

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

QUARTERLY STATEMENT

AS OF JUNE 30, 2021
OF THE CONDITION AND AFFAIRS OF THE

United Benefit Life Insurance Company

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

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

Country of Domicile United States of America

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

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

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

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

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

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

Internet Website Address www.CignaSupplementalBenefits.com

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

OFFICERS

President	<u>Stephen Burnett Jones</u>	Secretary	<u>Jill Mary Stadelman</u>
Treasurer and Chief Accounting Officer	<u>Byron Keith Buescher</u>	Chief Actuary	<u>David Leroy Swanson #</u>

OTHER

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

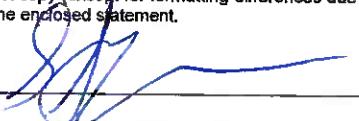
DIRECTORS OR TRUSTEES

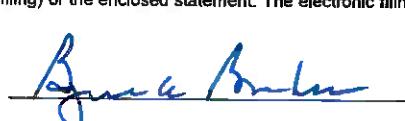
Stephen Burnett Jones Tyler Michael Lester Frank Sataline Jr.

James Yablecki

State of Texas
County of Williamson SS:

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


Stephen Burnett Jones
President


Byron Keith Buescher
Treasurer and Chief Accounting Officer


Jill Mary Stadelman
Secretary

Subscribed and sworn to before me this

12th day of August 2021


Andrea Claire Robertson

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

Yes [X] No []

