



## ASSETS

|   | Current Year |                         |   | Prior Year                  |
|---|--------------|-------------------------|---|-----------------------------|
|   | 1<br>Assets  | 2<br>Nonadmitted Assets | 3<br>Net Admitted Assets<br>(Cols. 1 - 2) | 4<br>Net Admitted<br>Assets |
| 1. Bonds (Schedule D) .....   | 2,561,766    |                         | 2,561,766                                 | 2,578,537                   |
| 2. Stocks (Schedule D):   |              |                         |   |                             |
| 2.1 Preferred stocks .....  |              |                         |   |                             |
| 2.2 Common stocks .....   |              |                         |   |                             |
| 3. Mortgage loans on real estate (Schedule B):  |              |                         |   |                             |
| 3.1 First liens .....   |              |                         |   |                             |
| 3.2 Other than first liens .....  |              |                         |   |                             |
| 4. Real estate (Schedule A):  |              |                         |   |                             |
| 4.1 Properties occupied by the company (less \$ encumbrances) .....   |              |                         |   |                             |
| 4.2 Properties held for the production of income (less \$ encumbrances) .....   |              |                         |   |                             |
| 4.3 Properties held for sale (less \$ encumbrances) .....   |              |                         |   |                             |
| 5. Cash (\$ 212,618 , Schedule E - Part 1), cash equivalents (\$ 281,604 , Schedule E - Part 2) and short-term investments (\$ , Schedule DA) ..... | 494,222      |                         | 494,222                                   | 490,604                     |
| 6. Contract loans (including \$ premium notes) .....  |              |                         |   |                             |
| 7. Derivatives (Schedule DB) .....  |              |                         |   |                             |
| 8. Other invested assets (Schedule BA) .....  |              |                         |   |                             |
| 9. Receivables for securities .....   |              |                         |   |                             |
| 10. Securities lending reinvested collateral assets (Schedule DL) .....   |              |                         |   |                             |
| 11. Aggregate write-ins for invested assets .....   |              |                         |   |                             |
| 12. Subtotals, cash and invested assets (Lines 1 to 11) .....   | 3,055,988    |                         | 3,055,988                                 | 3,069,141                   |
| 13. Title plants less \$ charged off (for Title insurers only) .....  |              |                         |   |                             |
| 14. Investment income due and accrued .....   | 13,510       |                         | 13,510                                    | 16,391                      |
| 15. Premiums and considerations:  |              |                         |   |                             |
| 15.1 Uncollected premiums and agents' balances in the course of collection .....  |              |                         |   |                             |
| 15.2 Deferred premiums and agents' balances and installments booked but deferred and not yet due (including \$ earned but unbilled premiums) .....  |              |                         |   |                             |
| 15.3 Accrued retrospective premiums (\$ ) and contracts subject to redetermination (\$ ) .....  |              |                         |   |                             |
| 16. Reinsurance:  |              |                         |   |                             |
| 16.1 Amounts recoverable from reinsurers .....  |              |                         |   |                             |
| 16.2 Funds held by or deposited with reinsured companies .....  |              |                         |   |                             |
| 16.3 Other amounts receivable under reinsurance contracts .....   |              |                         |   |                             |
| 17. Amounts receivable relating to uninsured plans .....  |              |                         |   |                             |
| 18.1 Current federal and foreign income tax recoverable and interest thereon .....  | 26,387       |                         | 26,387                                    | 25,700                      |
| 18.2 Net deferred tax asset .....   |              |                         |   |                             |
| 19. Guaranty funds receivable or on deposit .....   | 822          |                         | 822                                       | 822                         |
| 20. Electronic data processing equipment and software .....   |              |                         |   |                             |
| 21. Furniture and equipment, including health care delivery assets (\$ ) .....  |              |                         |   |                             |
| 22. Net adjustment in assets and liabilities due to foreign exchange rates .....  |              |                         |   |                             |
| 23. Receivables from parent, subsidiaries and affiliates .....  |              |                         |   |                             |
| 24. Health care (\$ ) and other amounts receivable .....  |              |                         |   |                             |
| 25. Aggregate write-ins for other than invested assets .....  |              |                         |   |                             |
| 26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .....                                | 3,096,707    |                         | 3,096,707                                 | 3,112,054                   |
| 27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....   |              |                         |   |                             |
| 28. Total (Lines 26 and 27) .....   | 3,096,707    |                         | 3,096,707                                 | 3,112,054                   |
| <b>DETAILS OF WRITE-INS</b>   |              |                         |   |                             |
| 1101. .....   |              |                         |   |                             |
| 1102. .....   |              |                         |   |                             |
| 1103. .....   |              |                         |   |                             |
| 1198. Summary of remaining write-ins for Line 11 from overflow page .....   |              |                         |   |                             |
| 1199. Totals (Lines 1101 thru 1103 plus 1198)(Line 11 above) .....  |              |                         |   |                             |
| 2501. .....   |              |                         |   |                             |
| 2502. .....   |              |                         |   |                             |
| 2503. .....   |              |                         |   |                             |
| 2598. Summary of remaining write-ins for Line 25 from overflow page .....   |              |                         |   |                             |
| 2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above) .....  |              |                         |   |                             |

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE United Benefit Life Insurance Company  
**LIABILITIES, SURPLUS AND OTHER FUNDS**

|   |   | 1<br>Current Year   | 2<br>Prior Year  |
|---|---|---|--|
| 1. Aggregate reserve for life contracts \$ .....  | (Exh. 5, Line 9999999) less \$ .....  |   |  |
| included in Line 6.3 (including \$ .....  | Modco Reserve) .....  |   |  |
| 2. Aggregate reserve for accident and health contracts (including \$ .....  | Modco Reserve) .....  |   |  |
| 3. Liability for deposit-type contracts (Exhibit 7, Line 14, Col. 1) (including \$ .....  | Modco Reserve) .....  |   |  |
| 4. Contract claims:   |   |   |  |
| 4.1 Life (Exhibit 8, Part 1, Line 4.4, Col. 1 less sum of Cols. 9, 10 and 11) .....   |   |   |  |
| 4.2 Accident and health (Exhibit 8, Part 1, Line 4.4, sum of Cols. 9, 10 and 11) .....  |   |   |  |
| 5. Policyholders' dividends/refunds to members \$ .....   | and coupons \$ .....  | due   |  |
| and unpaid (Exhibit 4, Line 10) .....   |   |   |  |
| 6. Provision for policyholders' dividends, refunds to members and coupons payable in following calendar year - estimated amounts: |   |   |  |
| 6.1 Policyholders' dividends and refunds to members apportioned for payment (including \$ .....                                   | Modco) .....  |   |  |
| 6.2 Policyholders' dividends and refunds to members not yet apportioned (including \$ .....                                       | Modco) .....  |   |  |
| 6.3 Coupons and similar benefits (including \$ .....  | Modco) .....  |   |  |
| 7. Amount provisionally held for deferred dividend policies not included in Line 6  |   |   |  |
| 8. Premiums and annuity considerations for life and accident and health contracts received in advance less \$ .....               | discount; including \$ .....  | accident and health premiums (Exhibit 1, Part 1, Col. 1, sum of lines 4 and 14) ..... |  |
| 9. Contract liabilities not included elsewhere:   |   |   |  |
| 9.1 Surrender values on canceled contracts .....  |   |   |  |
| 9.2 Provision for experience rating refunds, including the liability of \$ .....  | 0   | accident and health experience rating refunds of which \$ .....                       | is for medical loss ratio rebate per the Public Health Service Act ..... |
| 9.3 Other amounts payable on reinsurance, including \$ .....  | 0   | assumed and \$ .....  | 0 ceded .....  |
| 9.4 Interest maintenance reserve (IMR, Line 6) .....  |   |   | 22,646   |
| 10. Commissions to agents due or accrued-life and annuity contracts \$ .....  | accident and health   |   | 26,962   |
| \$ .....  | and deposit-type contract funds \$ .....  |   |  |
| 11. Commissions and expense allowances payable on reinsurance assumed .....   |   |   |  |
| 12. General expenses due or accrued (Exhibit 2, Line 12, Col. 7) .....  |   | 1,390   | 709  |
| 13. Transfers to Separate Accounts due or accrued (net) (including \$ .....   | accrued for expense allowances recognized in reserves, net of reinsured allowances) ..... |   |  |
| 14. Taxes, licenses and fees due or accrued, excluding federal income taxes (Exhibit 3, Line 9, Col. 6) .....                     |   | 4,754   | 3,148  |
| 15.1 Current federal and foreign income taxes, including \$ .....   | on realized capital gains (losses) .....  |   |  |
| 15.2 Net deferred tax liability .....   |   |   |  |
| 16. Unearned investment income .....  |   |   |  |
| 17. Amounts withheld or retained by reporting entity as agent or trustee .....  |   |   |  |
| 18. Amounts held for agents' account, including \$ .....  | agents' credit balances .....   |   | 4,432  |
| 19. Remittances and items not allocated .....   |   |   |  |
| 20. Net adjustment in assets and liabilities due to foreign exchange rates .....  |   |   |  |
| 21. Liability for benefits for employees and agents if not included above .....   |   |   |  |
| 22. Borrowed money \$ .....   | 0 and interest thereon \$ .....   | 0   |  |
| 23. Dividends to stockholders declared and unpaid .....   |   |   |  |
| 24. Miscellaneous liabilities:  |   |   |  |
| 24.01 Asset valuation reserve (AVR, Line 16, Col. 7) .....  |   |   | 205  |
| 24.02 Reinsurance in unauthorized and certified (\$ .....   | ) companies .....   |   |  |
| 24.03 Funds held under reinsurance treaties with unauthorized and certified (\$ .....   | ) reinsurers .....  |   |  |
| 24.04 Payable to parent, subsidiaries and affiliates .....  |   | 2,534   | 2,217  |
| 24.05 Drafts outstanding .....  |   |   |  |
| 24.06 Liability for amounts held under uninsured plans .....  |   |   |  |
| 24.07 Funds held under coinsurance .....  |   |   |  |
| 24.08 Derivatives .....   |   |   |  |
| 24.09 Payable for securities .....  |   |   |  |
| 24.10 Payable for securities lending .....  |   |   |  |
| 24.11 Capital notes \$ .....  | and interest thereon \$ .....   |   |  |
| 25. Aggregate write-ins for liabilities .....   |   |   |  |
| 26. Total liabilities excluding Separate Accounts business (Lines 1 to 25) .....  |   | 31,324  | 37,673   |
| 27. From Separate Accounts Statement .....  |   |   |  |
| 28. Total liabilities (Lines 26 and 27) .....   |   | 31,324  | 37,673   |
| 29. Common capital stock .....  |   | 1,500,000   | 1,500,000  |
| 30. Preferred capital stock .....   |   |   |  |
| 31. Aggregate write-ins for other than special surplus funds .....  |   |   |  |
| 32. Surplus notes .....   |   |   |  |
| 33. Gross paid in and contributed surplus (Page 3, Line 33, Col. 2 plus Page 4, Line 51.1, Col. 1) .....                          |   | 18,820,665  | 18,820,665   |
| 34. Aggregate write-ins for special surplus funds .....   |   |   |  |
| 35. Unassigned funds (surplus) .....  |   | (17,255,282)  | (17,246,284)   |
| 36. Less treasury stock, at cost:   |   |   |  |
| 36.1 .....  | shares common (value included in Line 29 \$ .....   |   |  |
| 36.2 .....  | shares preferred (value included in Line 30 \$ .....                                      |   |  |
| 37. Surplus (Total Lines 31+32+33+34+35-36) (including \$ .....   | in Separate Accounts Statement) .....   | 1,565,383   | 1,574,381  |
| 38. Totals of Lines 29, 30 and 37 (Page 4, Line 55) .....   |   | 3,065,383   | 3,074,381  |
| 39. Totals of Lines 28 and 38 (Page 2, Line 28, Col. 3) .....   |   | 3,096,707   | 3,112,054  |
| <b>DETAILS OF WRITE-INS</b>   |   |   |  |
| 2501. .....   |   |   |  |
| 2502. .....   |   |   |  |
| 2503. .....   |   |   |  |
| 2598. Summary of remaining write-ins for Line 25 from overflow page .....   |   |   |  |
| 2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above) .....  |   |   |  |
| 3101. .....   |   |   |  |
| 3102. .....   |   |   |  |
| 3103. .....   |   |   |  |
| 3198. Summary of remaining write-ins for Line 31 from overflow page .....   |   |   |  |
| 3199. Totals (Lines 3101 thru 3103 plus 3198)(Line 31 above) .....  |   |   |  |
| 3401. .....   |   |   |  |
| 3402. .....   |   |   |  |
| 3403. .....   |   |   |  |
| 3498. Summary of remaining write-ins for Line 34 from overflow page .....   |   |   |  |
| 3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above) .....  |   |   |  |

