



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

Provident American Life and Health Insurance Company

NAIC Group Code09010901NAIC Company Code67903Employer's ID Number23-1335885

(Current)(Prior)

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

Country of DomicileUnited States of America

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

Incorporated/Organized04/06/1949Commenced Business09/30/1949

Statutory Home Office1300 East Ninth StreetCleveland, OH, US 44114

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

Main Administrative Office11200 Lakeline Blvd Ste 100

(Street and Number)

Austin, TX, US 78717512-451-2224

(City or Town, State, Country and Zip Code)(Area Code) (Telephone Number)

Mail Address11200 Lakeline Blvd Ste 100Austin, TX, US 78717

(Street and Number or P.O. Box)(City or Town, State, Country and Zip Code)

Primary Location of Books and Records11200 Lakeline Blvd Ste 100

(Street and Number)

Austin, TX, US 78717512-451-2224

(City or Town, State, Country and Zip Code)(Area Code) (Telephone Number)

Internet Website AddressCignaSupplementalBenefits.com

Statutory Statement ContactRenee Wilkins Feldman512-531-1465

(Name)(Area Code) (Telephone Number)

CSBFinRpt@cigna.com512-467-1399

(E-mail Address)(FAX Number)

OFFICERS

PresidentStephen Burnett JonesAppointed ActuaryMohammed Umar Gilani

Treasurer & Chief Accounting OfficerByron Keith BuescherSecretaryJill Mary Stadelman #

OTHER

David Lawrence Chambers, Vice President - Sales and MarketingMark Fleming, Vice President and Assistant TreasurerJoanne Ruth Hart, Vice President and Assistant Treasurer

Scott Ronald Lambert, Vice President and Assistant TreasurerRyan Bruce McGroarty, Vice PresidentKathleen Murphy O'Neil, Vice President

Drew Jerome Reynolds #, Vice President and Assistant TreasurerMohammed Umar Gilani, Appointed ActuaryTyler Michael Lester #, Executive Vice President and Chief Financial Officer

DIRECTORS OR TRUSTEES

Brian Case EvankoStephen Burnett JonesRyan Bruce McGroarty

Frank Sataline Jr.James YableckiTyler Michael Lester #

State ofTennesseeSS:

County ofDavidson

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

Stephen Burnett JonesByron Keith BuescherJill Mary Stadelman

PresidentTreasurer and Chief Accounting OfficerSecretary

Subscribed and sworn to before me thisa. Is this an original filing? Yes [] No []

day ofb. If no,1. State the amendment number.....

2. Date filed

3. Number of pages attached.....



6 7 9 0 3 2 0 2 0 4 3 0 0 1 1 0 0

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance			13,787		13,787
2. Annuity considerations					
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)			13,787		13,787
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals					
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims										
18.3 Totals paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements										
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year			(a)		2	380,000			2	380,000
21. Issued during year										
22. Other changes to in force (Net)										
23. In force December 31 of current year			(a)		2	380,000			2	380,000

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)				(903)	(903)
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)				(903)	(903)
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)				(903)	(903)

(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



6 7 9 0 3 2 0 2 0 4 3 0 0 2 1 0 0

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	1,718				1,718
2. Annuity considerations					
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	1,718				1,718
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals					
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1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims										
18.3 Totals paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements										
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	4	24,000	(a)						4	24,000
21. Issued during year										
22. Other changes to in force (Net)										
23. In force December 31 of current year	4	24,000	(a)						4	24,000

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	18,886	18,840		7,990	8,210
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)	18,886	18,840		7,990	8,210
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	18,886	18,840		7,990	8,210

(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



6 7 9 0 3 2 0 2 0 4 3 0 0 4 1 0 0

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance					
2. Annuity considerations					
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)					
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts					
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DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims										
18.3 Totals paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements										
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year			(a)							
21. Issued during year										
22. Other changes to in force (Net)										
23. In force December 31 of current year			(a)							

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	12, 104	11,991		10,664	10,338
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)	12, 104	11,991		10,664	10,338
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	12, 104	11,991		10,664	10,338

(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



6 7 9 0 3 2 0 2 0 4 3 0 0 5 1 0 0

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

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

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	12,467	12,466		1,000	957
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)	12,467	12,466		1,000	957
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	12,467	12,466		1,000	957

(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



6 7 9 0 3 2 0 2 0 4 3 0 0 6 1 0 0

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	719				719
2. Annuity considerations					
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	719				719
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					
10. Matured endowments					
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12. Surrender values and withdrawals for life contracts					
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1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

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

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	52,380	52,724		41,139	41,002
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)	52,380	52,724		41,139	41,002
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	52,380	52,724		41,139	41,002

(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



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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



6 7 9 0 3 2 0 2 0 4 3 0 0 8 1 0 0

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



6 7 9 0 3 2 0 2 0 4 3 0 1 0 1 0 0

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	827				827
2. Annuity considerations					
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	827				827
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals					
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

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

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	26,961	27,874		23,541	22,202
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)	26,961	27,874		23,541	22,202
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	26,961	27,874		23,541	22,202

(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



DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance			202		202
2. Annuity considerations					
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)			202		202
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals					
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

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

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	41,145	41,456		30,177	29,805
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)	41,145	41,456		30,177	29,805
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	41,145	41,456		30,177	29,805

(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



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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	795				795
2. Annuity considerations					
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	795				795
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals					
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

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

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	23,710	23,391		4,765	4,054
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)	23,710	23,391		4,765	4,054
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	23,710	23,391		4,765	4,054

(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



DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	11,051				11,051
2. Annuity considerations					
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	11,051				11,051
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	34,562				34,562
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	34,562				34,562
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year	3	38,500							3	38,500
Settled during current year:										
18.1 By payment in full	2	34,500							2	34,500
18.2 By payment on compromised claims										
18.3 Totals paid	2	34,500							2	34,500
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	2	34,500							2	34,500
19. Unpaid Dec. 31, current year (16+17-18.6)	1	4,000							1	4,000
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	25	210,313	(a)						25	210,313
21. Issued during year										
22. Other changes to in force (Net)	(2)	(34,500)							(2)	(34,500)
23. In force December 31 of current year	23	175,813	(a)						23	175,813

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	112,965	118,198		63,040	60,789
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)	112,965	118,198		63,040	60,789
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	112,965	118,198		63,040	60,789

(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



6 7 9 0 3 2 0 2 0 4 3 0 1 5 1 0 0

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	1,781				1,781
2. Annuity considerations					
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	1,781				1,781
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals					
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

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

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	50,449	51,138		42,376	40,550
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)	50,449	51,138		42,376	40,550
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	50,449	51,138		42,376	40,550

(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 Provident American Life and Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Iowa

NAIC Group Code 0901

LIFE INSURANCE

DURING THE YEAR 2020

NAIC Company Code 67903

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	4,571				4,571
2. Annuity considerations					
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	4,571				4,571
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	6,047				6,047
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	6,047				6,047
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year	1	6,000							1	6,000
Settled during current year:										
18.1 By payment in full	1	6,000							1	6,000
18.2 By payment on compromised claims										
18.3 Totals paid	1	6,000							1	6,000
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	1	6,000							1	6,000
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	8	61,000	(a)						8	61,000
21. Issued during year										
22. Other changes to in force (Net)	(1)	(6,000)							(1)	(6,000)
23. In force December 31 of current year	7	55,000	(a)						7	55,000

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	226,926	242,838		181,315	177,080
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)	226,926	242,838		181,315	177,080
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	226,926	242,838		181,315	177,080

(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



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

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

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	13,802	13,447		6,322	5,961
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)	13,802	13,447		6,322	5,961
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	13,802	13,447		6,322	5,961

(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



6 7 9 0 3 2 0 2 0 4 3 0 1 8 1 0 0

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	9,951				9,951
2. Annuity considerations					
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	9,951				9,951
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	29,028				29,028
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	29,028				29,028
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	1	3,802							1	3,802
17. Incurred during current year	2	32,000							2	32,000
Settled during current year:										
18.1 By payment in full	2	28,802							2	28,802
18.2 By payment on compromised claims										
18.3 Totals paid	2	28,802							2	28,802
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	2	28,802							2	28,802
19. Unpaid Dec. 31, current year (16+17-18.6)	1	7,000							1	7,000
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	17	159,565	(a)						17	159,565
21. Issued during year										
22. Other changes to in force (Net)	(1)	(18,802)							(1)	(18,802)
23. In force December 31 of current year	16	140,763	(a)						16	140,763

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	54,421	54,095		20,567	19,779
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)	54,421	54,095		20,567	19,779
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	54,421	54,095		20,567	19,779

(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



DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	(1,132)				(1,132)
2. Annuity considerations					
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	(1,132)				(1,132)
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	6,878				6,878
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	6,878				6,878
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	1	5,000							1	5,000
17. Incurred during current year Settled during current year:										
18.1 By payment in full	1	5,000							1	5,000
18.2 By payment on compromised claims										
18.3 Totals paid	1	5,000							1	5,000
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	1	5,000							1	5,000
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	7	47,312	(a)						7	47,312
21. Issued during year										
22. Other changes to in force (Net)	(1)	(5,000)							(1)	(5,000)
23. In force December 31 of current year	6	42,312	(a)						6	42,312

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	47,320	48,983		37,808	36,324
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)	47,320	48,983		37,808	36,324
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	47,320	48,983		37,808	36,324

(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



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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



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

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

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	4,000	4,000			
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)	4,000	4,000			
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	4,000	4,000			

(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



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LIFE INSURANCE					
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	684				684
2. Annuity considerations					
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	684				684
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals					
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

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

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)		15		68	(316)
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)		15		68	(316)
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)		15		68	(316)

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



6 7 9 0 3 2 0 2 0 4 3 0 2 4 1 0 0

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	417				417
2. Annuity considerations					
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	417				417
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals					
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

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

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	5,117	5,115		16,602	16,602
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)	5,117	5,115		16,602	16,602
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	5,117	5,115		16,602	16,602

(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



6 7 9 0 3 2 0 2 0 4 3 0 2 5 1 0 0

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	12,802				12,802
2. Annuity considerations					
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	12,802				12,802
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	5,027				5,027
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	5,027				5,027
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year	1	5,000							1	5,000
Settled during current year:										
18.1 By payment in full	1	5,000							1	5,000
18.2 By payment on compromised claims										
18.3 Totals paid	1	5,000							1	5,000
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	1	5,000							1	5,000
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	22	148,730	(a)						22	148,730
21. Issued during year										
22. Other changes to in force (Net)	(1)	(5,000)							(1)	(5,000)
23. In force December 31 of current year	21	143,730	(a)						21	143,730

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	160,736	161,096		108,668	104,537
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)	160,736	161,096		108,668	104,537
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	160,736	161,096		108,668	104,537

(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



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DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	6,465				6,465
2. Annuity considerations					
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	6,465				6,465
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals					
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims										
18.3 Totals paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements										
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	11	83,000	(a)						11	83,000
21. Issued during year										
22. Other changes to in force (Net)										
23. In force December 31 of current year	11	83,000	(a)						11	83,000

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	35,298	36,025		21,306	20,990
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)	35,298	36,025		21,306	20,990
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	35,298	36,025		21,306	20,990

(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



6 7 9 0 3 2 0 2 0 4 3 0 2 7 1 0 0

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	1,593				1,593
2. Annuity considerations					
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	1,593				1,593
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals					
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

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

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	112,654	114,710		72,315	69,804
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)	112,654	114,710		72,315	69,804
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	112,654	114,710		72,315	69,804

(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



6 7 9 0 3 2 0 2 0 4 3 0 2 8 1 0 0

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	2,304				2,304
2. Annuity considerations					
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	2,304				2,304
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals					
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year	1	5,000							1	5,000
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	5,000							1	5,000
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	5	47,500	(a)						5	47,500
21. Issued during year										
22. Other changes to in force (Net)										
23. In force December 31 of current year	5	47,500	(a)						5	47,500

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	84,909	79,269		56,494	54,323
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)	84,909	79,269		56,494	54,323
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	84,909	79,269		56,494	54,323

(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



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DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	612				612
2. Annuity considerations					
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	612				612
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals					
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims										
18.3 Totals paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements										
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	2	8,638	(a)						2	8,638
21. Issued during year										
22. Other changes to in force (Net)										
23. In force December 31 of current year	2	8,638	(a)						2	8,638

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	1,742	1,761		483	(1)
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)	1,742	1,761		483	(1)
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,742	1,761		483	(1)

(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



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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



6 7 9 0 3 2 0 2 0 4 3 0 3 1 1 0 0

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



6 7 9 0 3 2 0 2 0 4 3 0 3 2 1 0 0

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	465				465
2. Annuity considerations					
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	465				465
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals					
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

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

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	12,846	12,843		1,466	1,440
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)	12,846	12,843		1,466	1,440
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	12,846	12,843		1,466	1,440

(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



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

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

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	5,672	5,670		531	530
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)	5,672	5,670		531	530
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	5,672	5,670		531	530

(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



DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	2,517				2,517
2. Annuity considerations					
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	2,517				2,517
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals					
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

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

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	918	938		(23)	(638)
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)	918	938		(23)	(638)
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	918	938		(23)	(638)

(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



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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



6 7 9 0 3 2 0 2 0 4 3 0 3 6 1 0 0

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	8,156				8,156
2. Annuity considerations					
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	8,156				8,156
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	10,026				10,026
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	10,026				10,026
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year	2	12,500							2	12,500
Settled during current year:										
18.1 By payment in full	1	10,000							1	10,000
18.2 By payment on compromised claims										
18.3 Totals paid	1	10,000							1	10,000
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	1	10,000							1	10,000
19. Unpaid Dec. 31, current year (16+17-18.6)	1	2,500							1	2,500
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	18	111,000	(a)		14	336,000			32	447,000
21. Issued during year										
22. Other changes to in force (Net)	(2)	(20,000)			(13)	(256,000)			(15)	(276,000)
23. In force December 31 of current year	16	91,000	(a)		1	80,000			17	171,000

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	123,210	117,993		31,121	29,379
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)	123,210	117,993		31,121	29,379
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	123,210	117,993		31,121	29,379

(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



6 7 9 0 3 2 0 2 0 4 3 0 3 7 1 0 0

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	18,420				18,420
2. Annuity considerations					
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	18,420				18,420
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	17,120				17,120
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	17,120				17,120
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year	2	17,000							2	17,000
Settled during current year:										
18.1 By payment in full	2	17,000							2	17,000
18.2 By payment on compromised claims										
18.3 Totals paid	2	17,000							2	17,000
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	2	17,000							2	17,000
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	33	268,682	(a)						33	268,682
21. Issued during year										
22. Other changes to in force (Net)	(2)	(17,000)							(2)	(17,000)
23. In force December 31 of current year	31	251,682	(a)						31	251,682

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	199,062	198,327		101,317	95,851
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)	199,062	198,327		101,317	95,851
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	199,062	198,327		101,317	95,851

(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



6 7 9 0 3 2 0 2 0 4 3 0 3 8 1 0 0

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Provident American Life and Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Oregon

DURING THE YEAR 2020

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 67903

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	18,793				18,793
2. Annuity considerations					
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	18,793				18,793
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	18,144				18,144
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	18,144				18,144
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year	3	18,000							3	18,000
Settled during current year:										
18.1 By payment in full	3	18,000							3	18,000
18.2 By payment on compromised claims										
18.3 Totals paid	3	18,000							3	18,000
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	3	18,000							3	18,000
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	40	262,999	(a)						40	262,999
21. Issued during year										
22. Other changes to in force (Net)	(3)	(18,000)							(3)	(18,000)
23. In force December 31 of current year	37	244,999	(a)						37	244,999

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	241,292	241,133		128,408	124,098
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)	241,292	241,133		128,408	124,098
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	241,292	241,133		128,408	124,098

(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



6 7 9 0 3 2 0 2 0 4 3 0 3 9 1 0 0

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	2,397		22,433		24,830
2. Annuity considerations					
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	2,397		22,433		24,830
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	2,514				2,514
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	2,514				2,514
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year	1	2,500							1	2,500
Settled during current year:										
18.1 By payment in full	1	2,500							1	2,500
18.2 By payment on compromised claims										
18.3 Totals paid	1	2,500							1	2,500
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	1	2,500							1	2,500
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	7	32,500	(a)		40	1,669,500			47	1,702,000
21. Issued during year										
22. Other changes to in force (Net)	(2)	(7,500)							(2)	(7,500)
23. In force December 31 of current year	5	25,000	(a)		40	1,669,500			45	1,694,500

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	20,904	20,914		4,138	3,667
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)	20,904	20,914		4,138	3,667
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	20,904	20,914		4,138	3,667

(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



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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	64,280				64,280
2. Annuity considerations					
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	64,280				64,280
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	61,193				61,193
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts	13,730				13,730
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals	74,923				74,923
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	1	4,000							1	4,000
17. Incurred during current year	9	76,500							9	76,500
Settled during current year:										
18.1 By payment in full	8	60,500							8	60,500
18.2 By payment on compromised claims										
18.3 Totals paid	8	60,500							8	60,500
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	8	60,500							8	60,500
19. Unpaid Dec. 31, current year (16+17-18.6)	2	20,000							2	20,000
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	103	1,075,971	(a)						103	1,075,971
21. Issued during year										
22. Other changes to in force (Net)	(14)	(128,971)							(14)	(128,971)
23. In force December 31 of current year	89	947,000	(a)						89	947,000

