



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Provident American Life and Health Insurance Company
 DIRECT BUSINESS IN THE STATE OF Alabama
 NAIC Group Code 0901

DURING THE YEAR 2020
 NAIC Company Code 67903

LIFE INSURANCE

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			XXX		XXX	
3. Deposit-type contract funds						
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 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
16. Unpaid December 31, prior year										
17. Incurred during current year Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims										
18.3 Totals paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements										
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year			(a)		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 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancellable (b)					
25.2 Guaranteed renewable (b)					(903)
25.3 Non-renewable for stated reasons only (b)					(903)
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)					(903)
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					(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 .



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Provident American Life and Health Insurance Company
 DIRECT BUSINESS IN THE STATE OF Alaska
 NAIC Group Code 0901

DURING THE YEAR 2020
 NAIC Company Code 67903

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)						
Annuites:						
7.1 Paid in cash or left on deposit						
7.2 Applied to provide paid-up annuities						
7.3 Other						
7.4 Totals (Sum of Lines 7.1 to 7.3)						
8. Grand Totals (Lines 6.5 plus 7.4)						
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits						
10. Matured endowments						
11. Annuity benefits						
12. Surrender values and withdrawals for life contracts						
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health						
15. Totals						
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page						
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)						

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Provident American Life and Health Insurance Company
 DIRECT BUSINESS IN THE STATE OF Arizona
 NAIC Group Code 0901

DURING THE YEAR 2020

NAIC Company Code 67903

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance		1,718				1,718
2. Annuity considerations			XXX		XXX	
3. Deposit-type contract funds						
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						
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page						
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)						

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



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Provident American Life and Health Insurance Company
 DIRECT BUSINESS IN THE STATE OF Arkansas
 NAIC Group Code 0901

DURING THE YEAR 2020
 NAIC Company Code 67903

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)						
Annuites:						
7.1 Paid in cash or left on deposit						
7.2 Applied to provide paid-up annuities						
7.3 Other						
7.4 Totals (Sum of Lines 7.1 to 7.3)						
8. Grand Totals (Lines 6.5 plus 7.4)						
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						
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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 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
16. Unpaid December 31, prior year										
17. Incurred during current year Settled during current year: 18.1 By payment in full										
18.2 By payment on compromised claims										
18.3 Totals paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements										
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year			(a)							
21. Issued during year										
22. Other changes to in force (Net)										
23. In force December 31 of current year			(a)							

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

ACCIDENT AND HEALTH INSURANCE

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



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Provident American Life and Health Insurance Company
 DIRECT BUSINESS IN THE STATE OF California
 NAIC Group Code 0901

DURING THE YEAR 2020
 NAIC Company Code 67903

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance		2,051				2,051
2. Annuity considerations			XXX		XXX	
3. Deposit-type contract funds						
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)						
Annuites:						
7.1 Paid in cash or left on deposit						
7.2 Applied to provide paid-up annuities						
7.3 Other						
7.4 Totals (Sum of Lines 7.1 to 7.3)						
8. Grand Totals (Lines 6.5 plus 7.4)						
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits						
10. Matured endowments						
11. Annuity benefits						
12. Surrender values and withdrawals for life contracts						
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health						
15. Totals						
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page						
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)						

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



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Provident American Life and Health Insurance Company
 DIRECT BUSINESS IN THE STATE OF Colorado
 NAIC Group Code 0901

DURING THE YEAR 2020
 NAIC Company Code 67903

LIFE INSURANCE

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			XXX		XXX	
3. Deposit-type contract funds						
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						
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						
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1303.						
1398. Summary of Line 13 from overflow page						
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)						

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



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Provident American Life and Health Insurance Company
 DIRECT BUSINESS IN THE STATE OF Connecticut
 NAIC Group Code 0901

DURING THE YEAR 2020

NAIC Company Code 67903

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)						
Annuites:						
7.1 Paid in cash or left on deposit						
7.2 Applied to provide paid-up annuities						
7.3 Other						
7.4 Totals (Sum of Lines 7.1 to 7.3)						
8. Grand Totals (Lines 6.5 plus 7.4)						
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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DETAILS OF WRITE-INS						
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1302.						
1303.						
1398. Summary of Line 13 from overflow page						
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)						

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Provident American Life and Health Insurance Company
 DIRECT BUSINESS IN THE STATE OF Delaware
 NAIC Group Code 0901

DURING THE YEAR 2020

NAIC Company Code 67903

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)						
Annuites:						
7.1 Paid in cash or left on deposit						
7.2 Applied to provide paid-up annuities						
7.3 Other						
7.4 Totals (Sum of Lines 7.1 to 7.3)						
8. Grand Totals (Lines 6.5 plus 7.4)						
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits						
10. Matured endowments						
11. Annuity benefits						
12. Surrender values and withdrawals for life contracts						
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health						
15. Totals						
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page						
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)						

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Provident American Life and Health Insurance Company
 DIRECT BUSINESS IN THE STATE OF District of Columbia
 NAIC Group Code 0901

DURING THE YEAR 2020

NAIC Company Code 67903

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)						
Annuites:						
7.1 Paid in cash or left on deposit						
7.2 Applied to provide paid-up annuities						
7.3 Other						
7.4 Totals (Sum of Lines 7.1 to 7.3)						
8. Grand Totals (Lines 6.5 plus 7.4)						
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits						
10. Matured endowments						
11. Annuity benefits						
12. Surrender values and withdrawals for life contracts						
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health						
15. Totals						
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page						
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)						

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Provident American Life and Health Insurance Company
 DIRECT BUSINESS IN THE STATE OF Florida
 NAIC Group Code 0901

DURING THE YEAR 2020

NAIC Company Code 67903

LIFE INSURANCE

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			XXX		XXX	
3. Deposit-type contract funds						
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)						
Annuites:						
7.1 Paid in cash or left on deposit						
7.2 Applied to provide paid-up annuities						
7.3 Other						
7.4 Totals (Sum of Lines 7.1 to 7.3)						
8. Grand Totals (Lines 6.5 plus 7.4)						
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits						
10. Matured endowments						
11. Annuity benefits						
12. Surrender values and withdrawals for life contracts						
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health						
15. Totals						
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page						
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)						

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



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Provident American Life and Health Insurance Company
 DIRECT BUSINESS IN THE STATE OF Georgia
 NAIC Group Code 0901 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				202		202
2. Annuity considerations			XXX		XXX	
3. Deposit-type contract funds						
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 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
16. Unpaid December 31, prior year										
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims										
18.3 Totals paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements										
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT				No. of Policies						
20. In force December 31, prior year			(a)							
21. Issued during year										
22. Other changes to in force (Net)										
23. In force December 31 of current year			(a)							

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

ACCIDENT AND HEALTH INSURANCE

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



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Provident American Life and Health Insurance Company
 DIRECT BUSINESS IN THE STATE OF Hawaii
 NAIC Group Code 0901

DURING THE YEAR 2020

NAIC Company Code 67903

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)						
Annuites:						
7.1 Paid in cash or left on deposit						
7.2 Applied to provide paid-up annuities						
7.3 Other						
7.4 Totals (Sum of Lines 7.1 to 7.3)						
8. Grand Totals (Lines 6.5 plus 7.4)						
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits						
10. Matured endowments						
11. Annuity benefits						
12. Surrender values and withdrawals for life contracts						
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health						
15. Totals						
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page						
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)						

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Provident American Life and Health Insurance Company
 DIRECT BUSINESS IN THE STATE OF Idaho
 NAIC Group Code 0901

DURING THE YEAR 2020

NAIC Company Code 67903

LIFE INSURANCE

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			XXX		XXX	
3. Deposit-type contract funds						
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 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
16. Unpaid December 31, prior year										
17. Incurred during current year Settled during current year: 18.1 By payment in full										
18.2 By payment on compromised claims										
18.3 Totals paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements										
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	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 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancellable (b)					
25.2 Guaranteed renewable (b)	23,710	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 .



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Provident American Life and Health Insurance Company
 DIRECT BUSINESS IN THE STATE OF Illinois
 NAIC Group Code 0901

DURING THE YEAR 2020

NAIC Company Code 67903

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance		11,051				11,051
2. Annuity considerations			XXX		XXX	
3. Deposit-type contract funds						
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 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
16. Unpaid December 31, prior year										
17. Incurred during current year	3	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 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancellable (b)					
25.2 Guaranteed renewable (b)	112,965	118,198			63,040
25.3 Non-renewable for stated reasons only (b)					60,789
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
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	112,965	118,198			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 .



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Provident American Life and Health Insurance Company
 DIRECT BUSINESS IN THE STATE OF Indiana
 NAIC Group Code 0901

DURING THE YEAR 2020

NAIC Company Code 67903

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance		1,781				1,781
2. Annuity considerations			XXX		XXX	
3. Deposit-type contract funds						
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 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
16. Unpaid December 31, prior year										
17. Incurred during current year Settled during current year: 18.1 By payment in full										
18.2 By payment on compromised claims										
18.3 Totals paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements										
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	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 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancellable (b)					
25.2 Guaranteed renewable (b)	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

DURING THE YEAR 2020

NAIC Company Code 67903

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance		4,571				4,571
2. Annuity considerations			XXX		XXX	
3. Deposit-type contract funds						
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)						
Annuites:						
7.1 Paid in cash or left on deposit						
7.2 Applied to provide paid-up annuities						
7.3 Other						
7.4 Totals (Sum of Lines 7.1 to 7.3)						
8. Grand Totals (Lines 6.5 plus 7.4)						
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 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
16. Unpaid December 31, prior year										
17. Incurred during current year	1	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 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancellable (b)					
25.2 Guaranteed renewable (b)	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 .



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Provident American Life and Health Insurance Company
 DIRECT BUSINESS IN THE STATE OF Kansas
 NAIC Group Code 0901

DURING THE YEAR 2020

NAIC Company Code 67903

LIFE INSURANCE

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



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Provident American Life and Health Insurance Company
 DIRECT BUSINESS IN THE STATE OF Kentucky
 NAIC Group Code 0901

DURING THE YEAR 2020

NAIC Company Code 67903

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance		9,951				9,951
2. Annuity considerations			XXX		XXX	
3. Deposit-type contract funds						
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)						
Annuites:						
7.1 Paid in cash or left on deposit						
7.2 Applied to provide paid-up annuities						
7.3 Other						
7.4 Totals (Sum of Lines 7.1 to 7.3)						
8. Grand Totals (Lines 6.5 plus 7.4)						
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 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
16. Unpaid December 31, prior year	1	3,802							1	3,802
17. Incurred during current year Settled during current year:	2	32,000							2	32,000
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 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancellable (b)					
25.2 Guaranteed renewable (b)	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 .



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Provident American Life and Health Insurance Company
 DIRECT BUSINESS IN THE STATE OF Louisiana
 NAIC Group Code 0901

DURING THE YEAR 2020
 NAIC Company Code 67903

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance		(1,132)				(1,132)
2. Annuity considerations			XXX		XXX	
3. Deposit-type contract funds						
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)						
Annuites:						
7.1 Paid in cash or left on deposit						
7.2 Applied to provide paid-up annuities						
7.3 Other						
7.4 Totals (Sum of Lines 7.1 to 7.3)						
8. Grand Totals (Lines 6.5 plus 7.4)						
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 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
16. Unpaid December 31, prior year .....	.1	5,000							.1	5,000
17. Incurred during current year Settled during current year:										
18.1 By payment in full .....	.1	5,000							.1	5,000
18.2 By payment on compromised claims										
18.3 Totals paid .....	.1	5,000							.1	5,000
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements .....	.1	5,000							.1	5,000
19. Unpaid Dec. 31, current year (16+17-18.6)										
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 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancellable (b)					
25.2 Guaranteed renewable (b) .....	.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 .



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Provident American Life and Health Insurance Company
 DIRECT BUSINESS IN THE STATE OF Maine
 NAIC Group Code 0901

DURING THE YEAR 2020
 NAIC Company Code 67903

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)						
Annuites:						
7.1 Paid in cash or left on deposit						
7.2 Applied to provide paid-up annuities						
7.3 Other						
7.4 Totals (Sum of Lines 7.1 to 7.3)						
8. Grand Totals (Lines 6.5 plus 7.4)						
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits						
10. Matured endowments						
11. Annuity benefits						
12. Surrender values and withdrawals for life contracts						
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health						
15. Totals						
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page						
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)						

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Provident American Life and Health Insurance Company
 DIRECT BUSINESS IN THE STATE OF Maryland
 NAIC Group Code 0901

DURING THE YEAR 2020

NAIC Company Code 67903

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)						
Annuites:						
7.1 Paid in cash or left on deposit						
7.2 Applied to provide paid-up annuities						
7.3 Other						
7.4 Totals (Sum of Lines 7.1 to 7.3)						
8. Grand Totals (Lines 6.5 plus 7.4)						
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits						
10. Matured endowments						
11. Annuity benefits						
12. Surrender values and withdrawals for life contracts						
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health						
15. Totals						
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page						
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)						

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Provident American Life and Health Insurance Company
 DIRECT BUSINESS IN THE STATE OF Massachusetts
 NAIC Group Code 0901

DURING THE YEAR 2020
 NAIC Company Code 67903

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)						
Annuites:						
7.1 Paid in cash or left on deposit						
7.2 Applied to provide paid-up annuities						
7.3 Other						
7.4 Totals (Sum of Lines 7.1 to 7.3)						
8. Grand Totals (Lines 6.5 plus 7.4)						
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits						
10. Matured endowments						
11. Annuity benefits						
12. Surrender values and withdrawals for life contracts						
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health						
15. Totals						
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page						
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)						

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

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

ACCIDENT AND HEALTH INSURANCE

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



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Provident American Life and Health Insurance Company
 DIRECT BUSINESS IN THE STATE OF Michigan
 NAIC Group Code 0901

DURING THE YEAR 2020

NAIC Company Code 67903

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			XXX		XXX	
3. Deposit-type contract funds						
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)						
Annuites:						
7.1 Paid in cash or left on deposit						
7.2 Applied to provide paid-up annuities						
7.3 Other						
7.4 Totals (Sum of Lines 7.1 to 7.3)						
8. Grand Totals (Lines 6.5 plus 7.4)						
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits						
10. Matured endowments						
11. Annuity benefits						
12. Surrender values and withdrawals for life contracts						
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health						
15. Totals						
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page						
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)						

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
16. Unpaid December 31, prior year										
17. Incurred during current year Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims										
18.3 Totals paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements										
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	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 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancellable (b)					
25.2 Guaranteed renewable (b)			15		68
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
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)			15		68

(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 Minnesota
 NAIC Group Code 0901

DURING THE YEAR 2020

NAIC Company Code 67903

LIFE INSURANCE

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			XXX		XXX	
3. Deposit-type contract funds						
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 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
16. Unpaid December 31, prior year										
17. Incurred during current year Settled during current year: 18.1 By payment in full										
18.2 By payment on compromised claims										
18.3 Totals paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements										
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	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 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancellable (b)					
25.2 Guaranteed renewable (b)	5,117	5,115			16,602
25.3 Non-renewable for stated reasons only (b)					16,602
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
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	5,117	5,115			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 .