**ANNUAL STATEMENT FOR THE YEAR 2021 OF THE United Benefit Life Insurance Company**  
**SUMMARY OF OPERATIONS**

|  | 1<br>Current Year | 2<br>Prior Year |
|--|-------------------|-----------------|
| 1. Premiums and annuity considerations for life and accident and health contracts (Exhibit 1, Part 1, Line 20.4, Col. 1, less Col. 11) .....   |                   |                 |
| 2. Considerations for supplementary contracts with life contingencies .....  |                   |                 |
| 3. Net investment income (Exhibit of Net Investment Income, Line 17) .....   | 40,513            | 49,133          |
| 4. Amortization of Interest Maintenance Reserve (IMR, Line 5) .....  | 4,316             | 4,076           |
| 5. Separate Accounts net gain from operations excluding unrealized gains or losses .....   |                   |                 |
| 6. Commissions and expense allowances on reinsurance ceded (Exhibit 1, Part 2, Line 26.1, Col. 1) .....  |                   |                 |
| 7. Reserve adjustments on reinsurance ceded .....  |                   |                 |
| 8. Miscellaneous Income:   |                   |                 |
| 8.1 Income from fees associated with investment management, administration and contract guarantees from Separate Accounts .....  |                   |                 |
| 8.2 Charges and fees for deposit-type contracts .....  |                   |                 |
| 8.3 Aggregate write-ins for miscellaneous income .....   |                   |                 |
| 9. Total (Lines 1 to 8.3) .....  | 44,829            | 53,209          |
| 10. Death benefits .....   |                   |                 |
| 11. Matured endowments (excluding guaranteed annual pure endowments) .....   |                   |                 |
| 12. Annuity benefits (Exhibit 8, Part 2, Line 6.4, Cols. 4 + 8) .....  |                   |                 |
| 13. Disability benefits and benefits under accident and health contracts .....   |                   |                 |
| 14. Coupons, guaranteed annual pure endowments and similar benefits .....  |                   |                 |
| 15. Surrender benefits and withdrawals for life contracts .....  |                   |                 |
| 16. Group conversions .....  |                   |                 |
| 17. Interest and adjustments on contract or deposit-type contract funds .....  |                   |                 |
| 18. Payments on supplementary contracts with life contingencies .....  |                   |                 |
| 19. Increase in aggregate reserves for life and accident and health contracts .....  |                   |                 |
| 20. Totals (Lines 10 to 19) .....  |                   |                 |
| 21. Commissions on premiums, annuity considerations, and deposit-type contract funds (direct business only) (Exhibit 1, Part 2, Line 31, Col. 1) .....                                 |                   |                 |
| 22. Commissions and expense allowances on reinsurance assumed (Exhibit 1, Part 2, Line 26.2, Col. 1) .....   |                   |                 |
| 23. General insurance expenses and fraternal expenses (Exhibit 2, Line 10, Cols. 1, 2, 3, 4 and 6) .....   | 18,947            | 37,611          |
| 24. Insurance taxes, licenses and fees, excluding federal income taxes (Exhibit 3, Line 7, Cols. 1 + 2 + 3 + 5) .....  | 53,887            | 40,576          |
| 25. Increase in loading on deferred and uncollected premiums .....   |                   |                 |
| 26. Net transfers to or (from) Separate Accounts net of reinsurance .....  |                   |                 |
| 27. Aggregate write-ins for deductions .....   | 7,585             | 1,200           |
| 28. Totals (Lines 20 to 27) .....  | 80,419            | 79,387          |
| 29. Net gain from operations before dividends to policyholders, refunds to members and federal income taxes (Line 9 minus Line 28) .....   | (35,590)          | (26,178)        |
| 30. Dividends to policyholders and refunds to members .....  |                   |                 |
| 31. Net gain from operations after dividends to policyholders, refunds to members and before federal income taxes (Line 29 minus Line 30) .....  | (35,590)          | (26,178)        |
| 32. Federal and foreign income taxes incurred (excluding tax on capital gains) .....   |                   |                 |
| 33. Net gain from operations after dividends to policyholders, refunds to members and federal income taxes and before realized capital gains or (losses) (Line 31 minus Line 32) ..... | (9,203)           | (478)           |
| 34. Net realized capital gains (losses) (excluding gains (losses) transferred to the IMR) less capital gains tax of \$ .....   |                   |                 |
| \$ ..... (excluding taxes of \$ ..... transferred to the IMR) .....  |                   |                 |
| 35. Net income (Line 33 plus Line 34) .....  | (9,203)           | (478)           |
| <b>CAPITAL AND SURPLUS ACCOUNT</b>   |                   |                 |
| 36. Capital and surplus, December 31, prior year (Page 3, Line 38, Col. 2) .....   | 3,074,381         | 3,074,569       |
| 37. Net income (Line 35) .....   | (9,203)           | (478)           |
| 38. Change in net unrealized capital gains (losses) less capital gains tax of \$ .....   |                   |                 |
| 39. Change in net unrealized foreign exchange capital gain (loss) .....  |                   |                 |
| 40. Change in net deferred income tax .....  |                   |                 |
| 41. Change in nonadmitted assets .....   |                   | 381             |
| 42. Change in liability for reinsurance in unauthorized and certified companies .....  |                   |                 |
| 43. Change in reserve on account of change in valuation basis, (increase) or decrease .....  |                   |                 |
| 44. Change in asset valuation reserve .....  | 205               | (91)            |
| 45. Change in treasury stock (Page 3, Lines 36.1 and 36.2, Col. 2 minus Col. 1) .....  |                   |                 |
| 46. Surplus (contributed to) withdrawn from Separate Accounts during period .....  |                   |                 |
| 47. Other changes in surplus in Separate Accounts Statement .....  |                   |                 |
| 48. Change in surplus notes .....  |                   |                 |
| 49. Cumulative effect of changes in accounting principles .....  |                   |                 |
| 50. Capital changes:   |                   |                 |
| 50.1 Paid in .....   |                   |                 |
| 50.2 Transferred from surplus (Stock Dividend) .....   |                   |                 |
| 50.3 Transferred to surplus .....  |                   |                 |
| 51. Surplus adjustment:  |                   |                 |
| 51.1 Paid in .....   |                   |                 |
| 51.2 Transferred to capital (Stock Dividend) .....   |                   |                 |
| 51.3 Transferred from capital .....  |                   |                 |
| 51.4 Change in surplus as a result of reinsurance .....  |                   |                 |
| 52. Dividends to stockholders .....  |                   |                 |
| 53. Aggregate write-ins for gains and losses in surplus .....  |                   |                 |
| 54. Net change in capital and surplus for the year (Lines 37 through 53) .....   | (8,998)           | (188)           |
| 55. Capital and surplus, December 31, current year (Lines 36 + 54) (Page 3, Line 38) .....   | 3,065,383         | 3,074,381       |
| <b>DETAILS OF WRITE-INS</b>  |                   |                 |
| 08.301. .....  |                   |                 |
| 08.302. .....  |                   |                 |
| 08.303. .....  |                   |                 |
| 08.398. Summary of remaining write-ins for Line 8.3 from overflow page .....   |                   |                 |
| 08.399. Totals (Lines 08.301 thru 08.303 plus 08.398)(Line 8.3 above) .....  |                   |                 |
| 2701. Penalties .....  | 7,585             | 1,200           |
| 2702. .....  |                   |                 |
| 2703. .....  |                   |                 |
| 2798. Summary of remaining write-ins for Line 27 from overflow page .....  |                   |                 |
| 2799. Totals (Lines 2701 thru 2703 plus 2798)(Line 27 above) .....   | 7,585             | 1,200           |
| 5301. .....  |                   |                 |
| 5302. .....  |                   |                 |
| 5303. .....  |                   |                 |
| 5398. Summary of remaining write-ins for Line 53 from overflow page .....  |                   |                 |
| 5399. Totals (Lines 5301 thru 5303 plus 5398)(Line 53 above) .....   |                   |                 |

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE United Benefit Life Insurance Company  
**CASH FLOW**

|   | 1<br>Current Year | 2<br>Prior Year |
|---|-------------------|-----------------|
| <b>Cash from Operations</b>   |                   |                 |
| 1. Premiums collected net of reinsurance .....  |                   |                 |
| 2. Net investment income .....  | 46,345            | 52,492          |
| 3. Miscellaneous income .....   |                   |                 |
| 4. Total (Lines 1 through 3) .....  | 46,345            | 52,492          |
| 5. Benefit and loss related payments .....  |                   |                 |
| 6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts .....                    |                   |                 |
| 7. Commissions, expenses paid and aggregate write-ins for deductions .....                                      | 77,815            | 83,974          |
| 8. Dividends paid to policyholders .....  |                   |                 |
| 9. Federal and foreign income taxes paid (recovered) net of \$ .....  | (25,700)          | (24,670)        |
| 10. Total (Lines 5 through 9) .....   | 52,115            | 59,304          |
| 11. Net cash from operations (Line 4 minus Line 10) .....   | (5,770)           | (6,812)         |
| <b>Cash from Investments</b>  |                   |                 |
| 12. Proceeds from investments sold, matured or repaid:  |                   |                 |
| 12.1 Bonds .....  | 1,755,000         |                 |
| 12.2 Stocks .....   |                   |                 |
| 12.3 Mortgage loans .....   |                   |                 |
| 12.4 Real estate .....  |                   |                 |
| 12.5 Other invested assets .....  |                   |                 |
| 12.6 Net gains or (losses) on cash, cash equivalents and short-term investments .....                           |                   |                 |
| 12.7 Miscellaneous proceeds .....   |                   |                 |
| 12.8 Total investment proceeds (Lines 12.1 to 12.7) .....   | 1,755,000         |                 |
| 13. Cost of investments acquired (long-term only):  |                   |                 |
| 13.1 Bonds .....  | 1,741,181         |                 |
| 13.2 Stocks .....   |                   |                 |
| 13.3 Mortgage loans .....   |                   |                 |
| 13.4 Real estate .....  |                   |                 |
| 13.5 Other invested assets .....  |                   |                 |
| 13.6 Miscellaneous applications .....   |                   |                 |
| 13.7 Total investments acquired (Lines 13.1 to 13.6) .....  | 1,741,181         |                 |
| 14. Net increase (decrease) in contract loans and premium notes .....   |                   |                 |
| 15. Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14) .....                                   | 13,819            |                 |
| <b>Cash from Financing and Miscellaneous Sources</b>  |                   |                 |
| 16. Cash provided (applied):  |                   |                 |
| 16.1 Surplus notes, capital notes .....   |                   |                 |
| 16.2 Capital and paid in surplus, less treasury stock .....   |                   |                 |
| 16.3 Borrowed funds .....   |                   |                 |
| 16.4 Net deposits on deposit-type contracts and other insurance liabilities .....                               |                   |                 |
| 16.5 Dividends to stockholders .....  |                   |                 |
| 16.6 Other cash provided (applied) .....  | (4,431)           | 4,221           |
| 17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6) ..... | (4,431)           | 4,221           |
| <b>RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS</b>                                      |                   |                 |
| 18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) .....       | 3,618             | (2,591)         |
| 19. Cash, cash equivalents and short-term investments:  |                   |                 |
| 19.1 Beginning of year .....  | 490,604           | 493,195         |
| 19.2 End of year (Line 18 plus Line 19.1) .....   | 494,222           | 490,604         |

Note: Supplemental disclosures of cash flow information for non-cash transactions:

|               |  |  |
|---------------|--|--|
| 20.0001 ..... |  |  |
|---------------|--|--|