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	455,692	464,021		258,431	247,560
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)	455,692	464,021		258,431	247,560
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	455,692	464,021		258,431	247,560

(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



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

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

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	4, 133	4, 132		172	102
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, 133	4, 132		172	102
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	4, 133	4, 132		172	102

(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



6 7 9 0 3 2 0 2 0 4 3 0 4 3 1 0 0

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

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

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	20,506	26,200		12,979	13,329
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)	20,506	26,200		12,979	13,329
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	20,506	26,200		12,979	13,329

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



6 7 9 0 3 2 0 2 0 4 3 0 4 4 1 0 0

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	281,335				281,335
2. Annuity considerations					
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	281,335				281,335
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	227,852				227,852
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts	49,592				49,592
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals	277,443				277,443
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	11	72,000							11	72,000
17. Incurred during current year	38	242,500							38	242,500
Settled during current year:										
18.1 By payment in full	39	226,000							39	226,000
18.2 By payment on compromised claims										
18.3 Totals paid	39	226,000							39	226,000
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	39	226,000							39	226,000
19. Unpaid Dec. 31, current year (16+17-18.6)	10	88,500							10	88,500
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	566	3,679,678	(a)						566	3,679,678
21. Issued during year										
22. Other changes to in force (Net)	(55)	(317,498)							(55)	(317,498)
23. In force December 31 of current year	511	3,362,180	(a)						511	3,362,180

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	3,037,270	3,046,332		1,876,978	1,820,333
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)	3,037,270	3,046,332		1,876,978	1,820,333
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	3,037,270	3,046,332		1,876,978	1,820,333

(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



6 7 9 0 3 2 0 2 0 4 3 0 4 5 1 0 0

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Provident American Life and Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Utah

NAIC Group Code 0901

LIFE INSURANCE

DURING THE YEAR 2020

NAIC Company Code 67903

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	9,215				9,215
2. Annuity considerations					
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	9,215				9,215
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	20,073				20,073
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	20,073				20,073
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year	2	20,000							2	20,000
Settled during current year:										
18.1 By payment in full	2	20,000							2	20,000
18.2 By payment on compromised claims										
18.3 Totals paid	2	20,000							2	20,000
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	2	20,000							2	20,000
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	13	141,000	(a)						13	141,000
21. Issued during year										
22. Other changes to in force (Net)	(2)	(20,000)							(2)	(20,000)
23. In force December 31 of current year	11	121,000	(a)						11	121,000

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	19,508	19,531		8,934	8,355
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)	19,508	19,531		8,934	8,355
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	19,508	19,531		8,934	8,355

(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



6 7 9 0 3 2 0 2 0 4 3 0 4 6 1 0 0

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	1,052				1,052
2. Annuity considerations					
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	1,052				1,052
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals					
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims										
18.3 Totals paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements										
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	3	15,000	(a)		(12)	(250,000)			(9)	(235,000)
21. Issued during year										
22. Other changes to in force (Net)					12	250,000			12	250,000
23. In force December 31 of current year	3	15,000	(a)						3	15,000

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	13,205	13,179		5,238	5,131
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)	13,205	13,179		5,238	5,131
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	13,205	13,179		5,238	5,131

(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



DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	312				312
2. Annuity considerations					
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	312				312
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals					
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

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

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	18,260	17,820		11,689	11,367
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)	18,260	17,820		11,689	11,367
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	18,260	17,820		11,689	11,367

(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



DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	5,571				5,571
2. Annuity considerations					
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	5,571				5,571
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	12,033				12,033
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	12,033				12,033
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year	2	12,000							2	12,000
Settled during current year:										
18.1 By payment in full	2	12,000							2	12,000
18.2 By payment on compromised claims										
18.3 Totals paid	2	12,000							2	12,000
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	2	12,000							2	12,000
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	11	91,000	(a)		1	32,500			12	123,500
21. Issued during year										
22. Other changes to in force (Net)	(3)	(16,000)							(3)	(16,000)
23. In force December 31 of current year	8	75,000	(a)		1	32,500			9	107,500

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	35,141	35,254		15,580	14,568
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)	35,141	35,254		15,580	14,568
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	35,141	35,254		15,580	14,568

(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



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DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	2,419				2,419
2. Annuity considerations					
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	2,419				2,419
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals					
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims										
18.3 Totals paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements										
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	4	31,001	(a)						4	31,001
21. Issued during year										
22. Other changes to in force (Net)										
23. In force December 31 of current year	4	31,001	(a)						4	31,001

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

ACCIDENT AND HEALTH INSURANCE

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

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



6 7 9 0 3 2 0 2 0 4 3 0 5 1 1 0 0

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

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

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	8,243	8,100		1,926	1,882
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)	8,243	8,100		1,926	1,882
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	8,243	8,100		1,926	1,882

(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 .



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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



6 7 9 0 3 2 0 2 0 4 3 0 5 9 1 0 0

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	472,268		36,422		508,690
2. Annuity considerations					
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	472,268		36,422		508,690
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	450,498				450,498
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts	63,322				63,322
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals	513,820				513,820
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	14	84,802							14	84,802
17. Incurred during current year	67	487,500							67	487,500
Settled during current year:										
18.1 By payment in full	65	445,302							65	445,302
18.2 By payment on compromised claims										
18.3 Totals paid	65	445,302							65	445,302
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	65	445,302							65	445,302
19. Unpaid Dec. 31, current year (16+17-18.6)	16	127,000							16	127,000
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	917	6,672,389	(a)		44	2,162,000			961	8,834,389
21. Issued during year										
22. Other changes to in force (Net)	(90)	(619,271)							(90)	(619,271)
23. In force December 31 of current year	827	6,053,118	(a)		44	2,162,000			871	8,215,118

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	5,313,854	5,351,819		3,204,622	3,099,041
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)	5,313,854	5,351,819		3,204,622	3,099,041
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	5,313,854	5,351,819		3,204,622	3,099,041

(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 Provident American Life and Health Insurance Company

FORM FOR CALCULATING THE INTEREST MAINTENANCE RESERVE

INTEREST MAINTENANCE RESERVE	
	1 Amount
1. Reserve as of December 31, Prior Year	(67,514)
2. Current year's realized pre-tax capital gains/(losses) of \$ transferred into the reserve net of taxes of \$	
3. Adjustment for current year's liability gains/(losses) released from the reserve	
4. Balance before reduction for amount transferred to Summary of Operations (Line 1 + Line 2 + Line 3)	(67,514)
5. Current year's amortization released to Summary of Operations (Amortization, Line 1, Column 4)	26,411
6. Reserve as of December 31, current year (Line 4 minus Line 5)	(93,925)

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	26,411			26,411
2. 2021	16,872			16,872
3. 2022	6,611			6,611
4. 2023	(686)			(686)
5. 2024	(3,726)			(3,726)
6. 2025	(5,597)			(5,597)
7. 2026	(7,316)			(7,316)
8. 2027	(9,132)			(9,132)
9. 2028	(10,417)			(10,417)
10. 2029	(10,818)			(10,818)
11. 2030	(11,419)			(11,419)
12. 2031	(12,020)			(12,020)
13. 2032	(12,621)			(12,621)
14. 2033	(11,820)			(11,820)
15. 2034	(9,416)			(9,416)
16. 2035	(6,811)			(6,811)
17. 2036	(4,207)			(4,207)
18. 2037	(1,402)			(1,402)
19. 2038				
20. 2039				
21. 2040				
22. 2041				
23. 2042				
24. 2043				
25. 2044				
26. 2045				
27. 2046				
28. 2047				
29. 2048				
30. 2049				
31. 2050 and Later				
32. Total (Lines 1 to 31)	(67,514)			(67,514)

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	2,941		2,941				2,941
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	1,260		1,260				1,260
8. Accumulated balances (Lines 1 through 5 - 6 + 7)	4,201		4,201				4,201
9. Maximum reserve	8,319		8,319				8,319
10. Reserve objective	4,033		4,033				4,033
11. 20% of (Line 10 - Line 8)	(34)		(34)				(34)
12. Balance before transfers (Lines 8 + 11)	4,168		4,168				4,168
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)	4,168		4,168				4,168

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

Line Num- ber	NAIC Desig- nation	Description	1	2	3	4	Basic Contribution		Reserve Objective		Maximum Reserve	
			Book/Adjusted Carrying Value	Reclassify Related Party Encumbrances	Add Third Party Encumbrances	Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	5	6	7	8	9	10
							Factor	Amount (Cols.4 x 5)	Factor	Amount (Cols. 4 x 7)	Factor	Amount (Cols. 4 x 9)
LONG-TERM BONDS												
1.		Exempt Obligations	2,811,542	XXX	XXX	2,811,542	0.0000		0.0000		0.0000	
2.1	1	NAIC Designation Category 1.A		XXX	XXX		0.0005		0.0016		0.0033	
2.2	1	NAIC Designation Category 1.B		XXX	XXX		0.0005		0.0016		0.0033	
2.3	1	NAIC Designation Category 1.C		XXX	XXX		0.0005		0.0016		0.0033	
2.4	1	NAIC Designation Category 1.D		XXX	XXX		0.0005		0.0016		0.0033	
2.5	1	NAIC Designation Category 1.E	726,826	XXX	XXX	726,826	0.0005	363	0.0016	1,163	0.0033	2,399
2.6	1	NAIC Designation Category 1.F		XXX	XXX		0.0005		0.0016		0.0033	
2.7	1	NAIC Designation Category 1.G		XXX	XXX		0.0005		0.0016		0.0033	
2.8		Subtotal NAIC 1 (2.1+2.2+2.3+2.4+2.5+2.6+2.7)	726,826	XXX	XXX	726,826	XXX	363	XXX	1,163	XXX	2,399
3.1	2	NAIC Designation Category 2.A		XXX	XXX		0.0021		0.0064		0.0106	
3.2	2	NAIC Designation Category 2.B		XXX	XXX		0.0021		0.0064		0.0106	
3.3	2	NAIC Designation Category 2.C		XXX	XXX		0.0021		0.0064		0.0106	
3.4		Subtotal NAIC 2 (3.1+3.2+3.3)		XXX	XXX		XXX		XXX		XXX	
4.1	3	NAIC Designation Category 3.A		XXX	XXX		0.0099		0.0263		0.0376	
4.2	3	NAIC Designation Category 3.B		XXX	XXX		0.0099		0.0263		0.0376	
4.3	3	NAIC Designation Category 3.C		XXX	XXX		0.0099		0.0263		0.0376	
4.4		Subtotal NAIC 3 (4.1+4.2+4.3)		XXX	XXX		XXX		XXX		XXX	
5.1	4	NAIC Designation Category 4.A		XXX	XXX		0.0245		0.0572		0.0817	
5.2	4	NAIC Designation Category 4.B		XXX	XXX		0.0245		0.0572		0.0817	
5.3	4	NAIC Designation Category 4.C		XXX	XXX		0.0245		0.0572		0.0817	
5.4		Subtotal NAIC 4 (5.1+5.2+5.3)		XXX	XXX		XXX		XXX		XXX	
6.1	5	NAIC Designation Category 5.A		XXX	XXX		0.0630		0.1128		0.1880	
6.2	5	NAIC Designation Category 5.B		XXX	XXX		0.0630		0.1128		0.1880	
6.3	5	NAIC Designation Category 5.C		XXX	XXX		0.0630		0.1128		0.1880	
6.4		Subtotal NAIC 5 (6.1+6.2+6.3)		XXX	XXX		XXX		XXX		XXX	
7.	6	NAIC 6		XXX	XXX		0.0000		0.2370		0.2370	
8.		Total Unrated Multi-class Securities Acquired by Conversion		XXX	XXX		XXX		XXX		XXX	
9.		Total Long-Term Bonds (1+2.8+3.4+4.4+5.4+6.4+7+8)	3,538,368	XXX	XXX	3,538,368	XXX	363	XXX	1,163	XXX	2,399
PREFERRED STOCKS												
10.	1	Highest Quality		XXX	XXX		0.0005		0.0016		0.0033	
11.	2	High Quality		XXX	XXX		0.0021		0.0064		0.0106	
12.	3	Medium Quality		XXX	XXX		0.0099		0.0263		0.0376	
13.	4	Low Quality		XXX	XXX		0.0245		0.0572		0.0817	
14.	5	Lower Quality		XXX	XXX		0.0630		0.1128		0.1880	
15.	6	In or Near Default		XXX	XXX		0.0000		0.2370		0.2370	
16.		Affiliated Life with AVR		XXX	XXX		0.0000		0.0000		0.0000	
17.		Total Preferred Stocks (Sum of Lines 10 through 16)		XXX	XXX		XXX		XXX		XXX	

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

Line Num- ber	NAIC Desig- nation	Description	1	2	3	4	Basic Contribution		Reserve Objective		Maximum Reserve	
			Book/Adjusted Carrying Value	Reclassify Related Party Encumbrances	Add Third Party Encumbrances	Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	5	6	7	8	9	10
							Factor	Amount (Cols.4 x 5)	Factor	Amount (Cols. 4 x 7)	Factor	Amount (Cols. 4 x 9)
SHORT-TERM BONDS												
18.		Exempt Obligations		XXX	XXX		0.0000		0.0000		0.0000	
19.1	1	NAIC Designation Category 1.A		XXX	XXX		0.0005		0.0016		0.0033	
19.2	1	NAIC Designation Category 1.B		XXX	XXX		0.0005		0.0016		0.0033	
19.3	1	NAIC Designation Category 1.C		XXX	XXX		0.0005		0.0016		0.0033	
19.4	1	NAIC Designation Category 1.D	1,794,084	XXX	XXX	1,794,084	0.0005	897	0.0016	2,871	0.0033	5,920
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)	1,794,084	XXX	XXX	1,794,084	XXX	897	XXX	2,871	XXX	5,920
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)	1,794,084	XXX	XXX	1,794,084	XXX	897	XXX	2,871	XXX	5,920
DERIVATIVE INSTRUMENTS												
26.		Exchange Traded		XXX	XXX		0.0005		0.0016		0.0033	
27.	1	Highest Quality		XXX	XXX		0.0005		0.0016		0.0033	
28.	2	High Quality		XXX	XXX		0.0021		0.0064		0.0106	
29.	3	Medium Quality		XXX	XXX		0.0099		0.0263		0.0376	
30.	4	Low Quality		XXX	XXX		0.0245		0.0572		0.0817	
31.	5	Lower Quality		XXX	XXX		0.0630		0.1128		0.1880	
32.	6	In or Near Default		XXX	XXX		0.0000		0.2370		0.2370	
33.		Total Derivative Instruments		XXX	XXX		XXX		XXX		XXX	
34.		Total (Lines 9 + 17 + 25 + 33)	5,332,452	XXX	XXX	5,332,452	XXX	1,260	XXX	4,033	XXX	8,319

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

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

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

Line Num- ber	NAIC Desig- nation	Description	1	2	3	4	Basic Contribution		Reserve Objective		Maximum Reserve	
			Book/Adjusted Carrying Value	Reclassify Related Party Encumbrances	Add Third Party Encumbrances	Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	5	6	7	8	9	10
							Factor	Amount (Cols.4 x 5)	Factor	Amount (Cols. 4 x 7)	Factor	Amount (Cols. 4 x 9)
COMMON STOCK												
1.		Unaffiliated - Public		XXX	XXX		0.0000		0.1580 (a)		0.1580 (a)	
2.		Unaffiliated - Private		XXX	XXX		0.0000		0.1945		0.1945	
3.		Federal Home Loan Bank		XXX	XXX		0.0000		0.0061		0.0097	
4.		Affiliated - Life with AVR	3,074,380	XXX	XXX	3,074,380	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)	3,074,380			3,074,380	XXX		XXX		XXX	
REAL ESTATE												
18.		Home Office Property (General Account only)					0.0000		0.0912		0.0912	
19.		Investment Properties					0.0000		0.0912		0.0912	
20.		Properties Acquired in Satisfaction of Debt					0.0000		0.1337		0.1337	
21.		Total Real Estate (Sum of Lines 18 through 20)					XXX		XXX		XXX	
OTHER INVESTED ASSETS												
INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF BONDS												
22.		Exempt Obligations		XXX	XXX		0.0000		0.0000		0.0000	
23.	1	Highest Quality		XXX	XXX		0.0005		0.0016		0.0033	
24.	2	High Quality		XXX	XXX		0.0021		0.0064		0.0106	
25.	3	Medium Quality		XXX	XXX		0.0099		0.0263		0.0376	
26.	4	Low Quality		XXX	XXX		0.0245		0.0572		0.0817	
27.	5	Lower Quality		XXX	XXX		0.0630		0.1128		0.1880	
28.	6	In or Near Default		XXX	XXX		0.0000		0.2370		0.2370	
29.		Total with Bond Characteristics (Sum of Lines 22 through 28)		XXX	XXX		XXX		XXX		XXX	

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

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

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

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

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

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

Schedule F - Claims
N O N E

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Provident American Life and Health Insurance Company

SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT

					Credit				Other Individual Contracts									
	Total		Group Accident and Health		Accident and Health (Group and Individual)		Collectively Renewable		Non-Cancelable		Guaranteed Renewable		Non-Renewable for Stated Reasons Only		Other Accident Only		All Other	
	1 Amount	2 %	3 Amount	4 %	5 Amount	6 %	7 Amount	8 %	9 Amount	10 %	11 Amount	12 %	13 Amount	14 %	15 Amount	16 %	17 Amount	18 %
PART 1. - ANALYSIS OF UNDERWRITING OPERATIONS																		
1. Premiums written	4,864,078	XXX		XXX		XXX		XXX		XXX	4,864,078	XXX		XXX		XXX		XXX
2. Premiums earned	4,889,448	XXX		XXX		XXX		XXX		XXX	4,889,448	XXX		XXX		XXX		XXX
3. Incurred claims	2,831,162	57.9									2,831,162	57.9						
4. Cost containment expenses	12,599	0.3									12,599	0.3						
5. Incurred claims and cost containment expenses (Lines 3 and 4)	2,843,761	58.2									2,843,761	58.2						
6. Increase in contract reserves	(974)	0.0									(974)	0.0						
7. Commissions (a)	34,139	0.7									34,139	0.7						
8. Other general insurance expenses	271,765	5.6									271,765	5.6						
9. Taxes, licenses and fees	132,111	2.7									132,111	2.7						
10. Total other expenses incurred	438,015	9.0									438,015	9.0						
11. Aggregate write-ins for deductions	7,189	0.1									7,189	0.1						
12. Gain from underwriting before dividends or refunds	1,601,457	32.8									1,601,457	32.8						
13. Dividends or refunds																		
14. Gain from underwriting after dividends or refunds	1,601,457	32.8									1,601,457	32.8						
DETAILS OF WRITE-INS																		
1101. Increase in Loading	(3,489)	(0.1)									(3,489)	(0.1)						
1102. Penalties	10,909	0.2									10,909	0.2						
1103. Express Script Reclass	(231)	0.0									(231)	0.0						
1198. Summary of remaining write-ins for Line 11 from overflow page																		
1199. Totals (Lines 1101 thru 1103 plus 1198)(Line 11 above)	7,189	0.1									7,189	0.1						

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

SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT (Continued)

	1	2	3	4	Other Individual Contracts				
					5	6	7	8	9
	Total	Group Accident and Health	Credit Accident and Health (Group and Individual)	Collectively Renewable	Non-Cancelable	Guaranteed Renewable	Non-Renewable for Stated Reasons Only	Other Accident Only	All Other
PART 2. - RESERVES AND LIABILITIES									
A. Premium Reserves:									
1. Unearned premiums	285,633					285,633			
2. Advance premiums	47,156					47,156			
3. Reserve for rate credits									
4. Total premium reserves, current year	332,789					332,789			
5. Total premium reserves, prior year	378,555					378,555			
6. Increase in total premium reserves	(45,766)					(45,766)			
B. Contract Reserves:									
1. Additional reserves (a)	21,490					21,490			
2. Reserve for future contingent benefits									
3. Total contract reserves, current year	21,490					21,490			
4. Total contract reserves, prior year	22,464					22,464			
5. Increase in contract reserves	(974)					(974)			
C. Claim Reserves and Liabilities:									
1. Total current year	295,333					295,333			
2. Total prior year	382,740					382,740			
3. Increase	(87,407)					(87,407)			

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	365,251					365,251			
1.2 On claims incurred during current year	2,553,318					2,553,318			
2. Claim reserves and liabilities, December 31, current year:									
2.1 On claims incurred prior to current year	304					304			
2.2 On claims incurred during current year	295,029					295,029			
3. Test:									
3.1 Lines 1.1 and 2.1	365,555					365,555			
3.2 Claim reserves and liabilities, December 31, prior year	382,740					382,740			
3.3 Line 3.1 minus Line 3.2	(17,185)					(17,185)			

PART 4. - REINSURANCE									
A. Reinsurance Assumed:									
1. Premiums written									
2. Premiums earned									
3. Incurred claims									
4. Commissions									
B. Reinsurance Ceded:									
1. Premiums written	454,773				454,773				
2. Premiums earned	462,313				462,313				
3. Incurred claims	267,882				267,882				
4. Commissions	35,813				35,813				

(a) Includes \$ premium deficiency reserve.

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Provident American Life and Health Insurance Company

SCHEDULE H - PART 5 - HEALTH CLAIMS

	1 Medical	2 Dental	3 Other	4 Total
A. Direct:				
1. Incurred Claims			3,099,041	3,099,041
2. Beginning Claim Reserves and Liabilities			427,507	427,507
3. Ending Claim Reserves and Liabilities			321,926	321,926
4. Claims Paid			3,204,622	3,204,622
B. Assumed Reinsurance:				
5. Incurred Claims.....				
6. Beginning Claim Reserves and Liabilities				
7. Ending Claim Reserves and Liabilities				
8. Claims Paid				
C. Ceded Reinsurance:				
9. Incurred Claims.....			267,880	267,880
10. Beginning Claim Reserves and Liabilities			128,006	128,006
11. Ending Claim Reserves and Liabilities			84,266	84,266
12. Claims Paid			311,620	311,620
D. Net:				
13. Incurred Claims.....			2,831,161	2,831,161
14. Beginning Claim Reserves and Liabilities			299,501	299,501
15. Ending Claim Reserves and Liabilities			237,660	237,660
16. Claims Paid			2,893,002	2,893,002
E. Net Incurred Claims and Cost Containment Expenses:				
17. Incurred Claims and Cost Containment Expenses			2,831,162	2,831,162
18. Beginning Reserves and Liabilities			304,012	304,012
19. Ending Reserves and Liabilities			249,118	249,118
20. Paid Claims and Cost Containment Expenses			2,886,056	2,886,056

Schedule S - Part 1 - Section 1

N O N E

Schedule S - Part 1 - Section 2

N O N E

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Provident American Life and Health Insurance Company

SCHEDULE S - PART 2

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

[illegible]

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Provident American Life and Health Insurance Company

SCHEDULE S - PART 3 - SECTION 1

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domi- ciliary Juris- diction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Amount in Force at End of Year	Reserve Credit Taken		11 Premiums	Outstanding Surplus Relief		14 Modified Coinsurance Reserve	15 Funds Withheld Under Coinsurance
								9	10		12	13		
								Current Year	Prior Year		Current Year	Prior Year		
0399999. Total General Account - Authorized U.S. Affiliates														
0699999. Total General Account - Authorized Non-U.S. Affiliates														
0799999. Total General Account - Authorized Affiliates														
88340	59-2859797	08/01/2006	Hannover Life Reassurance Company of America	FL		OL	58,750	26,647	24,886	3,928				
63312	13-1935920	08/31/2012	Great American Life Insurance Company	OH	CO/I	OL	8,156,367	2,455,267	2,523,323	488,888				
0899999. General Account - Authorized U.S. Non-Affiliates								8,215,117	2,481,914	2,548,209	492,816			
1099999. Total General Account - Authorized Non-Affiliates								8,215,117	2,481,914	2,548,209	492,816			
1199999. Total General Account Authorized								8,215,117	2,481,914	2,548,209	492,816			
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								8,215,117	2,481,914	2,548,209	492,816			
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)								8,215,117	2,481,914	2,548,209	492,816			
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								8,215,117	2,481,914	2,548,209	492,816			

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Provident American Life and Health 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	3	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
	ID Number	Effective Date								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													
88340	59-2859797	08/01/2006	Hannover Life Reassurance Company of America	FL	OTH/I	MS	450,773	24,320	10,408				
60836	42-0113630	08/01/2006	American Republic Insurance Co	IA	OTH/I	CMM	4,000	11					
0899999. General Account - Authorized U.S. Non-Affiliates							454,773	24,331	10,408				
00000	AA-1122000	07/01/2020	Lloyds of London	GBR	CAT/G	OM	28						
00000	AA-1122000	07/01/2020	Lloyds of London	GBR	CAT/G	A	31						
0999999. General Account - Authorized Non-U.S. Non-Affiliates							59						
1099999. Total General Account - Authorized Non-Affiliates							454,832	24,331	10,408				
1199999. Total General Account Authorized							454,832	24,331	10,408				
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							454,832	24,331	10,408				
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)							454,773	24,331	10,408				
9299999. Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2899999, 3199999, 3999999, 4299999, 5199999, 5499999, 6299999, 6599999, 7399999, 7699999, 8499999 and 8799999)							59						
9999999 - Totals							454,832	24,331	10,408				

Schedule S - Part 4
N O N E

Schedule S - Part 4 - Bank Footnote
N O N E

Schedule S - Part 5
N O N E

Schedule S - Part 5 - Bank Footnote
N O N E

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

	1 2020	2 2019	3 2018	4 2017	5 2016
A. OPERATIONS ITEMS					
1. Premiums and annuity considerations for life and accident and health contracts	948	1,102	1,244	1,426	1,708
2. Commissions and reinsurance expense allowances	51	63	82	112	145
3. Contract claims	760	943	875	1,027	1,182
4. Surrender benefits and withdrawals for life contracts					
5. Dividends to policyholders and refunds to members					
6. Reserve adjustments on reinsurance ceded					
7. Increase in aggregate reserve for life and accident and health contracts					
B. BALANCE SHEET ITEMS					
8. Premiums and annuity considerations for life and accident and health contracts deferred and uncollected	247	294	332	386	454
9. Aggregate reserves for life and accident and health contracts	2,517	2,592	2,636	2,695	2,676
10. Liability for deposit-type contracts					
11. Contract claims unpaid	157	134	117	119	216
12. Amounts recoverable on reinsurance	58	83	86	117	202
13. Experience rating refunds due or unpaid					
14. Policyholders' dividends and refunds to members (not included in Line 10)					
15. Commissions and reinsurance expense allowances due					
16. Unauthorized reinsurance offset					
17. Offset for reinsurance with Certified Reinsurers					
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
18. Funds deposited by and withheld from (F)					
19. Letters of credit (L)					
20. Trust agreements (T)					
21. Other (O)					
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
22. Multiple Beneficiary Trust					
23. Funds deposited by and withheld from (F)					
24. Letters of credit (L)					
25. Trust agreements (T)					
26. Other (O)					

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit for Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	9,170,191		9,170,191
2. Reinsurance (Line 16)	71,888	(71,888)	
3. Premiums and considerations (Line 15)	(95,505)	247,393	151,888
4. Net credit for ceded reinsurance	XXX	2,498,392	2,498,392
5. All other admitted assets (balance)	944,468		944,468
6. Total assets excluding Separate Accounts (Line 26)	10,091,042	2,673,897	12,764,939
7. Separate Account assets (Line 27)			
8. Total assets (Line 28)	10,091,042	2,673,897	12,764,939
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
9. Contract reserves (Lines 1 and 2)	307,123	2,516,654	2,823,777
10. Liability for deposit-type contracts (Line 3)			
11. Claim reserves (Line 4)	295,332	157,243	452,575
12. Policyholder dividends/member refunds/reserves (Lines 5 through 7)			
13. Premium & annuity considerations received in advance (Line 8)	47,156		47,156
14. Other contract liabilities (Line 9)	6,470		6,470
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)	151,524		151,524
20. Total liabilities excluding Separate Accounts (Line 26)	807,605	2,673,897	3,481,502
21. Separate Account liabilities (Line 27)			
22. Total liabilities (Line 28)	807,605	2,673,897	3,481,502
23. Capital & surplus (Line 38)	9,283,437	XXX	9,283,437
24. Total liabilities, capital & surplus (Line 39)	10,091,042	2,673,897	12,764,939
NET CREDIT FOR CEDED REINSURANCE			
25. Contract reserves	2,516,654		
26. Claim reserves	157,243		
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	71,888		
32. Other ceded reinsurance recoverables			
33. Total ceded reinsurance recoverables	2,745,785		
34. Premiums and considerations	247,393		
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	247,393		
41. Total net credit for ceded reinsurance	2,498,392		

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

Allocated by States and Territories

			Direct Business Only				
			1	2	3	4	6
States, Etc.			Life (Group and Individual)	Annuities (Group and Individual)	Disability Income (Group and Individual)	Long-Term Care (Group and Individual)	Totals
1.	Alabama	AL	13,787				13,787
2.	Alaska	AK					
3.	Arizona	AZ	1,718				1,718
4.	Arkansas	AR					
5.	California	CA	2,051				2,051
6.	Colorado	CO	719				719
7.	Connecticut	CT					
8.	Delaware	DE					
9.	District of Columbia	DC					
10.	Florida	FL	827				827
11.	Georgia	GA	202				202
12.	Hawaii	HI					
13.	Idaho	ID	795				795
14.	Illinois	IL	11,051				11,051
15.	Indiana	IN	1,781				1,781
16.	Iowa	IA	4,571				4,571
17.	Kansas	KS	131				131
18.	Kentucky	KY	9,951				9,951
19.	Louisiana	LA	(1,132)				(1,132)
20.	Maine	ME					
21.	Maryland	MD					
22.	Massachusetts	MA					
23.	Michigan	MI	684				684
24.	Minnesota	MN	417				417
25.	Mississippi	MS	12,802				12,802
26.	Missouri	MO	6,465				6,465
27.	Montana	MT	1,593				1,593
28.	Nebraska	NE	2,304				2,304
29.	Nevada	NV	612				612
30.	New Hampshire	NH					
31.	New Jersey	NJ					
32.	New Mexico	NM	465				465
33.	New York	NY					
34.	North Carolina	NC	2,517				2,517
35.	North Dakota	ND					
36.	Ohio	OH	8,156				8,156
37.	Oklahoma	OK	18,420				18,420
38.	Oregon	OR	18,793				18,793
39.	Pennsylvania	PA	24,830				24,830
40.	Rhode Island	RI					
41.	South Carolina	SC	64,280				64,280
42.	South Dakota	SD					
43.	Tennessee	TN					
44.	Texas	TX	281,335				281,335
45.	Utah	UT	9,215				9,215
46.	Vermont	VT					
47.	Virginia	VA	1,052				1,052
48.	Washington	WA	312				312
49.	West Virginia	WV	5,571				5,571
50.	Wisconsin	WI	2,419				2,419
51.	Wyoming	WY					
52.	American Samoa	AS					
53.	Guam	GU					
54.	Puerto Rico	PR					
55.	U.S. Virgin Islands	VI					
56.	Northern Mariana Islands	MP					
57.	Canada	CAN					
58.	Aggregate Other Alien	OT					
59.	Total		508,694				508,694

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Provident American Life and Health Insurance Company

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Location	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Owner-ship Provide Percen-tage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Y/N)	*
.0901	Cigna Group		00-0000000				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		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	IA	Loyal American Life Insurance Company	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		82-3315524				Arbor Heights Venture LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	90.000	Cigna Corporation	N	
.0901	Cigna Group		46-4080861				AristaMD, Inc.	DE	NIA	Cigna Ventures, LLC	Ownership	11.100	Cigna Corporation	N	
.0901	Cigna Group		86-3581583				Arizona Health Plan, Inc.	AZ	NIA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		00-0000000				Ascent Health Services LLC	DE	NIA	Cigna Spruce Holdings GmbH	Ownership	80.000	Cigna Corporation	N	
.0901	Cigna Group		81-0585518				Benefit Management Corp.	MT	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		81-2650133				Berewick Apartments LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	85.000	Cigna Corporation	N	
.0901	Cigna Group		43-1815573				Biopartners in Care, Inc.	MO	NIA	Accredo Health, Incorporated	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		06-1522976				Blodgett & Hazard Limited	GBR	NIA	Cigna Re Corporation	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group	10095	52-2259087				Bravo Health Mid-Atlantic, Inc.	MD	IA	NewQuest Management Northeast, LLC	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group	11524	52-2363406				Bravo Health Pennsylvania, Inc.	PA	IA	NewQuest Management Northeast, LLC	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		27-1713977				Brighter, Inc.	DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		46-4918521				Buoy Health, Inc.	DE	NIA	Cigna Ventures, LLC	Ownership	12.200	Cigna Corporation	N	
.0901	Cigna Group		61-1162797				Care Continuum, Inc.	KY	NIA	SpectraCare Health Care Ventures, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		85-0954556				CareAllies Accountable Care Collaborative LLC	DE	NIA	CareAllies, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		85-0935554				CareAllies Accountable Care Network LLC	DE	NIA	CareAllies, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		26-0180898				CareAllies, Inc.	DE	NIA	Cigna Holdings, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		81-2760646				CareAllies, LLC	DE	NIA	Connecticut General Life Insurance Company	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		14-1831391				CareCore National, LLC	NY	NIA	MedSolutions Holdings, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group	10144	20-1089572				CareCore NJ, LLC	NJ	IA	eviCore healthcare MSI, LLC	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		45-2681649				CarePlexus, LLC	DE	NIA	Cigna Health and Life Insurance Company	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		83-1400586				CARING 18th & Salmon Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		83-2562994				CARING 500 Ygnacio Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		84-1960231				CARING 3130 Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		83-2318410				CARING 9171 Wilshire Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		83-2851501				CARING Alta Englewood Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	Cigna Corporation	N	

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Provident American Life and Health Insurance Company

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Location	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percen-tage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Y/N)	*
0901	Cigna Group		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-INVY 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	
0901	Cigna Group		06-1332405				CG Life Pension Benefits Payments, Inc.	DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		06-1332401				CG LINA Pension Benefits Payments, Inc.	DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Provident American Life and Health Insurance Company

