLC											
	55-0840800	MSIFL, LLC											

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
	26-0181185	MSIMD I, LLC										
	74-3122235	MSINC I, LLC										
	11-3715243	MSINH II, LLC										
	03-0524694	MSINH, LLC										
	20-1749446	MSINJ I, LLC										
	20-1761914	MSINV I, LLC										
	55-0840806	MSISC II, LLC										
	26-0336736	MSIVT I, LLC										
	20-2536458	MSIWA, LLC										
	36-4833284	MyM Technology Services, LLC										
	82-1350878	myMatrixx Holdings, LLC										
	46-2589799	myMatrixx-B, LLC										
	00-0000000	NAS Administrative Services Company LLC										
	00-0000000	NAS Neuron Health Services, L.L.C.										
	00-0000000	NAS United SPV										
	00-0000000	Neuron LLC										
	52-1929677	NewQuest Management Northeast, LLC						131,202,288				131,202,288
	33-1033586	NewQuest Management of Alabama, LLC						212,270,425				212,270,425
	20-4954206	NewQuest Management of Florida, LLC	(36,000,000)					107,729,215				71,729,215
	77-0632665	NewQuest Management of Illinois, LLC						25,108,551				25,108,551
	45-0633893	NewQuest Management of West Virginia, LLC										
	76-0628370	NewQuest, LLC	282,000,000	(25,000,000)	(148,104,266)			(206,757)				108,688,977
	82-5244890	Octave Health Group, Inc.										
	91-1599329	Olympic Health Management Services, Inc.										
	91-1500758	Olympic Health Management Systems, Inc.										
	00-0000000	OnePath Life (NZ) Limited										
	80-0818758	Patient Provider Alliance, Inc.										
	35-1927379	Priority Healthcare Corporation										
	59-3761140	Priority Healthcare Distribution, Inc.										
67903	23-1335885	Provident American Life & Health Insurance Company						(227,681)				(227,681)
	00-0000000	PT GAR Indonesia										
	AA-5360003	PT Asuransi Cigna										
	45-5046449	PUR Arbors Apartments Venture LLC										
	23-374987	QualCare Alliance Networks, Inc.										
	46-1801639	QualCare Management Resources Limited										
	22-3129563	Liability Company										
	45-5569416	QualCare, Inc.						(43)				(43)
	00-0000000	OPID Health, LLC										
	83-1460134	RHP (Thailand) Limited										
	84-3254168	Rise-CG Capitol Hill, LP										
	35-1641636	Rise-CG JA Lofts Limited Partnership										
		Sagamore Health Network, Inc.						1,064,589				1,064,589

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

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

**SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES**

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

		Responses
<b>MARCH FILING</b>		
1.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
2.	Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	YES
3.	Will the confidential Risk-based Capital Report be filed with the state of domicile, if required, by March 1?	YES
4.	Will an actuarial opinion be filed by March 1?	YES
<b>APRIL FILING</b>		
5.	Will Management's Discussion and Analysis be filed by April 1?	YES
6.	Will the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit be filed with the state of domicile and the NAIC by April 1? (Not applicable to fraternal benefit societies)	YES
7.	Will the Adjustments to the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit (if required) be filed with the state of domicile and the NAIC by April 1? (Not applicable to fraternal benefit societies)	YES
8.	Will the Supplemental Investment Risks Interrogatories be filed by April 1?	YES
<b>JUNE FILING</b>		
9.	Will an audited financial report be filed by June 1?	YES
10.	Will Accountant's Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	YES
<b>AUGUST FILING</b>		
11.	Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1?	YES
<p>The following supplemental reports are required to be filed as part of your annual statement filing <u>if your company is engaged in the type of business covered by the supplement. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below.</u> If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.</p>		
<b>MARCH FILING</b>		
12.	Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1? (Not applicable to fraternal benefit societies) ...	NO
13.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	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 OF THE 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?	.....	
34.	Will the Worker's Compensation Carve-Out Supplement be filed by March 1? (Not applicable to fraternal benefit societies)	.....	NO
35.	Will Supplemental Schedule O be filed with the state of domicile and the NAIC by March 1?	.....	NO
36.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	.....	YES
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? .....