## ANNUAL STATEMENT FOR THE YEAR 2021 OF THE United Benefit Life Insurance Company

## ANALYSIS OF OPERATIONS BY LINES OF BUSINESS - SUMMARY

|  | 1<br>Total | 2<br>Individual Life | 3<br>Group Life | 4<br>Individual Annuities | 5<br>Group Annuities | 6<br>Accident and Health | 7<br>Fraternal | 8<br>Other Lines of<br>Business | 9<br>YRT Mortality<br>Risk Only |
|--|------------|----------------------|-----------------|---------------------------|----------------------|--------------------------|----------------|---------------------------------|---------------------------------|
| 1. Premiums and annuity considerations for life and accident and health contracts  |            |                      |                 |                           |                      |                          |                |                                 |                                 |
| 2. Considerations for supplementary contracts with life contingencies  |            | XXX                  | XXX             |                           |                      | XXX                      | XXX            |                                 | XXX                             |
| 3. Net investment income   | .40,513    |                      |                 |                           |                      |                          |                | .40,513                         |                                 |
| 4. Amortization of Interest Maintenance Reserve (IMR)  | 4,316      |                      |                 |                           |                      |                          |                | 4,316                           |                                 |
| 5. Separate Accounts net gain from operations excluding unrealized gains or losses   |            |                      |                 |                           |                      | XXX                      |                |                                 |                                 |
| 6. Commissions and expense allowances on reinsurance ceded   |            |                      |                 |                           |                      | XXX                      |                |                                 |                                 |
| 7. Reserve adjustments on reinsurance ceded  |            |                      |                 |                           |                      | XXX                      |                |                                 |                                 |
| 8. Miscellaneous Income:   |            |                      |                 |                           |                      |                          |                |                                 |                                 |
| 8.1 Income from fees associated with investment management, administration and contract guarantees from Separate Accounts  |            |                      |                 |                           |                      |                          | XXX            |                                 |                                 |
| 8.2 Charges and fees for deposit-type contracts  |            |                      |                 |                           |                      | XXX                      | XXX            |                                 |                                 |
| 8.3 Aggregate write-ins for miscellaneous income   |            |                      |                 |                           |                      |                          |                |                                 |                                 |
| 9. Totals (Lines 1 to 8.3)   | 44,829     |                      |                 |                           |                      |                          |                |                                 | 44,829                          |
| 10. Death benefits   |            |                      |                 |                           |                      | XXX                      | XXX            |                                 |                                 |
| 11. Matured endowments (excluding guaranteed annual pure endowments)   |            |                      |                 |                           |                      | XXX                      | XXX            |                                 |                                 |
| 12. Annuity benefits   |            | XXX                  | XXX             |                           |                      | XXX                      | XXX            |                                 | XXX                             |
| 13. Disability benefits and benefits under accident and health contracts   |            |                      |                 |                           |                      |                          |                |                                 |                                 |
| 14. Coupons, guaranteed annual pure endowments and similar benefits  |            |                      |                 |                           |                      |                          |                |                                 |                                 |
| 15. Surrender benefits and withdrawals for life contracts  |            |                      |                 |                           |                      |                          | XXX            | XXX                             |                                 |
| 16. Group conversions  |            |                      |                 |                           |                      |                          |                | XXX                             |                                 |
| 17. Interest and adjustments on contract or deposit-type contract funds  |            |                      |                 |                           |                      |                          |                | XXX                             |                                 |
| 18. Payments on supplementary contracts with life contingencies  |            |                      |                 |                           |                      |                          | XXX            | XXX                             |                                 |
| 19. Increase in aggregate reserves for life and accident and health contracts  |            |                      |                 |                           |                      |                          |                | XXX                             |                                 |
| 20. Totals (Lines 10 to 19)  |            |                      |                 |                           |                      |                          |                | XXX                             |                                 |
| 21. Commissions on premiums, annuity considerations and deposit-type contract funds (direct business only)   |            |                      |                 |                           |                      |                          |                |                                 | XXX                             |
| 22. Commissions and expense allowances on reinsurance assumed  |            |                      |                 |                           |                      |                          |                | XXX                             |                                 |
| 23. General insurance expenses and fraternal expenses  | .18,947    |                      |                 |                           |                      |                          |                | .18,947                         |                                 |
| 24. Insurance taxes, licenses and fees, excluding federal income taxes   | 53,887     |                      |                 |                           |                      |                          |                | 53,887                          |                                 |
| 25. Increase in loading on deferred and uncollected premiums   |            |                      |                 |                           |                      |                          |                |                                 |                                 |
| 26. Net transfers to or (from) Separate Accounts net of reinsurance  |            |                      |                 |                           |                      |                          |                | XXX                             |                                 |
| 27. Aggregate write-ins for deductions   | 7,585      |                      |                 |                           |                      |                          |                |                                 | 7,585                           |
| 28. Totals (Lines 20 to 27)  | 80,419     |                      |                 |                           |                      |                          |                |                                 | 80,419                          |
| 29. Net gain from operations before dividends to policyholders, refunds to members and federal income taxes (Line 9 minus Line 28)   | (35,590)   |                      |                 |                           |                      |                          |                |                                 | (35,590)                        |
| 30. Dividends to policyholders and refunds to members  |            |                      |                 |                           |                      |                          |                | XXX                             |                                 |
| 31. Net gain from operations after dividends to policyholders, refunds to members and before federal income taxes (Line 29 minus Line 30)  | (35,590)   |                      |                 |                           |                      |                          |                |                                 | (35,590)                        |
| 32. Federal income taxes incurred (excluding tax on capital gains)   | (26,387)   |                      |                 |                           |                      |                          |                |                                 | (26,387)                        |
| 33. Net gain from operations after dividends to policyholders, refunds to members and federal income taxes and before realized capital gains or (losses) (Line 31 minus Line 32) | (9,203)    |                      |                 |                           |                      |                          |                |                                 | (9,203)                         |
| 34. Policies/certificates in force end of year   |            |                      |                 |                           |                      |                          |                | XXX                             |                                 |
| <b>DETAILS OF WRITE-INS</b>  |            |                      |                 |                           |                      |                          |                |                                 |                                 |
| 08.301.  |            |                      |                 |                           |                      |                          |                |                                 |                                 |
| 08.302.  |            |                      |                 |                           |                      |                          |                |                                 |                                 |
| 08.303.  |            |                      |                 |                           |                      |                          |                |                                 |                                 |
| 08.398. Summary of remaining write-ins for Line 8.3 from overflow page   |            |                      |                 |                           |                      |                          |                |                                 |                                 |
| 08.399. Totals (Lines 08.301 thru 08.303 plus 08.398) (Line 8.3 above)   |            |                      |                 |                           |                      |                          |                |                                 |                                 |
| 2701. Penalties  | 7,585      |                      |                 |                           |                      |                          |                |                                 | 7,585                           |
| 2702.  |            |                      |                 |                           |                      |                          |                |                                 |                                 |
| 2703.  |            |                      |                 |                           |                      |                          |                |                                 |                                 |
| 2798. Summary of remaining write-ins for Line 27 from overflow page  |            |                      |                 |                           |                      |                          |                |                                 |                                 |
| 2799. Totals (Lines 2701 thru 2703 plus 2798) (Line 27 above)  | 7,585      |                      |                 |                           |                      |                          |                |                                 | 7,585                           |

Analysis of Operations by Lines of Business - Individual Life Insurance  
**N O N E**

Analysis of Operations by Lines of Business - Group Life Insurance  
**N O N E**

Analysis of Operations by Lines of Business - Individual Annuities  
**N O N E**

Analysis of Operations by Lines of Business - Group Annuities  
**N O N E**

Analysis of Operations by Lines of Business - Accident and Health  
**N O N E**

Analysis of Increase in Reserves During the Year - Individual Life Insurance  
**N O N E**

Analysis of Increase in Reserves During the Year - Group Life Insurance  
**N O N E**

Analysis of Increase in Reserves During the Year - Individual Annuities  
**N O N E**

Analysis of Increase in Reserves During the Year - Group Annuities  
**N O N E**

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE United Benefit Life Insurance Company  
**EXHIBIT OF NET INVESTMENT INCOME**

|   |           | 1<br>Collected During Year | 2<br>Earned During Year |
|---|-----------|----------------------------|-------------------------|
| 1. U.S. Government bonds .....  | (a) ..... | 49,986                     | 47,105                  |
| 1.1 Bonds exempt from U.S. tax .....  | (a) ..... |                            |                         |
| 1.2 Other bonds (unaffiliated) .....  | (a) ..... |                            |                         |
| 1.3 Bonds of affiliates .....   | (a) ..... |                            |                         |
| 2.1 Preferred stocks (unaffiliated) .....                                     | (b) ..... |                            |                         |
| 2.11 Preferred stocks of affiliates .....                                     | (b) ..... |                            |                         |
| 2.2 Common stocks (unaffiliated) .....  |           |                            |                         |
| 2.21 Common stocks of affiliates .....  |           |                            |                         |
| 3. Mortgage loans .....   | (c) ..... |                            |                         |
| 4. Real estate .....  | (d) ..... |                            |                         |
| 5. Contract loans .....   |           |                            |                         |
| 6. Cash, cash equivalents and short-term investments .....                    | (e) ..... | 236                        | 236                     |
| 7. Derivative instruments .....   | (f) ..... |                            |                         |
| 8. Other invested assets .....  |           |                            |                         |
| 9. Aggregate write-ins for investment income .....                            |           |                            |                         |
| 10. Total gross investment income .....                                       |           | 50,222                     | 47,341                  |
| 11. Investment expenses .....   | (g) ..... |                            | 6,689                   |
| 12. Investment taxes, licenses and fees, excluding federal income taxes ..... | (g) ..... |                            |                         |
| 13. Interest expense .....  | (h) ..... |                            | 139                     |
| 14. Depreciation on real estate and other invested assets .....               | (i) ..... |                            |                         |
| 15. Aggregate write-ins for deductions from investment income .....           |           |                            |                         |
| 16. Total deductions (Lines 11 through 15) .....                              |           |                            | 6,828                   |
| 17. Net investment income (Line 10 minus Line 16) .....                       |           |                            | 40,513                  |
| <b>DETAILS OF WRITE-INS</b>   |           |                            |                         |
| 0901. .....   |           |                            |                         |
| 0902. .....   |           |                            |                         |
| 0903. .....   |           |                            |                         |
| 0998. Summary of remaining write-ins for Line 9 from overflow page .....      |           |                            |                         |
| 0999. Totals (Lines 0901 thru 0903 plus 0998) (Line 9, above) .....           |           |                            |                         |
| 1501. .....   |           |                            |                         |
| 1502. .....   |           |                            |                         |
| 1503. .....   |           |                            |                         |
| 1598. Summary of remaining write-ins for Line 15 from overflow page .....     |           |                            |                         |
| 1599. Totals (Lines 1501 thru 1503 plus 1598) (Line 15, above) .....          |           |                            |                         |

(a) Includes \$ ..... accrual of discount less \$ ..... 2,951 amortization of premium and less \$ ..... 757 paid for accrued interest on purchases.  
 (b) Includes \$ ..... accrual of discount less \$ ..... amortization of premium and less \$ ..... paid for accrued dividends on purchases.  
 (c) Includes \$ ..... accrual of discount less \$ ..... amortization of premium and less \$ ..... paid for accrued interest on purchases.  
 (d) Includes \$ ..... for company's occupancy of its own buildings; and excludes \$ ..... interest on encumbrances.  
 (e) Includes \$ ..... accrual of discount less \$ ..... amortization of premium and less \$ ..... paid for accrued interest on purchases.  
 (f) Includes \$ ..... accrual of discount less \$ ..... amortization of premium.  
 (g) Includes \$ ..... investment expenses and \$ ..... investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.  
 (h) Includes \$ ..... interest on surplus notes and \$ ..... interest on capital notes.  
 (i) Includes \$ ..... depreciation on real estate and \$ ..... depreciation on other invested assets.

**EXHIBIT OF CAPITAL GAINS (LOSSES)**

|  | 1<br>Realized Gain (Loss)<br>On Sales or Maturity | 2<br>Other Realized<br>Adjustments | 3<br>Total Realized<br>Capital Gain (Loss)<br>(Columns 1 + 2) | 4<br>Change in<br>Unrealized<br>Capital Gain (Loss) | 5<br>Change in Unrealized<br>Foreign Exchange<br>Capital Gain (Loss) |
|--|---|------------------------------------|---|---|--|
| 1. U.S. Government bonds .....   |   |                                    |   |   |  |
| 1.1 Bonds exempt from U.S. tax .....                                     |   |                                    |   |   |  |
| 1.2 Other bonds (unaffiliated) .....                                     |   |                                    |   |   |  |
| 1.3 Bonds of affiliates .....  |   |                                    |   |   |  |
| 2.1 Preferred stocks (unaffiliated) .....                                |   |                                    |   |   |  |
| 2.11 Preferred stocks of affiliates .....                                |   |                                    |   |   |  |
| 2.2 Common stocks (unaffiliated) .....                                   |   |                                    |   |   |  |
| 2.21 Common stocks of affiliates .....                                   |   |                                    |   |   |  |
| 3. Mortgage loans .....  |   |                                    |   |   |  |
| 4. Real estate .....   |   |                                    |   |   |  |
| 5. Contract loans .....  |   |                                    |   |   |  |
| 6. Cash, cash equivalents and short-term investments .....               |   |                                    |   |   |  |
| 7. Derivative instruments .....  |   |                                    |   |   |  |
| 8. Other invested assets .....   |   |                                    |   |   |  |
| 9. Aggregate write-ins for capital gains (losses) .....                  |   |                                    |   |   |  |
| 10. Total capital gains (losses) .....                                   |   |                                    |   |   |  |
| <b>DETAILS OF WRITE-INS</b>  |   |                                    |   |   |  |
| 0901. .....  |   |                                    |   |   |  |
| 0902. .....  |   |                                    |   |   |  |
| 0903. .....  |   |                                    |   |   |  |
| 0998. Summary of remaining write-ins for Line 9 from overflow page ..... |   |                                    |   |   |  |
| 0999. Totals (Lines 0901 thru 0903 plus 0998) (Line 9, above) .....      |   |                                    |   |   |  |