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Location	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Per-cent-age	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Y/N)	*
.0901	Cigna Group		84-2083351				CG-AQ 477 South Market Street LLC	.DE	NIA	CARING Firestone Investor LLC	Ownership	85.000	Cigna Corporation	.N	
.0901	Cigna Group		84-4773972				CG-LEDO IBP Venture LLC	.DE	NIA	CARING IBP Investor LLC	Ownership	90.000	Cigna Corporation	.N	
.0901	Cigna Group		84-4747045				CG-LEDO IBP I LLC	.DE	NIA	CARING IBP Investor LLC	Ownership	90.000	Cigna Corporation	.N	
.0901	Cigna Group		84-4755025				CG-LEDO IBP II LLC	.DE	NIA	CARING IBP Investor LLC	Ownership	90.000	Cigna Corporation	.N	
.0901	Cigna Group		83-2993316				CG-Muller 550 Winchester, LLC	.DE	NIA	CARING Century Plaza Investor LLC	Ownership	90.000	Cigna Corporation	.N	
.0901	Cigna Group		45-5499889				CG Seventh Street, LLC	.DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	87.500	Cigna Corporation	.N	
.0901	Cigna Group		82-1280312				CG/Wood Alta 601, LLC	.DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	90.000	Cigna Corporation	.N	
.0901	Cigna Group		85-2233381				CG/Wood Alta Leander Station, LLC	.DE	NIA	CARING Alta Leander Investor LLC	Ownership	90.000	Cigna Corporation	.N	
.0901	Cigna Group		81-3281922				CGGL Chapman LLC	.DE	NIA	CGGL Orange Collection LLC	Ownership	90.000	Cigna Corporation	.N	
.0901	Cigna Group		81-3313562				CGGL City Parkway LLC	.DE	NIA	CGGL Orange Collection LLC	Ownership	90.000	Cigna Corporation	.N	
.0901	Cigna Group		61-1797835				CGGL Orange Collection LLC	.DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	90.000	Cigna Corporation	.N	
.0901	Cigna Group		00-0000000				CGGL Orange Collection Mezz LLC	.DE	NIA	CARING Orange Collection Investor LLC	Ownership	100.000	Cigna corporation	.N	
.0901	Cigna Group		84-1921719				CGGL XR International LLC	.DE	NIA	CARING XR International Investor LLC	Ownership	90.000	Cigna Corporation	.N	
.0901	Cigna Group		84-1843578				CGGL XR 2 International LLC	.DE	NIA	CARING XR 2 International Investor LLC	Ownership	90.000	Cigna Corporation	.N	
.0901	Cigna Group		00-0000000				CGO Participatos LTDA	.BRA	NIA	Cigna Global Holdings, Inc.	Ownership	99.780	Cigna Corporation	.N	
.0901	Cigna Group		59-3466707				Chiro Alliance Corporation	.FL	NIA	eviCore healthcare MSI, LLC	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		81-3389374				CIG-LEI Ygnacio Associates LLC	.DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	90.000	Cigna Corporation	.N	
.0901	Cigna Group		82-4774243				CI-GS Portland, LLC	.DE	NIA	CARING 18th & Salmon Investor LLC	Ownership	86.200	cigna Corporation	.N	
.0901	Cigna Group		82-1612980				CI-GS Hillcrest LLC	.DE	NIA	CARING Hillcrest Investor LLC	Ownership	90.000	Cigna Corporation	.N	
.0901	Cigna Group		00-0000000				Cigna & CMB Asset Management Company Limited	.CHN	NIA	Cigna & CMB Life Insurance Company Limited	Ownership	87.350	Cigna Corporation	.N	
.0901	Cigna Group		00-0000000				Cigna & CMB Health Services Company, Ltd.	.CHN	NIA	Cigna & CMB Life Insurance Company Limited	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		00-0000000				Cigna & CMB Life Insurance Company Limited	.CHN	IA	Cigna Health and Life Insurance Company	Ownership	50.000	Cigna Corporation	.N	
.0901	Cigna Group		00-0000000				CIGNA 2000 UK Pension LTD	.GBR	NIA	Cigna European Services (UK) Limited	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		27-5402196				Cigna Affiliates Realty Investment Group, LLC	.DE	NIA	Connecticut General Life Insurance Company	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		00-0000000				Cigna Alder Holdings, LLC	.DE	NIA	Cigna Apac Holdings, Ltd.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		00-0000000				Cigna Apac Holdings, Ltd.	.BMU	NIA	Cigna Palmetto Holdings, Ltd.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group	13733	03-0452349				Cigna Arbor Life Insurance Company	.CT	IA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		98-1181787				Cigna Beechwood Holdings	.BEL	NIA	Cigna Elmwood Holdings, SPRL	Ownership	51.000	Cigna Corporation	.N	
.0901	Cigna Group		94-3107309				Cigna Behavioral Health of California, Inc.	.CA	NIA	Cigna Behavioral Health, Inc.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		75-2751090				Cigna Behavioral Health of Texas, Inc.	.TX	NIA	Cigna Behavioral Health, Inc.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		41-1648670				Cigna Behavioral Health, Inc.	.MN	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		00-0000000				Cigna Bellevue Alpha LLC	.DE	NIA	Cigna Holdings Overseas, Inc.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		02-0515554				Cigna Benefit Technology Solutions, Inc.	.DE	NIA	Cigna Health Corporation	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		01-0947889		0001489070		Cigna Benefits Financing, Inc.	.DE	NIA	Cigna Investments, Inc.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		00-0000000				Cigna Brokerage & Marketing (Thailand) Limited	.THA	NIA	RHP Thailand Limited	Ownership	53.250	Cigna Corporation	.N	
.0901	Cigna Group		00-0000000				Cigna Cedar Holdings, Ltd.	.MLT	NIA	Cigna Apac Holdings, Ltd.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		98-1137759				Cigna Chestnut Holdings, Ltd.	.GBR	NIA	Cigna Walnut Holdings, Ltd.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		27-3396038				Cigna Corporate Services, LLC	.DE	NIA	Cigna Health and Life Insurance Company	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		82-4991898		1739940	US	Cigna Corporation (A Delaware corporation and ultimate parent company)	.DE	UIP	Publicly Traded	Ownership	100.000	Publicly Traded	.N	
.0901	Cigna Group		00-0000000				Cigna Data Services (Shanghai) Company Limited	.CHN	NIA	Cigna Hong Kong Holdings Company Limited	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		59-2600475				Cigna Dental Health Of California, Inc.	.CA	NIA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group	11175	59-2675861				Cigna Dental Health Of Colorado, Inc.	.CO	IA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group	95380	59-2676987				Cigna Dental Health Of Delaware, Inc.	.DE	IA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group	52021	59-1611217				Cigna Dental Health Of Florida, Inc.	.FL	IA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation	.N	

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Location	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percen-tage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Y/N)	*
.0901	Cigna Group		06-1351097				Cigna Dental Health of Illinois, Inc.	IL	NIA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group	52024	59-2625350				Cigna Dental Health Of Kansas, Inc.	KS	IA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group	52108	59-2619589				Cigna Dental Health Of Kentucky, Inc.	KY	IA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group	48119	20-2844020				Cigna Dental Health Of Maryland, Inc.	MD	IA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group	11160	06-1582068				Cigna Dental Health Of Missouri, Inc.	MO	IA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group	11167	59-2308062				Cigna Dental Health Of New Jersey, Inc.	NJ	IA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group	95179	56-1803464				Cigna Dental Health Of North Carolina, Inc.	NC	IA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group	47805	59-2579774				Cigna Dental Health Of Ohio, Inc.	OH	IA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group	47041	52-1220578				Cigna Dental Health Of Pennsylvania, Inc.	PA	IA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group	95037	59-2676977				Cigna Dental Health Of Texas, Inc.	TX	IA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group	52617	52-2188914				Cigna Dental Health Of Virginia, Inc.	VA	IA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group	47013	86-0807222				Cigna Dental Health Plan Of Arizona, Inc.	AZ	IA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		59-2308055				Cigna Dental Health, Inc.	FL	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		58-1136865				Cigna Direct Marketing Company, Inc.	DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		98-1155943				Cigna Elmwood Holdings, SPRL	BEL	NIA	Cigna Myrtle Holdings, Ltd.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		00-0000000				Cigna Europe Insurance Company S.A.-N.V.	BEL	IA	Cigna Beechwood Holdings	Ownership	99.999	Cigna Corporation	N	
.0901	Cigna Group		00-0000000				Cigna European Services (UK) Limited	GBR	NIA	Cigna Elmwood Holdings, SPRL	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		62-1724116				Cigna Federal Benefits, Inc.	DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		00-0000000				Cigna Finans EmeKlilik Ve Hayat A.S.	TUR	NIA	Cigna Nederland Gamma, B.V.	Ownership	51.000	Cigna Corporation	N	
.0901	Cigna Group		51-0389196				Cigna Global Holdings, Inc.	DE	NIA	Cigna Holdings, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		68-0676638				Cigna Global Insurance Company Limited	GGY	IA	Cigna Holdings Overseas, Inc.	Ownership	99.990	Cigna Corporation	N	
.0901	Cigna Group		98-0210110				Cigna Global Reinsurance Company, Ltd.	BMU	IA	Cigna Global Holdings, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group						Cigna Global Wellbeing Holdings Limited	GBR	NIA	Connecticut General Corporation	Ownership	70.000	Cigna Corporation	N	
.0901	Cigna Group						Cigna Global Wellbeing Solutions Limited	GBR	NIA	Cigna Global Wellbeing Holdings Limited	Ownership	100.000	Cigna Corporation	N	
							Connecticut General Life Insurance Company								
.0901	Cigna Group	67369	59-1031071				Cigna Health and Life Insurance Company	CT	UDP		Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		62-1312478				Cigna Health Corporation	DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		23-1728483				Cigna Health Management, Inc.	DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		00-0000000				Cigna Health Solution India Pvt. Ltd.	IND	NIA	Cigna Holdings Overseas, Inc.	Ownership	99.900	Cigna Corporation	N	
.0901	Cigna Group		23-2741293				Cigna Healthcare Benefits, Inc.	DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		84-0985843				Cigna Healthcare Holdings, Inc.	CO	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group	95599	52-1404350				Cigna HealthCare Mid-Atlantic, Inc.	MD	NIA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group	95125	86-0334392				Cigna HealthCare of Arizona, Inc.	AZ	IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		95-3310115				Cigna HealthCare of California, Inc.	CA	NIA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group	95604	84-1004500				Cigna HealthCare of Colorado, Inc.	CO	IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group	95660	06-1141174				Cigna HealthCare of Connecticut, Inc.	CT	IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group	95136	59-2089259				Cigna HealthCare of Florida, Inc.	FL	IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group	96229	58-1641057				Cigna HealthCare of Georgia, Inc.	GA	IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group	95602	36-3385638				Cigna HealthCare of Illinois, Inc.	IL	IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group	95525	35-1679172				Cigna HealthCare of Indiana, Inc.	IN	IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group	95477	01-0418220				Cigna HealthCare of Maine, Inc.	ME	NIA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group	95220	02-0402111				Cigna HealthCare of Massachusetts, Inc.	MA	NIA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group	95493	02-0387749				Cigna HealthCare of New Hampshire, Inc.	NH	IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group	95500	22-2720890				Cigna HealthCare of New Jersey, Inc.	NJ	IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group	95132	56-1479515				Cigna HealthCare of North Carolina, Inc.	NC	IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group	95121	23-2301807				Cigna HealthCare of Pennsylvania, Inc.	PA	NIA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group	95708	06-1185590				Cigna HealthCare of South Carolina, Inc.	SC	IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group	95635	36-3359925				Cigna HealthCare of St. Louis, Inc.	MO	IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group	95606	62-1218053				Cigna HealthCare of Tennessee, Inc.	TN	IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group	95383	74-2767437				Cigna HealthCare of Texas, Inc.	TX	IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group	95518	62-1230908				Cigna HealthCare of Utah, Inc.	UT	NIA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		02-0495422				Cigna Healthcare, Inc.	VT	NIA	Cigna Healthcare Holdings, Inc.	Ownership	100.000	Cigna Corporation	N	
							Cigna HLA Technology Services Company Limited								
.0901	Cigna Group		00-0000000					HKG	NIA	Cigna Hong Kong Holdings Company Limited	Ownership	100.000	Cigna Corporation	N	

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

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Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Location	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percen-tage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Y/N)	*
.0901	Cigna Group		06-1059331				Cigna Holding Company	.DE	UIP	Cigna Corporation	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		23-3009279				Cigna Holdings Overseas, Inc.	.DE	NIA	Cigna Global Reinsurance Company, Ltd.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		06-1072796				Cigna Holdings, Inc.	.DE	UIP	Cigna Holding Company	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		00-0000000				Cigna Hong Kong Holdings Company Limited	.HKG	NIA	Cigna Chestnut Holdings, Ltd.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		27-1903785				Cigna Insurance Agency, LLC	.CT	NIA	Cigna Health and Life Insurance Company	Ownership	100.000	Cigna Corporation	.N	
							Cigna Insurance Management Services (DIFC), Ltd.	.ARE	NIA	Cigna Apac Holdings, Ltd.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		00-0000000				Cigna Insurance Middle East S.A.L.	.LBN	IA	Cigna Cedar Holdings, Ltd.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		00-0000000				Cigna Insurance Public Company Limited	.THA	IA	KDM Thailand Limited	Ownership	75.000	Cigna Corporation	.N	
.0901	Cigna Group		00-0000000				Cigna Insurance Services (Europe) Limited	.GBR	NIA	Cigna Willow Holdings, LTD.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		23-2924152				Cigna Integratedcare, Inc.	.DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		51-0402128				Cigna Intellectual Property, Inc.	.DE	NIA	Cigna Holdings, Inc.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		51-0111677				Cigna International Corporation, Inc.	.DE	NIA	Cigna Global Holdings, Inc.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		52-0291385				Cigna International Finance, Inc.	.DE	NIA	Cigna Investment Group, Inc.	Ownership	100.000	Cigna Corporation	.N	
							Cigna International Health Services Kenya Limited	.KEN	NIA	Cigna International Health Services, BVBA	Ownership	100.000	Cigna Corporation	.N	
							Cigna International Health Services Sdn. Bhd.	.MYS	NIA	Cigna Hong Kong Holdings Company Limited	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		00-0000000				Cigna International Health Services, BVBA	.BEL	NIA	Cigna Elmwood Holdings, Ltd.	Ownership	51.000	Cigna Corporation	.N	
.0901	Cigna Group		00-0000000				Cigna International Health Services, LLC	.FL	NIA	Cigna International Health Services, BVBA	Ownership	100.000	Cigna Corporation	.N	
							Cigna International Marketing (Thailand) Limited	.THA	NIA	Cigna Global Holdings, Inc.	Ownership	99.900	Cigna Corporation	.N	
.0901	Cigna Group		00-0000000				Cigna International Services Australia Pty Ltd.	.AUS	NIA	Cigna Chestnut Holdings, Ltd.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		23-2610178				Cigna International Services, Inc.	.DE	NIA	Cigna Global Holdings, Inc.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		06-1095823				Cigna Investment Group, Inc.	.DE	NIA	Cigna Holdings, Inc.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		06-0861092				Cigna Investments, Inc.	.DE	NIA	Cigna Investment Group, Inc.	Ownership	100.000	Cigna Corporation	.N	
							Cigna Korea Chusik Heosa (A/K/A Cigna Korea Company Limited)	.KOR	NIA	Cigna Chestnut Holdings, Ltd.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		98-1146864				Cigna Laurel Holdings, Ltd.	.BMU	NIA	Cigna Linden Holdings, Inc.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		00-0000000				Cigna Legal Protection U.K. Ltd.	.GBR	NIA	Cigna Willow Holdings, LTD.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		AA-1560515				Cigna Life Insurance Company of Canada	.CAN	IA	Cigna Chestnut Holdings, Ltd.	Ownership	100.000	Cigna Corporation	.N	
							Cigna Life Insurance Company of Europe S.A.-N.V.	.BEL	IA	Cigna Beechwood Holdings	Ownership	99.993	Cigna Corporation	.N	
.0901	Cigna Group		AA-1240009				Cigna Life Insurance New Zealand Limited	.NZL	IA	Cigna New Zealand Holdings Limited	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		00-0000000				Cigna Linden Holdings, Inc.	.DE	NIA	Cigna Holdings Overseas, Inc.	Ownership	82.000	Cigna Corporation	.N	
.0901	Cigna Group		46-4110289				Cigna Magnolia Holdings, Ltd.	.BMU	NIA	Cigna Palmetto Holdings, Ltd.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		98-1232512				Cigna Managed Care Benefits Company	.DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		23-2741294				Cigna Myrtle Holdings, Ltd.	.MLT	NIA	Cigna Apac Holdings, Ltd.	Ownership	74.560	Cigna Corporation	.N	
.0901	Cigna Group		98-1154657				Cigna National Health Insurance Company	.JDP	UDP	Cigna Health and Life Insurance Company	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group	61727	34-0970995				Cigna Nederland Gamma B.V.	.NLD	NIA	Cigna Walnut Holdings, Ltd.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		00-0000000				Cigna New Zealand Holdings Limited	.NZL	NIA	Cigna Hong Kong Holdings Company Limited	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		00-0000000				Cigna Oak Holdings, Ltd.	.GBR	NIA	Cigna Elmwood Holdings, SPRL	Ownership	100.000	Cigna Corporation	.N	
							Connecticut General Life Insurance Company								
.0901	Cigna Group		32-0222252				Cigna Onsite Health, LLC	.DE	NIA		Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		98-1232443				Cigna Palmetto Holdings, Ltd.	.BMU	NIA	Cigna Laurel Holdings, Ltd.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		46-4099800				Cigna Poplar Holdings, Inc.	.DE	NIA	Cigna Holdings Overseas, Inc.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		06-1071502				Cigna RE Corporation	.DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		06-1567902				Cigna Resource Manager, Inc.	.DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		00-0000000				Cigna Spruce Holdings GmbH	.CHE	NIA	Cigna Chestnut Holdings, Ltd.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		00-0000000				Cigna Taiwan Life Assurance Company Limited	.TWN	IA	Cigna Apac Holdings, Ltd.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		00-0000000				Cigna Teak Holdings, LLC	.DE	NIA	Cigna Global Holdings, Inc.	Ownership	100.000	Cigna Corporation	.N	