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Provident American Life and Health Insurance Company
 DIRECT BUSINESS IN THE STATE OF Mississippi
 NAIC Group Code 0901

DURING THE YEAR 2020

NAIC Company Code 67903

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance		12,802				12,802
2. Annuity considerations			XXX		XXX	
3. Deposit-type contract funds						
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)						
Annuites:						
7.1 Paid in cash or left on deposit						
7.2 Applied to provide paid-up annuities						
7.3 Other						
7.4 Totals (Sum of Lines 7.1 to 7.3)						
8. Grand Totals (Lines 6.5 plus 7.4)						
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 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
16. Unpaid December 31, prior year										
17. Incurred during current year	1	5,000							1	5,000
Settled during current year:										
18.1 By payment in full	1	5,000							1	5,000
18.2 By payment on compromised claims										
18.3 Totals paid	1	5,000							1	5,000
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	1	5,000							1	5,000
19. Unpaid Dec. 31, current year (16+17-18.6)										
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 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancellable (b)					
25.2 Guaranteed renewable (b)	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 .



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Provident American Life and Health Insurance Company
 DIRECT BUSINESS IN THE STATE OF Missouri
 NAIC Group Code 0901 DURING THE YEAR 2020
 NAIC Company Code 67903

LIFE INSURANCE

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

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



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Provident American Life and Health Insurance Company
 DIRECT BUSINESS IN THE STATE OF Montana
 NAIC Group Code 0901

DURING THE YEAR 2020
 NAIC Company Code 67903

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance		1,593				1,593
2. Annuity considerations			XXX		XXX	
3. Deposit-type contract funds						
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 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
16. Unpaid December 31, prior year										
17. Incurred during current year Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims										
18.3 Totals paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements										
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	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 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancellable (b)					
25.2 Guaranteed renewable (b)	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 .



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Provident American Life and Health Insurance Company
DIRECT BUSINESS IN THE STATE OF Nebraska
NAIC Group Code 0901

DURING THE YEAR 2020

NAIC Company Code 67903

LIFE INSURANCE

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

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
16. Unpaid December 31, prior year										
17. Incurred during current year Settled during current year: 18.1 By payment in full .....	.1	5,000							.1	5,000
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 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancellable (b)					
25.2 Guaranteed renewable (b)	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 .



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Provident American Life and Health Insurance Company
 DIRECT BUSINESS IN THE STATE OF Nevada
 NAIC Group Code 0901

DURING THE YEAR 2020

NAIC Company Code 67903

LIFE INSURANCE

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			XXX		XXX	
3. Deposit-type contract funds						
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)						
Annuites:						
7.1 Paid in cash or left on deposit						
7.2 Applied to provide paid-up annuities						
7.3 Other						
7.4 Totals (Sum of Lines 7.1 to 7.3)						
8. Grand Totals (Lines 6.5 plus 7.4)						
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits						
10. Matured endowments						
11. Annuity benefits						
12. Surrender values and withdrawals for life contracts						
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health						
15. Totals						
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page						
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)						

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
16. Unpaid December 31, prior year										
17. Incurred during current year Settled during current year: 18.1 By payment in full										
18.2 By payment on compromised claims										
18.3 Totals paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements										
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	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 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancellable (b)					
25.2 Guaranteed renewable (b)	1,742	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 .



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Provident American Life and Health Insurance Company
 DIRECT BUSINESS IN THE STATE OF New Hampshire
 NAIC Group Code 0901

DURING THE YEAR 2020

NAIC Company Code 67903

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)						
Annuites:						
7.1 Paid in cash or left on deposit						
7.2 Applied to provide paid-up annuities						
7.3 Other						
7.4 Totals (Sum of Lines 7.1 to 7.3)						
8. Grand Totals (Lines 6.5 plus 7.4)						
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits						
10. Matured endowments						
11. Annuity benefits						
12. Surrender values and withdrawals for life contracts						
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health						
15. Totals						
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page						
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)						

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Provident American Life and Health Insurance Company
 DIRECT BUSINESS IN THE STATE OF New Jersey
 NAIC Group Code 0901

DURING THE YEAR 2020

NAIC Company Code 67903

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)						
Annuites:						
7.1 Paid in cash or left on deposit						
7.2 Applied to provide paid-up annuities						
7.3 Other						
7.4 Totals (Sum of Lines 7.1 to 7.3)						
8. Grand Totals (Lines 6.5 plus 7.4)						
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits						
10. Matured endowments						
11. Annuity benefits						
12. Surrender values and withdrawals for life contracts						
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health						
15. Totals						
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page						
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)						

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Provident American Life and Health Insurance Company
 DIRECT BUSINESS IN THE STATE OF New Mexico
 NAIC Group Code 0901

DURING THE YEAR 2020

NAIC Company Code 67903

LIFE INSURANCE

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



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Provident American Life and Health Insurance Company
 DIRECT BUSINESS IN THE STATE OF New York
 NAIC Group Code 0901

DURING THE YEAR 2020

NAIC Company Code 67903

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)						
Annuites:						
7.1 Paid in cash or left on deposit						
7.2 Applied to provide paid-up annuities						
7.3 Other						
7.4 Totals (Sum of Lines 7.1 to 7.3)						
8. Grand Totals (Lines 6.5 plus 7.4)						
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits						
10. Matured endowments						
11. Annuity benefits						
12. Surrender values and withdrawals for life contracts						
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health						
15. Totals						
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page						
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)						

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

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

ACCIDENT AND HEALTH INSURANCE

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



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Provident American Life and Health Insurance Company
 DIRECT BUSINESS IN THE STATE OF North Carolina
 NAIC Group Code 0901

DURING THE YEAR 2020

NAIC Company Code 67903

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance		2,517				2,517
2. Annuity considerations			XXX		XXX	
3. Deposit-type contract funds						
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 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
16. Unpaid December 31, prior year										
17. Incurred during current year Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims										
18.3 Totals paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements										
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	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 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancellable (b)					
25.2 Guaranteed renewable (b)	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 .



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Provident American Life and Health Insurance Company
 DIRECT BUSINESS IN THE STATE OF North Dakota
 NAIC Group Code 0901

DURING THE YEAR 2020

NAIC Company Code 67903

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)						
Annuites:						
7.1 Paid in cash or left on deposit						
7.2 Applied to provide paid-up annuities						
7.3 Other						
7.4 Totals (Sum of Lines 7.1 to 7.3)						
8. Grand Totals (Lines 6.5 plus 7.4)						
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits						
10. Matured endowments						
11. Annuity benefits						
12. Surrender values and withdrawals for life contracts						
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health						
15. Totals						
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page						
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)						

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Provident American Life and Health Insurance Company
 DIRECT BUSINESS IN THE STATE OF Ohio
 NAIC Group Code 0901

DURING THE YEAR 2020
 NAIC Company Code 67903

LIFE INSURANCE

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			XXX		XXX	
3. Deposit-type contract funds						
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)						
Annuites:						
7.1 Paid in cash or left on deposit						
7.2 Applied to provide paid-up annuities						
7.3 Other						
7.4 Totals (Sum of Lines 7.1 to 7.3)						
8. Grand Totals (Lines 6.5 plus 7.4)						
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 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
16. Unpaid December 31, prior year										
17. Incurred during current year Settled during current year:	2	12,500							2	12,500
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 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancellable (b)					
25.2 Guaranteed renewable (b)	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 .



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Provident American Life and Health Insurance Company
 DIRECT BUSINESS IN THE STATE OF Oklahoma
 NAIC Group Code 0901

DURING THE YEAR 2020

NAIC Company Code 67903

LIFE INSURANCE

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			XXX		XXX	
3. Deposit-type contract funds						
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)						
Annuites:						
7.1 Paid in cash or left on deposit						
7.2 Applied to provide paid-up annuities						
7.3 Other						
7.4 Totals (Sum of Lines 7.1 to 7.3)						
8. Grand Totals (Lines 6.5 plus 7.4)						
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 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
16. Unpaid December 31, prior year										
17. Incurred during current year	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 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancellable (b)					
25.2 Guaranteed renewable (b)	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 .



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Provident American Life and Health Insurance Company
 DIRECT BUSINESS IN THE STATE OF Oregon
 NAIC Group Code 0901

DURING THE YEAR 2020

NAIC Company Code 67903

LIFE INSURANCE

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			XXX		XXX	
3. Deposit-type contract funds						
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)						
Annuites:						
7.1 Paid in cash or left on deposit						
7.2 Applied to provide paid-up annuities						
7.3 Other						
7.4 Totals (Sum of Lines 7.1 to 7.3)						
8. Grand Totals (Lines 6.5 plus 7.4)						
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 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
16. Unpaid December 31, prior year										
17. Incurred during current year	3	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 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancellable (b)					
25.2 Guaranteed renewable (b)	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 .



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Provident American Life and Health Insurance Company
 DIRECT BUSINESS IN THE STATE OF Pennsylvania
 NAIC Group Code 0901

DURING THE YEAR 2020

NAIC Company Code 67903

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance		2,397		22,433		24,830
2. Annuity considerations			XXX		XXX	
3. Deposit-type contract funds						
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)						
Annuites:						
7.1 Paid in cash or left on deposit						
7.2 Applied to provide paid-up annuities						
7.3 Other						
7.4 Totals (Sum of Lines 7.1 to 7.3)						
8. Grand Totals (Lines 6.5 plus 7.4)						
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 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
16. Unpaid December 31, prior year										
17. Incurred during current year .....	.1	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 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancellable (b)					
25.2 Guaranteed renewable (b)	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 .



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Provident American Life and Health Insurance Company
 DIRECT BUSINESS IN THE STATE OF Rhode Island
 NAIC Group Code 0901

DURING THE YEAR 2020

NAIC Company Code 67903

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)						
Annuites:						
7.1 Paid in cash or left on deposit						
7.2 Applied to provide paid-up annuities						
7.3 Other						
7.4 Totals (Sum of Lines 7.1 to 7.3)						
8. Grand Totals (Lines 6.5 plus 7.4)						
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits						
10. Matured endowments						
11. Annuity benefits						
12. Surrender values and withdrawals for life contracts						
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health						
15. Totals						
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page						
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)						

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Provident American Life and Health Insurance Company
 DIRECT BUSINESS IN THE STATE OF South Carolina
 NAIC Group Code 0901

DURING THE YEAR 2020

NAIC Company Code 67903

LIFE INSURANCE

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			XXX		XXX	
3. Deposit-type contract funds						
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)						
Annuites:						
7.1 Paid in cash or left on deposit						
7.2 Applied to provide paid-up annuities						
7.3 Other						
7.4 Totals (Sum of Lines 7.1 to 7.3)						
8. Grand Totals (Lines 6.5 plus 7.4)						
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 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
16. Unpaid December 31, prior year	1	4,000							1	4,000
17. Incurred during current year Settled during current year:	9	76,500							9	76,500
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 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancellable (b)					
25.2 Guaranteed renewable (b)	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 .



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Provident American Life and Health Insurance Company
DIRECT BUSINESS IN THE STATE OF South Dakota

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						
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)						
Annuites:						
7.1 Paid in cash or left on deposit						
7.2 Applied to provide paid-up annuities						
7.3 Other						
7.4 Totals (Sum of Lines 7.1 to 7.3)						
8. Grand Totals (Lines 6.5 plus 7.4)						
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits						
10. Matured endowments						
11. Annuity benefits						
12. Surrender values and withdrawals for life contracts						
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health						
15. Totals						
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page						
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)						

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

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

ACCIDENT AND HEALTH INSURANCE

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



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Provident American Life and Health Insurance Company
 DIRECT BUSINESS IN THE STATE OF Tennessee
 NAIC Group Code 0901

DURING THE YEAR 2020

NAIC Company Code 67903

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)						
Annuites:						
7.1 Paid in cash or left on deposit						
7.2 Applied to provide paid-up annuities						
7.3 Other						
7.4 Totals (Sum of Lines 7.1 to 7.3)						
8. Grand Totals (Lines 6.5 plus 7.4)						
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits						
10. Matured endowments						
11. Annuity benefits						
12. Surrender values and withdrawals for life contracts						
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health						
15. Totals						
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page						
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)						

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

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancellable (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 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 Texas
 NAIC Group Code 0901

DURING THE YEAR 2020
 NAIC Company Code 67903

LIFE INSURANCE

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			XXX		XXX	
3. Deposit-type contract funds						
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)						
Annuites:						
7.1 Paid in cash or left on deposit						
7.2 Applied to provide paid-up annuities						
7.3 Other						
7.4 Totals (Sum of Lines 7.1 to 7.3)						
8. Grand Totals (Lines 6.5 plus 7.4)						
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 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
16. Unpaid December 31, prior year	11	72,000							11	72,000
17. Incurred during current year Settled during current year:	38	242,500							38	242,500
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 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancellable (b)					
25.2 Guaranteed renewable (b)	3,037,270	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 .