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.

## The data is Bar Codes:

12. SIS Stockholder Information Supplement [Document Identifier 420]



Barcode: 



6 5 7 2 2 2 0 2 0 4 4 4 0 0 0 0 0



Barcode: 

**SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES**

24. Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Market Value) [Document Identifier 449]

25. C-3 RBC Certifications Required Under C-3 Phase I [Document Identifier 450]

26. C-3 RBC Certifications Required Under C-3 Phase II [Document Identifier 451]

27. Actuarial Certifications Related to Annuity Nonforfeiture Ongoing Compliance for Equity Indexed Annuities [Document Identifier 452]

28. Modified Guaranteed Annuity Model Regulation [Document Identifier 453]

33. Actuarial Certification regarding the use of 2001 Preferred Class Tables required by the Model Regulation Permitting the Recognition of Preferred Mortality Tables for Use in Determining Minimum Reserve Liabilities [Document Identifier 454]

34. Workers' Compensation Carve-Out Supplement [Document Identifier 495]

36. Medicare Part D Coverage Supplement [Document Identifier 365]

37. Relief from the five-year rotation requirement for lead audit partner [Document Identifier 224]

38. Relief from the one-year cooling off period for independent CPA [Document Identifier 225]

39. Relief from the Requirements for Audit Committees [Document Identifier 226]

43. Credit Insurance Experience Exhibit [Document Identifier 230]

46. Supplemental Health Care Exhibit's Expense Allocation Report [Document Identifier 217]

47. Actuarial Memorandum Required by Actuarial Guideline XXXVIII 8D [Document Identifier 435]

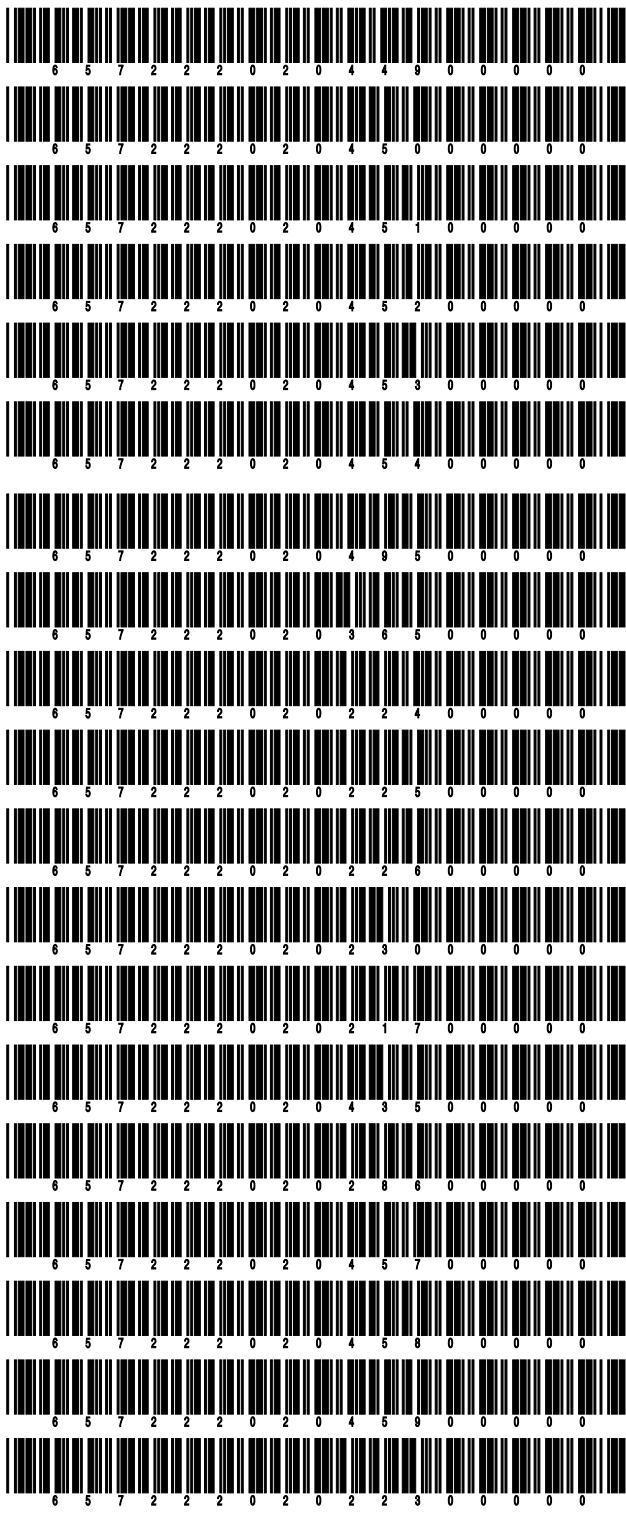
49. Variable Annuities Supplement [Document Identifier 286]