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Provident American Life and Health Insurance Company

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Location	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Owner-ship Provide Percen-tage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Y/N)	*
.0901	Cigna Group		00-0000000				Cigna Turkey Danismanlik Hizmetleri, A.S (A/K/A Cigna Turkey Consultancy Services, A.S.)	.TUR	.NIA	Cigna Magnolia Holdings, Ltd.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		83-1069280				Cigna Ventures, LLC	.DE	.NIA	Cigna Health and Life Insurance Company	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		00-0000000				Cigna Walnut Holdings, Ltd.	.GBR	.NIA	Cigna Apac Holdings, Ltd.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		00-0000000				Cigna Willow Holdings, Ltd.	.GBR	.NIA	Cigna Oak Holdings, Ltd.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		00-0000000				Cigna Worldwide General Insurance Company Limited	.HKG	.IA	Cigna Hong Kong Holdings Company Limited	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group	90859	23-2088429				Cigna Worldwide Insurance Company	.DE	.IA	Cigna Global Reinsurance Company, Ltd.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		00-0000000				Cigna Worldwide Life Insurance Company Limited	.HKG	.IA	Cigna Hong Kong Holdings Company Limited	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		00-0000000				Claims and Risk Services Limited	.SAU	.IA	NAS Neuron Health Services, L.L.C.	Ownership	50.000	Cigna Corporation	.N	
.0901	Cigna Group		00-0000000				ManipalCigna Health Insurance Company Limited	.IND	.IA	Cigna Holdings Overseas, Inc.	Ownership	49.000	TTK (non-affiliate)	.N	
.0901	Cigna Group		84-1461840				Community Health Network, LLC	.MT	.NIA	Benefit Management Corp.	Ownership	50.000	Cigna Corporation	.N	
.0901	Cigna Group		06-1252419				Connecticut General Benefit Payments, Inc.	.DE	.NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		06-0840391				Connecticut General Corporation	.CT	.NIA	Cigna Holdings, Inc.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group	62308	06-0303370		0000023419		Connecticut General Life Insurance Company	.CT	.IA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		82-4936006				CPI-CII 9171 Wilshire JV LLC	.DE	.NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	90.000	Cigna Corporation	.N	
.0901	Cigna Group		27-3555688				CR Washington Street Investors LP	.DE	.NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	33.820	Charles River Washington Street LLC (non-affiliate)	.N	
.0901	Cigna Group		47-2746692				Cricket Health, Inc.	.DE	.NIA	Cigna Health and Life Insurance Company	Ownership	9.000	Cigna Corporation	.N	
.0901	Cigna Group		36-4369972				CuraScript, Inc.	.DE	.NIA	Express Scripts, Inc.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		16-1526641				Diversified NY IPA, Inc.	.NY	.NIA	Diversified Pharmaceutical Services, Inc.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		41-1627938				Diversified Pharmaceutical Services, Inc.	.MN	.NIA	Express Scripts, Inc.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		52-2099336				Dulles Town Center Mall, LLC	.VA	.NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	50.000	Cigna Corporation	.N	
.0901	Cigna Group		27-3542089				Econdisc Contracting Solutions, LLC	.DE	.NIA	Express Scripts Pharmaceutical Procurement LLC (90%)	Ownership	90.000	Cigna Corporation	.N	
.0901	Cigna Group		00-0000000				Egyptian Emirates Administration Services SAE	.EGY	.NIA	NAS Neuron Health Services, L.L.C.	Ownership	64.999	Cigna Corporation	.N	
.0901	Cigna Group						ESI Canada	.CAN	.NIA	Express Scripts Canada Co. (99.9%); ESI-GP Canada, ULC (0.1%)	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group						ESI GP Canada ULC	.CAN	.NIA	Express Scripts Canada Co.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		43-1925556				ESI GP Holdings, Inc.	.DE	.NIA	Express Scripts, Inc.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		00-0000000				ESI GP2 Canada ULC	.CAN	.NIA	Express Scripts Canada Co.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		74-2974964				ESI Mail Order Processing, Inc. (f/k/a NXI)	.DE	.NIA	Express Scripts, Inc.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		43-1867735				ESI Mail Pharmacy Service, Inc.	.DE	.NIA	Express Scripts, Inc.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		43-1925562				ESI Partnership	.DE	.NIA	Express Scripts, Inc. (82%); ESI-GP Holdings, Inc. (18%)	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		41-2006555				ESI Resources, Inc.	.MN	.NIA	ESI Partnership	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		85-2732455				Evernorth Enterprise Services, Inc.	.DE	.NIA	Cigna Corporation	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		85-2759151				Evernorth Sales Operations, Inc.	.DE	.NIA	Evernorth Health, Inc.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		85-2717903				Evernorth Strategic Development, Inc.	.DE	.NIA	Cigna Corporation	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		46-4676347				eviCore 1, LLC	.DE	.NIA	Evernorth Health, Inc.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		62-1615395				eviCore healthcare MSI, LLC	.TN	.NIA	CareCore National, LLC	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group	13918	27-3175443				Express Reinsurance Company	.MO	.IA	Express Scripts, Inc.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		41-2063830				Express Scripts Administrators LLC	.DE	.NIA	Medco Health Solutions, Inc.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group						Express Scripts Canada Co.	.CAN	.NIA	Express Scripts Canada Holding Co.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		43-1942542				Express Scripts Canada Holding Co.	.DE	.NIA	Express Scripts, Inc.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		27-1490640				Express Scripts Canada Holding, LLC	.DE	.NIA	Express Scripts Canada Holding Co.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		00-0000000				Express Scripts Canada Services	.CAN	.NIA	Express Scripts Canada Co. (99.9%); ESI-GP2 Canada, ULC (0.1%)	Ownership	100.000	Cigna Corporation	.N	

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Provident American Life and Health Insurance Company

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Location	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Owner-ship Provide Percen-tage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Y/N)	*
0901	Cigna Group						Express Scripts Canada Wholesale	CAN	NIA	Express Scripts Canada Co. (99.9%); ESI-GP2 Canada, LLC (0.1%)	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		84-5003423				Express Scripts Health Information Network Partners, Inc.	DE	NIA	Express Scripts, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		45-2884094				Evernorth Health, Inc.	DE	NIA	Cigna Corporation	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group						Express Scripts Pharmaceutical Procurement, LLC	DE	NIA	Express Scripts Pharmacy Service, Inc. (50%); Express Scripts, Inc. (50%)	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		20-5826948				Express Scripts Pharmacy Atlantic, Ltd.	CAN	NIA	Express Scripts Canada Services	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000				Express Scripts Pharmacy Central, Ltd.	CAN	NIA	Express Scripts Canada Services	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000				Express Scripts Pharmacy Ontario, Ltd.	CAN	NIA	Express Scripts Canada Services	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000				Express Scripts Pharmacy West, Ltd.	CAN	NIA	Express Scripts Canada Services	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		30-0789911				Express Scripts Pharmacy, Inc.	DE	NIA	Medco Health Services, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		22-3114423				Express Scripts Sales Operations, Inc.	NJ	NIA	ESI Mail Pharmacy Service, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		20-3126104				Express Scripts Senior Care Holdings, Inc.	DE	NIA	Express Scripts, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group						Express Scripts Senior Care Holdings, Inc.			Express Scripts Senior Care Holdings, Inc.					
0901	Cigna Group		20-3126075				Express Scripts Senior Care, Inc.	DE	NIA		Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		43-1832983				Express Scripts Services Co.	DE	NIA	Express Scripts, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group						Express Scripts Specialty Distribution Services, Inc.	DE	NIA	Express Scripts, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		43-1869712				Express Scripts Strategic Development, Inc.	NJ	NIA	Express Scripts, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		22-2230703				Express Scripts Utilization Management Company	DE	NIA	Express Scripts, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		43-1869714				Express Scripts, Inc.	DE	NIA	Evernorth Health, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		43-1420563				FirstAssist Administration Limited	GBR	NIA	Cigna Willow Holdings, LTD.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000				Former Cigna Investments, Inc.	DE	NIA	Cigna Investment Group, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		23-1914061				Freco, Inc.	FL	NIA	Priority Healthcare Corporation	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		02-0523249				Freedom Service Company, LLC	FL	NIA	Lynnfield Drug, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		20-3229217							Connecticut General Life Insurance Company					
0901	Cigna Group						Gillette Ridge Community Council, Inc.	CT	NIA		Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000							Connecticut General Life Insurance Company					
0901	Cigna Group		20-3700105				Gillette Ridge Golf, LLC	DE	NIA		Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group	95388	93-1174749				Great-West Healthcare of Illinois, Inc.	IL	NIA	Cigna Healthcare Holdings, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group						Connecticut General Life Insurance Company								
0901	Cigna Group		00-0000000				GRG Acquisitions LLC	DE	NIA		Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		11-9599164				Grown Ups New Zealand Limited	NZL	NIA	Cigna Life Insurance New Zealand Limited	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		76-0657035				GulfQuest, LP	TX	NIA	HouQuest, LLC	Ownership	99.000	Cigna Corporation	N	
0901	Cigna Group						Connecticut General Life Insurance Company								
0901	Cigna Group		52-2149519				Hazard Center Investment Company LLC	DE	NIA		Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group						Healthbridge Reimbursement & Product Support, Inc.	MA	NIA	Priority Healthcare Corporation	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		04-2992335				Healthbridge, Inc.	DE	NIA	Express Scripts, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		26-2159005				HealthLynx, LLC	DE	NIA	Express Scripts, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		46-2086778				Healthsource Benefits, Inc.	NJ	NIA	QualCare Alliance Networks, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		06-1533555				Healthsource Properties, Inc.	DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		02-0467679				Healthsource, Inc.	NH	NIA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		02-0387748			0000855587	HealthSpring Life & Health Insurance Company, Inc.	DE	NIA	Cigna Health Corporation	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group	12902	20-8534298				HealthSpring Management of America, LLC	TX	IA	NewQuest, LLC	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		20-8647386				HealthSpring of Florida, Inc.	DE	NIA	NewQuest, LLC	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group	11532	65-1129599					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		26-2353476				HealthSpring Pharmacy Services, LLC	DE	NIA	NewQuest, LLC	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		72-1559530				HealthSpring USA, LLC	TN	NIA	NewQuest, LLC	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		20-1821898		0001339553		HealthSpring, Inc.	DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Provident American Life and Health Insurance Company

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Provident American Life and Health Insurance Company

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Provident American Life and Health Insurance Company

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Location	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percen-tage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Y/N)	*
.0901	Cigna Group		82-4405071				Specialty Products Acquisitions, LLC	.DE	.NIA	Medco Health Solutions, Inc.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		61-1317695				SpectraCare Health Care Ventures, Inc.	.KY	.NIA	SpectraCare, Inc.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		61-1147068				SpectraCare, Inc.	.KY	.NIA	Priority Healthcare Corp	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group	77399	13-1867829				Sterling Life Insurance Company	.IL	.IA	Cigna Health and Life Insurance Company	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		47-2658932				Strategic Pharmaceutical Investments, LLC	.DE	.NIA	Priority Healthcare Corp	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		00-0000000				SureScripts, LLC	.VA	.NIA	Express Scripts, Inc. 16.7%/Medco Health Solutions, Inc. 16.7%	Ownership	33.400	Cigna Corporation	.N	
.0901	Cigna Group		22-3474888				Systemed, LLC	.DE	.NIA	Medco Health Solutions, Inc.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		23-3074013				Tel-Drug of Pennsylvania, LLC	.PA	.NIA	Connecticut General Life Insurance Company	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		46-0427127				Tel-Drug, Inc.	.SD	.NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		00-0000000				Temple Insurance Company Limited	.BMU	.IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		20-5524622				Tennessee Quest, LLC	.TN	.NIA	NewQuest, LLC	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		75-3108527				TexQuest, LLC	.DE	.NIA	NewQuest, LLC	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		85-1955731				The Flats at Interbay Holdings, LLC	.DE	.NIA	The Flats at Interbay JV Limited Partnership	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		85-1955075				The Flats at Interbay JV Limited Partnership	.DE	.NIA	CARING Interbay Investor LP LLC	Ownership	90.000	Cigna Corporation	.N	
.0901	Cigna Group		85-1962013				The Flats at Interbay Limited Partnership	.DE	.NIA	The Flats at Interbay JV Limited Partnership	Ownership	99.500	Cigna Corporation	.N	
.0901	Cigna Group		46-5264463				Trainer Rx, Inc.	.DE	.NIA	Cigna Ventures, LLC	Ownership	19.400	Cigna Corporation	.N	
.0901	Cigna Group		00-0000000				Transwestern Federal, L.L.C.	.DE	.NIA	Transwestern Federal Holdings, L.L.C.	Ownership	7.616	Cigna Corporation	.N	
.0901	Cigna Group		00-0000000				Transwestern Federal Holdings, L.L.C.	.DE	.NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	7.616	Cigna Corporation	.N	
.0901	Cigna Group	65269	75-2305400				United Benefit Life Insurance Company	.OH	.DS	Provident American Life and Health Insurance Company	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		88-0344624				Universal Claims Administration	.MT	.NIA	Mediversal, Inc.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		82-4410128				ValoremRx Sourcing Solutions, LLC	.DE	.NIA	Specialty Products Acquisitions, LLC (50%)	Ownership	50.000	Cigna Corporation	.N	
.0901	Cigna Group		98-0463704				Vielife Services, Inc.	.DE	.NIA	Cigna Global Wellbeing Holdings Limited	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		00-0000000				Verity Solutions Group, Inc.	.DE	.NIA	Cigna Health and Life Insurance Company	Ownership	100.000	Cigna Corporation	.Y	
.0901	Cigna Group		00-0000000				Westcore CG AC, LLC	.DE	.NIA	CARING Westcore Holding Investor LLC	Ownership	90.000	Cigna Corporation	.N	
.0901	Cigna Group		84-3178563				Westcore CG Camelback, LLC	.DE	.NIA	CARING Westcore Holding Investor LLC	Ownership	90.000	Cigna Corporation	.N	
.0901	Cigna Group		00-0000000				Westcore CG Commerce, LLC	.DE	.NIA	CARING Westcore Holding Investor LLC	Ownership	90.000	Cigna Corporation	.N	
.0901	Cigna Group		84-3178563				Westcore CG Dove Valley I, LLC	.DE	.NIA	CARING Westcore Holding Investor LLC	Ownership	90.000	Cigna Corporation	.N	
.0901	Cigna Group		84-3178563				Westcore CG Dove Valley II, LLC	.DE	.NIA	CARING Westcore Holding Investor LLC	Ownership	90.000	Cigna Corporation	.N	
.0901	Cigna Group		84-3178563				Westcore CG Fountain Lakes, LLC	.DE	.NIA	CARING Westcore Holding Investor LLC	Ownership	90.000	Cigna Corporation	.N	
.0901	Cigna Group		84-3178563				Westcore CG Gateway, LLC	.DE	.NIA	CARING Westcore Holding Investor LLC	Ownership	90.000	Cigna Corporation	.N	
.0901	Cigna Group		84-3178563				Westcore CG I-35, LLC	.DE	.NIA	CARING Westcore Holding Investor LLC	Ownership	90.000	Cigna Corporation	.N	
.0901	Cigna Group		84-3178563				Westcore CG Mezz, LLC	.DE	.NIA	CARING Westcore Holding Investor LLC	Ownership	90.000	Cigna Corporation	.N	
.0901	Cigna Group		84-3178563				Westcore CG Navy, LLC	.DE	.NIA	CARING Westcore Holding Investor LLC	Ownership	90.000	Cigna Corporation	.N	
.0901	Cigna Group		84-3178563				Westcore CG Potomac Park, LLC	.DE	.NIA	CARING Westcore Holding Investor LLC	Ownership	90.000	Cigna Corporation	.N	
.0901	Cigna Group		84-3178563				Westcore CG Solano, LLC	.DE	.NIA	CARING Westcore Holding Investor LLC	Ownership	90.000	Cigna Corporation	.N	
.0901	Cigna Group		84-3178563				Westcore CG Susana, LLC	.DE	.NIA	CARING Westcore Holding Investor LLC	Ownership	90.000	Cigna Corporation	.N	
.0901	Cigna Group		00-0000000				Westcore CG Venture, LLC	.DE	.NIA	CARING Westcore Holding Investor LLC	Ownership	90.000	Cigna Corporation	.N	
.0901	Cigna Group		85-3567364				Westcore Realty CG Avondale, LLC	.DE	.NIA	CARING Avondale Investor LLC	Ownership	90.000	Cigna Corporation	.N	
.0901	Cigna Group		00-0000000				Willow DSP LLC	.DE	.NIA	Accredo Health, Incorporated	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		00-0000000				YCFM Servicios LTDA	.BRA	.NIA	Cigna Global Holdings, Inc.	Ownership	35.320	Cigna Corporation	.N	