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

DURING THE YEAR 2020

NAIC Company Code 67903

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance		9,215				9,215
2. Annuity considerations			XXX		XXX	
3. Deposit-type contract funds						
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)						
Annuites:						
7.1 Paid in cash or left on deposit						
7.2 Applied to provide paid-up annuities						
7.3 Other						
7.4 Totals (Sum of Lines 7.1 to 7.3)						
8. Grand Totals (Lines 6.5 plus 7.4)						
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 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
16. Unpaid December 31, prior year										
17. Incurred during current year Settled during current year:	2	20,000							2	20,000
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 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancellable (b)					
25.2 Guaranteed renewable (b)	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 .



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Provident American Life and Health Insurance Company
 DIRECT BUSINESS IN THE STATE OF Vermont
 NAIC Group Code 0901 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						
2. Annuity considerations						
3. Deposit-type contract funds			XXX		XXX	
4. Other considerations						
5. Totals (Sum of Lines 1 to 4)						
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS						
Life insurance:						
6.1 Paid in cash or left on deposit						
6.2 Applied to pay renewal premiums						
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period						
6.4 Other						
6.5 Totals (Sum of Lines 6.1 to 6.4)						
Annuities:						
7.1 Paid in cash or left on deposit						
7.2 Applied to provide paid-up annuities						
7.3 Other						
7.4 Totals (Sum of Lines 7.1 to 7.3)						
8. Grand Totals (Lines 6.5 plus 7.4)						
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits						
10. Matured endowments						
11. Annuity benefits						
12. Surrender values and withdrawals for life contracts						
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health						
15. Totals						
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page						
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)						

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Provident American Life and Health Insurance Company
 DIRECT BUSINESS IN THE STATE OF Virginia
 NAIC Group Code 0901

DURING THE YEAR 2020

NAIC Company Code 67903

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance		1,052				1,052
2. Annuity considerations			XXX		XXX	
3. Deposit-type contract funds						
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 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
16. Unpaid December 31, prior year										
17. Incurred during current year Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims										
18.3 Totals paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements										
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	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 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancellable (b)					
25.2 Guaranteed renewable (b)	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 .



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Provident American Life and Health Insurance Company
 DIRECT BUSINESS IN THE STATE OF Washington
 NAIC Group Code 0901

DURING THE YEAR 2020

NAIC Company Code 67903

LIFE INSURANCE

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



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Provident American Life and Health Insurance Company
 DIRECT BUSINESS IN THE STATE OF West Virginia
 NAIC Group Code 0901

DURING THE YEAR 2020

NAIC Company Code 67903

LIFE INSURANCE

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			XXX		XXX	
3. Deposit-type contract funds						
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)						
Annuites:						
7.1 Paid in cash or left on deposit						
7.2 Applied to provide paid-up annuities						
7.3 Other						
7.4 Totals (Sum of Lines 7.1 to 7.3)						
8. Grand Totals (Lines 6.5 plus 7.4)						
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 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
16. Unpaid December 31, prior year										
17. Incurred during current year Settled during current year:	2	12,000							2	12,000
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 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancellable (b)					
25.2 Guaranteed renewable (b)	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 .



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Provident American Life and Health Insurance Company
 DIRECT BUSINESS IN THE STATE OF Wisconsin
 NAIC Group Code 0901

DURING THE YEAR 2020

NAIC Company Code 67903

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance		2,419				2,419
2. Annuity considerations			XXX		XXX	
3. Deposit-type contract funds						
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 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
16. Unpaid December 31, prior year										
17. Incurred during current year Settled during current year: 18.1 By payment in full										
18.2 By payment on compromised claims										
18.3 Totals paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements										
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	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 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancellable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)					
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					

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



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Provident American Life and Health Insurance Company
 DIRECT BUSINESS IN THE STATE OF Wyoming
 NAIC Group Code 0901 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						
2. Annuity considerations						
3. Deposit-type contract funds			XXX		XXX	
4. Other considerations						
5. Totals (Sum of Lines 1 to 4)						
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS						
Life insurance:						
6.1 Paid in cash or left on deposit						
6.2 Applied to pay renewal premiums						
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period						
6.4 Other						
6.5 Totals (Sum of Lines 6.1 to 6.4)						
Annuities:						
7.1 Paid in cash or left on deposit						
7.2 Applied to provide paid-up annuities						
7.3 Other						
7.4 Totals (Sum of Lines 7.1 to 7.3)						
8. Grand Totals (Lines 6.5 plus 7.4)						
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits						
10. Matured endowments						
11. Annuity benefits						
12. Surrender values and withdrawals for life contracts						
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health						
15. Totals						
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page						
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)						

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

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

ACCIDENT AND HEALTH INSURANCE

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



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Provident American Life and Health Insurance Company
 DIRECT BUSINESS IN THE STATE OF American Samoa
 NAIC Group Code 0901

DURING THE YEAR 2020

NAIC Company Code 67903

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)						
Annuites:						
7.1 Paid in cash or left on deposit						
7.2 Applied to provide paid-up annuities						
7.3 Other						
7.4 Totals (Sum of Lines 7.1 to 7.3)						
8. Grand Totals (Lines 6.5 plus 7.4)						
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits						
10. Matured endowments						
11. Annuity benefits						
12. Surrender values and withdrawals for life contracts						
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health						
15. Totals						
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page						
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)						

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Provident American Life and Health Insurance Company
 DIRECT BUSINESS IN THE STATE OF Guam
 NAIC Group Code 0901

DURING THE YEAR 2020
 NAIC Company Code 67903

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)						
Annuites:						
7.1 Paid in cash or left on deposit						
7.2 Applied to provide paid-up annuities						
7.3 Other						
7.4 Totals (Sum of Lines 7.1 to 7.3)						
8. Grand Totals (Lines 6.5 plus 7.4)						
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits						
10. Matured endowments						
11. Annuity benefits						
12. Surrender values and withdrawals for life contracts						
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health						
15. Totals						
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page						
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)						

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Provident American Life and Health Insurance Company
 DIRECT BUSINESS IN THE STATE OF Puerto Rico
 NAIC Group Code 0901 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						
2. Annuity considerations						
3. Deposit-type contract funds			XXX		XXX	
4. Other considerations						
5. Totals (Sum of Lines 1 to 4)						
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS						
Life insurance:						
6.1 Paid in cash or left on deposit						
6.2 Applied to pay renewal premiums						
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period						
6.4 Other						
6.5 Totals (Sum of Lines 6.1 to 6.4)						
Annuities:						
7.1 Paid in cash or left on deposit						
7.2 Applied to provide paid-up annuities						
7.3 Other						
7.4 Totals (Sum of Lines 7.1 to 7.3)						
8. Grand Totals (Lines 6.5 plus 7.4)						
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits						
10. Matured endowments						
11. Annuity benefits						
12. Surrender values and withdrawals for life contracts						
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health						
15. Totals						
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page						
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)						

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Provident American Life and Health Insurance Company
 DIRECT BUSINESS IN THE STATE OF U.S. Virgin Islands
 NAIC Group Code 0901

DURING THE YEAR 2020

NAIC Company Code 67903

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)						
Annuites:						
7.1 Paid in cash or left on deposit						
7.2 Applied to provide paid-up annuities						
7.3 Other						
7.4 Totals (Sum of Lines 7.1 to 7.3)						
8. Grand Totals (Lines 6.5 plus 7.4)						
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits						
10. Matured endowments						
11. Annuity benefits						
12. Surrender values and withdrawals for life contracts						
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health						
15. Totals						
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page						
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)						

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Provident American Life and Health Insurance Company
 DIRECT BUSINESS IN THE STATE OF Grand Total

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		472,268		.36,422		.508,690
2. Annuity considerations			XXX		XXX	
3. Deposit-type contract funds						
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)						
Annuites:						
7.1 Paid in cash or left on deposit						
7.2 Applied to provide paid-up annuities						
7.3 Other						
7.4 Totals (Sum of Lines 7.1 to 7.3)						
8. Grand Totals (Lines 6.5 plus 7.4)						
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 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
16. Unpaid December 31, prior year .....	.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 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancellable (b)					
25.2 Guaranteed renewable (b) .....	.5,313,854	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)

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

ASSET VALUATION RESERVE

	Default Component			Equity Component			7 Total Amount (Cols. 3 + 6)
	1 Other Than Mortgage Loans	2 Mortgage Loans	3 Total (Cols. 1 + 2)	4 Common Stock	5 Real Estate and Other Invested Assets	6 Total (Cols. 4 + 5)	
1. Reserve as of December 31, prior year	2,941		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 Number	NAIC Designation	Description	1 Book/Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	Basic Contribution		Reserve Objective		Maximum Reserve	
							5 Factor	6 Amount (Cols. 4 x 5)	7 Factor	8 Amount (Cols. 4 x 7)	9 Factor	10 Amount (Cols. 4 x 9)
		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	

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

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

Line Number	NAIC Designation	Description	1 Book/Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	Basic Contribution		Reserve Objective		Maximum Reserve	
							5 Factor	6 Amount (Cols. 4 x 5)	7 Factor	8 Amount (Cols. 4 x 7)	9 Factor	10 Amount (Cols. 4 x 9)
18.		SHORT-TERM BONDS										
19.1	1	Exempt Obligations		XXX	XXX		0.0000		0.0000		0.0000	
19.1	1	NAIC Designation Category 1.A		XXX	XXX		0.0005		0.0016		0.0033	
19.2	1	NAIC Designation Category 1.B		XXX	XXX		0.0005		0.0016		0.0033	
19.3	1	NAIC Designation Category 1.C		XXX	XXX		0.0005		0.0016		0.0033	
19.4	1	NAIC Designation Category 1.D	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 Number	NAIC Designation	Description	1 Book/Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	Basic Contribution		Reserve Objective		Maximum Reserve	
							5 Factor	6 Amount (Cols. 4 x 5)	7 Factor	8 Amount (Cols. 4 x 7)	9 Factor	10 Amount (Cols. 4 x 9)
32		MORTGAGE LOANS										
		In Good Standing:										
35.		Farm Mortgages - CM1 - Highest Quality				XXX		0.0011		0.0057		
36.		Farm Mortgages - CM2 - High Quality				XXX		0.0040		0.0114		
37.		Farm Mortgages - CM3 - Medium Quality				XXX		0.0069		0.0200		
38.		Farm Mortgages - CM4 - Low Medium Quality				XXX		0.0120		0.0343		
39.		Farm Mortgages - CM5 - Low Quality				XXX		0.0183		0.0486		
40.		Residential Mortgages - Insured or Guaranteed				XXX		0.0003		0.0007		
41.		Residential Mortgages - All Other				XXX		0.0015		0.0034		
42.		Commercial Mortgages - Insured or Guaranteed				XXX		0.0003		0.0007		
43.		Commercial Mortgages - All Other - CM1 - Highest Quality				XXX		0.0011		0.0057		
44.		Commercial Mortgages - All Other - CM2 - High Quality				XXX		0.0040		0.0114		
45.		Commercial Mortgages - All Other - CM3 - Medium Quality				XXX		0.0069		0.0200		
46.		Commercial Mortgages - All Other - CM4 - Low Medium Quality				XXX		0.0120		0.0343		
47.		Commercial Mortgages - All Other - CM5 - Low Quality				XXX		0.0183		0.0486		
Overdue, Not in Process:												
48.		Farm Mortgages				XXX		0.0480		0.0868		
49.		Residential Mortgages - Insured or Guaranteed				XXX		0.0006		0.0014		
50.		Residential Mortgages - All Other				XXX		0.0029		0.0066		
51.		Commercial Mortgages - Insured or Guaranteed				XXX		0.0006		0.0014		
52.		Commercial Mortgages - All Other				XXX		0.0480		0.0868		
In Process of Foreclosure:												
53.		Farm Mortgages				XXX		0.0000		0.1942		
54.		Residential Mortgages - Insured or Guaranteed				XXX		0.0000		0.0046		
55.		Residential Mortgages - All Other				XXX		0.0000		0.0149		
56.		Commercial Mortgages - Insured or Guaranteed				XXX		0.0000		0.0046		
57.		Commercial Mortgages - All Other				XXX		0.0000		0.1942		
58.		Total Schedule B Mortgages (Sum of Lines 35 through 57)				XXX		XXX		XXX		
59.		Schedule DA Mortgages				XXX		0.0034		0.0114		
60.		Total Mortgage Loans on Real Estate (Lines 58 + 59)				XXX		XXX		XXX		

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

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

Line Number	NAIC Designation	Description	1 Book/Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	Basic Contribution		Reserve Objective		Maximum Reserve	
							5 Factor	6 Amount (Cols. 4 x 5)	7 Factor	8 Amount (Cols. 4 x 7)	9 Factor	10 Amount (Cols. 4 x 9)
1.	33	COMMON STOCK										
2.		Unaffiliated - Public		XXX	XXX		0.0000		0.1580 (a)		0.1580 (a)	
3.		Unaffiliated - Private		XXX	XXX		0.0000		0.1945		0.1945	
4.		Federal Home Loan Bank		XXX	XXX		0.0000		0.0061		0.0097	
5.		Affiliated - Life with AVR	3,074,380	XXX	XXX	3,074,380	0.0000		0.0000		0.0000	
6.		Affiliated - Investment Subsidiary:										
7.		Fixed Income - Exempt Obligations					XXX		XXX		XXX	
8.		Fixed Income - Highest Quality					XXX		XXX		XXX	
9.		Fixed Income - High Quality					XXX		XXX		XXX	
10.		Fixed Income - Medium Quality					XXX		XXX		XXX	
11.		Fixed Income - Low Quality					XXX		XXX		XXX	
12.		Fixed Income - Lower Quality					XXX		XXX		XXX	
13.		Fixed Income - In/Near Default					XXX		XXX		XXX	
14.		Unaffiliated Common Stock - Public					0.0000		0.1580 (a)		0.1580 (a)	
15.		Unaffiliated Common Stock - Private					0.0000		0.1945		0.1945	
16.		Real Estate					(b)		(b)		(b)	
17.		Affiliated - Certain Other (See SVO Purposes and Procedures Manual)		XXX	XXX		0.0000		0.1580		0.1580	
18.		Affiliated - All Other		XXX	XXX		0.0000		0.1945		0.1945	
19.		Total Common Stock (Sum of Lines 1 through 16)	3,074,380			3,074,380	XXX		XXX		XXX	
20.	REAL ESTATE	REAL ESTATE										
21.		Home Office Property (General Account only)					0.0000		0.0912		0.0912	
22.		Investment Properties					0.0000		0.0912		0.0912	
23.		Properties Acquired in Satisfaction of Debt					0.0000		0.1337		0.1337	
24.		Total Real Estate (Sum of Lines 18 through 20)					XXX		XXX		XXX	
25.	OTHER INVESTED ASSETS INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF BONDS	Exempt Obligations		XXX	XXX		0.0000		0.0000		0.0000	
26.		Highest Quality		XXX	XXX		0.0005		0.0016		0.0033	
27.		High Quality		XXX	XXX		0.0021		0.0064		0.0106	
28.		Medium Quality		XXX	XXX		0.0099		0.0263		0.0376	
29.		Low Quality		XXX	XXX		0.0245		0.0572		0.0817	
30.		Lower Quality		XXX	XXX		0.0630		0.1128		0.1880	
31.		In or Near Default		XXX	XXX		0.0000		0.2370		0.2370	
32.		Total with Bond Characteristics (Sum of Lines 22 through 28)		XXX	XXX		XXX		XXX		XXX	

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

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

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

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

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

(a) Times the company's weighted average portfolio beta (Minimum .1215, Maximum .2431).