Exhibit 1 Part 1 - Premiums and Annuity Considerations

**N O N E**

Exhibit 1 Part 2 - Policyholders' Dividends, Refunds to Members and Coupons Applied, Reinsurance Commissions and Expense

**N O N E**

**ANNUAL STATEMENT FOR THE YEAR 2021 OF THE United Benefit Life Insurance Company**  
**EXHIBIT 2 - GENERAL EXPENSES**

|  | Insurance |                       |                | 5       | 6     | 7              |  |
|--|-----------|-----------------------|----------------|---------|-------|----------------|--|
|  | 1<br>Life | Accident and Health   |                |         | 6     | 7              |  |
|  |           | 2<br>Cost Containment | 3<br>All Other |         |       |                |  |
| 1. Rent .....  |           |                       |                |         |       |                |  |
| 2. Salaries and wages .....  |           |                       |                | 16,164  |       | 16,164         |  |
| 3.11 Contributions for benefit plans for employees .....                       |           |                       |                | 2,870   |       | 2,870          |  |
| 3.12 Contributions for benefit plans for agents .....                          |           |                       |                |         |       |                |  |
| 3.21 Payments to employees under non-funded benefit plans .....                |           |                       |                |         |       |                |  |
| 3.22 Payments to agents under non-funded benefit plans .....                   |           |                       |                |         |       |                |  |
| 3.31 Other employee welfare .....  |           |                       |                | 28      |       | 28             |  |
| 3.32 Other agent welfare .....   |           |                       |                |         |       |                |  |
| 4.1 Legal fees and expenses .....  |           |                       |                |         |       |                |  |
| 4.2 Medical examination fees .....   |           |                       |                |         |       |                |  |
| 4.3 Inspection report fees .....   |           |                       |                |         |       |                |  |
| 4.4 Fees of public accountants and consulting actuaries .....                  |           |                       |                |         |       |                |  |
| 4.5 Expense of investigation and settlement of policy claims .....             |           |                       |                |         |       |                |  |
| 5.1 Traveling expenses .....   |           |                       |                | 2       |       | 2              |  |
| 5.2 Advertising .....  |           |                       |                |         |       |                |  |
| 5.3 Postage, express, telegraph and telephone .....                            |           |                       |                | 84      |       | 84             |  |
| 5.4 Printing and stationery .....  |           |                       |                |         | 1,146 | 1,146          |  |
| 5.5 Cost or depreciation of furniture and equipment .....                      |           |                       |                | 1       |       | 1              |  |
| 5.6 Rental of equipment .....  |           |                       |                |         |       |                |  |
| 5.7 Cost or depreciation of EDP equipment and software .....                   |           |                       |                | 47      |       | 47             |  |
| 6.1 Books and periodicals .....  |           |                       |                |         |       |                |  |
| 6.2 Bureau and association fees .....  |           |                       |                |         |       |                |  |
| 6.3 Insurance, except on real estate .....                                     |           |                       |                |         |       |                |  |
| 6.4 Miscellaneous losses .....   |           |                       |                | (4,437) |       | (4,437)        |  |
| 6.5 Collection and bank service charges .....                                  |           |                       |                | 3,065   |       | 3,065          |  |
| 6.6 Sundry general expenses .....  |           |                       |                | (24)    |       | (24)           |  |
| 6.7 Group service and administration fees .....                                |           |                       |                |         |       |                |  |
| 6.8 Reimbursements by uninsured plans .....                                    |           |                       |                |         |       |                |  |
| 7.1 Agency expense allowance .....   |           |                       |                |         |       |                |  |
| 7.2 Agents' balances charged off (less \$ recovered) .....                     |           |                       |                |         |       |                |  |
| 7.3 Agency conferences other than local meetings .....                         |           |                       |                |         |       |                |  |
| 8.1 Official publication (Fraternal Benefit Societies Only) .....              | XXX       | XXX                   | XXX            | XXX     | XXX   |                |  |
| 8.2 Expense of supreme lodge meetings (Fraternal Benefit Societies Only) ..... | XXX       | XXX                   | XXX            | XXX     | XXX   |                |  |
| 9.1 Real estate expenses .....   |           |                       |                |         |       |                |  |
| 9.2 Investment expenses not included elsewhere .....                           |           |                       |                |         | 6,689 | 6,689          |  |
| 9.3 Aggregate write-ins for expenses .....                                     |           |                       |                |         |       |                |  |
| 10. General expenses incurred .....  |           |                       |                | 18,946  | 6,689 | (b) (a) 25,635 |  |
| 11. General expenses unpaid Dec. 31, prior year .....                          |           |                       |                | 709     |       | 709            |  |
| 12. General expenses unpaid Dec. 31, current year .....                        |           |                       |                | 1,390   |       | 1,390          |  |
| 13. Amounts receivable relating to uninsured plans, prior year .....           |           |                       |                |         |       |                |  |
| 14. Amounts receivable relating to uninsured plans, current year .....         |           |                       |                |         |       |                |  |
| 15. General expenses paid during year (Lines 10+11-12-13-14) .....             |           |                       |                | 18,265  | 6,689 | 24,954         |  |
| <b>DETAILS OF WRITE-INS</b>  |           |                       |                |         |       |                |  |
| 09.301.  |           |                       |                |         |       |                |  |
| 09.302.  |           |                       |                |         |       |                |  |
| 09.303.  |           |                       |                |         |       |                |  |
| 09.398. Summary of remaining write-ins for Line 9.3 from overflow page .....   |           |                       |                |         |       |                |  |
| 09.399. Totals (Lines 09.301 thru 09.303 plus 09.398) (Line 9.3 above) .....   |           |                       |                |         |       |                |  |

(a) Includes management fees of \$ ..... to affiliates and \$ ..... to non-affiliates.

(b) Show the distribution of this amount in the following categories (Fraternal Benefit Societies Only):

1. Charitable \$ ..... ; 2. Institutional \$ ..... ; 3. Recreational and Health \$ ..... ; 4. Educational \$ .....  
 5. Religious \$ ..... ; 6. Membership \$ ..... ; 7. Other \$ ..... ; 8. Total \$ .....

**EXHIBIT 3 - TAXES, LICENSES AND FEES (EXCLUDING FEDERAL INCOME TAXES)**

|   | Insurance |                          |                                  | 4<br>Investment | 5<br>Fraternal | 6<br>Total |
|---|-----------|--------------------------|----------------------------------|-----------------|----------------|------------|
|   | 1<br>Life | 2<br>Accident and Health | 3<br>All Other Lines of Business |                 |                |            |
| 1. Real estate taxes .....  |           |                          |                                  |                 |                |            |
| 2. State insurance department licenses and fees .....                 |           |                          |                                  | 42,504          |                | 42,504     |
| 3. State taxes on premiums .....                                      |           |                          |                                  | 8,581           |                | 8,581      |
| 4. Other state taxes, including \$ for employee benefits .....        |           |                          |                                  | 1,710           |                | 1,710      |
| 5. U.S. Social Security taxes .....                                   |           |                          |                                  | 1,078           |                | 1,078      |
| 6. All other taxes .....  |           |                          |                                  | 15              |                | 15         |
| 7. Taxes, licenses and fees incurred .....                            |           |                          |                                  | 53,888          |                | 53,888     |
| 8. Taxes, licenses and fees unpaid Dec. 31, prior year .....          |           |                          |                                  | 3,148           |                | 3,148      |
| 9. Taxes, licenses and fees unpaid Dec. 31, current year .....        |           |                          |                                  | 4,754           |                | 4,754      |
| 10. Taxes, licenses and fees paid during year (Lines 7 + 8 - 9) ..... |           |                          |                                  | 52,282          |                | 52,282     |

**EXHIBIT 4 - DIVIDENDS OR REFUNDS**

|   | 1<br>Life | 2<br>Accident and Health |
|---|-----------|--------------------------|
| 1. Applied to pay renewal premiums .....  |           |                          |
| 2. Applied to shorten the endowment or premium-paying period .....                          |           |                          |
| 3. Applied to provide paid-up additions .....   |           |                          |
| 4. Applied to provide paid-up annuities .....   |           |                          |
| 5. Total Lines 1 through 4 .....  |           |                          |
| 6. Paid in cash .....   |           |                          |
| 7. Left on deposit .....  |           |                          |
| 8. Aggregate write-ins for dividend or refund options .....                                 |           |                          |
| 9. Total Lines 5 through 8 .....  |           |                          |
| 10. Amount due and unpaid .....   |           |                          |
| 11. Provision for dividends or refunds payable in the following calendar year .....         |           |                          |
| 12. Terminal dividends .....  |           |                          |
| 13. Provision for deferred dividend contracts .....   |           |                          |
| 14. Amount provisionally held for deferred dividend contracts not included in Line 13 ..... |           |                          |
| 15. Total Lines 10 through 14 .....   |           |                          |
| 16. Total from prior year .....   |           |                          |
| 17. Total dividends or refunds (Lines 9 + 15 - 16) .....                                    |           |                          |
| <b>DETAILS OF WRITE-INS</b>   |           |                          |
| 0801.   |           |                          |
| 0802.   |           |                          |
| 0803.   |           |                          |
| 0898. Summary of remaining write-ins for Line 8 from overflow page .....                    |           |                          |
| 0899. Totals (Lines 0801 thru 0803 plus 0898) (Line 8 above) .....                          |           |                          |

**NONE**

Exhibit 5 - Aggregate Reserve for Life Contracts

**N O N E**

Exhibit 5 - Interrogatories

**N O N E**

Exhibit 5A - Changes in Bases of Valuation During the Year

**N O N E**

Exhibit 6 - Aggregate Reserves for Accident and Health Contracts

**N O N E**

Exhibit 7 - Deposit-Type Contracts

**N O N E**

Exhibit 8 - Contract Claims - Part 1 - Liability End of Current Year

**N O N E**

Exhibit 8 - Contract Claims - Part 2 - Incurred During the Year

**N O N E**

Exhibit of Nonadmitted Assets

**N O N E**

## NOTES TO FINANCIAL STATEMENTS

### Note 1 – Summary of Significant Accounting Policies and Going Concern

The COVID-19 pandemic has pervasively impacted the economy, financial markets and health care delivery systems. The Company closely monitors the evolving dynamics of the COVID-19 pandemic to identify risks and evaluate potential exposures. As of December 31, 2021, neither the pandemic nor related regulatory requirements have had a material impact on the Company's financial position or results of operations as of or for the year ended December 31, 2021 or 2020.

#### A. Accounting Practices

The financial Statements of United Benefit Life Insurance Company ("UBLIC" or "the Company" are presented on the basis of accounting practices prescribed or permitted by the Ohio Department of Insurance.

The Ohio Department of Insurance recognizes only statutory accounting practices prescribed or permitted by the State of Ohio for determining and reporting the financial condition and results of operations of an insurance company for determining its solvency under the Ohio Insurance Law. The National Association of Insurance Commissioners' ("NAIC") Accounting Practices and Procedures manual, ("NAIC SAP") has been adopted as a component of prescribed or permitted practices by the State of Ohio.

A reconciliation of the Company's net income and capital and surplus between NAIC SAP and practices prescribed and permitted by the State of Ohio is shown below:

|  | SSAP # | F/S Page | F/S Line # | 2021         | 2020         |
|--|--------|----------|------------|--------------|--------------|
| <b>NET INCOME</b>  |        |          |            |              |              |
| (1) Company state basis (Page 4, Line 35, Columns 1 & 2)                     | XXX    | XXX      | XXX        | \$ (9,203)   | \$ (478)     |
| (2) State Prescribed Practices that are an increase/(decrease) from NAIC SAP |        |          |            |              |              |
|  |        |          |            | \$           | \$           |
| (3) State Permitted Practices that are an increase/(decrease) from NAIC SAP  |        |          |            |              |              |
|  |        |          |            | \$           | \$           |
| (4) NAIC SAP (1 – 2 – 3 = 4)   | XXX    | XXX      | XXX        | \$ (9,203)   | \$ (478)     |
| <b>SURPLUS</b>   |        |          |            |              |              |
| (5) Company state basis (Page 3, Line 38, Columns 1 & 2)                     | XXX    | XXX      | XXX        | \$ 3,065,383 | \$ 3,074,381 |
| (6) State Prescribed Practices that are an increase/(decrease) from NAIC SAP |        |          |            |              |              |
|  |        |          |            | \$           | \$           |
| (7) State Permitted Practices that are an increase/(decrease) from NAIC SAP  |        |          |            |              |              |
|  |        |          |            | \$           | \$           |
| (8) NAIC SAP (5 – 6 – 7 = 8)   | XXX    | XXX      | XXX        | \$ 3,065,383 | \$ 3,074,381 |

#### B. Use of Estimates in the Preparation of the Financial Statement

The preparation of financial statements in conformity with NAIC SAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities. It also requires disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the period. Actual results could differ from those estimates.