Asterisk	Explanation

SCHEDULE Y

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

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

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	83-2318410	CARING 9171 Wilshire Investor LLC										
	83-2851501	CARING Alta Englewood Investor LLC										
	85-2966766	CARING Alta Leander Investor LLC										
	83-2563284	CARING Alta Woodson Investor LLC										
	85-2966766	CARING Avondale Investor LLC										
	32-0570889	CARING Capitol Hill GP LLC										
	37-1903297	CARING Capitol Hill LP LLC										
	83-2851364	CARING Century Plaza Investor LLC										
	83-2318370	CARING Dulles Town Center Investor LLC										
	83-3701937	CARING Firestone Investor LLC										
		CARING JA Lofts Investor LP LLC										
		CARING JA Lofts Investor GP LLC										
	83-2318233	CARING Heights at Bear Creek Investor LLC										
	83-1400482	CARING Hillcrest Investor LLC										
	84-4410554	CARING IBP Investor LLC										
	85-1961034	CARING Interbay Investor GP LLC										
	85-1984627	CARING Interbay Investor LP LLC										
	83-2339522	CARING Mallory Square Investor LLC										
	83-2563138	CARING Soma Investor LLC										
	83-2633790	CARING Alexan Enclave Investor LLC										
	83-2633886	CARING Orange Collection Investor LLC										
	83-8294933	CARING South Coast Subsidiary LLC										
	38-4085763	CARING Westcore Holding Investor LLC										
	83-3923178	CARING XR International Investor LLC										
	83-4317078	CARING XR 2 International Investor LLC										
	84-1843578	CGGL XR 2 International JV LLC										
	84-1843578	CGGL XR 2 International Mezz LLC										
	45-2604992	CCN NMO, LLC										
	33-1039759	CCN-WNY IPA, LLC										
	34-1970892	Ceres Sales of Ohio, LLC					(488)				(488)	
	06-1332403	CG Individual Tax Benefit Payments, Inc.										
	06-1332405	CG Life Pension Benefits Payments, Inc.										
	06-1332401	CG LINA Pension Benefits Payments, Inc.										
	84-2083351	CG-AQ 477 South Market Street LLC										
	84-4773972	CG-LEDO IBP Venture LLC										
	84-4747045	CG-LEDO IBP I LLC										
	84-4755025	CG-LEDO IBP II LLC										
	83-2993316	CG-Muller 550 Winchester, LLC										
	45-5499889	CG Seventh Street, LLC										
	82-1280312	CG/Wood Alta 601, LLC										
	85-2233381	CG/Wood Alta Leander Station, LLC										
	81-3281922	CGGL Chapman LLC										
	81-3313562	CGGL City Parkway LLC										

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	61-1797835	CGGL Orange Collection LLC										
	00-0000000	CGGL Orange Collection Mezz LLC										
	84-1921719	CGGL XR International LLC										
	84-1843578	CGGL XR 2 International LLC										
	00-0000000	CGO Participatos LTDA										
	59-3466707	Chiro Alliance Corporation										
	81-3389374	CIG-LEI Ygnacio Associates LLC										
	82-4774243	CI-GS Portland, LLC										
	82-1612980	CI-GS Hillcrest LLC										
	00-0000000	Cigna & CMB Asset Management Company Limited										
	00-0000000	Cigna & CMB Health Services Company, Ltd.										
		Cigna & CMB Life Insurance Company Limited	(15,714,046)								(15,714,046)	456,882
	00-0000000	CIGNA 2000 UK Pension LTD										
	27-5402196	Cigna Affiliates Realty Investment Group, LLC		240,081,158							240,081,158	
	00-0000000	Cigna Alder Holdings, LLC										
	00-0000000	Cigna Apac Holdings, Ltd.										
13733	03-0452349	Cigna Arbor Life Insurance Company	(5,500,000)				(9,485)				(5,509,485)	
	98-1181787	Cigna Beechwood Holdings										
	94-3107309	Cigna Behavioral Health of California, Inc.					(33,353)				(33,353)	
	75-2751090	Cigna Behavioral Health of Texas, Inc.					(81,990)				(81,990)	
	41-1648670	Cigna Behavioral Health, Inc.	(85,000,000)				(379,815,611)				(464,815,611)	
	00-0000000	Cigna Bellevue Alpha LLC										
	02-0515554	Cigna Benefit Technology Solutions, Inc.										
	01-0947889	Cigna Benefits Financing, Inc.					1,167,360				1,167,360	
	00-0000000	Cigna Brokerage & Marketing (Thailand) Limited										
	00-0000000	Cigna Cedar Holdings, Ltd.										
	98-1137759	Cigna Chestnut Holdings, Ltd.										
	27-3396038	Cigna Corporate Services, LLC										
	82-4991898	Cigna Corporation (A Delaware corporation and ultimate parent company)	2,318,500,000								2,318,500,000	
	00-0000000	Cigna Data Services (Shanghai) Company Limited										
	59-2600475	Cigna Dental Health Of California, Inc.	(12,000,000)				(120,504)				(12,120,504)	
11175	59-2675861	Cigna Dental Health Of Colorado, Inc.	(2,700,000)				(1,028,488)				(3,728,488)	
95380	59-2676987	Cigna Dental Health Of Delaware, Inc.					(22,072)				(22,072)	
52021	59-1611217	Cigna Dental Health Of Florida, Inc.	(10,000,000)				(4,392,036)				(14,392,036)	
	06-1351097	Cigna Dental Health of Illinois, Inc.										
52024	59-2625350	Cigna Dental Health Of Kansas, Inc.	(540,000)				(208,932)				(748,932)	

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52108	59-2619589	Cigna Dental Health Of Kentucky, Inc.	(3,250,000)				(1,298,064)				(4,548,064)	
48119	20-2844020	Cigna Dental Health Of Maryland, Inc.	(3,750,000)				(1,112,646)				(4,862,646)	
11160	06-1582068	Cigna Dental Health Of Missouri, Inc.	(1,582,000)				(544,286)				(2,126,286)	
11167	59-2308062	Cigna Dental Health Of New Jersey, Inc.	(1,100,000)				(1,733,110)				(2,833,110)	
95179	56-1803464	Cigna Dental Health Of North Carolina, Inc.					(711,417)				(711,417)	
47805	59-2579774	Cigna Dental Health Of Ohio, Inc.	(1,800,000)				(1,005,885)				(2,805,885)	
47041	52-1220578	Cigna Dental Health Of Pennsylvania, Inc.										
			(1,850,000)				(742,523)				(2,592,523)	
95037	59-2676977	Cigna Dental Health Of Texas, Inc.	(7,900,000)				(4,664,458)				(12,564,458)	
52617	52-2188914	Cigna Dental Health Of Virginia, Inc.	(2,000,000)				(702,684)				(2,702,684)	
47013	86-0807222	Cigna Dental Health Plan Of Arizona, Inc.										
			(3,200,000)				605,726				(2,594,274)	
	59-2308055	Cigna Dental Health, Inc.	6,672,000				32,679,293				39,351,293	
	58-1136865	Cigna Direct Marketing Company, Inc.										
	98-1155943	Cigna Elmwood Holdings, SPRL										
	00-0000000	Cigna Europe Insurance Company S.A.-N.V.										
	00-0000000	Cigna European Services (UK) Limited										
	62-1724116	Cigna Federal Benefits, Inc.										
	00-0000000	Cigna Finans Emeklilik Ve Hayat A.S.										
	51-0389196	Cigna Global Holdings, Inc.	(19,096,130)	144,927,800			(12,299)				125,819,371	
	68-0676638	Cigna Global Insurance Company Limited					(3,131)	(291,927)			(295,058)	
	98-0210110	Cigna Global Reinsurance Company, Ltd.	(136,971,699)				(125,772)	9,729,123			(127,368,348)	(115,182,312)
		Cigna Global Wellbeing Holdings Limited										
		Cigna Global Wellbeing Solutions Limited										
67369	59-1031071	Cigna Health and Life Insurance Company	(1,715,000,000)	(282,735,774)	(1,084,457,759)		235,477,856	(116,899,356)			(2,963,615,033)	38,394,202
	62-1312478	Cigna Health Corporation	(29,000,000)				45,957,249				16,957,249	
	23-1728483	Cigna Health Management, Inc.					63,598,943	110,234,514			173,833,457	
	00-0000000	Cigna Health Solution India Pvt. Ltd.					352,974				352,974	
	23-2741293	Cigna Healthcare Benefits, Inc.										
	84-0985843	Cigna Healthcare Holdings, Inc.										
95599	52-1404350	Cigna HealthCare Mid-Atlantic, Inc.										
95125	86-0334392	Cigna HealthCare of Arizona, Inc.		7,000,000			(12,135,018)	(360,762)			(5,495,780)	795,027
	95-3310115	Cigna HealthCare of California, Inc.				(147,500)	(22,791,045)	(1,460,101)			(24,398,646)	5,213,446
95604	84-1004500	Cigna HealthCare of Colorado, Inc.					(1,228,416)	965			(1,227,451)	21,043
95660	06-1141174	Cigna HealthCare of Connecticut, Inc.					(745,287)	(21,879)			(767,166)	8,320
95136	59-2089259	Cigna HealthCare of Florida, Inc.					(259,279)	(58,630)			(317,909)	31,845
96229	58-1641057	Cigna HealthCare of Georgia, Inc.					(48,638,452)	1,320,245			(47,318,207)	5,657
95602	36-3385638	Cigna HealthCare of Illinois, Inc.	(1,500,000)			(23,000)	(11,380,328)	(1,612,980)			(14,516,308)	1,015,383
95525	35-1679172	Cigna HealthCare of Indiana, Inc.					(6,612)	(663)			(7,275)	252
95477	01-0418220	Cigna HealthCare of Maine, Inc.										
95220	02-0402111	Cigna HealthCare of Massachusetts, Inc.										
95493	02-0387749	Cigna HealthCare of New Hampshire, Inc.					(7,241)				(7,241)	
95500	22-2720890	Cigna HealthCare of New Jersey, Inc.	(6,000,000)				(55,610)	(14,722)			(6,070,332)	5,598

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

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	AA-1240009	Cigna Life Insurance Company of Europe S.A.-N.V.					(6,922)	291,927			285,005	
64548	13-2556568	Cigna Life Insurance Company of New York					(448,767)	11,628,268			11,179,501	116,322,874
	00-0000000	Cigna Life Insurance New Zealand Limited										
	46-4110289	Cigna Linden Holdings, Inc.										
	98-1232512	Cigna Magnolia Holdings, Ltd.										
	23-2741294	Cigna Managed Care Benefits Company					23,237,225				23,237,225	
	98-1154657	Cigna Myrtle Holdings, Ltd.										
61727	34-0970995	Cigna National Health Insurance Company					(1,219,430)				(1,219,430)	
	00-0000000	Cigna Nederland Gamma B.V.										
	00-0000000	Cigna New Zealand Holdings Limited										
	00-0000000	Cigna Oak Holdings, Ltd.										
	32-0222252	Cigna Onsite Health, LLC					(7,499)				(7,499)	
	98-1232443	Cigna Palmetto Holdings, Ltd.										
	46-4099800	Cigna Poplar Holdings, Inc.										
	06-1071502	Cigna RE Corporation										
	06-1567902	Cigna Resource Manager, Inc.										
	00-0000000	Cigna Spruce Holdings GmbH										
	00-0000000	Cigna Taiwan Life Assurance Company Limited										
	00-0000000	Cigna Teak Holdings, LLC										
	00-0000000	Cigna Turkey Danismanlik Hizmetleri, A.S (A/K/A Cigna Turkey Consultancy Services, A.S.)										
	83-1069280	Cigna Ventures, LLC		65,944,210							65,944,210	
	00-0000000	Cigna Walnut Holdings, Ltd.										
	00-0000000	Cigna Willow Holdings, Ltd.										
	00-0000000	Cigna Worldwide General Insurance Company Limited										
90859	23-2088429	Cigna Worldwide Insurance Company					(43,521)	(76,054)			(119,575)	8,982,517
	00-0000000	Cigna Worldwide Life Insurance Company Limited					151,934				151,934	
	00-0000000	Claims and Risk Services Limited										
	00-0000000	ManipalCigna Health Insurance Company Limited										
	84-1461840	Community Health Network, LLC										
	06-1252419	Connecticut General Benefit Payments, Inc.										
	06-0840391	Connecticut General Corporation	387,186,308	4,000,000			(360)				391,185,948	
62308	06-0303370	Connecticut General Life Insurance Company	(124,000,000)	(273,408)	(854,775)		(11,230,115)	(120,212,696)			(256,570,994)	(754,949,558)
	82-4936006	CPI-CII 9171 Wilshire JV LLC										
	27-3555688	CR Washington Street Investors LP										
	47-2746692	Cricket Health, Inc.										

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

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

SCHEDULE Y

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
	81-0425785	Intermountain Underwriters, Inc.					34,229				34,229	
	00-0000000	International Pharmaceutical Solutions, GmbH										
	84-3406799	JA Lofts Holdings, LLC										
	84-3395923	JA Lofts JV Limited Partnership										
	00-0000000	Kuwait Emirates Administration Services WLL										
	00-0000000	KDM (Thailand) Limited										
	20-8064696	Kronos Optimal Health Company					(4,516)				(4,516)	
	47-5292506	L&C Investments, LLC										
	47-4375626	Lakehills CM-CG LLC										
65498	23-1503749	Life Insurance Company of North America	(646,472,262)	2,037,895	1,233,416,800		(20,859,710)	109,552,755			677,675,478	683,812,199
	00-0000000	LINA Financial Service										
	00-0000000	LINA Life Insurance Company of Korea										13,995,367
65722	63-0343428	Loyal American Life Insurance Company	(10,000,000)	(20,000,000)			(53,093,986)				(83,093,986)	
	58-2593075	Lynnfield Compounding Center, Inc.										
	04-3546044	Lynnfield Drug, Inc.										
	27-1506930	MAH Pharmacy, LLC										
	80-0908244	Mallory Square Partners I, LLC										
	88-0241365	Managed Care Consultants, Inc.										
	51-0500147	Matrix GPO, LLC										
	59-3720653	Matrix Healthcare Services, Inc.										
	06-1346406	MCC Independent Practice Association of New York, Inc.										
34720	13-3506395	Medco Containment Insurance Company of NY					(12,552,650)				(12,552,650)	
63762	42-1425239	Medco Containment Life Insurance Company	(26,800,000)				(164,769,309)				(191,569,309)	
	27-3709630	Medco Europe II, LLC										
	46-2166374	Medco Europe, LLC										
	84-5017653	Medco Health Information Network Partners, Inc.										
	81-0616525	Medco Health Puerto Rico, LLC										
	26-3544786	Medco Health Services, Inc.										
	22-3461740	Medco Health Solutions, Inc.	26,800,000								26,800,000	
	88-0334401	Mediversal, Inc.										
	27-3801345	MedSolutions Holdings, Inc.										
	32-0071543	MSI Health Organization of Texas, Inc.										
	27-5492993	MSI HT, LLC										
	27-5493148	MSI LT, LLC										
	27-5493321	MSI SAR-GW, LLC										
	86-1090522	MSIAZ I, LLC										
	20-1749733	MSICA I, LLC										
	20-1222347	MSICO I, LLC										
	55-0840800	MSIFL, LLC										

SCHEDULE Y

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

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										
	23-3744987	QualCare Alliance Networks, Inc.										
	46-1801639	QualCare Management Resources Limited Liability Company										
	22-3129563	QualCare, Inc.					(43)				(43)	
	45-5569416	QPID Health, LLC										
	00-0000000	RHP (Thailand) Limited										
	83-1460134	Rise-CG Capitol Hill, LP										
	84-3254168	Rise-CG JA Lofts Limited Partnership										
	35-1641636	Sagamore Health Network, Inc.					1,064,589				1,064,589	

SCHEDULE Y

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

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NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
	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										

SCHEDULE Y

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
	85-3567364	Westcore Realty CG Avondale, LLC										
	00-0000000	Willow DSP LLC										
	00-0000000	YCFM Servicios LTDA										
9999999	Control Totals								XXX			