(b) Determined using the same factors and breakdowns used for directly owned real estate.

(c) This will be the factor associated with the risk category determined in the company generated worksheet.

Asset Valuation Reserve - Replications (Synthetic) Assets

N O N E

Schedule F - Claims

N O N E

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

SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT

	Total		Group Accident and Health		Credit Accident and Health (Group and Individual)		Collectively Renewable		Other Individual Contracts									
	1 Amount	2 %							11 Amount	12 %	13 Amount	14 %	15 Amount	16 %	17 Amount	18 %		
PART 1. - ANALYSIS OF UNDERWRITING OPERATIONS																		
1. Premiums written	4,864,078	XXX			XXX			XXX		4,864,078	XXX		XXX		XXX		XXX	XXX
2. Premiums earned	4,889,448	XXX			XXX			XXX		4,889,448	XXX		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."

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

SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT (Continued)

	1 Total	2 Group Accident and Health	3 Credit Accident and Health (Group and Individual)	4 Collectively Renewable	Other Individual Contracts				
					5 Non-Cancelable	6 Guaranteed Renewable	7 Non-Renewable for Stated Reasons Only	8 Other Accident Only	9 All Other
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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Paid Losses	7 Unpaid Losses
0399999. Total Life and Annuity - U.S. Affiliates						
0699999. Total Life and Annuity - Non-U.S. Affiliates						
0799999. Total Life and Annuity - Affiliates						
63312 ... 13-1935920 ... 01/01/2007 ... Great American Life Insurance				OH		130,648
0899999. Life and Annuity - U.S. Non-Affiliates						130,648
1099999. Total Life and Annuity - Non-Affiliates						130,648
1199999. Total Life and Annuity						130,648
1499999. Total Accident and Health - U.S. Affiliates						
1799999. Total Accident and Health - Non-U.S. Affiliates						
1899999. Total Accident and Health - Affiliates						
88340 ... 59-2859797 ... 08/01/2006 ... Hannover Life Reassurance Company of Ame				FL	57,672	26,594
1999999. Accident and Health - U.S. Non-Affiliates					57,672	26,594
2199999. Total Accident and Health - Non-Affiliates					57,672	26,594
2299999. Total Accident and Health					57,672	26,594
2399999. Total U.S. (Sum of 0399999, 0899999, 1499999 and 1999999)					57,672	157,242
2499999. Total Non-U.S. (Sum of 0699999, 0999999, 1799999 and 2099999)						
9999999 Totals - Life, Annuity and Accident and Health					57,672	157,242

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	Outstanding Surplus Relief		14 Modified Coinsurance Reserve	15 Funds Withheld Under Coinsurance
								9 Current Year	10 Prior Year		12 Current Year	13 Prior Year		
0399999.			Total General Account - Authorized U.S. Affiliates											
0699999.			Total General Account - Authorized Non-U.S. Affiliates											
0799999.			Total General Account - Authorized Affiliates											
88340	.59-2859797	08/01/2006	Hannover Life Reassurance Company of America	FL OH	OTH/I. CO/I.	OL	58,750 8,156,367	.26,647 2,455,267	.24,886 2,523,323	3,928 488,888				
63312	13-1935920	08/31/2012	Great American Life Insurance Company				8,215,117	2,481,914	2,548,209	492,816				
0899999.			General Account - Authorized U.S. Non-Affiliates											
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 ID Number	3 Effective Date	4 Name of Company	5 Domi- ciliary Juris- diction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Premiums	9 Unearned Premiums (Estimated)	10 Reserve Credit Taken Other than for Unearned Premiums	Outstanding Surplus Relief		13 Modified Coinsurance Reserve	14 Funds Withheld Under Coinsurance
										11 Current Year	12 Prior Year		
0399999.			Total General Account - Authorized U.S. Affiliates										
0699999.			Total General Account - Authorized Non-U.S. Affiliates										
0799999.			Total General Account - Authorized Affiliates										
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 6Five Year Exhibit of Reinsurance Ceded Business
(\$000 Omitted)

	1 2020	2 2019	3 2018	4 2017	5 2016
A. OPERATIONS ITEMS					
1. Premiums and annuity considerations for life and accident and health contracts	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

States, Etc.		Direct Business Only					
		1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	6 Totals
1. Alabama	AL	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 Loca-tion	Rela-tion-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Owner-ship Provide Per-cent-age	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Y/N)	*
..0901	Cigna Group		00-0000000			222 Main Street CARING GP LLC	DE.. N/A.	Cigna Affiliates Realty Investment Group, LLC	Ownership..	100.000 ..	Cigna Corporation		N ..		
..0901	Cigna Group	46-4671745				222 Main Street Investors LP	DE.. N/A.	Cigna Affiliates Realty Investment Group, LLC	Ownership..	90.000 ..	Cigna Corporation		N ..		
..0901	Cigna Group	00-0000000				680 Investors LLC	CA.. N/A.	SB-SNH LLC	Ownership..	85.000 ..	Cigna Corporation		N ..		
..0901	Cigna Group	00-0000000				685 New Hampshire LLC	CA.. N/A.	SB-SNH LLC	Ownership..	85.000 ..	Cigna Corporation		N ..		
..0901	Cigna Group	82-4794800				9171 Wilshire CPI-CII LLC	DE.. N/A.	CPI-CII 9171 Wilshire JV LLC	Ownership..	90.000 ..	Cigna Corporation		N ..		
..0901	Cigna Group	11-3358535				Accredo Health Group, Inc.	DE.. N/A.	Accredo Health, Incorporated	Ownership..	100.000 ..	Cigna Corporation		N ..		
..0901	Cigna Group	55-0894449				Accredo Health, Incorporated	DE.. N/A.	Medco Health Solutions, Inc.	Ownership..	100.000 ..	Cigna Corporation		N ..		
..0901	Cigna Group	13-3888838				AHG of New York, Inc.	NY.. N/A.	Accredo Health, Incorporated	Ownership..	100.000 ..	Cigna Corporation		N ..		
..0901	Cigna Group	75-3040465				Airport Holdings, LLC	NJ.. N/A.	Express Scripts, Inc.	Ownership..	100.000 ..	Cigna Corporation		N ..		
..0901	Cigna Group	35-2562415				Alegis Care Services, LLC	DE.. N/A.	Home Physicians Management, LLC	Ownership..	100.000 ..	Cigna Corporation		N ..		
..0901	Cigna Group	85-0909305				Alegis Care Services of Colorado, LLC	CO.. N/A.	Home Physicians Management, LLC	Ownership..	100.000 ..	Cigna Corporation		N ..		
..0901	Cigna Group	81-0400550				Allegiance Benefit Plan Management, Inc.	MT.. N/A.	Benefit Management Corp.	Ownership..	100.000 ..	Cigna Corporation		N ..		
..0901	Cigna Group	03-0507057				Allegiance Care Management, LLC	MT.. N/A.	Benefit Management Corp.	Ownership..	100.000 ..	Cigna Corporation		N ..		
..0901	Cigna Group	71-0916514				Allegiance COBRA Services, Inc.	MT.. N/A.	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.. N/A.	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.. N/A.	Cigna Affiliates Realty Investment Group, LLC	Ownership..	90.000 ..	Cigna Corporation		N ..		
..0901	Cigna Group	46-4080861				AristalMD, Inc.	DE.. N/A.	Cigna Ventures, LLC	Ownership..	11.100 ..	Cigna Corporation		N ..		
..0901	Cigna Group	86-3581583				Arizona Health Plan, Inc.	AZ.. N/A.	Healthsource, Inc.	Ownership..	100.000 ..	Cigna Corporation		N ..		
..0901	Cigna Group	00-0000000				Ascent Health Services LLC	DE.. N/A.	Cigna Spruce Holdings GmbH	Ownership..	80.000 ..	Cigna Corporation		N ..		
..0901	Cigna Group	81-0585518				Benefit Management Corp.	MT.. N/A.	Connecticut General Corporation	Ownership..	100.000 ..	Cigna Corporation		N ..		
..0901	Cigna Group		81-2650133			Berwick Apartments LLC	DE.. N/A.	Cigna Affiliates Realty Investment Group, LLC	Ownership..	85.000 ..	Cigna Corporation		N ..		
..0901	Cigna Group		43-1815573			Biopathers in Care, Inc.	MO.. N/A.	Accredo Health, Incorporated	Ownership..	100.000 ..	Cigna Corporation		N ..		
..0901	Cigna Group		06-1522976			Blodget & Hazard Limited	GBR.. N/A.	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.. N/A.	Connecticut General Corporation	Ownership..	100.000 ..	Cigna Corporation		N ..		
..0901	Cigna Group		46-4918521			Buoy Health, Inc.	DE.. N/A.	Cigna Ventures, LLC	Ownership..	12.200 ..	Cigna Corporation		N ..		
..0901	Cigna Group		61-1162797			Care Continuum, Inc.	KY.. N/A.	SpectraCare Health Care Ventures, Inc.	Ownership..	100.000 ..	Cigna Corporation		N ..		
..0901	Cigna Group		85-0954556			CareAllies Accountable Care Collaborative LLC	DE.. N/A.	CareAllies, Inc.	Ownership..	100.000 ..	Cigna Corporation		N ..		
..0901	Cigna Group		85-0935554			CareAllies Accountable Care Network LLC	DE.. N/A.	CareAllies, Inc.	Ownership..	100.000 ..	Cigna Corporation		N ..		
..0901	Cigna Group		26-0180898			CareAllies, Inc.	DE.. N/A.	Cigna Holdings, Inc.	Ownership..	100.000 ..	Cigna Corporation		N ..		
..0901	Cigna Group		81-2760646			CareAllies, LLC	DE.. N/A.	Connecticut General Life Insurance Company	Ownership..	100.000 ..	Cigna Corporation		N ..		
..0901	Cigna Group		14-1831391			CareCore National, LLC	NY.. N/A.	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.. N/A.	Cigna Health and Life Insurance Company	Ownership..	100.000 ..	Cigna Corporation		N ..		
..0901	Cigna Group		83-1400586			CARING 18th & Salmon Investor LLC	DE.. N/A.	Cigna Affiliates Realty Investment Group, LLC	Ownership..	100.000 ..	Cigna Corporation		N ..		
..0901	Cigna Group		83-2562994			CARING 500 Ygnacio Investor LLC	DE.. N/A.	Cigna Affiliates Realty Investment Group, LLC	Ownership..	100.000 ..	Cigna Corporation		N ..		
..0901	Cigna Group		84-1960231			CARING 3130 Investor LLC	DE.. N/A.	Cigna Affiliates Realty Investment Group, LLC	Ownership..	100.000 ..	Cigna Corporation		N ..		
..0901	Cigna Group		83-2318410			CARING 9171 Wilshire Investor LLC	DE.. N/A.	Cigna Affiliates Realty Investment Group, LLC	Ownership..	100.000 ..	Cigna Corporation		N ..		
..0901	Cigna Group		83-2851501			CARING Alta Englewood Investor LLC	DE.. N/A.	Cigna Affiliates Realty Investment Group, LLC	Ownership..	100.000 ..	Cigna Corporation		N ..		

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

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Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Loca-tion	Rela-tion-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Owner-ship Provide 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-INY 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 ..		