#### C. Accounting Policy

Life premiums are recognized as income over the premium-paying period of the related policies. Annuity considerations are recognized as revenue when received. Health premiums are earned ratably over the terms of the related insurance. Expenses incurred in connection with acquiring new insurance business, including acquisition costs such as sales commissions, are charged to operations as incurred. The Company pays dividends to participating policyholders.

The Company uses the following accounting policies:

##### (1)-(2) Basis for Short-Term Investments, Bonds and Amortization

Investments in bonds and short-term investments are carried at amortized cost, except those in or near default that are carried at the lesser of cost or fair value. Amortization of bond premium or discount is calculated using the scientific (constant yield) interest method. Bonds containing call provisions are amortized to call date which produces the lowest asset value (yield to worst). Investments with original maturities of one year or less from the time of purchase are classified as short-term. Bonds are considered impaired and their cost basis is written down to fair value through an asset valuation reserve for credit-related losses or an interest maintenance reserve for interest-related losses, when management expects a decline in value to persist (i.e., the decline is other-than-temporary).

##### (3)-(5) Not Applicable

##### (6) Basis for Loan-Backed Securities and Adjustment Methodology

Loan-backed bonds and structured securities are valued at amortized cost using the constant level yield method. Significant changes in estimated cash flows from the original purchase assumptions are accounted for generally using the retrospective adjustment method. For loan-backed and structured securities that have potential for loss of a significant portion of the original investment, significant changes in estimated cash flows from the original purchase assumptions are accounted for using the prospective method. These securities are presented on the balance sheet as bonds.

Prepayment assumptions for loan-backed securities and other structured securities were obtained from external financial data sources. These assumptions are consistent with the current interest rate and economic environment.

When the Company determines it does not expect to recover the amortized cost basis of loan-backed or structured securities with declines in fair value (even if it does not intend to sell and has the intent and ability to hold), the non-interest portion of the impairment loss is recognized in realized investment losses. The non-interest portion is the difference between the amortized cost basis of the loan-backed or structured security and the net present value of its expected future cash flows. Expected future cash flows are based on assumptions about the collateral attributes, including prepayment speeds, default rates and changes in value.

##### (7)-(13) Not Applicable

#### D. Going Concern

In accordance with SSAP No. 1, "Accounting Policies, Risks and Uncertainties, and Other Disclosures," management has made an evaluation of the Company's ability to continue as a going concern, including such factors as its current financial position, recent earnings and cash flow trends and projections, liquidity and capital requirements, readily available sources of liquidity and such other factors deemed by management to be appropriate under the circumstances. As a result of management's evaluation, no conditions, events or trends have been identified that causes substantial doubt as to the ability of the Company to continue as a going concern and, accordingly, the accompanying financial statements have been prepared on the going concern basis.

## NOTES TO FINANCIAL STATEMENTS

### Note 2 – Accounting Changes and Correction of Errors

Not applicable.

### Note 3 – Business Combinations and Goodwill

Not applicable.

### Note 4 – Discontinued Operations

Not applicable.

### Note 5 – Investments

A. - K. Not applicable.

#### L. Restricted Assets

(1) Restricted Assets (Including Pledged)

| Restricted Asset Category  | Gross (Admitted & Nonadmitted) Restricted |                                 |  |  |                  |                       | 6                                | 7        |  |  |
|--|---|---------------------------------|--|--|------------------|-----------------------|----------------------------------|----------|--|--|
|  | Current Year                              |                                 |  |  |                  | Total From Prior Year |                                  |          |  |  |
|  | 1   | 2                               | 3  | 4                                      | 5                |                       |                                  |          |  |  |
| Restricted Asset Category  | Total General Account (G/A)               | G/A Supporting S/A Activity (a) | Total Separate Account (S/A) Restricted Assets | S/A Assets Supporting G/A Activity (b) | Total (1 plus 3) | Total From Prior Year | Increase/ (Decrease) (5 minus 6) | 7        |  |  |
| a. Subject to contractual obligation for which liability is not shown              | \$  | \$                              | \$   | \$                                     | \$               | \$                    | \$                               | \$       |  |  |
| b. Collateral held under security lending arrangements                             |   |                                 |  |  |                  |                       |                                  |          |  |  |
| c. Subject to repurchase agreements  |   |                                 |  |  |                  |                       |                                  |          |  |  |
| d. Subject to reverse repurchase agreements  |   |                                 |  |  |                  |                       |                                  |          |  |  |
| e. Subject to dollar repurchase agreements   |   |                                 |  |  |                  |                       |                                  |          |  |  |
| f. Subject to dollar reverse repurchase agreements                                 |   |                                 |  |  |                  |                       |                                  |          |  |  |
| g. Placed under option contracts   |   |                                 |  |  |                  |                       |                                  |          |  |  |
| h. Letter stock or securities restricted as to sale – excluding FHLB capital stock |   |                                 |  |  |                  |                       |                                  |          |  |  |
| i. FHLB capital stock  |   |                                 |  |  |                  |                       |                                  |          |  |  |
| j. On deposit with states  | 1,756,093                                 |                                 |  |  |                  | 1,756,093             | 1,771,713                        | (15,620) |  |  |
| k. On deposit with other regulatory bodies   |   |                                 |  |  |                  |                       |                                  |          |  |  |
| l. Pledged as collateral to FHLB (including assets backing funding agreements)     |   |                                 |  |  |                  |                       |                                  |          |  |  |
| m. Pledged as collateral not captured in other categories                          |   |                                 |  |  |                  |                       |                                  |          |  |  |
| n. Other restricted assets   |   |                                 |  |  |                  | —                     |                                  |          |  |  |
| o. Total Restricted Assets   | \$ 1,756,093                              | \$ —                            | \$ —   | \$ —                                   | \$ 1,756,093     | \$ 1,771,713          | \$ (15,620)                      |          |  |  |

## NOTES TO FINANCIAL STATEMENTS

| Restricted Asset Category  | Current Year                 |                                       |   |  |  |
|--|------------------------------|---------------------------------------|---|--|--|
|  |                              |                                       | Percentage  |  |  |
|  | 8                            | 9                                     | 10  | 11   |  |
|  | Total Nonadmitted Restricted | Total Admitted Restricted (5 minus 8) | Gross (Admitted & Nonadmitted) Restricted to Total Assets (c) | Admitted Restricted to Total Admitted Assets (d) |  |
| a. Subject to contractual obligation for which liability is not shown              | \$                           | \$                                    | %   | %  |  |
| b. Collateral held under security lending arrangements                             |                              |                                       | %   | %  |  |
| c. Subject to repurchase agreements  |                              |                                       | %   | %  |  |
| d. Subject to reverse repurchase agreements  |                              |                                       | %   | %  |  |
| e. Subject to dollar repurchase agreements   |                              |                                       | %   | %  |  |
| f. Subject to dollar reverse repurchase agreements                                 |                              |                                       | %   | %  |  |
| g. Placed under option contracts   |                              |                                       | %   | %  |  |
| h. Letter stock or securities restricted as to sale – excluding FHLB capital stock |                              |                                       | %   | %  |  |
| i. FHLB capital stock  |                              |                                       | %   | %  |  |
| j. On deposit with states  |                              | 1,756,093                             | 56.7%   | 56.7%  |  |
| k. On deposit with other regulatory bodies   |                              |                                       | %   | %  |  |
| l. Pledged as collateral to FHLB (including assets backing funding agreements)     |                              |                                       | %   | %  |  |
| m. Pledged as collateral not captured in other categories                          |                              |                                       | %   | %  |  |
| n. Other restricted assets   |                              | —                                     | %   | %  |  |
| o. Total Restricted Assets   | \$                           | \$ 1,756,093                          | 56.7%   | 56.7%  |  |

- (a) Subset of column 1
- (b) Subset of column 3
- (c) Column 5 divided by Asset Page, Column 1, Line 28
- (d) Column 9 divided by Asset Page, Column 3, Line 28

(2)-(4) Not applicable.

M. - Q. Not applicable.

R. Share of Cash Pool by Asset Type

The Company and other entities participate in a corporate cash pooling arrangement to manage liquidity and optimize returns. Under NAIC guidance, entities report their entire cash balance in the cash pool as the asset type which represents a majority of the held assets. As of December 31, 2021 the Company's share of the cash pool by asset type were as follows:

| December 31, 2021          |               |
|----------------------------|---------------|
| Asset Type                 | Percent Share |
| (1) Cash                   | 0.0%          |
| (2) Cash Equivalents       | 88.1%         |
| (3) Short Term Investments | 11.9%         |
| (4) Total                  | 100.0%        |

### Note 6 – Joint Ventures, Partnerships and Limited Liability Companies

Not applicable.

### Note 7 – Investment Income

A. Due and accrued income is excluded from surplus on the following basis:

Bonds – If deemed collectible, investment income due and accrued exceeding 90 days past due is non-admitted.

B. No amounts were excluded for the years ended December 31, 2021 and 2020.

### Note 8 – Derivative Instruments

Not applicable.

### Note 9 – Income Taxes

A. Deferred Tax Assets/(Liabilities)

1. Components of Net Deferred Tax Asset/(Liability)

## NOTES TO FINANCIAL STATEMENTS

|  | 2021          |              |                         | 2020          |              |                         | Change                     |                           |                         |
|--|---------------|--------------|-------------------------|---------------|--------------|-------------------------|----------------------------|---------------------------|-------------------------|
|  | 1<br>Ordinary | 2<br>Capital | 3<br>(Col 1+2)<br>Total | 4<br>Ordinary | 5<br>Capital | 6<br>(Col 4+5)<br>Total | 7<br>(Col 1-4)<br>Ordinary | 8<br>(Col 2-5)<br>Capital | 9<br>(Col 7+8)<br>Total |
| a. Gross deferred tax assets   | \$ 119,271    |              | \$ 119,271              | \$ 138,871    |              | \$ 138,871              | \$ (19,600)                |                           | \$ (19,600)             |
| b. Statutory valuation allowance adjustment                              | 119,271       |              | 119,271                 | 138,871       |              | 138,871                 | (19,600)                   |                           | (19,600)                |
| c. Adjusted gross deferred tax assets (1a-1b)                            | \$ —          |              | \$ —                    | \$ —          |              | \$ —                    | \$ —                       |                           | \$ —                    |
| d. Deferred tax assets nonadmitted                                       | —             |              | —                       | —             |              | —                       | —                          |                           | —                       |
| e. Subtotal net admitted deferred tax asset (1c-1d)                      | \$ —          |              | \$ —                    | \$ —          |              | \$ —                    | \$ —                       |                           | \$ —                    |
| f. Deferred tax liabilities  | —             |              | —                       | —             |              | —                       | —                          |                           | —                       |
| g. Net admitted deferred tax assets/(net deferred tax liability) (1e-1f) | \$ —          |              | \$ —                    | \$ —          |              | \$ —                    | \$ —                       |                           | \$ —                    |

## 2. Admission Calculation Components SSAP No. 101

|  | 2021          |              |                         | 2020          |              |                         | Change                     |                           |                         |
|--|---------------|--------------|-------------------------|---------------|--------------|-------------------------|----------------------------|---------------------------|-------------------------|
|  | 1<br>Ordinary | 2<br>Capital | 3<br>(Col 1+2)<br>Total | 4<br>Ordinary | 5<br>Capital | 6<br>(Col 4+5)<br>Total | 7<br>(Col 1-4)<br>Ordinary | 8<br>(Col 2-5)<br>Capital | 9<br>(Col 7+8)<br>Total |
| a. Federal income taxes paid in prior years recoverable through loss carrybacks  | \$ —          | \$ —         | \$ —                    | \$ —          | \$ —         | \$ —                    | \$ —                       | \$ —                      | \$ —                    |
| b. Adjusted gross deferred tax assets expected to be realized (excluding the amount of deferred tax assets from 2(a) above) after application of the threshold limitation. (The lesser of 2(b)1 and 2(b)2 below: | —             |              | —                       | —             |              | —                       | —                          |                           | —                       |
| Adjusted gross deferred tax assets expected to be realized following the balance sheet date  | —             |              | —                       | —             |              | —                       | —                          |                           | —                       |
| Adjusted gross deferred tax assets allowed per limitation threshold  |               |              | 459,807                 |               |              | 461,157                 |                            |                           | (1,350)                 |
| c. Adjusted gross deferred tax assets (excluding the amount of deferred tax assets from 2(a) and 2(b) above) offset by gross deferred tax liabilities  | —             |              | —                       | —             |              | —                       | —                          |                           | —                       |
| d. Deferred tax assets admitted as the result of application of SSAP No. 101.  |               |              |                         |               |              |                         |                            |                           |                         |
| Total (2(a)+2(b)+2(c))   | 0             | 0            | 0                       | 0             | 0            | \$ —                    | \$ —                       | \$ —                      | \$ —                    |

## 3. Other Admissibility Criteria

|    |  | 2021         | 2020         |
|----|--|--------------|--------------|
| a. | Ratio percentage used to determine recovery period and threshold limitation amount                               | 29370.0%     | 28158.0%     |
| b. | Amount of adjusted capital and surplus used to determine recovery period and threshold limitation in 2(b)2 above | \$ 3,065,383 | \$ 3,074,381 |

## 4. Impact of Tax Planning Strategies

(a) Determination of adjusted gross deferred tax assets and net admitted deferred tax assets, by tax character as a percentage.