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

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

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

MARCH FILING	
12. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1? (Not applicable to fraternal benefit societies) ...	NO
13. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	YES
14. Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC by March 1?	NO
15. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 to Exhibit 5 be filed with the state of domicile and electronically with the NAIC by March 1?	NO
16. Will the actuarial opinion on non-guaranteed elements as required in interrogatory #3 to Exhibit 5 be filed with the state of domicile and electronically with the NAIC by March 1?	NO
17. Will the actuarial opinion on X-Factors be filed with the state of domicile and electronically with the NAIC by March 1?	NO
18. Will the actuarial opinion on Separate Accounts Funding Guaranteed Minimum Benefit be filed with the state of domicile and electronically with the NAIC by March 1?	NO
19. Will the actuarial opinion on Synthetic Guaranteed Investment Contracts be filed with the state of domicile and electronically with the NAIC by March 1?	NO
20. Will the Reasonableness of Assumptions Certification required by Actuarial Guideline XXXV be filed with the state of domicile and electronically with the NAIC by March 1?	NO
21. Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXV be filed with the state of domicile and electronically with the NAIC by March 1?	NO
22. Will the Reasonableness of Assumptions Certification for Implied Guaranteed Rate Method required by Actuarial Guideline XXXVI be filed with the state of domicile and electronically with the NAIC by March 1?	NO
23. Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Average Market Value) be filed with the state of domicile and electronically with the NAIC by March 1?	NO
24. Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Market Value) be filed with the state of domicile and electronically with the NAIC by March 1?	NO
25. Will the C-3 RBC Certifications required under C-3 Phase I be filed with the state of domicile and electronically with the NAIC by March 1?	NO
26. Will the C-3 RBC Certifications required under C-3 Phase II be filed with the state of domicile and electronically with the NAIC by March 1?	NO

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Provident American Life and Health Insurance Company

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

APRIL FILING

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

AUGUST FILING

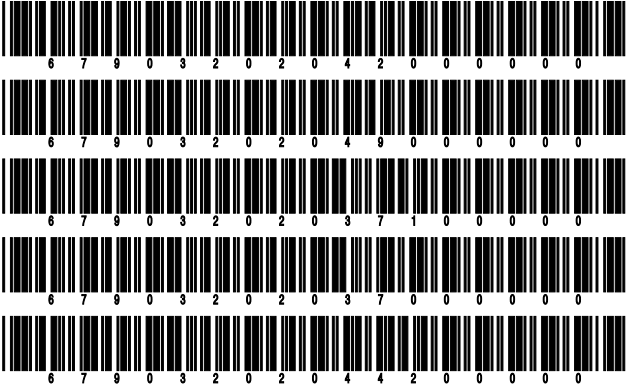
53.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	NO
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Explanations:

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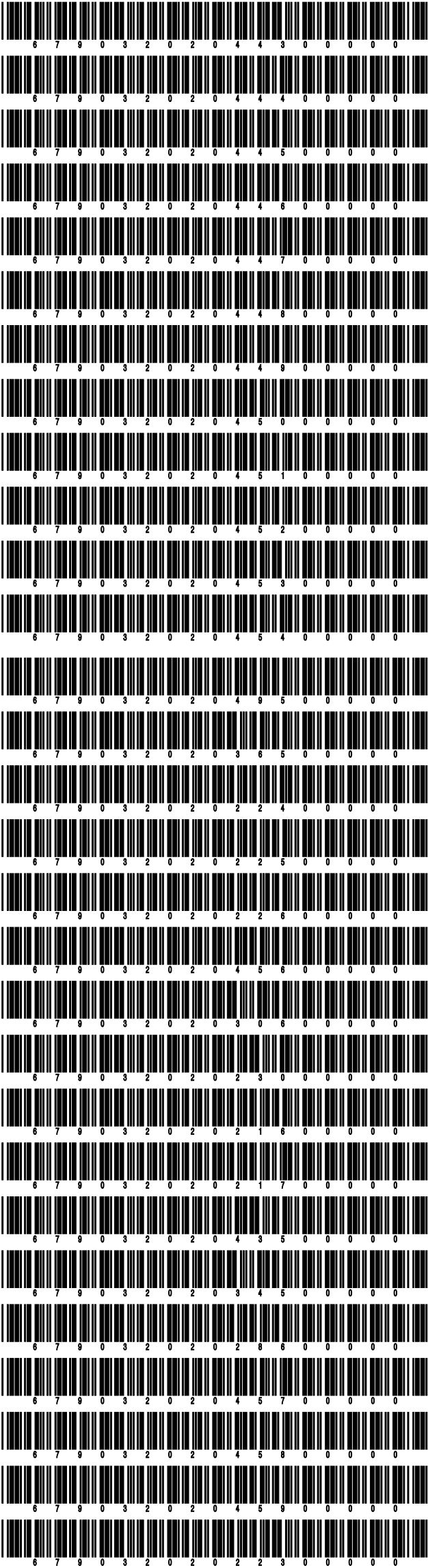
Bar Codes:

12.
- SIS Stockholder Information Supplement [Document Identifier 420]
14.
- Trusted Surplus Statement [Document Identifier 490]
15.
- Participating Opinion for Exhibit 5 [Document Identifier 371]
16.
- Non-Guaranteed Opinion for Exhibit 5 [Document Identifier 370]
17.
- Actuarial Opinion on X-Factors [Document Identifier 442]



SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

18. Actuarial Opinion on Separate Accounts Funding Guaranteed Minimum Benefit
[Document Identifier 443]
19. Actuarial Opinion on Synthetic Guaranteed Investment Contracts
[Document Identifier 444]
20. Reasonableness of Assumptions Certification required by Actuarial Guideline XXXV [Document Identifier 445]
21. Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXV [Document Identifier 446]
22. Reasonableness of Assumptions Certification for Implied Guaranteed Rate Method required by Actuarial Guideline XXXVI [Document Identifier 447]
23. Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI [Document Identifier 448]
24. Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Market Value) [Document Identifier 449]
25. C-3 RBC Certifications Required Under C-3 Phase I [Document Identifier 450]
26. C-3 RBC Certifications Required Under C-3 Phase II [Document Identifier 451]
27. Actuarial Certifications Related to Annuity Nonforfeiture Ongoing Compliance for Equity Indexed Annuities [Document Identifier 452]
28. Modified Guaranteed Annuity Model Regulation [Document Identifier 453]
33. Actuarial Certification regarding the use of 2001 Preferred Class Tables required by the Model Regulation Permitting the Recognition of Preferred Mortality Tables for Use in Determining Minimum Reserve Liabilities [Document Identifier 454]
34. Workers' Compensation Carve-Out Supplement [Document Identifier 495]
36. Medicare Part D Coverage Supplement [Document Identifier 365]
37. Relief from the five-year rotation requirement for lead audit partner [Document Identifier 224]
38. Relief from the one-year cooling off period for independent CPA [Document Identifier 225]
39. Relief from the Requirements for Audit Committees [Document Identifier 226]
40. VM-20 Reserves Supplement [Document Identifier 456]
42. Long-Term Care Experience Reporting Forms [Document Identifier 306]
43. Credit Insurance Experience Exhibit [Document Identifier 230]
45. Supplemental Health Care Exhibit (Parts 1, 2 and 3) [Document Identifier 216]
46. Supplemental Health Care Exhibit's Expense Allocation Report [Document Identifier 217]
47. Actuarial Memorandum Required by Actuarial Guideline XXXVIII 8D [Document Identifier 435]
48. Supplemental Term and Universal Life Insurance Reinsurance Exhibit [Document Identifier 345]
49. Variable Annuities Supplement [Document Identifier 286]
50. Executive Summary of the PBR Actuarial Report [Document Identifier 457]
51. Life Summary of the PBR Actuarial Report [Document Identifier 458]
52. Variable Annuities Summary of the PBR Actuarial Report [Document Identifier 459]
53. Management's Report of Internal Control Over Financial Reporting [Document Identifier 223]





SUPPLEMENT FOR THE YEAR 2020 OF THE Provident American Life and Health 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 67903.....
ADDRESS (City, State and Zip Code) Cleveland , OH 44114.....
Person Completing This Exhibit Mohammed Umar Gilani.....
Title Appointed Actuary..... Telephone Number 512-807-4966.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2017				Policies Issued in 2018; 2019; 2020			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
YES.....	3LK(AZ).....	F.....	NO.....	0034000.....	12/22/2005.....	10/11/2009.....			MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE.....	847.....	(6).....	(0.7).....	1.....				
0199999. Total Experience on Individual Policies										847.....	(6).....	(0.7).....	1.....				
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 Provident American Life and Health 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 67903
ADDRESS (City, State and Zip Code) Cleveland , OH 44114
Person Completing This Exhibit Mohammed Umar Gilani
Title Appointed Actuary Telephone Number 512-807-4966

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2017				Policies Issued in 2018; 2019; 2020			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
YES	3PF(CO)	F	NO	0034000					MEDICARE SUPPLEMENT	5,633	1,547	27.5	1				
YES	3PJ(CO)	J	NO	0034000					MEDICARE SUPPLEMENT	45,937	53,100	115.6	11				
YES	3PK(CO)	F	NO	0034000					MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE	775	(1)	(0.1)	1				
0199999. Total Experience on Individual Policies										52,345	54,646	104.4	13				
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 Provident American Life and Health 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 67903.....
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	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES.....	3LD(GA).....	D.....	NO.....	0034000.....	05/18/2005.....	10/11/2009.....			MEDICARE SUPPLEMENT.....	3,541.....	139.....	3.9.....	1.....				
YES.....	3LF(GA).....	F.....	NO.....	0034000.....	05/18/2005.....	06/01/2010.....			MEDICARE SUPPLEMENT.....	19,485.....	22,121.....	113.5.....	5.....				
YES.....	3LK(GA).....	F.....	NO.....	0034000.....	05/18/2005.....	10/11/2009.....			MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE.....	1,471.....	1,384.....	94.1.....	2.....				
0199999. Total Experience on Individual Policies										24,497.....	23,644.....	96.5.....	8.....				
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 Provident American Life and Health 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 67903.....
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	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	3LF	F	NO	0034000	05/03/2005	06/01/2010			MEDICARE SUPPLEMENT	5,619	1,483	26.4	1				
0199999. Total Experience on Individual Policies										5,619	1,483	26.4	1				
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 Provident American Life and Health 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 67903.....
ADDRESS (City, State and Zip Code) Cleveland , OH 44114.....
Person Completing This Exhibit Mohammed Umar Gilani.....
Title Appointed Actuary..... Telephone Number 512-807-4966.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2017				Policies Issued in 2018; 2019; 2020					
										11	Incurred Claims		14	15	Incurred Claims		18		
											12	13			16	17			
																		Compliance with OBRA	Policy Form Number
YES.....	3PF (IL)	F.....	NO.....	0034000.....	06/09/2005.....	06/01/2010.....	MEDICARE SUPPLEMENT.....	6,397.....	2,137.....	33.4.....	1.....
YES.....	3PH (IL)	H.....	NO.....	0034000.....	04/26/2007.....	10/15/2009.....	MEDICARE SUPPLEMENT.....	12,992.....	14,703.....	113.2.....	3.....
YES.....	3PJ (IL)	J.....	NO.....	0034000.....	04/26/2007.....	10/15/2009.....	MEDICARE SUPPLEMENT.....	99,612.....	47,383.....	47.6.....	17.....
0199999. Total Experience on Individual Policies.....										119,001.....	64,222.....	54.0.....	21.....
0299999. Total Experience on Group Policies.....									

GENERAL INTERROGATORIES

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

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SUPPLEMENT FOR THE YEAR 2020 OF THE Provident American Life and Health 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 67903.....
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	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES.....	3PD.....	D.....	NO.....	0034000.....	11/01/2005.....	10/11/2009.....			MEDICARE SUPPLEMENT.....	.....	45.....						
YES.....	3PF.....	F.....	NO.....	0034000.....	11/01/2005.....	06/01/2010.....			MEDICARE SUPPLEMENT.....	30,385.....	21,061.....	69.3.....	4.....				
YES.....	3PH (IN).....	H.....	NO.....	0034000.....	04/10/2007.....	10/11/2009.....			MEDICARE SUPPLEMENT.....	6,115.....	5,713.....	93.4.....	2.....				
YES.....	3PJ (IN).....	J.....	NO.....	0034000.....	04/10/2007.....	10/11/2009.....			MEDICARE SUPPLEMENT.....	14,499.....	13,762.....	94.9.....	3.....				
YES.....	3PK.....	F.....	NO.....	0034000.....	11/01/2005.....	10/11/2009.....			MEDICARE SUPPLEMENT – HIGH DEDUCTIBLE.....	142.....	(73).....	(50.9).....					
0199999. Total Experience on Individual Policies.....										51,142.....	40,508.....	79.2.....	9.....				
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 Provident American Life and Health 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 67903.....
ADDRESS (City, State and Zip Code) Cleveland , OH 44114.....
Person Completing This Exhibit Mohammed Umar Gilani.....
Title Appointed Actuary..... Telephone Number 512-807-4966.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2017				Policies Issued in 2018; 2019; 2020			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
YES.....	3PF (IA)	F.....	NO.....	0034000	05/09/2005	06/01/2010	.....	.....	MEDICARE SUPPLEMENT	46,708	23,732	50.8	8	.....	.....	.....	.....
YES.....	3PG (IA)	G.....	NO.....	0034000	11/09/2007	10/11/2009	.....	.....	MEDICARE SUPPLEMENT .....	.....	144	.....	.....	.....	.....	.....	.....
YES.....	3PH (IA)	H.....	NO.....	0034000	11/09/2006	10/11/2009	.....	.....	MEDICARE SUPPLEMENT	3,499	27	0.8	1	.....	.....	.....	.....
YES.....	3PI (IA)	I.....	NO.....	0034000	11/09/2006	10/11/2009	.....	.....	MEDICARE SUPPLEMENT	3,538	26	0.7	1	.....	.....	.....	.....
YES.....	3PJ (IA)	J.....	NO.....	0034000	11/09/2006	10/11/2009	.....	.....	MEDICARE SUPPLEMENT	198,648	138,409	69.7	51	.....	.....	.....	.....
0199999. Total Experience on Individual Policies										252,394	162,339	64.3	61	.....	.....	.....	.....
.....
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 Provident American Life and Health 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 67903
ADDRESS (City, State and Zip Code) Cleveland , OH 44114
Person Completing This Exhibit Mohammed Umar Gilani
Title Appointed Actuary Telephone Number 512-807-4966

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2017				Policies Issued in 2018; 2019; 2020						
										11	Incurred Claims		14	15	Incurred Claims		18			
											12	13			16	17				
																		Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan
YES.....	3PF (KY)	F.....	NO.....	0034000.....	05/25/2005.....	06/01/2010.....			MED I CARE SUPPLEMENT.....	15,180.....	3,407.....	22.4.....	2.....							
YES.....	3PH (KY)	H.....	NO.....	0034000.....	01/09/2007.....	10/11/2009.....			MED I CARE SUPPLEMENT.....	14,260.....	5,684.....	39.9.....	3.....							
YES.....	3PJ (KY)	J.....	NO.....	0034000.....	01/09/2007.....	10/11/2009.....			MED I CARE SUPPLEMENT.....	24,659.....	10,667.....	43.3.....	5.....							
0199999. Total Experience on Individual Policies.....										54,099.....	19,759.....	36.5.....	10.....							
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 Provident American Life and Health 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 67903.....
ADDRESS (City, State and Zip Code) Cleveland , OH 44114.....
Person Completing This Exhibit Mohammed Umar Gilani.....
Title Appointed Actuary..... Telephone Number 512-807-4966.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2017				Policies Issued in 2018; 2019; 2020					
										11	Incurred Claims		14	15	Incurred Claims		18		
											12	13			16	17			
																		Compliance with OBRA	Policy Form Number
YES.....	3PF(LA) R7/05.....	F.....	NO.....	0034000.....	08/10/2005.....	06/01/2010.....	MEDICARE SUPPLEMENT.....	9,248.....	23,394.....	253.0.....	1.....
YES.....	3PH(LA).....	H.....	NO.....	0034000.....	12/22/2006.....	10/11/2009.....	MEDICARE SUPPLEMENT.....	13,820.....	4,737.....	34.3.....	3.....
YES.....	3PJ(LA).....	J.....	NO.....	0034000.....	12/22/2006.....	10/11/2009.....	MEDICARE SUPPLEMENT.....	25,919.....	8,200.....	31.6.....	5.....
0199999. Total Experience on Individual Policies.....										48,987.....	36,332.....	74.2.....	9.....
.....									
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 Provident American Life and Health 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 67903.....
ADDRESS (City, State and Zip Code) Cleveland , OH 44114.....
Person Completing This Exhibit Mohammed Umar Gilani.....
Title Appointed Actuary..... Telephone Number 512-807-4966.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2017				Policies Issued in 2018; 2019; 2020					
										11	Incurred Claims		14	15	Incurred Claims		18		
											12	13			16	17			
																		Compliance with OBRA	Policy Form Number
YES.....	3PF(MS).....	F.....	NO.....	0034000.....	04/07/2005.....	06/01/2010.....	MEDICARE SUPPLEMENT.....	36,276.....	16,105.....	44.4.....	5.....
YES.....	3PH(MS).....	H.....	NO.....	0034000.....	03/22/2007.....	10/11/2009.....	MEDICARE SUPPLEMENT.....	4,141.....	5,495.....	132.7.....	1.....
YES.....	3PJ(MS).....	J.....	NO.....	0034000.....	03/22/2007.....	10/11/2009.....	MEDICARE SUPPLEMENT.....	111,806.....	81,871.....	73.2.....	19.....
0199999. Total Experience on Individual Policies.....										152,222.....	103,471.....	68.0.....	25.....
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 Provident American Life and Health 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 67903.....
ADDRESS (City, State and Zip Code) Cleveland , OH 44114.....
Person Completing This Exhibit Mohammed Umar Gilani.....
Title Appointed Actuary..... Telephone Number 512-807-4966.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2017				Policies Issued in 2018; 2019; 2020			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
YES	3LF(MO)	F	NO	0034000	06/14/2005	06/01/2010			MEDICARE SUPPLEMENT	12,700	12,732	100.2	3				
									MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE								
YES	3LK(MO)	F	NO	0034000	06/14/2005	10/11/2009				715	650	90.9	1				
0199999. Total Experience on Individual Policies										13,416	13,382	99.7	4				
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 Provident American Life and Health 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 67903.....
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 Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2017				Policies Issued in 2018; 2019; 2020			
										11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	3PF(MT)	F	NO	.0034000	.05/10/2005	.06/01/2010			MEDICARE SUPPLEMENT	37,746	20,942	55.5	10				
YES	3PH(MT)	H	NO	.0034000	.11/15/2006	.10/11/2009			MEDICARE SUPPLEMENT	5,035	1,822	36.2	1				
YES	3PI(MT)	I	NO	.0034000	.11/15/2006	.10/11/2009			MEDICARE SUPPLEMENT	6,287	6,795	108.1	2				
YES	3PJ(MT)	J	NO	.0034000	.11/15/2006	.10/11/2009			MEDICARE SUPPLEMENT	76,294	43,586	57.1	21				
0199999. Total Experience on Individual Policies										125,363	73,145	58.3	34				
0299999. Total Experience on Group Policies																	