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.0901	Cigna Group		84-2083351			CG-AO 477 South Market Street LLC	DE.. N/A.	CARING Firestone Investor LLC	Ownership..	85.000	Cigna Corporation	N.			
.0901	Cigna Group		84-4773972			CG-LEO IPB Venture LLC	DE.. N/A.	CARING IPB Investor LLC	Ownership..	90.000	Cigna Corporation	N.			
.0901	Cigna Group		84-4747045			CG-LEO IPB I LLC	DE.. N/A.	CARING IPB Investor LLC	Ownership..	90.000	Cigna Corporation	N.			
.0901	Cigna Group		84-4755025			CG-LEO IPB II LLC	DE.. N/A.	CARING IPB Investor LLC	Ownership..	90.000	Cigna Corporation	N.			
.0901	Cigna Group		83-2993316			CG-Muller 550 Winchester, LLC	DE.. N/A.	Cigna Century Plaza Investor LLC	Ownership..	90.000	Cigna Corporation	N.			
.0901	Cigna Group		45-5499889			CG Seventh Street, LLC	DE.. N/A.	Cigna Affiliates Realty Investment Group, LLC	Ownership..	87.500	Cigna Corporation	N.			
.0901	Cigna Group		82-1280312			CG/Wood Alta 601, LLC	DE.. N/A.	Cigna Affiliates Realty Investment Group, LLC	Ownership..	90.000	Cigna Corporation	N.			
.0901	Cigna Group		85-2233381			CG/Wood Alta Leander Station, LLC	DE.. N/A.	CARING Alta Leander Investor LLC	Ownership..	90.000	Cigna Corporation	N.			
.0901	Cigna Group		81-3281922			CGGL Chapman LLC	DE.. N/A.	CGGL Orange Collection LLC	Ownership..	90.000	Cigna Corporation	N.			
.0901	Cigna Group		81-3313562			CGGL City Parkway LLC	DE.. N/A.	CGGL Orange Collection LLC	Ownership..	90.000	Cigna Corporation	N.			
.0901	Cigna Group		61-1797835			CGGL Orange Collection LLC	DE.. N/A.	Cigna Affiliates Realty Investment Group, LLC	Ownership..	90.000	Cigna Corporation	N.			
.0901	Cigna Group		00-0000000			CGGL Orange Collection Mezz LLC	DE.. N/A.	CARING Orange Collection Investor LLC	Ownership..	100.000	Cigna corporation	N.			
.0901	Cigna Group		84-1921719			CGGL XR International LLC	DE.. N/A.	CARING XR International Investor LLC	Ownership..	90.000	Cigna Corporation	N.			
.0901	Cigna Group		84-1843578			CGGL XR 2 International LLC	DE.. N/A.	CARING XR 2 International Investor LLC	Ownership..	90.000	Cigna Corporation	N.			
.0901	Cigna Group		00-0000000			CGO Participatos LTDA	BRA.. N/A.	Cigna Global Holdings, Inc.	Ownership..	99.780	Cigna Corporation	N.			
.0901	Cigna Group		59-3466707			Chiro Alliance Corporation	FL.. N/A.	eviCore healthcare MSI, LLC	Ownership..	100.000	Cigna Corporation	N.			
.0901	Cigna Group		81-3389374			CIG-LEI Ygnacio Associates LLC	DE.. N/A.	Cigna Affiliates Realty Investment Group, LLC	Ownership..	90.000	Cigna Corporation	N.			
.0901	Cigna Group		82-4774243			CI-GS Portland, LLC	DE.. N/A.	CARING 18th & Salmon Investor LLC	Ownership..	86.200	cigna Corporation	N.			
.0901	Cigna Group		82-1612980			CI-GS Hillcrest LLC	DE.. N/A.	CARING Hillcrest Investor LLC	Ownership..	90.000	Cigna Corporation	N.			
.0901	Cigna Group		00-0000000			Cigna & CMB Asset Management Company Limited	CHN.. N/A.	Cigna & CMB Life Insurance Company Limited	Ownership..	87.350	Cigna Corporation	N.			
.0901	Cigna Group		00-0000000			Cigna & CMB Health Services Company, Ltd.	CHN.. N/A.	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.. N/A.	Cigna European Services (UK) Limited	Ownership..	100.000	Cigna Corporation	N.			
.0901	Cigna Group		27-5402196			Cigna Affiliates Realty Investment Group, LLC	DE.. N/A.	Connecticut General Life Insurance Company	Ownership..	100.000	Cigna Corporation	N.			
.0901	Cigna Group		00-0000000			Cigna Alder Holdings, LLC	DE.. N/A.	Cigna Apac Holdings, Ltd.	Ownership..	100.000	Cigna Corporation	N.			
.0901	Cigna Group		00-0000000			Cigna Apac Holdings, Ltd.	BNU.. N/A.	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.. N/A.	Cigna Elmwood Holdings, SPRL	Ownership..	51.000	Cigna Corporation	N.			
.0901	Cigna Group		94-3107309			Cigna Behavioral Health of California, Inc.	CA.. N/A.	Cigna Behavioral Health, Inc.	Ownership..	100.000	Cigna Corporation	N.			
.0901	Cigna Group		75-2751090			Cigna Behavioral Health of Texas, Inc.	TX.. N/A.	Cigna Behavioral Health, Inc.	Ownership..	100.000	Cigna Corporation	N.			
.0901	Cigna Group		41-1648670			Cigna Behavioral Health, Inc.	MN.. N/A.	Connecticut General Corporation	Ownership..	100.000	Cigna Corporation	N.			
.0901	Cigna Group		00-0000000			Cigna Bellevue Alpha LLC	DE.. N/A.	Cigna Holdings Overseas, Inc.	Ownership..	100.000	Cigna Corporation	N.			
.0901	Cigna Group		02-0515554			Cigna Benefit Technology Solutions, Inc.	DE.. N/A.	Cigna Health Corporation	Ownership..	100.000	Cigna Corporation	N.			
.0901	Cigna Group		01-0947889		0001489070	Cigna Benefits Financing, Inc.	DE.. N/A.	Cigna Investments, Inc.	Ownership..	100.000	Cigna Corporation	N.			
.0901	Cigna Group		00-0000000			Cigna Brokerage & Marketing (Thailand) Limited	THA.. N/A.	RHP Thailand Limited	Ownership..	53.250	Cigna Corporation	N.			
.0901	Cigna Group		00-0000000			Cigna Cedar Holdings, Ltd.	MLT.. N/A.	Cigna Apac Holdings, Ltd.	Ownership..	100.000	Cigna Corporation	N.			
.0901	Cigna Group		98-1137759			Cigna Chestnut Holdings, Ltd.	GBR.. N/A.	Cigna Walnut Holdings, Ltd.	Ownership..	100.000	Cigna Corporation	N.			
.0901	Cigna Group		27-3386038			Cigna Corporate Services, LLC	DE.. N/A.	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.	Publ- icly Traded	Ownership..	100.000	Publ- icly Traded	N.		
.0901	Cigna Group		00-0000000			Cigna Data Services (Shanghai) Company Limited	CHN.. N/A.	Cigna Hong Kong Holdings Company Limited	Ownership..	100.000	Cigna Corporation	N.			
.0901	Cigna Group		59-2600475			Cigna Dental Health Of California, Inc.	CA.. N/A.	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.			

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0901	Cigna Group	52024	06-1351097	59-2625350		Cigna Dental Health Of Illinois, Inc.	IL	NIA	Cigna Dental Health, Inc.	Ownership	100.00	Cigna Corporation	N		
0901	Cigna Group	52108	59-2619589			Cigna Dental Health Of Kansas, Inc.	KS	IA	Cigna Dental Health, Inc.	Ownership	100.00	Cigna Corporation	N		
0901	Cigna Group	48119	20-2844020			Cigna Dental Health Of Kentucky, Inc.	KY	IA	Cigna Dental Health, Inc.	Ownership	100.00	Cigna Corporation	N		
0901	Cigna Group	11160	06-1582068			Cigna Dental Health Of Maryland, Inc.	MD	IA	Cigna Dental Health, Inc.	Ownership	100.00	Cigna Corporation	N		
0901	Cigna Group	11167	59-2308062			Cigna Dental Health Of Missouri, Inc.	MO	IA	Cigna Dental Health, Inc.	Ownership	100.00	Cigna Corporation	N		
0901	Cigna Group	95179	56-1803464			Cigna Dental Health Of New Jersey, Inc.	NJ	IA	Cigna Dental Health, Inc.	Ownership	100.00	Cigna Corporation	N		
0901	Cigna Group	47805	59-2579774			Cigna Dental Health Of North Carolina, Inc.	NC	IA	Cigna Dental Health, Inc.	Ownership	100.00	Cigna Corporation	N		
0901	Cigna Group	47041	52-1220578			Cigna Dental Health Of Ohio, Inc.	OH	IA	Cigna Dental Health, Inc.	Ownership	100.00	Cigna Corporation	N		
0901	Cigna Group	95037	59-2676977			Cigna Dental Health Of Pennsylvania, Inc.	PA	IA	Cigna Dental Health, Inc.	Ownership	100.00	Cigna Corporation	N		
0901	Cigna Group	52617	52-2188914			Cigna Dental Health Of Texas, Inc.	TX	IA	Cigna Dental Health, Inc.	Ownership	100.00	Cigna Corporation	N		
0901	Cigna Group	47013	86-0807222			Cigna Dental Health Of Virginia, Inc.	VA	IA	Cigna Dental Health, Inc.	Ownership	100.00	Cigna Corporation	N		
0901	Cigna Group		59-2308055			Cigna Dental Health Plan Of Arizona, Inc.	AZ	IA	Cigna Dental Health, Inc.	Ownership	100.00	Cigna Corporation	N		
0901	Cigna Group		58-1136865			Cigna Dental Health, Inc.	FL	NIA	Connecticut General Corporation	Ownership	100.00	Cigna Corporation	N		
0901	Cigna Group		98-1155943			Cigna Direct Marketing Company, Inc.	DE	NIA	Connecticut General Corporation	Ownership	100.00	Cigna Corporation	N		
0901	Cigna Group		00-0000000			Cigna Elmwood Holdings, SPR	BEL	NIA	Cigna Myrtle Holdings, Ltd.	Ownership	100.00	Cigna Corporation	N		
0901	Cigna Group		00-0000000			Cigna Europe Insurance Company S.A.-N.V.	BEL	IA	Cigna Beechwood Holdings	Ownership	99.99	Cigna Corporation	N		
0901	Cigna Group		62-1724116			Cigna European Services (UK) Limited	GBR	NIA	Cigna Elmwood Holdings, SPRL	Ownership	100.00	Cigna Corporation	N		
0901	Cigna Group		00-0000000			Cigna Federal Benefits, Inc.	DE	NIA	Connecticut General Corporation	Ownership	100.00	Cigna Corporation	N		
0901	Cigna Group		51-0389196			Cigna Finans Emeklilik Ve Hayat A.S.	TUR	NIA	Cigna Nederland Gamma, B.V.	Ownership	51.00	Cigna Corporation	N		
0901	Cigna Group		68-0676638			Cigna Global Holdings, Inc.	DE	NIA	Cigna Holdings, Inc.	Ownership	100.00	Cigna Corporation	N		
0901	Cigna Group		98-0210110			Cigna Global Insurance Company Limited	GGY	IA	Cigna Holdings Overseas, Inc.	Ownership	99.99	Cigna Corporation	N		
0901	Cigna Group					Cigna Global Reinsurance Company, Ltd.	BMU	IA	Cigna Global Holdings, Inc.	Ownership	100.00	Cigna Corporation	N		
0901	Cigna Group					Cigna Global Wellbeing Holdings Limited	GBR	NIA	Connecticut General Corporation	Ownership	70.00	Cigna Corporation	N		
0901	Cigna Group					Cigna Global Wellbeing Solutions Limited	GBR	NIA	Cigna Global Wellbeing Holdings Limited	Ownership	100.00	Cigna Corporation	N		
0901	Cigna Group	67369	59-1031071			Cigna Health and Life Insurance Company	CT	UDP	Connecticut General Life Insurance Company	Ownership	100.00	Cigna Corporation	N		
0901	Cigna Group		62-1312478			Cigna Health Corporation	DE	NIA	Connecticut General Corporation	Ownership	100.00	Cigna Corporation	N		
0901	Cigna Group		23-1728483			Cigna Health Management, Inc.	DE	NIA	Connecticut General Corporation	Ownership	100.00	Cigna Corporation	N		
0901	Cigna Group		00-0000000			Cigna Health Solution India Pvt. Ltd.	IND	NIA	Cigna Holdings Overseas, Inc.	Ownership	99.90	Cigna Corporation	N		
0901	Cigna Group		23-2741293			Cigna Healthcare Benefits, Inc.	DE	NIA	Connecticut General Corporation	Ownership	100.00	Cigna Corporation	N		
0901	Cigna Group		84-0985843			Cigna Healthcare Holdings, Inc.	CO	NIA	Connecticut General Corporation	Ownership	100.00	Cigna Corporation	N		
0901	Cigna Group	95599	52-1404350			Cigna HealthCare Mid-Atlantic, Inc.	MD	NIA	Healthsource, Inc.	Ownership	100.00	Cigna Corporation	N		
0901	Cigna Group	95125	86-0334392			Cigna HealthCare of Arizona, Inc.	AZ	IA	Healthsource, Inc.	Ownership	100.00	Cigna Corporation	N		
0901	Cigna Group		95-3310115			Cigna HealthCare of California, Inc.	CA	NIA	Healthsource, Inc.	Ownership	100.00	Cigna Corporation	N		
0901	Cigna Group	95604	84-1004500			Cigna HealthCare of Colorado, Inc.	CO	IA	Healthsource, Inc.	Ownership	100.00	Cigna Corporation	N		
0901	Cigna Group	95660	06-1141174			Cigna HealthCare of Connecticut, Inc.	CT	IA	Healthsource, Inc.	Ownership	100.00	Cigna Corporation	N		
0901	Cigna Group	95136	59-2089259			Cigna HealthCare of Florida, Inc.	FL	IA	Healthsource, Inc.	Ownership	100.00	Cigna Corporation	N		
0901	Cigna Group	96229	58-1641057			Cigna HealthCare of Georgia, Inc.	GA	IA	Healthsource, Inc.	Ownership	100.00	Cigna Corporation	N		
0901	Cigna Group	95602	36-3385638			Cigna HealthCare of Illinois, Inc.	IL	IA	Healthsource, Inc.	Ownership	100.00	Cigna Corporation	N		
0901	Cigna Group	95525	35-1679172			Cigna HealthCare of Indiana, Inc.	IN	IA	Healthsource, Inc.	Ownership	100.00	Cigna Corporation	N		
0901	Cigna Group	95477	01-0418220			Cigna HealthCare of Maine, Inc.	ME	NIA	Healthsource, Inc.	Ownership	100.00	Cigna Corporation	N		
0901	Cigna Group	95220	02-0402111			Cigna HealthCare of Massachusetts, Inc.	MA	NIA	Healthsource, Inc.	Ownership	100.00	Cigna Corporation	N		
0901	Cigna Group	95493	02-0387749			Cigna HealthCare of New Hampshire, Inc.	NH	IA	Healthsource, Inc.	Ownership	100.00	Cigna Corporation	N		
0901	Cigna Group	95500	22-2720890			Cigna HealthCare of New Jersey, Inc.	NJ	IA	Healthsource, Inc.	Ownership	100.00	Cigna Corporation	N		
0901	Cigna Group	95132	56-1479515			Cigna HealthCare of North Carolina, Inc.	NC	IA	Healthsource, Inc.	Ownership	100.00	Cigna Corporation	N		
0901	Cigna Group	95121	23-2301807			Cigna HealthCare of Pennsylvania, Inc.	PA	NIA	Healthsource, Inc.	Ownership	100.00	Cigna Corporation	N		
0901	Cigna Group	95708	06-1185590			Cigna HealthCare of South Carolina, Inc.	SC	IA	Healthsource, Inc.	Ownership	100.00	Cigna Corporation	N		
0901	Cigna Group	95635	36-3359925			Cigna HealthCare of St. Louis, Inc.	MO	IA	Healthsource, Inc.	Ownership	100.00	Cigna Corporation	N		
0901	Cigna Group	95606	62-1218053			Cigna HealthCare of Tennessee, Inc.	TN	IA	Healthsource, Inc.	Ownership	100.00	Cigna Corporation	N		
0901	Cigna Group	95383	74-2767437			Cigna HealthCare of Texas, Inc.	TX	IA	Healthsource, Inc.	Ownership	100.00	Cigna Corporation	N		
0901	Cigna Group	95518	62-1230908			Cigna HealthCare of Utah, Inc.	UT	NIA	Healthsource, Inc.	Ownership	100.00	Cigna Corporation	N		
0901	Cigna Group		02-0495422			Cigna Healthcare, Inc.	VT	NIA	Cigna Healthcare Holdings, Inc.	Ownership	100.00	Cigna Corporation	N		
0901	Cigna Group		00-0000000			Cigna HLA Technology Services Company Limited	HKG	NIA	Cigna Hong Kong Holdings Company Limited	Ownership	100.00	Cigna Corporation	N		