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

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

52. Variable Annuities Summary of the PBR Actuarial Report [Document Identifier 459]

53. Management's Report of Internal Control Over Financial Reporting [Document Identifier 223]



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Loyal American Life Insurance Company  
**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
											Premiums Earned	12	13	Percent of Premiums Earned	16	17	Percent of Premiums Earned
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								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

- If response in Column 1 is no, give full and complete details
- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
  - Address: 11200 Lakeline Blvd Suite 100 Austin, TX 78717
  - Contact Person and Phone Number: David Brosig 1-866-459-4272
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
  - Address: 11200 Lakeline Blvd Suite 100 Austin, TX 78717
  - Contact Person and Phone Number: David Brosig 1-866-459-4272
- 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
											Premiums Earned	12	13		Premiums Earned	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								
..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																	



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 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
											Premiums Earned	12	13	Percent of Premiums Earned	Premiums Earned	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								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-IA-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-IA-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-IA-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

- If response in Column 1 is no, give full and complete details
- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
  - Address: 11200 Lakeline Blvd Suite 100 Austin, TX 78717
  - Contact Person and Phone Number: David Brosig 1-866-459-4272
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
  - Address: 11200 Lakeline Blvd Suite 100 Austin, TX 78717
  - Contact Person and Phone Number: David Brosig 1-866-459-4272
- 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 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
											Premiums Earned	12	13	Percent of Premiums Earned	16	17	Percent of Premiums Earned
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								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".



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
											Premiums Earned	12	13		16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Amount	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
YES	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

- If response in Column 1 is no, give full and complete details
- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
  - Address: 11200 Lakeline Blvd Suite 100 Austin, TX 78717
  - Contact Person and Phone Number: David Brosig 1-866-459-4272
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
  - Address: 11200 Lakeline Blvd Suite 100 Austin, TX 78717
  - Contact Person and Phone Number: David Brosig 1-866-459-4272
- 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
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
YES	LOYAL-MS-AA-F-C0	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-C0	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-C0	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".



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
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
YES	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	
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	
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	
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	
0299999. Total Experience on Group Policies																	

GENERAL INTERROGATORIES

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

## 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	12 Incurred Claims		14	15	16 Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	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 .....

## 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 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
											Premiums Earned	12	13	Percent of Premiums Earned	Premiums Earned	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								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-IA-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-IA-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-IA-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

- If response in Column 1 is no, give full and complete details
- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
  - Address: 11200 Lakeline Blvd Suite 100 Austin, TX 78717
  - Contact Person and Phone Number: David Brosig 1-866-459-4272
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
  - Address: 11200 Lakeline Blvd Suite 100 Austin, TX 78717
  - Contact Person and Phone Number: David Brosig 1-866-459-4272
- 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
											Premiums Earned	12	13		16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Amount	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
YES	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