## NOTES TO FINANCIAL STATEMENTS

|   | 2021     |         | 2020     |         | Change                 |                       |
|---|----------|---------|----------|---------|------------------------|-----------------------|
|   | 1        | 2       | 3        | 4       | 5                      | 6                     |
|   | Ordinary | Capital | Ordinary | Capital | (Col. 1-3)<br>Ordinary | (Col. 2-4)<br>Capital |
| 1. Adjusted gross DTAs amount from Note 9A1(c)  | \$ —     | \$ —    | \$ —     | \$ —    | \$ —                   | \$ —                  |
| 2. Percentage of adjusted gross DTAs by tax character attributable to the impact of tax planning strategies                 | 0%       | 0%      | 0%       | 0%      | 0%                     | 0%                    |
| 3. Net Admitted Adjusted Gross DTAs amount from Note 9A1(e)   | \$ —     | \$ —    | \$ —     | \$ —    | \$ —                   | \$ —                  |
| 4 Percentage of net admitted adjusted gross DTAs by tax character admitted because of the impact of tax planning strategies | 0%       | 0%      | 0%       | 0%      | 0%                     | 0%                    |

(b) Does the company's tax planning strategies include the use of reinsurance? NO

## B. Deferred Tax Liabilities Not Recognized

All deferred tax liabilities have been properly recognized.

## C. Current and Deferred Income Taxes

## 1. Current Income Tax

|   | 1           | 2           | 3                   |
|---|-------------|-------------|---------------------|
|   | 2021        | 2020        | (Col 1-2)<br>Change |
| a. Federal                                    | \$ (26,387) | \$ (25,700) | \$ (687)            |
| b. Foreign                                    |             |             |                     |
| c. Subtotal                                   | (26,387)    | (25,700)    | (687)               |
| d. Federal income tax on net capital gains    |             |             | —                   |
| e. Utilization of capital loss carry-forwards |             |             |                     |
| f. Other                                      |             |             | —                   |
| g. Federal and Foreign income taxes incurred  | \$ (26,387) | \$ (25,700) | \$ (687)            |

## 2. Deferred Tax Assets

|  | 1          | 2          | 3                   |
|--|------------|------------|---------------------|
|  | 2021       | 2020       | (Col 1-2)<br>Change |
| a. Ordinary:   |            |            |                     |
| 1. Discounting of unpaid losses                                    | \$ —       | \$ —       | \$ —                |
| 2. Unearned premium reserve  |            |            |                     |
| 3. Policyholder reserves   |            |            |                     |
| 4. Investments   |            |            |                     |
| 5. Deferred acquisition costs                                      |            |            |                     |
| 6. Policyholder dividends accrual                                  |            |            |                     |
| 7. Fixed assets  |            |            |                     |
| 8. Compensation and benefits accrual                               |            |            |                     |
| 9. Pension accrual   |            |            |                     |
| 10. Receivables - nonadmitted                                      |            |            | —                   |
| 11. Net operating loss carry-forward                               | 8,204      | 8,204      | —                   |
| 12. Tax credit carry-forward                                       |            |            |                     |
| 13. Other (items <=5% and >5% of total ordinary tax assets)        | 111,067    | 130,667    | (19,600)            |
| Other (items listed individually >5% of total ordinary tax assets) |            |            |                     |
| Goodwill and Intangibles   | 111,067    | 130,667    | (19,600)            |
| 99. Subtotal   | \$ 119,271 | \$ 138,871 | \$ (19,600)         |
| b. Statutory valuation allowance adjustment                        | 119,271    | 138,871    | (19,600)            |
| c. Nonadmitted   | —          | —          | —                   |
| d. Admitted ordinary deferred tax assets (2a99-2b-2c)              | \$ —       | \$ —       | \$ —                |
| e. Capital:  |            |            |                     |
| 1. Investments   |            |            |                     |
| 2. Net capital loss carry-forward                                  |            |            |                     |
| 3. Real estate   |            |            |                     |
| 4. Other (items <=5% and >5% of total capital tax assets)          |            |            |                     |
| Other (items listed individually >5% of total capital tax assets)  |            |            |                     |
| 99. Subtotal   | \$ —       | \$ —       | \$ —                |
| f. Statutory valuation allowance adjustment                        |            |            |                     |
| g. Nonadmitted   |            |            |                     |
| h. Admitted capital deferred tax assets (2e99-2f-2g)               |            |            |                     |
| i. Admitted deferred tax assets (2d+2h)                            | \$ —       | \$ —       | \$ —                |

## NOTES TO FINANCIAL STATEMENTS

## 3. Deferred Tax Liabilities

|   | 1    | 2    | 3                   |
|---|------|------|---------------------|
|   | 2021 | 2020 | (Col 1-2)<br>Change |
| <b>a. Ordinary:</b>   |      |      |                     |
| 1. Investments  | \$   | \$   | \$                  |
| 2. Fixed assets   | —    | —    | —                   |
| 3. Deferred and uncollected premium                                     | —    | —    | —                   |
| 4. Policyholder reserves  | —    | —    | —                   |
| 5. Other (items <=5% and >5% of total ordinary tax liabilities)         | —    | —    | —                   |
| Other (items listed individually >5% of total ordinary tax liabilities) | —    | —    | —                   |
| Other   | —    | —    | —                   |
| 99. Subtotal  | \$   | —    | \$                  |
| <b>b. Capital:</b>  |      |      |                     |
| 1. Investments  | \$   | \$   | \$                  |
| 2. Real estate  | —    | —    | —                   |
| 3. Other (Items <=5% and >5% of total capital tax liabilities)          | —    | —    | —                   |
| Other (items listed individually >5% of total capital tax liabilities)  | —    | —    | —                   |
| 99. Subtotal  | \$   | \$   | \$                  |
| <b>c. Deferred tax liabilities (3a99+3b99)</b>                          |      |      |                     |
| 4 Net Deferred Tax Assets (2i – 3c)                                     | \$   | —    | \$                  |

The change in net deferred income taxes is comprised of the following (this analysis is exclusive of nonadmitted assets as the change in nonadmitted assets is reported separately from the change in net deferred income taxes in the capital and surplus section of the Statement of Revenue and Expenses):

|   | 1          | 2          | 3                   |
|---|------------|------------|---------------------|
|   | 2021       | 2020       | (Col 1-2)<br>Change |
| <b>Total deferred tax assets</b>  |            |            |                     |
| Total deferred tax assets   | \$ 119,271 | \$ 138,871 | \$ (19,600)         |
| <b>Total deferred tax liabilities</b>                                   |            |            |                     |
| Total deferred tax liabilities  | —          | —          | —                   |
| <b>Net deferred tax asset/liabilities</b>                               |            |            |                     |
| Net deferred tax asset/liabilities                                      | 119,271    | 138,871    | (19,600)            |
| <b>Statutory valuation allowance adjustment</b>                         |            |            |                     |
| Statutory valuation allowance adjustment                                | 119,271    | 138,871    | (19,600)            |
| <b>Net deferred tax assets/liabilities after SVA</b>                    |            |            |                     |
| Net deferred tax assets/liabilities after SVA                           | —          | —          | —                   |
| <b>Tax effect of unrealized gains (losses)</b>                          |            |            |                     |
| Tax effect of unrealized gains (losses)                                 | —          | —          | —                   |
| <b>Statutory valuation allowance adjustment allocated to unrealized</b> |            |            |                     |
| Statutory valuation allowance adjustment allocated to unrealized        | —          | —          | —                   |
| <b>Other intraperiod allocation of deferred tax movement</b>            |            |            |                     |
| Other intraperiod allocation of deferred tax movement                   | —          | —          | —                   |
| <b>Change in net deferred income tax</b>                                |            |            |                     |
| Change in net deferred income tax                                       | \$ —       | \$ —       | \$ —                |

## D. Reconciliation of Federal Income Tax Rate to Actual Effective Rate

The provision for federal income taxes incurred is different from that which would be obtained by applying the statutory federal income tax rate to income before income taxes including realized capital gains/losses. The significant items causing this difference are as follows:

|  | Amount             | Effective Tax Rate (%) |
|--|--------------------|------------------------|
| Provision computed at statutory rate               | \$ (7,474)         | 21.0%                  |
| Change in non admitted assets                      | —                  | 0.0%                   |
| Change in statutory valuation allowance adjustment | (19,600)           | 55.1%                  |
| Amortization of interest maintenance reserve       | (906)              | 2.5%                   |
| Meals and entertainment                            | —                  | 0.0%                   |
| Nondeductible penalties and fines                  | 1,593              | -4.5%                  |
| <b>Totals</b>                                      | <b>\$ (26,387)</b> | <b>74.1%</b>           |
| Federal and foreign income taxes incurred          | (26,387)           | 74.1%                  |
| Change in net deferred income taxes                | —                  | 0.0%                   |
| <b>Total statutory income taxes</b>                | <b>\$ (26,387)</b> | <b>74.1%</b>           |

## E. Operating Loss Carry Forwards and Income Taxes Available for Recoupment

1. At December 31, 2021, the Company has \$39,068 of net operating loss carry forward, which originated in 2012, and no capital loss carry forward.
2. Capital income taxes available for recoupment in the event of future losses include:

| Year | Amounts |
|------|---------|
| 2019 | \$ —    |
| 2020 | \$ —    |
| 2021 | \$ —    |

3. The Company's aggregate amount of deposits admitted under Section 6603 of the Internal Revenue Service Code  
Not applicable