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 Loca- tion	Rela- tionship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Owner- ship Provide Percent- age	Ultimate Controlling Entity(es)/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	
.0901	Cigna Group		00-0000000				Cigna Insurance Management Services (DIFC), Ltd.	ARE	NIA	Cigna Apac Holdings, Ltd.	Ownership.....	100.000	Cigna Corporation	N	
.0901	Cigna Group		00-0000000				Cigna Insurance Middle East S.A.L.	LBN	IA	Cigna Cedar Holdings, Ltd.	Ownership.....	100.000	Cigna Corporation	N	
.0901	Cigna Group		00-0000000				Cigna Insurance Public Company Limited	THA	IA	KDM Thailand Limited	Ownership.....	75.000	Cigna Corporation	N	
.0901	Cigna Group		00-0000000				Cigna Insurance Services (Europe) Limited	GBR	NIA	Cigna Willow Holdings, LTD.	Ownership.....	100.000	Cigna Corporation	N	
.0901	Cigna Group		23-2924152				Cigna Integratedcare, Inc.	DE	NIA	Connecticut General Corporation	Ownership.....	100.000	Cigna Corporation	N	
.0901	Cigna Group		51-0402128				Cigna Intellectual Property, Inc.	DE	NIA	Cigna Holdings, Inc.	Ownership.....	100.000	Cigna Corporation	N	
.0901	Cigna Group		51-0111677				Cigna International Corporation, Inc.	DE	NIA	Cigna Global Holdings, Inc.	Ownership.....	100.000	Cigna Corporation	N	
.0901	Cigna Group		52-0291385				Cigna International Finance, Inc.	DE	NIA	Cigna Investment Group, Inc.	Ownership.....	100.000	Cigna Corporation	N	
.0901	Cigna Group		00-0000000				Cigna International Health Services Kenya Limited	KEN	NIA	Cigna International Health Services, BVBA	Ownership.....	100.000	Cigna Corporation	N	
.0901	Cigna Group		00-0000000				Cigna International Health Services Sdn. Bhd.	MYS	NIA	Cigna Hong Kong Holdings Company Limited	Ownership.....	100.000	Cigna Corporation	N	
.0901	Cigna Group		00-0000000				Cigna International Health Services, BVBA	BEL	NIA	Cigna Elmwood Holdings, Ltd.	Ownership.....	51.000	Cigna Corporation	N	
.0901	Cigna Group		30-0526216				Cigna International Health Services, LLC	FL	NIA	Cigna International Health Services, BVBA	Ownership.....	100.000	Cigna Corporation	N	
.0901	Cigna Group						Cigna International Marketing (Thailand) Limited	THA	NIA	Cigna Global Holdings, Inc.	Ownership.....	99.900	Cigna Corporation	N	
.0901	Cigna Group						Cigna International Services Australia Pty Ltd.	AUS	NIA	Cigna Chestnut Holdings, Ltd.	Ownership.....	100.000	Cigna Corporation	N	
.0901	Cigna Group		00-0000000				Cigna International Services, Inc.	DE	NIA	Cigna Global Holdings, Inc.	Ownership.....	100.000	Cigna Corporation	N	
.0901	Cigna Group		23-2610178				Cigna Investment Group, Inc.	DE	NIA	Cigna Holdings, Inc.	Ownership.....	100.000	Cigna Corporation	N	
.0901	Cigna Group		06-1095823				Cigna Investments, Inc.	DE	NIA	Cigna Investment Group, Inc.	Ownership.....	100.000	Cigna Corporation	N	
.0901	Cigna Group		06-0861092				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		00-0000000				Cigna Laurel Holdings, Ltd.	BMU	NIA	Cigna Linden Holdings, Inc.	Ownership.....	100.000	Cigna Corporation	N	
.0901	Cigna Group		98-1146864				Cigna Legal Protection U.K. Ltd.	GBR	NIA	Cigna Willow Holdings, LTD.	Ownership.....	100.000	Cigna Corporation	N	
.0901	Cigna Group		00-0000000				Cigna Life Insurance Company of Canada	CAN	IA	Cigna Chestnut Holdings, Ltd.	Ownership.....	100.000	Cigna Corporation	N	
.0901	Cigna Group		AA-1560515				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	OH	UDP	Cigna Health and Life Insurance Company	Ownership.....	100.000	Cigna Corporation	N	
.0901	Cigna Group		61727				Cigna Nederland Gamma B.V.	NLD	NIA	Cigna Walnut Holdings, Ltd.	Ownership.....	100.000	Cigna Corporation	N	
.0901	Cigna Group		00-0000000				Cigna New Zealand Holdings Limited	NZL	NIA	Cigna Hong Kong Holdings Company Limited	Ownership.....	100.000	Cigna Corporation	N	
.0901	Cigna Group		00-0000000				Cigna Oak Holdings, Ltd.	GBR	NIA	Cigna Elmwood Holdings, SPRL	Ownership.....	100.000	Cigna Corporation	N	
.0901	Cigna Group		32-0222252				Cigna Onsite Health, LLC	DE	NIA	Connecticut General Life Insurance Company	Ownership.....	100.000	Cigna Corporation	N	
.0901	Cigna Group		98-1232443				Cigna Palmetto Holdings, Ltd.	BMU	NIA	Cigna Laurel Holdings, Ltd.	Ownership.....	100.000	Cigna Corporation	N	
.0901	Cigna Group		46-4099800				Cigna Poplar Holdings, Inc.	DE	NIA	Cigna Holdings Overseas, Inc.	Ownership.....	100.000	Cigna Corporation	N	
.0901	Cigna Group		06-1071502				Cigna RE Corporation	DE	NIA	Connecticut General Corporation	Ownership.....	100.000	Cigna Corporation	N	
.0901	Cigna Group		06-1567902				Cigna Resource Manager, Inc.	DE	NIA	Connecticut General Corporation	Ownership.....	100.000	Cigna Corporation	N	
.0901	Cigna Group		00-0000000				Cigna Spruce Holdings GmbH	CHE	NIA	Cigna Chestnut Holdings, Ltd.	Ownership.....	100.000	Cigna Corporation	N	
.0901	Cigna Group		00-0000000				Cigna Taiwan Life Assurance Company Limited	TWN	IA	Cigna Apac Holdings, Ltd.	Ownership.....	100.000	Cigna Corporation	N	
.0901	Cigna Group		00-0000000				Cigna Teak Holdings, LLC	DE	NIA	Cigna Global Holdings, Inc.	Ownership.....	100.000	Cigna Corporation	N	

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

SCHEDULE Y

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Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domestic Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
..0901	Cigna Group		00-000000			Cigna Turkey Danismanlik Hizmetleri, A.S (A/K/A Cigna Turkey Consultancy Services, A.S.)		TUR	NIA	Cigna Magnolia Holdings, Ltd.	Ownership	100.00	Cigna Corporation	N	
..0901	Cigna Group		83-1069280			Cigna Ventures, LLC		DE	NIA	Cigna Health and Life Insurance Company	Ownership	100.00	Cigna Corporation	N	
..0901	Cigna Group		00-000000			Cigna Walnut Holdings, Ltd.		GBR	NIA	Cigna Apac Holdings, Ltd.	Ownership	100.00	Cigna Corporation	N	
..0901	Cigna Group		00-000000			Cigna Willow Holdings, Ltd.		GBR	NIA	Cigna Oak Holdings, Ltd.	Ownership	100.00	Cigna Corporation	N	
..0901	Cigna Group		00-000000			Cigna Worldwide General Insurance Company Limited		HKG	IA	Cigna Hong Kong Holdings Company Limited	Ownership	100.00	Cigna Corporation	N	
..0901	Cigna Group	90859	23-2088429			Cigna Worldwide Insurance Company		DE	IA	Cigna Global Reinsurance Company, Ltd.	Ownership	100.00	Cigna Corporation	N	
..0901	Cigna Group		00-000000			Cigna Worldwide Life Insurance Company Limited		HKG	IA	Cigna Hong Kong Holdings Company Limited	Ownership	100.00	Cigna Corporation	N	
..0901	Cigna Group		00-000000			Claims and Risk Services Limited		SAU	IA	NAS Neuron Health Services, L.L.C.	Ownership	50.00	Cigna Corporation	N	
..0901	Cigna Group		00-000000			ManipalCigna Health Insurance Company Limited		IND	IA	Cigna Holdings Overseas, Inc.	Ownership	49.00	TTK (non-affiliate)	N	
..0901	Cigna Group		84-1461840			Community Health Network, LLC		MT	NIA	Benefit Management Corp.	Ownership	50.00	Cigna Corporation	N	
..0901	Cigna Group		06-1252419			Connecticut General Benefit Payments, Inc.		DE	NIA	Connecticut General Corporation	Ownership	100.00	Cigna Corporation	N	
..0901	Cigna Group		06-0840391			Connecticut General Corporation		CT	NIA	Cigna Holdings, Inc.	Ownership	100.00	Cigna Corporation	N	
..0901	Cigna Group	62308	06-0303370	0000023419		Connecticut General Life Insurance Company		CT	IA	Connecticut General Corporation	Ownership	100.00	Cigna Corporation	N	
..0901	Cigna Group		82-4936006			CPI-CII 9171 Wilshire JV LLC		DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	90.00	Cigna Corporation	N	
..0901	Cigna Group		27-3555688			CR Washington Street Investors LP		DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	33.820	Charles River Washington Street LLC (non-affiliate)	N	
..0901	Cigna Group		47-2746692			Cricket Health, Inc.		DE	NIA	Cigna Health and Life Insurance Company	Ownership	9.000	Cigna Corporation	N	
..0901	Cigna Group		36-4369972			CuraScript, Inc.		DE	NIA	Express Scripts, Inc.	Ownership	100.000	Cigna Corporation	N	
..0901	Cigna Group		16-1526641			Diversified NY IPA, Inc.		NY	NIA	Diversified Pharmaceutical Services, Inc.	Ownership	100.000	Cigna Corporation	N	
..0901	Cigna Group		41-1627938			Diversified Pharmaceutical Services, Inc.		MN	NIA	Express Scripts, Inc.	Ownership	100.000	Cigna Corporation	N	
..0901	Cigna Group		52-2099336			Dulles Town Center Mall, LLC		VA	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	50.000	Cigna Corporation	N	
..0901	Cigna Group		27-3542089			Econdisc Contracting Solutions, LLC		DE	NIA	Express Scripts Pharmaceutical Procurement LLC (90%)	Ownership	90.000	Cigna Corporation	N	
..0901	Cigna Group		00-000000			Egyptian Emirates Administration Services SAE		EGY	NIA	NAS Neuron Health Services, L.L.C.	Ownership	64.999	Cigna Corporation	N	
..0901	Cigna Group					ESI Canada		CAN	NIA	Express Scripts Canada Co. (99.9%); ESI-GP Canada, ULC (0.1%)	Ownership	100.000	Cigna Corporation	N	
..0901	Cigna Group					ESI GP Canada ULC		CAN	NIA	Express Scripts Canada Co.	Ownership	100.000	Cigna Corporation	N	
..0901	Cigna Group		43-1925556			ESI GP Holdings, Inc.		DE	NIA	Express Scripts, Inc.	Ownership	100.000	Cigna Corporation	N	
..0901	Cigna Group		00-000000			ESI GP2 Canada ULC		CAN	NIA	Express Scripts Canada Co.	Ownership	100.000	Cigna Corporation	N	
..0901	Cigna Group		74-2974964			ESI Mail Order Processing, Inc. (f/k/a NXI)		DE	NIA	Express Scripts, Inc.	Ownership	100.000	Cigna Corporation	N	
..0901	Cigna Group		43-1867735			ESI Mail Pharmacy Service, Inc.		DE	NIA	Express Scripts, Inc.	Ownership	100.000	Cigna Corporation	N	
..0901	Cigna Group		43-1925562			ESI Partnership		DE	NIA	Express Scripts, Inc. (82%); ESI-GP Holdings, Inc. (18%)	Ownership	100.000	Cigna Corporation	N	
..0901	Cigna Group		41-2006555			ESI Resources, Inc.		MN	NIA	ESI Partnership	Ownership	100.000	Cigna Corporation	N	
..0901	Cigna Group		85-2732455			Evernorth Enterprise Services, Inc.		DE	NIA	Cigna Corporation	Ownership	100.000	Cigna Corporation	N	
..0901	Cigna Group		85-2759151			Evernorth Sales Operations, Inc.		DE	NIA	Evernorth Health, Inc.	Ownership	100.000	Cigna Corporation	N	
..0901	Cigna Group		85-2717903			Evernorth Strategic Development, Inc.		DE	NIA	Cigna Corporation	Ownership	100.000	Cigna Corporation	N	
..0901	Cigna Group		46-4676347			eviCore 1, LLC		DE	NIA	Evernorth Health, Inc.	Ownership	100.000	Cigna Corporation	N	
..0901	Cigna Group		62-1615395			eviCore healthcare MSI, LLC		TN	NIA	CareCore National, LLC	Ownership	100.000	Cigna Corporation	N	
..0901	Cigna Group	13918	27-3175443			Express Reinsurance Company		MO	IA	Express Scripts, Inc.	Ownership	100.000	Cigna Corporation	N	
..0901	Cigna Group		41-2063830			Express Scripts Administrators LLC		DE	NIA	Medco Health Solutions, Inc.	Ownership	100.000	Cigna Corporation	N	
..0901	Cigna Group		43-1942542			Express Scripts Canada Co.		CAN	NIA	Express Scripts Canada Holding Co.	Ownership	100.000	Cigna Corporation	N	
..0901	Cigna Group		27-1490640			Express Scripts Canada Holding Co.		DE	NIA	Express Scripts, Inc.	Ownership	100.000	Cigna Corporation	N	
..0901	Cigna Group		00-000000			Express Scripts Canada Holding, LLC		DE	NIA	Express Scripts Canada Holding Co.	Ownership	100.000	Cigna Corporation	N	
..0901	Cigna Group					Express Scripts Canada Services		CAN	NIA	Express Scripts Canada Co. (99.9%); ESI-GP2 Canada ULC (0.1%)	Ownership	100.000	Cigna Corporation	N	