- If response in Column 1 is no, give full and complete details
- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
  - Address: 11200 Lakeline Blvd Suite 100 Austin, TX 78717
  - Contact Person and Phone Number: David Brosig 1-866-459-4272
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
  - Address: 11200 Lakeline Blvd Suite 100 Austin, TX 78717
  - Contact Person and Phone Number: David Brosig 1-866-459-4272
- 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
											Premiums Earned	12	13		16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name								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
											Premiums Earned	12	13	Percent of Premiums Earned	Premiums Earned	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								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
											Premiums Earned	12	13	Percent of Premiums Earned	Premiums Earned	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								
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	
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	
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	
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
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12	13	Number of Covered Lives	Premiums Earned	16	17	Number of Covered Lives
0299999. Total Experience on Group Policies																	

### GENERAL INTERROGATORIES

- If response in Column 1 is no, give full and complete details
- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
  - Address: 11200 Lakeview Blvd Suite 100 Austin, TX 78717
  - Contact Person and Phone Number: David Brosig 1-866-459-4272
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
  - Address: 11200 Lakeview Blvd Suite 100 Austin, TX 78717
  - Contact Person and Phone Number: David Brosig 1-866-459-4272
- 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 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2017				Policies Issued in 2018; 2019; 2020				
										11 Premiums Earned	12 Incurred Claims Amount		13 Percent of Premiums Earned	14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims Amount		17 Percent of Premiums Earned
YES	L-5234-IA	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-IA	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-IA	H	NO	0034000	09/12/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	3,693	75	2.0	1					
YES	L-6201-IA	I	NO	0034000	09/12/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	3,337	486	14.6	1					
YES	L-6202-IA	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-IA	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-IA	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-IA	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

- If response in Column 1 is no, give full and complete details
- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
  - Address: 11200 Lakeline Blvd Suite 100 Austin, TX 78717
  - Contact Person and Phone Number: David Brosig 1-866-459-4272
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
  - Address: 11200 Lakeline Blvd Suite 100 Austin, TX 78717
  - Contact Person and Phone Number: David Brosig 1-866-459-4272
- 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
											Premiums Earned	12	13		16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Amount	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
YES	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

- If response in Column 1 is no, give full and complete details
- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
  - Address: 11200 Lakeline Blvd Suite 100 Austin, TX 78717
  - Contact Person and Phone Number: David Brosig 1-866-459-4272
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
  - Address: 11200 Lakeline Blvd Suite 100 Austin, TX 78717
  - Contact Person and Phone Number: David Brosig 1-866-459-4272
- 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
											Premiums Earned	12	13	Percent of Premiums Earned	16	17	Percent of Premiums Earned
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								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
											Premiums Earned	12	13	Percent of Premiums Earned	Premiums Earned	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								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". .....



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
											Premiums Earned	12	13		16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Amount	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
YES	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

- If response in Column 1 is no, give full and complete details
- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
  - Address: 11200 Lakeline Blvd Suite 100 Austin, TX 78717
  - Contact Person and Phone Number: David Brosig 1-866-459-4272
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
  - Address: 11200 Lakeline Blvd Suite 100 Austin, TX 78717
  - Contact Person and Phone Number: David Brosig 1-866-459-4272
- 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 Maryland .....  
NAIC Group Code 0901 ..... NAIC Company Code 65722 .....  
ADDRESS (City, State and Zip Code) Cleveland, OH 44114 .....  
Person Completing This Exhibit .....  
Title ..... Telephone Number .....  
.....

## 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 .....

## 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 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 .....



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



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
											Premiums Earned	12	13	Percent of Premiums Earned	Premiums Earned	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								Number of Covered Lives
YES	L-6200-M0	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-M0	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-M0	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-IA-A-M0	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-IA-F-M0	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-IA-G-M0	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-IA-N-M0	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																	

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".