## F. Consolidated Federal Income Tax Return

1. The Company's federal income tax return is consolidated with Cigna and the following entities:

## NOTES TO FINANCIAL STATEMENTS

|  |   |   |
|--|---|---|
| Accredo Health Group, Inc.                 | Cigna Healthcare of Florida Inc                           | Express Scripts Senior Care Holdings, Inc.            |
| Accredo Health, Inc.                       | Cigna Healthcare of Georgia Inc                           | Express Scripts Senior Care, Inc.                     |
| AHG of New York, Inc.                      | Cigna Healthcare of Illinois Inc                          | Express Scripts Services Company, Inc.                |
| Allegiance Benefit Plan Management Inc     | Cigna Healthcare of Indiana Inc                           | Express Scripts Specialty Distribution Services, Inc. |
| Allegiance Cobra Services Inc              | Cigna Healthcare of Maine Inc                             | Express Scripts Strategic Development, Inc.           |
| Allegiance Life & Health Insurance Co      | Cigna Healthcare of Massachusetts Inc                     | Express Scripts Utilization Management, Inc.          |
| Allegiance Re Inc                          | Cigna Healthcare of New Hampshire Inc                     | Express Scripts, Inc.                                 |
| American Retirement Life Insurance Company | Cigna Healthcare of New Jersey Inc                        | Former Cigna Investments Inc                          |
| Arizona Healthplan Inc                     | Cigna Healthcare of North Carolina Inc                    | Freco, Inc.   |
| Benefit Management Corp                    | Cigna Healthcare of Pennsylvania Inc                      | GreatWest Healthcare of Illinois Inc                  |
| BioPartners in Care, Inc.                  | Cigna Healthcare of South Carolina                        | Hazard Center Investment Co LLC                       |
| Bravo Health Mid-Atlantic, Inc.            | Cigna Healthcare of St Louis Inc                          | Healthbridge Reimbursement & Product Support, Inc.    |
| Bravo Health Pennsylvania, Inc.            | Cigna Healthcare of Tennessee Inc                         | Healthbridge, Inc.                                    |
| Breakthrough Behavioral, Inc.              | Cigna Healthcare of Texas Inc                             | Healthsource Benefits Inc                             |
| Brighter, Inc.                             | Cigna Healthcare of Utah Inc                              | Healthsource Inc                                      |
| Care Continuum, Inc.                       | Cigna Holding Company                                     | Healthsource Properties Inc                           |
| CareAllies, Inc.                           | Cigna Holdings Inc  | Healthspring Life & Health Insurance Company          |
| CG Individual Tax Benefit Payments Inc     | Cigna Holdings Overseas Inc                               | Healthspring of Florida, Inc.                         |
| CG Life Pension Benefit Payments Inc       | Cigna Integrated Care Inc                                 | Healthspring, Inc.                                    |
| CG LINA Pension Benefit Payments Inc       | Cigna Intellectual Property Inc                           | IHN Inc.  |
| Chiro Alliance Corporation                 | Cigna International Corporation                           | Intermountain Underwriters Inc                        |
| Cigna Arbor Life Insurance Company         | Cigna International Finance Inc                           | Kronos Optimal Health Company                         |
| Cigna Benefit Technology Solutions, Inc.   | Cigna International Services Inc                          | Loyal American Life Insurance Company                 |
| Cigna Benefits Financing, Inc.             | Cigna Investment Group Inc                                | Lynnfield Compounding Center, Inc.                    |
| Cigna Dental Health Inc                    | Cigna Investments Inc                                     | Lynnfield Drug, Inc.                                  |
| Cigna Dental Health of California Inc      | Cigna Linden Holdings Inc                                 | MAH Pharmacy, LLC                                     |
| Cigna Dental Health of Colorado Inc        | Cigna Managed Care Benefits Company                       | Malta Merger Sub, Inc.                                |
| Cigna Dental Health of Delaware Inc        | Cigna National Health Insurance Company                   | Managed Care Consultants Inc                          |
| Cigna Dental Health of Florida Inc         | Cigna Poplar Holdings Inc                                 | Matrix Healthcare Services, Inc.                      |
| Cigna Dental Health of Illinois Inc        | Cigna RE Corporation                                      | MCC Independent Practice Assoc of New York Inc        |
| Cigna Dental Health of Kansas Inc          | Cigna Resource Manager Inc                                | MDLive, Inc.  |
| Cigna Dental Health of Kentucky Inc        | Cigna Worldwide Insurance Company                         | Medco Containment Insurance Company of New York       |
| Cigna Dental Health of Maryland Inc        | Connecticut General Benefit Payments Inc.                 | Medco Containment Life Insurance Company              |
| Cigna Dental Health of Missouri Inc        | Connecticut General Corporation                           | Medco Health Information Network Partners, Inc.       |
| Cigna Dental Health of New Jersey Inc      | Connecticut General Life Insurance Company                | Medco Health Puerto Rico, LLC                         |
| Cigna Dental Health of North Carolina Inc  | Curascript, Inc.  | Medco Health Services, Inc.                           |
| Cigna Dental Health of Ohio Inc            | Diversified NY IPA, Inc.                                  | Meddiversal Inc                                       |
| Cigna Dental Health of Pennsylvania Inc    | Diversified Pharmaceutical Services, Inc.                 | Medsolutions Holdings, Inc.                           |
| Cigna Dental Health of Texas Inc           | ESI GP Holdings, Inc.                                     | MSI Health Organization of Texas                      |
| Cigna Dental Health of Virginia Inc        | ESI Mail Order Processing, Inc.                           | Olympic Health Management Services Inc                |
| Cigna Dental Healthplan of Arizona Inc     | ESI Mail Pharmacy Service, Inc.                           | Olympic Health Management Systems Inc                 |
| Cigna Direct Marketing Company Inc.        | Evernorth Behavioral Health of California, Inc.           | Priority Healthcare Corporation                       |
| Cigna Federal Benefits Inc                 | Evernorth Behavioral Health of Texas, Inc.                | Priority Healthcare Distribution, Inc.                |
| Cigna Global Holdings Inc                  | Evernorth Behavioral Health, Inc.                         | Provident American Life and Health Insurance Company  |
| Cigna Global Insurance Company Limited     | Evernorth Care Solutions, Inc.                            | QUALCARE ALLIANCE NETWORKS, INC.                      |
| Cigna Global Reinsurance Company LTD       | Evernorth Enterprise Services, Inc.                       | QUALCARE, INC.  |
| Cigna Health and Life Insurance Company    | Evernorth Health, Inc.                                    | Sagamore Health Network Inc                           |
| Cigna Health Corporation                   | Evernorth Sales Operations, Inc.                          | SCIBAL ASSOCIATES, INC.                               |
| Cigna Health Management Inc                | Evernorth Strategic Development, Inc.                     | Spectracare Health Care Ventures, Inc.                |
| Cigna Healthcare Benefits Inc              | eviCore 1, LLC  | SpectraCare, Inc.                                     |
| Cigna Healthcare Holdings Inc              | Express Reinsurance Company                               | Sterling Life Insurance Company                       |
| Cigna Healthcare Inc                       | Express Scripts Administrators, LLC                       | Tel-Drug Inc  |
| Cigna Healthcare Mid-Atlantic Inc          | Express Scripts Canada Holding Company                    | United Benefit Life Insurance Company                 |
| Cigna Healthcare of Arizona Inc            | Express Scripts Health Information Network Partners, Inc. | Universal Claims Administration                       |
| Cigna Healthcare of California Inc         | Express Scripts Pharmaceutical Procurement, LLC           | Verity Solutions Group, Inc.                          |
| Cigna Healthcare of Colorado Inc           | Express Scripts Pharmacy, Inc.                            |   |
| Cigna Healthcare of Connecticut Inc        | Express Scripts Sales Operations, Inc.                    |   |

2. The manner in which the Board of Directors sets forth for allocating the consolidated federal income tax:  
 The Company is party to Cigna's Consolidated Federal Income Tax Agreement (the Agreement), which sets forth the method of allocation of Cigna's federal income taxes to its wholly-owned domestic subsidiaries subject to The Agreement. The Agreement provides for immediate reimbursement to companies with net operating losses to the extent that their losses are utilized to reduce consolidated taxable income; while those companies with current taxable income as calculated under federal separate return provisions, are liable for payments determined as if they had each filed a separate return. However, current credit is given for any foreign tax credit, operating loss, or investment tax credit carryovers actually utilized in the current consolidated return.

**G. Federal or Foreign Federal Income Tax Loss Contingencies:**

- (1) The statute of limitations for Cigna's consolidated income tax returns through 2016 have closed. Cigna has filed amended consolidated returns for various years and the pending refunds are subjected to Internal Revenue Service (IRS) review. Cigna is currently under examination for 2015 through 2018. No material impacts are anticipated for the Company.
- (2) In management's opinion the Company has adequate tax liabilities to address potential exposures involving tax positions the Company has taken that may be challenged by the IRS upon audit. These liabilities could be revised in the near term if estimates of the Company's ultimate liability change as a result of new developments or change in circumstances. No material contingent tax liability is included in the Company's current federal income tax payable. The Company does not expect a significant increase in federal contingent tax liability within the next twelve months.

**H. Repatriation Transition (RTT)**

Not Applicable

**I. Alternative Minimum Tax (AMT) credit**

Not Applicable

## NOTES TO FINANCIAL STATEMENTS

### **Note 10 – Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties**

#### A. - C. Nature of the Relationship Involved

On February 19, 2013, the Company entered into a line of credit agreement with Cigna Holdings, Inc. ("CHI") under which UBLIC can borrow up to \$10,000,000 from CHI. The agreement provides for two rate/maturity options; a) a variable rate payable on demand or b) a fixed rate with a stated maturity not to exceed 270 days. There were no amounts outstanding at December 31, 2021, and borrowings during the year were not material.

On February 19, 2013, the Company also entered into a line of credit agreement with Cigna Corporation ("Cigna") under which Cigna can borrow up to \$10,000,000 from UBLIC. Borrowing terms under this agreement are identical to the terms under the UBLIC/CHI agreement discussed above. Cigna did not borrow under this agreement in 2021.

#### D. Amounts Due From or To Related Parties

At December 31, 2021, the Company reported \$2,534 as amounts due to affiliated companies. The terms of the agreements require that these amounts be settled within 90 days.

#### E. Guarantees or Undertakings

Not Applicable

#### F. Material Management or Service Contracts and Cost-Sharing Arrangements

(1) The Company and certain related parties have entered into service contracts and cost-sharing arrangements, including an expense sharing agreement in which the parties share expenses for certain shared services. These arrangements include providing or being provided with management services, computers, data processing and other services, as well as equipment, supplies and office space. Expenses incurred under these arrangements were \$20,239 in 2021 and \$32,308 in 2020.

(2) The Company's investment portfolio is managed by Cigna Investments, Inc. ("CII"). The company paid CII \$6,395 and \$2,314 in 2021 and 2020, related to those services.

(3) Salaried officers and other key employees of the Company are eligible to be awarded shares of Cigna Common Stock in the form of stock options, restricted stock grants, dividend equivalent rights and grants of Cigna Common Stock in lieu of cash payable under various plans. No costs were allocated to the Company for the awards in 2021 or 2020.

#### G. Nature of the Control Relationship

All of the Company's outstanding shares are owned by Provident American Life & Health Insurance Company, an Ohio domiciled insurance company, whose ultimate parent is Cigna Corporation, a Delaware domiciled insurance holding company.

#### H. - O. Not applicable.

### **Note 11 – Debt**

Not applicable.

### **Note 12 – Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans**

#### A. - F. Not applicable.

#### G. Consolidated/Holding Company Plans

##### (1) Employees' Retirement Plan:

(a) Effective January 1, 2013, the Company participates in the Cigna 401(k) Plan (the Savings Plan) that is sponsored by Cigna. Employees are eligible to participate in the Savings Plan immediately upon hire; however, a one-year service requirement must be met to receive company contributions. Expense allocated to the Company was \$718 in 2021.

##### (2) Deferred Compensation Plans:

Not applicable.

##### (3) Post Retirement Benefits - Not applicable

#### H. – I. Not Applicable.

### **Note 13 – Capital and Surplus, Shareholder's Dividend Restrictions and Quasi-Reorganizations**

#### (1) Number of Share and Par or State Value of Each Class

The Company has 1,000 shares authorized and 1,000 shares issued and outstanding. All shares are class A shares.

#### (2) Dividend Rate, Liquidation Value and Redemption Schedule of Preferred Stock Issues

Not applicable

#### (3) Dividend Restrictions

The maximum amount of dividends that can be paid to stockholders by life insurance companies domiciled in the State of Ohio without prior approval of the Insurance Commissioner is the greater of 10% of surplus as regards to policyholders or net income as of the preceding December 31, but only to the extent of earned surplus as of the preceding December 31.

#### (4) Dates and Amounts of Dividends Paid

Not applicable.

#### (5) Profits that may be Paid as Ordinary Dividends to Stockholders

The amount available to dividend in 2022 without prior approval of the Ohio Department of Insurance is \$0 based on earned surplus.

#### (6) - (13) Not applicable.

## NOTES TO FINANCIAL STATEMENTS

### **Note 14 – Liabilities, Contingencies and Assessments**

A. Not applicable.

B. Assessments

(1) Assessments Where Amount is Known or Unknown

The Company operates in a regulatory environment that may result in it being assessed by various state insurance guaranty funds to help pay for the cost of other insurance company insolvencies. These assessments are generally recoverable in most states over a 3 to 10 year period through reduction in future premium tax liabilities. The Company periodically adjusts its accrual for future assessments utilizing information provided by the National Organization of Life and Health Insurance Guaranty Associations. At December 31, 2021, the Company held no liability for future assessments. The Company also holds an asset for premium tax offsets related to guaranty fund assessments paid or accrued.

(2)-(3) Not applicable.

C. - E. Not applicable.

F. All Other Contingencies

Other Legal Matters

In the normal course of its business operations, the Company is involved in litigation and other regulatory matters from time to time with claimants, beneficiaries, and other parties. When the Company, in the normal course of its regular review of such matters has determined that a material loss is reasonably possible, the matter is disclosed. In accordance with Statutory Accounting Principles, when litigation or other regulatory matters result in loss contingencies that are both probable and estimable, the Company accrues the estimated loss by a charge to operations. The amount accrued represents management's best estimate of the probable loss at the time. If only a range of estimated losses can be determined, the Company accrues an amount within the range that, in management's judgment, reflects the most likely outcome. If none of the estimates within the range is a better estimate than any other amount, the Company accrues the mid-point of the range.

Management does not believe that litigation or other matters currently pending against the Company would have a material adverse effect on the Company's results of operations, financial condition or liquidity based on its current knowledge of those matters.

### **Note 15 – Leases**

Not applicable.

### **Note 16 – Information about Financial Instruments with Off-Balance Sheet Risk and Financial Instruments with Concentrations of Credit Risk**

Not applicable.

### **Note 17 – Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities**

Not applicable.

### **Note 18 – Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans**

Not applicable.

### **Note 19 – Direct Premium Written/Produced by Managing General Agents/Third Party Administrators**

Not applicable.

### **Note 20 – Fair Value Measurements**

A. Fair Value Measurements

Fair value is defined as the price at which an asset could be exchanged in an orderly transaction between market participants at the balance sheet date. The Company's financial assets have been classified based upon a hierarchy defined by SAP. The hierarchy gives the highest ranking to fair values determined using unadjusted quoted prices in active markets for identical assets and liabilities (Level 1) and the lowest ranking to fair values determined using methodologies and models with unobservable inputs (Level 3). An asset's or a liability's classification is based on the lowest level input that is significant to its measurement. For example, a financial asset or liability carried at fair value would be classified in Level 3 if unobservable inputs were significant to the instrument's fair value, even though the measurement may be derived using inputs that are both observable (Levels 1 and 2) and unobservable (Level 3).