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ANNUAL STATEMENT FOR THE YEAR 2020 OF THE 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 Loca-tion	Rela-tionship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Owner-ship Provide Percent-age	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Y/N)	*
.0901	Cigna Group					Express Scripts Canada Wholesale .....		.CAN	.NIA	Express Scripts Canada Co. (99.9%); ESI-GP2 Canada, ULC (0.1%)	Ownership.....	100.000	Cigna Corporation	N	
.0901	Cigna Group	84-5003423				Express Scripts Health Information Network Partners, Inc. .....		.DE	.NIA	Express Scripts, Inc.	Ownership.....	100.000	Cigna Corporation	N	
.0901	Cigna Group	45-2884094				Evernorth Health, Inc. .....		.DE	.NIA	Cigna Corporation	Ownership.....	100.000	Cigna Corporation	N	
.0901	Cigna Group	20-5826948				Express Scripts Pharmaceutical Procurement, LLC .....		.DE	.NIA	ESI Mail Pharmacy Service, Inc. (50%); Express Scripts, Inc. (50%)	Ownership.....	100.000	Cigna Corporation	N	
.0901	Cigna Group	00-0000000				Express Scripts Pharmacy Atlantic, Ltd. .....		.CAN	.NIA	Express Scripts Canada Services	Ownership.....	100.000	Cigna Corporation	N	
.0901	Cigna Group	00-0000000				Express Scripts Pharmacy Central, Ltd. .....		.CAN	.NIA	Express Scripts Canada Services	Ownership.....	100.000	Cigna Corporation	N	
.0901	Cigna Group	00-0000000				Express Scripts Pharmacy Ontario, Ltd. .....		.CAN	.NIA	Express Scripts Canada Services	Ownership.....	100.000	Cigna Corporation	N	
.0901	Cigna Group	30-0789911				Express Scripts Pharmacy West, Ltd. .....		.CAN	.NIA	Express Scripts Canada Services	Ownership.....	100.000	Cigna Corporation	N	
.0901	Cigna Group	22-3114423				Express Scripts Pharmacy, Inc. .....		.DE	.NIA	Medco Health Services, Inc.	Ownership.....	100.000	Cigna Corporation	N	
.0901	Cigna Group	20-3126104				Express Scripts Sales Operations, Inc. .....		.NJ	.NIA	ESI Mail Pharmacy Service, Inc.	Ownership.....	100.000	Cigna Corporation	N	
.0901	Cigna Group					Express Scripts Senior Care Holdings, Inc. .....		.DE	.NIA	Express Scripts, Inc.	Ownership.....	100.000	Cigna Corporation	N	
.0901	Cigna Group	20-3126075				Express Scripts Senior Care, Inc. .....		.DE	.NIA	Express Scripts Senior Care Holdings, Inc.	Ownership.....	100.000	Cigna Corporation	N	
.0901	Cigna Group	43-1832983				Express Scripts Services Co. .....		.DE	.NIA	Express Scripts, Inc.	Ownership.....	100.000	Cigna Corporation	N	
.0901	Cigna Group	43-1869712				Express Scripts Specialty Distribution Services, Inc. .....		.DE	.NIA	Express Scripts, Inc.	Ownership.....	100.000	Cigna Corporation	N	
.0901	Cigna Group	22-2230703				Express Scripts Strategic Development, Inc. .....		.NJ	.NIA	Express Scripts, Inc.	Ownership.....	100.000	Cigna Corporation	N	
.0901	Cigna Group	43-1869714				Express Scripts Utilization Management Company .....		.DE	.NIA	Express Scripts, Inc.	Ownership.....	100.000	Cigna Corporation	N	
.0901	Cigna Group	43-1420563				Express Scripts, Inc. .....		.DE	.NIA	Evernorth Health, Inc.	Ownership.....	100.000	Cigna Corporation	N	
.0901	Cigna Group	00-0000000				FirstAssist Administration Limited .....		.GBR	.NIA	Cigna Willow Holdings, LTD.	Ownership.....	100.000	Cigna Corporation	N	
.0901	Cigna Group	23-1914061				Former Cigna Investments, Inc. .....		.DE	.NIA	Cigna Investment Group, Inc.	Ownership.....	100.000	Cigna Corporation	N	
.0901	Cigna Group	02-0523249				Fresco, Inc. .....		.FL	.NIA	Priority Healthcare Corporation	Ownership.....	100.000	Cigna Corporation	N	
.0901	Cigna Group	20-3229217				Freedom Service Company, LLC .....		.FL	.NIA	Lynnfield Drug, Inc.	Ownership.....	100.000	Cigna Corporation	N	
.0901	Cigna Group		00-0000000			Gillette Ridge Community Council, Inc. .....		.CT	.NIA	Connecticut General Life Insurance Company	Ownership.....	100.000	Cigna Corporation	N	
.0901	Cigna Group	20-3700105				Gillette Ridge Golf, LLC .....		.DE	.NIA	Connecticut General Life Insurance Company	Ownership.....	100.000	Cigna Corporation	N	
.0901	Cigna Group	95388	93-1174749			Great-West Healthcare of Illinois, Inc. .....		.IL	.NIA	Cigna Healthcare Holdings, Inc.	Ownership.....	100.000	Cigna Corporation	N	
.0901	Cigna Group		00-0000000			GRG Acquisitions LLC .....		.DE	.NIA	Connecticut General Life Insurance Company	Ownership.....	100.000	Cigna Corporation	N	
.0901	Cigna Group		11-9599164			Grown Ups New Zealand Limited .....		.NZL	.NIA	Cigna Life Insurance New Zealand Limited	Ownership.....	100.000	Cigna Corporation	N	
.0901	Cigna Group		76-0657035			GulfQuest, LP .....		.TX	.NIA	HouQuest, LLC	Ownership.....	99.000	Cigna Corporation	N	
.0901	Cigna Group		52-2149519			Hazard Center Investment Company LLC .....		.DE	.NIA	Connecticut General Life Insurance Company	Ownership.....	100.000	Cigna Corporation	N	
.0901	Cigna Group		04-2992335			Healthbridge Reimbursement & Product Support, Inc. .....		.MA	.NIA	Priority Healthcare Corporation	Ownership.....	100.000	Cigna Corporation	N	
.0901	Cigna Group		26-2159005			Healthbridge, Inc. .....		.DE	.NIA	Express Scripts, Inc.	Ownership.....	100.000	Cigna Corporation	N	
.0901	Cigna Group		46-2086778			Health-Lynx, LLC .....		.NJ	.NIA	QualCare Alliance Networks, Inc.	Ownership.....	100.000	Cigna Corporation	N	
.0901	Cigna Group		06-1533555			Healthsource Benefits, Inc. .....		.DE	.NIA	Connecticut General Corporation	Ownership.....	100.000	Cigna Corporation	N	
.0901	Cigna Group		02-0467679			Healthsource Properties, Inc. .....		.NH	.NIA	Healthsource, Inc.	Ownership.....	100.000	Cigna Corporation	N	
.0901	Cigna Group		02-0387748			Healthsource, Inc. .....		.DE	.NIA	Cigna Health Corporation	Ownership.....	100.000	Cigna Corporation	N	
.0901	Cigna Group		12902	20-8534298		HealthSpring Life & Health Insurance Company, Inc. .....		.TX	.IA	NewQuest, LLC	Ownership.....	100.000	Cigna Corporation	N	
.0901	Cigna Group		20-8647386			HealthSpring Management of America, LLC .....		.DE	.NIA	NewQuest, LLC	Ownership.....	100.000	Cigna Corporation	N	
.0901	Cigna Group		11532	65-1129599		HealthSpring of Florida, Inc. .....		.FL	.IA	NewQuest, LLC	Ownership.....	100.000	Cigna Corporation	N	
.0901	Cigna Group		26-2353772			HealthSpring Pharmacy of Tennessee, LLC .....		.DE	.NIA	HealthSpring Pharmacy Services, LLC	Ownership.....	100.000	Cigna Corporation	N	
.0901	Cigna Group		26-1559347			HealthSpring Pharmacy Services, LLC .....		.DE	.NIA	NewQuest, LLC	Ownership.....	100.000	Cigna Corporation	N	
.0901	Cigna Group		72-1559530			HealthSpring USA, LLC .....		.TN	.NIA	NewQuest, LLC	Ownership.....	100.000	Cigna Corporation	N	
.0901	Cigna Group		20-1821898			HealthSpring, Inc.DE	.NIA	Connecticut General Corporation	Ownership.....	100.000	Cigna Corporation	N	

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

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

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.0901	Cigna Group		20-1222347			MSICO I, LLC		TN	N/A	eviCore healthcare MSI, LLC	Ownership	100.00	Cigna Corporation	N	
.0901	Cigna Group		55-0840800			MSIFL, LLC		TN	N/A	eviCore healthcare MSI, LLC	Ownership	100.00	Cigna Corporation	N	
.0901	Cigna Group		26-0181185			MSIMD I, LLC		TN	N/A	eviCore healthcare MSI, LLC	Ownership	100.00	Cigna Corporation	N	
.0901	Cigna Group		74-3122235			MSINC I, LLC		TN	N/A	eviCore healthcare MSI, LLC	Ownership	100.00	Cigna Corporation	N	
.0901	Cigna Group		11-3715243			MSINH II, LLC		TN	N/A	eviCore healthcare MSI, LLC	Ownership	100.00	Cigna Corporation	N	
.0901	Cigna Group		03-0524694			MSINH, LLC		TN	N/A	eviCore healthcare MSI, LLC	Ownership	100.00	Cigna Corporation	N	
.0901	Cigna Group		20-1749446			MSINJ I, LLC		TN	N/A	eviCore healthcare MSI, LLC	Ownership	100.00	Cigna Corporation	N	
.0901	Cigna Group		20-1761914			MSINV I, LLC		TN	N/A	eviCore healthcare MSI, LLC	Ownership	100.00	Cigna Corporation	N	
.0901	Cigna Group		55-0840806			MSISC II, LLC		TN	N/A	eviCore healthcare MSI, LLC	Ownership	100.00	Cigna Corporation	N	
.0901	Cigna Group		26-0336736			MSIVT I, LLC		TN	N/A	eviCore healthcare MSI, LLC	Ownership	100.00	Cigna Corporation	N	
.0901	Cigna Group		20-2536458			MSIWA, LLC		TN	N/A	eviCore healthcare MSI, LLC	Ownership	100.00	Cigna Corporation	N	
.0901	Cigna Group		36-4833284			MyM Technology Services, LLC		FL	N/A	MyMatrixx Holdings, LLC	Ownership	100.00	Cigna Corporation	N	
.0901	Cigna Group		82-1350878			myMatrixx Holdings, LLC		DE	N/A	Express Scripts, Inc.	Ownership	100.00	Cigna Corporation	N	
.0901	Cigna Group		46-2589799			myMatrixx-B, LLC		FL	N/A	Matrix Healthcare Services, Inc.	Ownership	100.00	Cigna Corporation	N	
.0901	Cigna Group		00-0000000			NAS Administrative Services Company LLC		ARE	N/A	NAS Neuron Health Services, L.L.C.	Ownership	99.00	Cigna Corporation	N	
.0901	Cigna Group		00-0000000			NAS Neuron Health Services, L.L.C.		ARE	N/A	Cigna Chestnut Holdings, Ltd.	Ownership	34.00	Cigna Corporation	N	
.0901	Cigna Group		00-0000000			NAS United SPV		CYM	N/A	NAS Neuron Health Services, L.L.C.	Ownership	100.00	Cigna Corporation	N	
.0901	Cigna Group		00-0000000			Neuron LLC		ARE	N/A	NAS Neuron Health Services, L.L.C.	Ownership	99.00	Cigna Corporation	N	
.0901	Cigna Group		52-1929677			NewQuest Management Northeast, LLC		DE	N/A	NewQuest, LLC	Ownership	100.00	Cigna Corporation	N	
.0901	Cigna Group		33-1033586			NewQuest Management of Alabama, LLC		AL	N/A	NewQuest, LLC	Ownership	100.00	Cigna Corporation	N	
.0901	Cigna Group		20-4954206			NewQuest Management of Florida, LLC		FL	N/A	NewQuest, LLC	Ownership	100.00	Cigna Corporation	N	
.0901	Cigna Group		77-0632665			NewQuest Management of Illinois, LLC		IL	N/A	NewQuest, LLC	Ownership	100.00	Cigna Corporation	N	
.0901	Cigna Group		45-0633893			NewQuest Management of West Virginia, LLC		DE	N/A	NewQuest, LLC	Ownership	100.00	Cigna Corporation	N	
.0901	Cigna Group		76-0628370			NewQuest, LLC		TX	N/A	HealthSpring, Inc.	Ownership	100.00	Cigna Corporation	N	
.0901	Cigna Group		82-5244690			Octave Health Group, Inc.		DE	N/A	Cigna Ventures, LLC	Ownership	10.10	Cigna Corporation	N	
.0901	Cigna Group		91-1599329			Olympic Health Management Services, Inc.		WA	N/A	Olympic Health Management Systems, Inc.	Ownership	100.00	Cigna Corporation	N	
.0901	Cigna Group		91-1500758			Olympic Health Management Systems, Inc.		WA	N/A	Sterling Life Insurance Company	Ownership	100.00	Cigna Corporation	N	
.0901	Cigna Group		00-0000000			OnePath Life (NZ) Limited		NZL	IA	Cigna New Zealand Holdings Limited	Ownership	100.00	Cigna Corporation	N	
.0901	Cigna Group		80-0818758			Patient Provider Alliance, Inc.		DE	N/A	Brighter, Inc.	Ownership	100.00	Cigna Corporation	N	
.0901	Cigna Group		35-1927379			Priority Healthcare Corporation		IN	N/A	CuraScript, Inc.	Ownership	100.00	Cigna Corporation	N	
.0901	Cigna Group		59-3761140			Priority Healthcare Distribution, Inc.		FL	N/A	Priority Healthcare Corp	Ownership	100.00	Cigna Corporation	N	
.0901	Cigna Group	67903	23-1335885			Provident American Life & Health Insurance Company		OH	RE	Cigna National Health Insurance Company	Ownership	100.00	Cigna Corporation	N	
.0901	Cigna Group		00-0000000			PT GAR Indonesia		IDN	N/A	Cigna Holdings Overseas, Inc.	Ownership	99.160	Cigna Corporation	N	
.0901	Cigna Group		AA-5360003			PT Asuransi Cigna		IDN	IA	Cigna Worldwide Insurance Company	Ownership	99.999	Cigna Corporation	N	
.0901	Cigna Group		45-5046449			PUR Arbors Apartments Venture LLC		DE	N/A	Cigna Affiliates Realty Investment Group, LLC	Ownership	87.500	Cigna Corporation	N	
.0901	Cigna Group		23-3744987			QualCare Alliance Networks, Inc.		NJ	N/A	Cigna Health and Life Insurance Company	Ownership	100.00	Cigna Corporation	N	
.0901	Cigna Group		46-1801639			QualCare Management Resources Limited				QualCare Alliance Networks, Inc.	Ownership	100.00	Cigna Corporation	N	
.0901	Cigna Group		22-3129563			Liability Company		NJ	N/A	QualCare Alliance Networks, Inc.	Ownership	100.00	Cigna Corporation	N	
.0901	Cigna Group		45-5569416			QualCare, Inc.		NJ	N/A	eviCore healthcare MSI, LLC	Ownership	100.00	Cigna Corporation	N	
.0901	Cigna Group		00-0000000			QPID Health, LLC		DE	N/A	Cigna Apac Holdings, Ltd.	Ownership	49.000	Cigna Corporation	N	
.0901	Cigna Group		83-1460134			RHP (Thailand) Limited		THA	N/A	CARING Capitol Hill LP LLC	Ownership	90.000	Cigna Corporation	N	
.0901	Cigna Group		84-3254168			Rise-CG JA Lofts Limited Partnership		DE	N/A	JA Lofts Holdings, LLC (.5%); JA Lofts JV	Ownership	100.00	Cigna Corporation	N	
.0901	Cigna Group		35-1641636			Sagamore Health Network, Inc.		IN	N/A	Cigna Health Corporation	Ownership	100.00	Cigna Corporation	N	
.0901	Cigna Group		46-3593103			SB-SNH LLC		DE	N/A	Cigna Affiliates Realty Investment Group, LLC	Ownership	85.000	Cigna Corporation	N	
.0901	Cigna Group		22-2483867			Scibal Associates, Inc.		NJ	N/A	QualCare Alliance Networks, Inc.	Ownership	100.00	Cigna Corporation	N	
.0901	Cigna Group		95-2876207			Secon Properties, LP		CA	N/A	Cigna Affiliates Realty Investment Group, LLC	Ownership	50.000	South Coast Plaza Associates, LLC (non-affiliate)	N	
.0901	Cigna Group		82-1732483			SOMA Apartments Venture LLC		DE	N/A	Cigna Affiliates Realty Investment Group, Ownership	90.000	Cigna Corporation	N		