GENERAL INTERROGATORIES

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

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SUPPLEMENT FOR THE YEAR 2020 OF THE Provident American Life and Health 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 67903.....
ADDRESS (City, State and Zip Code) Cleveland , OH 44114.....
Person Completing This Exhibit Mohammed Umar Gilani.....
Title Appointed Actuary..... Telephone Number 512-807-4966.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2017				Policies Issued in 2018; 2019; 2020					
										11	Incurred Claims		14	15	Incurred Claims		18		
											12	13			16	17			
																		Compliance with OBRA	Policy Form Number
YES	3PF(NE)	F	NO	0034000	05/09/2005	06/01/2010			MEDICARE SUPPLEMENT	23,474	10,522	44.8	4						
YES	3PH(NE)	H	NO	0034000	10/24/2006	10/11/2009			MEDICARE SUPPLEMENT	4,889	4,004	81.9	1						
YES	3PJ(NE)	J	NO	0034000	10/24/2006	10/11/2009			MEDICARE SUPPLEMENT	47,256	39,697	84.0	9						
YES	3PK(NE)	F	NO	0034000	05/09/2005	10/11/2009			HIGH DEDUCTIBLE	5,095	(44)	(0.9)	5						
0199999. Total Experience on Individual Policies										80,715	54,179	67.1	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 Provident American Life and Health 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 67903.....
ADDRESS (City, State and Zip Code) Cleveland , OH 44114.....
Person Completing This Exhibit
Title Telephone Number

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

GENERAL INTERROGATORIES

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

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

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

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

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



SUPPLEMENT FOR THE YEAR 2020 OF THE Provident American Life and Health 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 67903.....
ADDRESS (City, State and Zip Code) Cleveland , OH 44114.....
Person Completing This Exhibit Mohammed Umar Gilani.....
Title Appointed Actuary..... Telephone Number 512-807-4966.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2017				Policies Issued in 2018; 2019; 2020			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
YES.....	3PD(ND).....	D.....	NO.....	0034000.....	05/13/2005.....	10/11/2009.....			MEDICARE SUPPLEMENT.....	4,132.....	102.....	2.5.....	1.....				
0199999. Total Experience on Individual Policies										4,132.....	102.....	2.5.....	1.....				
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 Provident American Life and Health 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 67903.....
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	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES.....	3PD(OH).....	D.....	NO.....	0034000.....	04/18/2005.....	10/11/2009.....			MEDICARE SUPPLEMENT.....	25,609.....	3,584.....	14.0.....	4.....				
YES.....	3PF(OH).....	F.....	NO.....	0034000.....	04/18/2005.....	06/01/2010.....			MEDICARE SUPPLEMENT.....	27,762.....	2,768.....	10.0.....	4.....				
YES.....	3PH(OH).....	H.....	NO.....	0034000.....	10/19/2006.....	10/11/2009.....			MEDICARE SUPPLEMENT.....	17,049.....	4,251.....	24.9.....	4.....				
YES.....	3PJ(OH).....	J.....	NO.....	0034000.....	10/19/2006.....	10/11/2009.....			MEDICARE SUPPLEMENT.....	49,475.....	18,597.....	37.6.....	8.....				
YES.....	3PK(OH).....	F.....	NO.....	0034000.....	04/18/2005.....	10/11/2009.....			MEDICARE SUPPLEMENT – HIGH DEDUCTIBLE.....	2,955.....	178.....	6.0.....	3.....				
0199999. Total Experience on Individual Policies.....										122,850.....	29,378.....	23.9.....	23.....				
0299999. Total Experience on Group Policies.....																	

GENERAL INTERROGATORIES

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

360.OK



SUPPLEMENT FOR THE YEAR 2020 OF THE Provident American Life and Health 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 67903.....
ADDRESS (City, State and Zip Code) Cleveland , OH 44114.....
Person Completing This Exhibit Mohammed Umar Gilani.....
Title Appointed Actuary..... Telephone Number 512-807-4966.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2017				Policies Issued in 2018; 2019; 2020			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
YES	3PA (OK)	A	NO	0034000	04/15/2005	06/01/2010			MEDICARE SUPPLEMENT	13	(108)	(826.7)					
YES	3PD (OK)	D	NO	0034000	04/15/2005	10/11/2009			MEDICARE SUPPLEMENT	8,346	192	2.3	2				
YES	3PF (OK)	F	NO	0034000	04/15/2005	06/01/2010			MEDICARE SUPPLEMENT	79,464	45,899	57.8	14				
YES	3PH (OK)	H	NO	0034000	10/25/2006	10/11/2009			MEDICARE SUPPLEMENT	9,006	5,549	61.6	2				
YES	3PI (OK)	I	NO	0034000	10/25/2006	10/11/2009			MEDICARE SUPPLEMENT	4,136	594	14.4	1				
YES	3PJ (OK)	J	NO	0034000	10/25/2006	10/11/2009			MEDICARE SUPPLEMENT	119,004	49,942	42.0	24				
0199999. Total Experience on Individual Policies										219,970	102,068	46.4	43				
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 Provident American Life and Health 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 67903.....
ADDRESS (City, State and Zip Code) Cleveland , OH 44114.....
Person Completing This Exhibit Mohammed Umar Gilani.....
Title Appointed Actuary..... Telephone Number 512-807-4966.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2017				Policies Issued in 2018; 2019; 2020					
										11	Incurred Claims		14	15	Incurred Claims		18		
											12	13			16	17			
																		Compliance with OBRA	Policy Form Number
YES	3PF (OR)	F	NO	0034000	04/21/2005	06/01/2010			MEDICARE SUPPLEMENT	84,952	52,841	62.2	17						
YES	3P1 (OR)	I	NO	0034000	01/19/2007	10/11/2009			MEDICARE SUPPLEMENT	3,310	8	0.2							
YES	3PJ (OR)	J	NO	0034000	01/19/2007	10/11/2009			MEDICARE SUPPLEMENT	178,409	89,378	50.1	41						
YES	3PK (OR)	F	NO	0034000	04/21/2005	10/11/2009			MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE	4,451	8	0.2	5						
0199999. Total Experience on Individual Policies										271,122	142,235	52.5	63						
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 Provident American Life and Health 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 67903.....
ADDRESS (City, State and Zip Code) Cleveland , OH 44114.....
Person Completing This Exhibit Mohammed Umar Gilani.....
Title Appointed Actuary..... Telephone Number 512-807-4966.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2017				Policies Issued in 2018; 2019; 2020			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
YES.....	3PD (PA)	D.....	NO.....	0034000	03/16/2005	10/11/2009 .....	.....	.....	MEDICARE SUPPLEMENT	11,231	1,329	11.8	2 .....	.....	.....	.....	.....
YES.....	3PF (PA)	F.....	NO.....	0034000	03/16/2005	06/01/2010 .....	.....	.....	MEDICARE SUPPLEMENT	14	(133)	(980.9) .....	.....	.....	.....	.....	.....
0199999. Total Experience on Individual Policies										11,244	1,195	10.6	2 .....	.....	.....	.....	.....
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 Provident American Life and Health 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 67903.....
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	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	3PD	D	NO	0034000	06/03/2005	10/11/2009			MEDICARE SUPPLEMENT	11,986	12,505	104.3	2				
YES	3PF	F	NO	0034000	06/03/2005	06/01/2010			MEDICARE SUPPLEMENT	135,389	92,588	68.4	23				
YES	3PH	H	NO	0034000	11/13/2006	10/11/2009			MEDICARE SUPPLEMENT	35,591	28,018	78.7	9				
YES	3PJ	J	NO	0034000	11/13/2006	10/11/2009			MEDICARE SUPPLEMENT	293,525	116,300	39.6	55				
YES	3PK	F	NO	0034000	06/03/2005	10/11/2009			MEDICARE SUPPLEMENT – HIGH DEDUCTIBLE	1,659	802	48.3	2				
0199999. Total Experience on Individual Policies										478,150	250,212	52.3	91				
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 Provident American Life and Health 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 67903.....
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	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES.....	3PA(TX).....	A.....	NO.....	0034000.....	06/21/2005.....	06/01/2010.....	.....	.....	MEDICARE SUPPLEMENT.....	14,969.....	5,703.....	38.1.....	3.....	.....	.....	.....	.....
YES.....	3PD(TX).....	D.....	NO.....	0034000.....	06/21/2005.....	10/11/2009.....	.....	.....	MEDICARE SUPPLEMENT.....	38,830.....	18,442.....	47.5.....	6.....	.....	.....	.....	.....
YES.....	3PF(TX).....	F.....	NO.....	0034000.....	06/21/2005.....	06/01/2010.....	.....	.....	MEDICARE SUPPLEMENT.....	218,420.....	59,545.....	27.3.....	33.....	.....	.....	.....	.....
YES.....	3PG(TX).....	G.....	NO.....	0034000.....	11/08/2007.....	10/11/2009.....	.....	.....	MEDICARE SUPPLEMENT.....	17,806.....	12,527.....	70.3.....	5.....	.....	.....	.....	.....
YES.....	3PH(TX).....	H.....	NO.....	0034000.....	12/04/2006.....	10/11/2009.....	.....	.....	MEDICARE SUPPLEMENT.....	561,898.....	347,436.....	61.8.....	120.....	.....	.....	.....	.....
YES.....	3PI(TX).....	I.....	NO.....	0034000.....	12/04/2006.....	10/11/2009.....	.....	.....	MEDICARE SUPPLEMENT.....	51,773.....	42,941.....	82.9.....	12.....	.....	.....	.....	.....
YES.....	3PJ(TX).....	J.....	NO.....	0034000.....	12/04/2006.....	10/11/2009.....	.....	.....	MEDICARE SUPPLEMENT.....	2,276,016.....	1,403,790.....	61.7.....	402.....	.....	.....	.....	.....
YES.....	3PK(TX).....	F.....	NO.....	0034000.....	06/21/2005.....	10/11/2009.....	.....	.....	MEDICARE SUPPLEMENT – HIGH DEDUCTIBLE.....	22,484.....	13,467.....	59.9.....	20.....	.....	.....	.....	.....
0199999. Total Experience on Individual Policies.....										3,202,197.....	1,903,851.....	59.5.....	601.....	.....	.....	.....	.....
.....
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 Provident American Life and Health 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 67903.....
ADDRESS (City, State and Zip Code) Cleveland , OH 44114.....
Person Completing This Exhibit Mohammed Umar Gilani.....
Title Appointed Actuary..... Telephone Number 512-807-4966.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2017				Policies Issued in 2018; 2019; 2020			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
YES.....	3PF(UT).....	F.....	NO.....	0034000.....	09/09/2005.....	06/01/2010.....			MEDICARE SUPPLEMENT.....	10,918.....	7,082.....	64.9.....	1.....				
YES.....	3PJ(UT).....	J.....	NO.....	0034000.....	12/08/2006.....	10/11/2009.....			MEDICARE SUPPLEMENT.....	10,376.....	1,264.....	12.2.....	2.....				
0199999. Total Experience on Individual Policies										21,294.....	8,345.....	39.2.....	3.....				
0299999. Total Experience on Group Policies																	

GENERAL INTERROGATORIES

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

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

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

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

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



SUPPLEMENT FOR THE YEAR 2020 OF THE Provident American Life and Health 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 67903.....
ADDRESS (City, State and Zip Code) Cleveland , OH 44114.....
Person Completing This Exhibit Mohammed Umar Gilani.....
Title Appointed Actuary..... Telephone Number 512-807-4966.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2017				Policies Issued in 2018; 2019; 2020			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
YES.....	3PD.....	D.....	NO.....	0034000	05/20/2005	10/11/2009			MEDICARE SUPPLEMENT		53						
YES.....	3PF.....	F.....	NO.....	0034000	05/20/2005	06/01/2010			MEDICARE SUPPLEMENT	13,895	5,843	42.1	2				
YES.....	3PG.....	G.....	NO.....	0034000	10/15/2007	10/11/2009			MEDICARE SUPPLEMENT	3,704	2,437	65.8					
YES.....	3PH.....	H.....	NO.....	0034000	12/12/2006	10/11/2009			MEDICARE SUPPLEMENT		341						
YES.....	3PJ.....	J.....	NO.....	0034000	12/12/2006	10/11/2009			MEDICARE SUPPLEMENT	17,657	5,879	33.3	3				
0199999. Total Experience on Individual Policies										35,256	14,553	41.3	5				
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 Provident American Life and Health 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 67903.....
ADDRESS (City, State and Zip Code) Cleveland , OH 44114.....
Person Completing This Exhibit Mohammed Umar Gilani.....
Title Appointed Actuary..... Telephone Number 512-807-4966.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2017				Policies Issued in 2018; 2019; 2020			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
YES.....	3PK(WY).....	F.....	NO.....	0034000.....	04/13/2005.....	10/11/2009.....			MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE.....	956.....	(1).....	(0.1).....	1.....				
0199999. Total Experience on Individual Policies										956.....	(1).....	(0.1).....	1.....				
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: ,

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

3.1 Address: ,

3.2 Contact Person and Phone Number:
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2020 OF THE Provident American Life and Health Insurance Company

SCHEDULE O SUPPLEMENT

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

Of The Provident American Life and Health Insurance Company
ADDRESS (City, State and Zip Code) Cleveland , OH 44114
NAIC Group Code 0901 NAIC Company Code 67903 Employer's Identification Number (FEIN) 23-1335885

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

Section B - Other Accident and Health

1. Prior	638	629	618	615	133,093
2. 2016	5,510	6,051	6,044	6,038	6,038
3. 2017	XXX	4,751	5,123	5,128	5,128
4. 2018	XXX	XXX	3,876	4,293	4,305
5. 2019	XXX	XXX	XXX	3,522	3,875
6. 2020	XXX	XXX	XXX	XXX	2,553

Section C - Credit Accident and Health

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

Section D -

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

Section E -

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

Section F -

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

Section G -

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

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

SUPPLEMENT FOR THE YEAR 2020 OF THE Provident American Life and Health 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. 2018	XXX	XXX			
5. 2019	XXX	XXX	XXX		
6. 2020	XXX	XXX	XXX	XXX	

Section B - Other Accident and Health

1. Prior					
2. 2016 .....	.38				
3. 2017	XXX	.24			
4. 2018	XXX	XXX	.21		
5. 2019	XXX	XXX	XXX	.28	
6. 2020	XXX	XXX	XXX	XXX	13

Section C - Credit Accident and Health

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

Section D -

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

Section E -

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

Section F -

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

Section G -

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

SUPPLEMENT FOR THE YEAR 2020 OF THE Provident American Life and Health 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				XXX	XXX
2. 2017	XXX				XXX
3. 2018	XXX	XXX			
4. 2019	XXX	XXX	XXX		
5. 2020	XXX	XXX	XXX	XXX	

Section B - Other Accident and Health

1. 2016	6, 101	6, 052	6, 044	XXX	XXX
2. 2017	XXX	5, 229	5, 124	5, 128	XXX
3. 2018	XXX	XXX	4, 277	4, 295	4, 305
4. 2019	XXX	XXX	XXX	3, 903	3, 875
5. 2020	XXX	XXX	XXX	XXX	2, 848

Section C - Credit Accident and Health

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

Section D -

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

Section E -

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

Section F -

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

Section G -

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

SUPPLEMENT FOR THE YEAR 2020 OF THE Provident American Life and Health 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					
2. 2017	XXX				
3. 2018	XXX	XXX			
4. 2019	XXX	XXX	XXX		
5. 2020	XXX	XXX	XXX	XXX	

Section B - Other Accident and Health

1. 2016	6,139	6,052	6,044		
2. 2017	XXX	5,253	5,124	5,128	
3. 2018	XXX	XXX	4,298	4,295	4,305
4. 2019	XXX	XXX	XXX	3,931	3,875
5. 2020	XXX	XXX	XXX	XXX	2,861

Section C - Credit Accident and Health

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

Section D -

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

Section E -

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

Section F -

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

Section G -

1. 2016					
2. 2017	XXX				
3. 2018	XXX	XXX			
4. 2019	XXX	XXX	XXX		
5. 2020	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	
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		None	
9. Credit Accident and Health		None	
10. Other Accident and Health		Development	295
11. Total			295