GENERAL INTERROGATORIES



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
											Premiums Earned	12	13	Percent of Premiums Earned	16	17	Percent of Premiums Earned
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								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

- If response in Column 1 is no, give full and complete details
- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
  - Address: 11200 Lakeline Blvd Suite 100 Austin, TX 78717
  - Contact Person and Phone Number: David Brosig 1-866-459-4272
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
  - Address: 11200 Lakeline Blvd Suite 100 Austin, TX 78717
  - Contact Person and Phone Number: David Brosig 1-866-459-4272
- 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
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
YES	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																	

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".

GENERAL INTERROGATORIES



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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 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 .....

## 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
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
YES	LOYAL-MS-IA-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-IA-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

- If response in Column 1 is no, give full and complete details
- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
  - Address: 11200 Lakeline Blvd Suite 100 Austin, TX 78717
  - Contact Person and Phone Number: David Brosig 1-866-459-4272
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
  - Address: 11200 Lakeline Blvd Suite 100 Austin, TX 78717
  - Contact Person and Phone Number: David Brosig 1-866-459-4272
- 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
											Premiums Earned	12	13		16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Amount	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
YES	LOYAL-MS-AA-C-NJ	C.	NO	0034060	05/16/2013				Modernized Medicare Supplement Insurance Plan	146,093	227,646	55.8	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

- If response in Column 1 is no, give full and complete details
- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
  - Address: 11200 Lakeline Blvd Suite 100 Austin, TX 78717
  - Contact Person and Phone Number: David Brosig 1-866-459-4272
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
  - Address: 11200 Lakeline Blvd Suite 100 Austin, TX 78717
  - Contact Person and Phone Number: David Brosig 1-866-459-4272
- 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 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
											Premiums Earned	12	13	Percent of Premiums Earned	Premiums Earned	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								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

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

## 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
											Premiums Earned	12	13	Percent of Premiums Earned	Premiums Earned	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								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				



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
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12	13	Number of Covered Lives	Premiums Earned	16	17	Number of Covered Lives
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 Lakeview 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 Lakeview 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 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
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
YES	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
											Premiums Earned	12	13	Percent of Premiums Earned	Premiums Earned	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								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																	



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

- If response in Column 1 is no, give full and complete details
- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
  - Address: 11200 Lakeline Blvd Suite 100 Austin, TX 78717
  - Contact Person and Phone Number: David Brosig 1-866-459-4272
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
  - Address: 11200 Lakeline Blvd Suite 100 Austin, TX 78717
  - Contact Person and Phone Number: David Brosig 1-866-459-4272
- 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
											Premiums Earned	12	13		Premiums Earned	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								
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																	



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	
											Premiums Earned	12	13	Percent of Premiums Earned	Premiums Earned	16	17	Percent of Premiums Earned
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									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

- If response in Column 1 is no, give full and complete details
- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
  - Address: 11200 Lakeline Blvd Suite 100 Austin, TX 78717
  - Contact Person and Phone Number: David Brosig 1-866-459-4272
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
  - Address: 11200 Lakeline Blvd Suite 100 Austin, TX 78717
  - Contact Person and Phone Number: David Brosig 1-866-459-4272
- 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 Rhode Island.....  
NAIC Group Code 0901..... NAIC Company Code 65722.....  
ADDRESS (City, State and Zip Code) Cleveland, OH 44114.....  
Person Completing This Exhibit.....  
Title..... Telephone Number.....

## 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
											Premiums Earned	12	13	Percent of Premiums Earned	Premiums Earned	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								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																	



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 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
											Premiums Earned	12	13		16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Amount	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
YES	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

- If response in Column 1 is no, give full and complete details
- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
  - Address: 11200 Lakeline Blvd Suite 100 Austin, TX 78717
  - Contact Person and Phone Number: David Brosig 1-866-459-4272
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
  - Address: 11200 Lakeline Blvd Suite 100 Austin, TX 78717
  - Contact Person and Phone Number: David Brosig 1-866-459-4272
- 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
											Premiums Earned	12	13	Percent of Premiums Earned	16	17	Percent of Premiums Earned
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								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