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

Asterisk

Explanation

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

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

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

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

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

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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 NAIC Company Code	2 ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred Under Reinsurance Agreements	10 *	11 Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	12 Totals	13 Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
	81-0425785	Intermountain Underwriters, Inc.						34,229			34,229	
	00-0000000	International Pharmaceutical Solutions, GmbH										
	84-3406799	JA Lofts Holdings, LLC										
	84-3395923	JA Lofts JV Limited Partnership										
	00-0000000	Kuwait Emirates Administration Services WLL										
	00-0000000	KDM (Thailand) Limited										
	20-8064696	Kronos Optimal Health Company						(4,516)			(4,516)	
	47-5292506	L&C Investments, LLC										
	47-4375626	Lakehill's CM-CG LLC										
.65498	23-1503749	Life Insurance Company of North America	(646,472,262)	2,037,895	1,233,416,800			(20,859,710)	.109,552,755		677,675,478	.683,812,199
	00-0000000	LINA Financial Service										
	00-0000000	LINA Life Insurance Company of Korea						(53,093,986)				13,995,367
.65722	63-0343428	Loyal American Life Insurance Company	(10,000,000)	(20,000,000)							(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										

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

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

1 NAIC Company Code	2 ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred Under Reinsurance Agreements	10 *	11 Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	12	13 Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
									*		Totals	
26-0181185	MSIMD I, LLC											
74-3122235	MS INC 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							(43)				(43)
22-3129563	QualCare, Inc.											
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							1,064,589				1,064,589
35-1641636	Sagamore Health Network, Inc.											

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

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

1 NAIC Company Code	2 ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred Under Reinsurance Agreements	10 *	11 Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	12	13 Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
	46-3593103	SB-SNH LLC										
	22-2483867	Scibal Associates, Inc.						(2,134)				(2,134)
	95-2876207	Secon Properties, LP										
	82-1732483	SOMA Apartments Venture LLC										
	82-4405071	Specialty Products Acquisitions, LLC										
	61-1317695	SpectraCare Health Care Ventures, Inc.										
	61-1147068	SpectraCare, Inc.										
77399	13-1867829	Sterling Life Insurance Company	(10,000,000)					(2,246,330)				(12,246,330)
	47-2658932	Strategic Pharmaceutical Investments, LLC										
	00-0000000	SureScripts, LLC										
	22-3474888	Systemed, LLC										
	23-3074013	Tel-Drug of Pennsylvania, LLC						(2,990)				(2,990)
	46-0427127	Tel-Drug, Inc.						(19,251)				(19,251)
	00-0000000	Temple Insurance Company Limited						(20,493)				(20,493)
	20-5524622	Tennessee Quest, LLC	(6,000,000)					(6,825,950)				(12,825,950)
	75-3108527	TexQuest, LLC										
	85-1955731	The Flats at Interbay Holdings, LLC										
	85-1955075	The Flats at Interbay JV Limited Partnership										
	85-1962013	The Flats at Interbay Limited Partnership										
	46-5264463	Trainer Rx, Inc.										
	00-0000000	Transwestern Federal, L.L.C.										
	00-0000000	Transwestern Federal Holdings, L.L.C.										
65269	75-2305400	United Benefit Life Insurance Company						(35,865)				(35,865)
	88-0344624	Universal Claims Administration										
	82-4410128	ValoremRx Sourcing Solutions, LLC										
	98-0463704	Vielife Services, Inc.										
	00-0000000	Verity Solutions Group, Inc.										
	00-0000000	Westcore CG AC, LLC										
	84-3178563	Westcore CG Camelback, LLC										
	00-0000000	Westcore CG Commerce, LLC										
	84-3178563	Westcore CG Dove Valley I, LLC										
	84-3178563	Westcore CG Dove Valley II, LLC										
	84-3178563	Westcore CG Fountain Lakes, LLC										
	84-3178563	Westcore CG Gateway, LLC										
	84-3178563	Westcore CG I-35, LLC										
	84-3178563	Westcore CG Mezz, LLC										
	84-3178563	Westcore CG Navy, LLC										
	84-3178563	Westcore CG Potomac Park, LLC										
	84-3178563	Westcore CG Solano, LLC										
	84-3178563	Westcore CG Susana, LLC										
	00-0000000	Westcore CG Venture, LLC										

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

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

1 NAIC Company Code	2 ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred Under Reinsurance Agreements	10 *	11 Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	12 Totals	13 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 Servicos LTDA										
9999999 Control Totals									XXX			

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

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

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Bar Codes:

12. SIS Stockholder Information Supplement [Document Identifier 420]



14. Trusteed Surplus Statement [Document Identifier 490]



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



16. Non-Guaranteed Opinion for Exhibit 5 [Document Identifier 370]

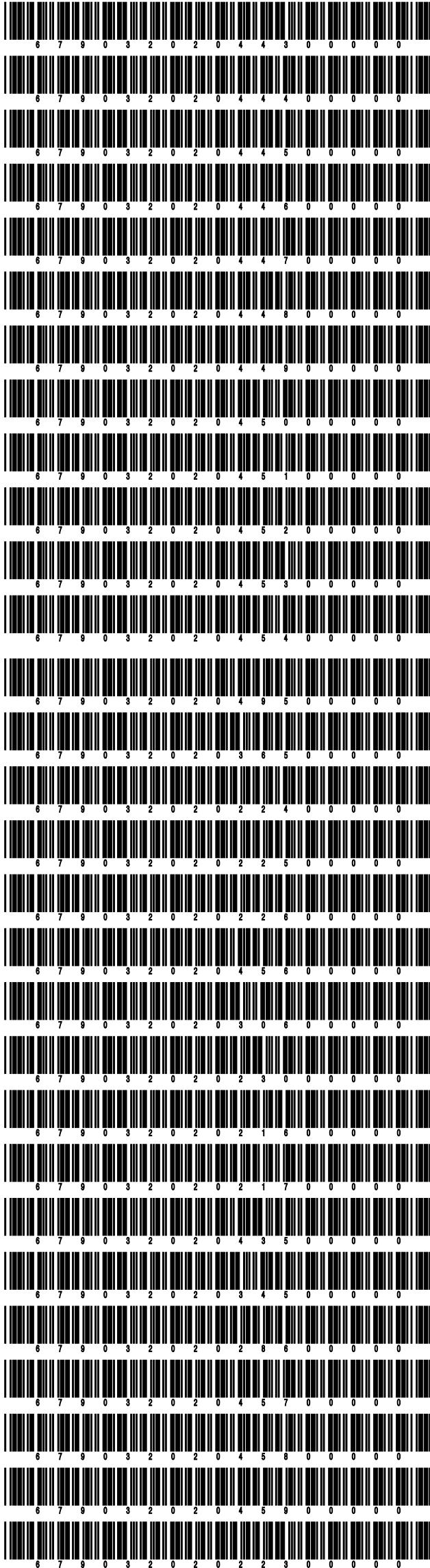


17. Actuarial Opinion on X-Factors [Document Identifier 442]



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



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Provident American Life and Health Insurance Company
OVERFLOW PAGE FOR WRITE-INS



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



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	2	3	4	5	6	7	8	9	10	Policies Issued Through 2017			Policies Issued in 2018; 2019; 2020				
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12	13	Number of Covered Lives	Premiums Earned	16	17	Number of Covered Lives
YES	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			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
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12	13	Number of Covered Lives	Premiums Earned	16	17	Number of Covered Lives
YES	3PF(1A)	F.	NO.	0034000	05/09/2005	06/01/2010			MEDICARE SUPPLEMENT	46,708	23,732	50.8	8				
YES	3PG(1A)	G.	NO.	0034000	11/09/2007	10/11/2009			MEDICARE SUPPLEMENT		144						
YES	3PH(1A)	H.	NO.	0034000	11/09/2006	10/11/2009			MEDICARE SUPPLEMENT	3,499	27	0.8	1				
YES	3PI(1A)	I.	NO.	0034000	11/09/2006	10/11/2009			MEDICARE SUPPLEMENT	3,538	26	0.7	1				
YES	3PJ(1A)	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
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12	13	Number of Covered Lives	Premiums Earned	16	17	Number of Covered Lives
YES	3PF(KY)	F.	NO	0034000	05/25/2005	06/01/2010			MEDICARE SUPPLEMENT	15,180	3,407	.22.4	2				
YES	3PH(KY)	H.	NO	0034000	01/09/2007	10/11/2009			MEDICARE SUPPLEMENT	14,260	5,684	.39.9	3				
YES	3PJ(KY)	J.	NO	0034000	01/09/2007	10/11/2009			MEDICARE 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
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12	13	Number of Covered Lives	Premiums Earned	16	17	Number of Covered Lives
YES	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
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12	13	Number of Covered Lives	Premiums Earned	16	17	Number of Covered Lives
YES	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
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12	13	Number of Covered Lives	Premiums Earned	16	17	Number of Covered Lives
YES	3LF(MO)	F	NO	0034000	06/14/2005	06/01/2010			MEDICARE SUPPLEMENT	12,700	12,732	100.2	3				
YES	3LK(MO)	F	NO	0034000	06/14/2005	10/11/2009			MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE .....	.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	2	3	4	5	6	7	8	9	10	Policies Issued Through 2017			Policies Issued in 2018; 2019; 2020				
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12	13	Number of Covered Lives	Premiums Earned	16	17	Number of Covered Lives
YES	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".



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

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



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
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
YES	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
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12	13	Number of Covered Lives	Premiums Earned	16	17	Number of Covered Lives
YES	3PF(OR)	F.	NO	0034000	04/21/2005	06/01/2010			MEDICARE SUPPLEMENT	84,952	52,841	.62.2	.17				
YES	3PI(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
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12	13	Number of Covered Lives	Premiums Earned	16	17	Number of Covered Lives
YES	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	2	3	4	5	6	7	8	9	10	Policies Issued Through 2017				Policies Issued in 2018; 2019; 2020			
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12	13	Number of Covered Lives	16	17	Number of Covered Lives	
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			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	2	3	4	5	6	7	8	9	10	Policies Issued Through 2017				Policies Issued in 2018; 2019; 2020			
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12	13	Percent of Premiums Earned		16	17	Number of Covered Lives
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			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
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12	13	Number of Covered Lives	Premiums Earned	16	17	Number of Covered Lives
YES	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
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12	13	Number of Covered Lives	Premiums Earned	16	17	Number of Covered Lives
YES	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
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12	13	Number of Covered Lives	Premiums Earned	16	17	Number of Covered Lives
YES	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	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