- If response in Column 1 is no, give full and complete details
- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
  - Address: 11200 Lakeline Blvd Suite 100 Austin, TX 78717
  - Contact Person and Phone Number: David Brosig 1-866-459-4272
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
  - Address: 11200 Lakeline Blvd Suite 100 Austin, TX 78717
  - Contact Person and Phone Number: David Brosig 1-866-459-4272
- 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
											Premiums Earned	12	13	Percent of Premiums Earned	Premiums Earned	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								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			



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
											Premiums Earned	12	13		Premiums Earned	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								
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

- If response in Column 1 is no, give full and complete details
- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
  - Address: 11200 Lakeline Blvd Suite 100 Austin, TX 78717
  - Contact Person and Phone Number: David Brosig 1-866-459-4272
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
  - Address: 11200 Lakeline Blvd Suite 100 Austin, TX 78717
  - Contact Person and Phone Number: David Brosig 1-866-459-4272
- 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 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
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
YES	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

- If response in Column 1 is no, give full and complete details
- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
  - Address: 11200 Lakeline Blvd Suite 100 Austin, TX 78717
  - Contact Person and Phone Number: David Brosig 1-866-459-4272
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
  - Address: 11200 Lakeline Blvd Suite 100 Austin, TX 78717
  - Contact Person and Phone Number: David Brosig 1-866-459-4272
- 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
											Premiums Earned	12	13	Percent of Premiums Earned	16	17	Percent of Premiums Earned
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								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

- If response in Column 1 is no, give full and complete details
- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
  - Address: 11200 Lakeline Blvd Suite 100 Austin, TX 78717
  - Contact Person and Phone Number: David Brosig 1-866-459-4272
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
  - Address: 11200 Lakeline Blvd Suite 100 Austin, TX 78717
  - Contact Person and Phone Number: David Brosig 1-866-459-4272
- 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	12 Incurred Claims		14	15	16 Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	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
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12	13	Number of Covered Lives	Premiums Earned	16	17	Number of Covered Lives
YES	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

- If response in Column 1 is no, give full and complete details
- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
  - Address: 11200 Lakeline Blvd Suite 100 Austin, TX 78717
  - Contact Person and Phone Number: David Brosig 1-866-459-4272
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
  - Address: 11200 Lakeline Blvd Suite 100 Austin, TX 78717
  - Contact Person and Phone Number: David Brosig 1-866-459-4272
- 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
											Premiums Earned	12	13		16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name								
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

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- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
  - Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717
  - Contact Person and Phone Number: David Brosig 1-866-459-4272
- 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
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
YES	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				
YES	LOYAL-MS-WI	0	NO	0034060	06/01/2010			09/30/2016	Modernized Medicare Supplement Insurance Plan	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

- If response in Column 1 is no, give full and complete details
- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
  - Address: 11200 Lakeline Blvd Suite 100 Austin, TX 78717
  - Contact Person and Phone Number: David Brosig 1-866-459-4272
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
  - Address: 11200 Lakeline Blvd Suite 100 Austin, TX 78717
  - Contact Person and Phone Number: David Brosig 1-866-459-4272
- 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 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
											Premiums Earned	12	13	Percent of Premiums Earned	16	17	Percent of Premiums Earned
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								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

- If response in Column 1 is no, give full and complete details
- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
  - Address: 11200 Lakeline Blvd Suite 100 Austin, TX 78717
  - Contact Person and Phone Number: David Brosig 1-866-459-4272
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
  - Address: 11200 Lakeline Blvd Suite 100 Austin, TX 78717
  - Contact Person and Phone Number: David Brosig 1-866-459-4272
- 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	179,960	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	XX				
5. 2019	XX	XX	XXX		
6. 2020	XXX	XX	XXX	XXX	

**Section D -**

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

**Section E -**

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

**Section F -**

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

**Section G -**

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

**Section D -**

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

**Section E -**

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

**Section F -**

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

**Section G -**

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

**Section D -**

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

**Section E -**

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

**Section F -**

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

**Section G -**

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

**Section D -**

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

**Section E -**

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

**Section F -**

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

**Section G -**

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