Level 1 Inputs for instruments classified in Level 1 include unadjusted quoted prices for identical assets in active markets accessible at the measurement date. Active markets provide pricing data for trades occurring at least weekly and include exchanges and dealer markets.

Level 2 Inputs for instruments classified in Level 2 include quoted prices for similar assets in active markets, quoted prices from those willing to trade in markets that are not active, or other inputs that are market observable or can be corroborated by market data for the term of the instrument. Such other inputs include market interest rates and volatilities, spreads and yield curves. An instrument is classified in Level 2 if the Company determines that unobservable inputs are insignificant. Level 2 assets primarily include corporate bonds valued using recent trades of similar securities or pricing models that discount future cash flows at estimated market interest rates.

Level 3 Certain inputs for instruments classified in Level 3 are unobservable (supported by little or no market activity) and significant to their resulting fair value measurement. Unobservable inputs reflect the Company's best estimate of what hypothetical market participants would use to determine a transaction price for the asset or liability at the reporting date.

SSAP 100 allows the use of net asset value (NAV) as a practical expedient to fair value for investments in investment companies where there is no readily determinable fair value. There were no such investments owned by the Company for either period presented.

(1) Fair Value Measurements at Reporting Date  
None.

## NOTES TO FINANCIAL STATEMENTS

- (2) Fair Value Measurements in (Level 3) of the Fair Value Hierarchy  
None.
- (3) Policies when Transfers Between Levels are Recognized  
None.
- (4) Description of Valuation Techniques and Inputs Used in Fair Value Measurement  
No financial instruments at fair value
- (5) Fair Value Disclosures  
None.

**B. Fair Value Reporting under SSAP 100 and Other Accounting Pronouncements**

The Company provides additional fair value information in Notes 1 and 5.

**C. Fair Value Level**

The following tables provide the fair value, carrying value, and classification in the fair value hierarchy of the Company's financial instruments as of December 31, 2021 and 2020.

| Type of Financial Instrument                       | Aggregate Fair Value | Admitted Assets | (Level 1)    | (Level 2)  | (Level 3) | Net Asset Value (NAV) | Not Practicable (Carrying Value) |
|--|----------------------|-----------------|--------------|------------|-----------|-----------------------|----------------------------------|
| <b>December 31, 2021</b>                           |                      |                 |              |            |           |                       |                                  |
| Bonds  | \$ 2,534,307         | \$ 2,561,766    | \$ 2,534,307 | \$         | \$        | \$                    | \$                               |
| Cash, Cash Equivalents, and Short-term Investments | \$ 494,222           | \$ 494,222      | \$ 212,618   | \$ 281,604 | \$        | \$                    | \$                               |
| <b>December 31, 2020</b>                           |                      |                 |              |            |           |                       |                                  |
| Bonds  | \$ 2,625,138         | \$ 2,578,537    | \$ 2,625,138 | \$         | \$        | \$                    | \$                               |
| Cash, Cash Equivalents, and Short-term Investments | \$ 490,604           | \$ 490,604      | \$ 332,212   | \$ 158,392 | \$        | \$                    | \$                               |

The following valuation methodologies and significant assumptions are used by the Company to determine fair value for each instrument.

**Bonds**

The Company estimates fair values using prices from third parties or internal pricing methods. Fair value estimates received from third-party pricing services are based on reported trade activity and quoted market prices when available, and other market information that a market participant may use to estimate fair value. Such other inputs include market interest rates and volatilities, spreads, and yield curves. The internal pricing methods are performed by the Company's investment professionals and generally involve using discounted cash flow analyses, incorporating current market inputs for similar financial instruments with comparable terms and credit quality, as well as other qualitative factors. In instances where there is little or no market activity for the same or similar instruments, the fair value is estimated using methods, models, and assumptions that the Company believes a hypothetical market participant would use to determine a current transaction price.

**Short-Term Investments, Cash Equivalents, and Cash**

Short-term investments, cash equivalents, and cash are carried at cost which approximates fair value. Short-term investments and cash equivalents are classified in Level 2 and cash is classified in Level 1.

**D. Not Practicable to Estimate Fair Value**

None.

**E. NAV Practical Expedient Investments**

None.

**Note 21 – Other Items**

**A. - B. Not applicable.**

**C. Other Disclosures**

Assets in the amount of \$1,756,098 and \$1,771,713 at December 31, 2021 and 2020, respectively, were on deposit with government authorities or trustees as required by law or in accordance with the terms of various reinsurance agreements.

**D. - I. Not applicable.**

**Note 22 – Events Subsequent**

Management has evaluated the financial statements for subsequent events through February 28, 2022, the date financial statements were available to be issued.

**Note 23 – Reinsurance**

**A. Ceded Reinsurance Report**

**Section1 – General Interrogatories**

- (1) Are any of the reinsurers listed in Schedule S as non-affiliated, owned in excess of 10% or controlled, either directly or indirectly, by the company or by any representative, officer, trustee, or director of the company? Yes [ ] No [X]  
If yes, give full details.
- (2) Have any policies issued by the company been reinsured with a company chartered in a country other than the United States (excluding U.S. Branches of such companies) that is owned in excess of 10% or controlled directly or indirectly by an insured, a beneficiary, a creditor or any other person not primarily engaged in the insurance business? Yes [ ] No [X]  
If yes, give full details.

**Section 2 – Ceded Reinsurance Report – Part A**

- (1) Does the company have any reinsurance agreements in effect under which the reinsurer may unilaterally cancel any reinsurance for reasons other than for nonpayment of premium or other similar credits? Yes [ ] No [X]

## NOTES TO FINANCIAL STATEMENTS

- a. If yes, what is the estimated amount of the aggregate reduction in surplus of a unilateral cancellation by the reinsurer as of the date of this statement, for those agreements in which cancellation results in a net obligation of the reporting entity to the reinsurer, and for which such obligation is not presently accrued? Where necessary, the reporting entity may consider the current or anticipated experience of the business reinsured in making this estimate. \$
- b. What is the total amount of reinsurance credits taken, whether as an asset or as a reduction of liability, for these agreements in this statement? \$

(2) Does the reporting entity have any reinsurance agreements in effect such that the amount of losses paid or accrued through the statement date may result in a payment to the reinsurer of amounts that, in aggregate and allowing for offset of mutual credits from other reinsurance agreements with the same reinsurer, exceed the total direct premium collected under the reinsured policies? Yes [ ] No [X]  
If yes, give full details.

### Section 3 – Ceded Reinsurance Report – Part B

- (1) What is the estimated amount of the aggregate reduction in surplus, (for agreements other than those under which the reinsurer may unilaterally cancel for reasons other than for nonpayment of premium or other similar credits that are reflected in Section 2 above) of termination of ALL reinsurance agreements, by either party, as of the date of this statement? Where necessary, the company may consider the current or anticipated experience of the business reinsured in making this estimate. \$
- (2) Have any new agreements been executed or existing agreements amended, since January 1 of the year of this statement, to include policies or contracts that were in force or which had existing reserves established by the company as of the effective date of the agreement? Yes [ ] No [X]  
If yes, what is the amount of reinsurance credits, whether an asset or a reduction of liability, taken for such new agreements or amendments? \$

B - G Not applicable.

### Note 24 – Retrospectively Rated Contracts and Contracts Subject to Redetermination

Not applicable.

### Note 25 – Change in Incurred Losses and Loss Adjustment Expenses

Not applicable.

### Note 26 – Intercompany Pooling Arrangements

Not applicable.

### Note 27 – Structured Settlements

Not applicable.

### Note 28 – Health Care Receivables

Not applicable.

### Note 29 – Participating Policies

Not applicable.

### Note 30 – Premium Deficiency Reserves

Not applicable.

### Note 31 – Reserves for Life Contracts and Annuity Contracts

Not applicable.

### Note 32 – Analysis of Annuity Actuarial Reserves and Deposit Type Liabilities by Withdrawal Characteristics

Not applicable.

### Note 33 – Analysis of Life Actuarial Reserves by Withdrawal Characteristics

Not applicable.

### Note 34 – Premium and Annuity Considerations Deferred and Uncollected

Not applicable

### Note 35 – Separate Accounts

Not applicable.

### Note 36 – Loss/Claim Adjustment Expenses

Not applicable.

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE United Benefit Life Insurance Company  
**GENERAL INTERROGATORIES**

**PART 1 - COMMON INTERROGATORIES  
 GENERAL**

|  |  |  |                     |                        |                        |       |       |       |
|--|--|--|---------------------|------------------------|------------------------|-------|-------|-------|
| 1.1  | Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? .....  | Yes [ <input checked="" type="checkbox"/> ] No [ <input type="checkbox"/> ]                                  |                     |                        |                        |       |       |       |
| 1.2  | If yes, complete Schedule Y, Parts 1, 1A, 2 and 3.   |  |                     |                        |                        |       |       |       |
| 1.3  | If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent, or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations? ..... | Yes [ <input checked="" type="checkbox"/> ] No [ <input type="checkbox"/> ] N/A [ <input type="checkbox"/> ] |                     |                        |                        |       |       |       |
| 1.4  | State Regulating? .....  | OH   |                     |                        |                        |       |       |       |
| 1.5  | Is the reporting entity publicly traded or a member of a publicly traded group? .....  | Yes [ <input checked="" type="checkbox"/> ] No [ <input type="checkbox"/> ]                                  |                     |                        |                        |       |       |       |
| 1.6  | If the response to 1.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group. ....   | 0001739940   |                     |                        |                        |       |       |       |
| 2.1  | Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? .....  | Yes [ <input type="checkbox"/> ] No [ <input checked="" type="checkbox"/> ]                                  |                     |                        |                        |       |       |       |
| 2.2  | If yes, date of change: .....  |  |                     |                        |                        |       |       |       |
| 3.1  | State as of what date the latest financial examination of the reporting entity was made or is being made. ....   | 12/31/2018   |                     |                        |                        |       |       |       |
| 3.2  | State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. ....   | 12/31/2018   |                     |                        |                        |       |       |       |
| 3.3  | State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). ....   | 05/01/2020   |                     |                        |                        |       |       |       |
| 3.4  | By what department or departments? .....   |  |                     |                        |                        |       |       |       |
|  | Ohio Department of Insurance .....   |  |                     |                        |                        |       |       |       |
| 3.5  | Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? .....   | Yes [ <input type="checkbox"/> ] No [ <input type="checkbox"/> ] N/A [ <input checked="" type="checkbox"/> ] |                     |                        |                        |       |       |       |
| 3.6  | Have all of the recommendations within the latest financial examination report been complied with? .....   | Yes [ <input type="checkbox"/> ] No [ <input type="checkbox"/> ] N/A [ <input checked="" type="checkbox"/> ] |                     |                        |                        |       |       |       |
| 4.1  | During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity), receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:  |  |                     |                        |                        |       |       |       |
|  | 4.11 sales of new business? .....  | Yes [ <input type="checkbox"/> ] No [ <input checked="" type="checkbox"/> ]                                  |                     |                        |                        |       |       |       |
|  | 4.12 renewals? .....   | Yes [ <input type="checkbox"/> ] No [ <input checked="" type="checkbox"/> ]                                  |                     |                        |                        |       |       |       |
| 4.2  | During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:  |  |                     |                        |                        |       |       |       |
|  | 4.21 sales of new business? .....  | Yes [ <input type="checkbox"/> ] No [ <input checked="" type="checkbox"/> ]                                  |                     |                        |                        |       |       |       |
|  | 4.22 renewals? .....   | Yes [ <input type="checkbox"/> ] No [ <input checked="" type="checkbox"/> ]                                  |                     |                        |                        |       |       |       |
| 5.1  | Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? .....  | Yes [ <input type="checkbox"/> ] No [ <input checked="" type="checkbox"/> ]                                  |                     |                        |                        |       |       |       |
|  | If yes, complete and file the merger history data file with the NAIC.  |  |                     |                        |                        |       |       |       |
| 5.2  | If yes, provide the name of the entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.   |  |                     |                        |                        |       |       |       |
| <table border="1"> <tr> <td style="text-align: center;">1<br/>Name of Entity</td> <td style="text-align: center;">2<br/>NAIC Company Code</td> <td style="text-align: center;">3<br/>State of Domicile</td> </tr> <tr> <td>.....</td> <td>.....</td> <td>.....</td> </tr> </table> |  |  | 1<br>Name of Entity | 2<br>NAIC Company Code | 3<br>State of Domicile | ..... | ..... | ..... |
| 1<br>Name of Entity  | 2<br>NAIC Company Code   | 3<br>State of Domicile   |                     |                        |                        |       |       |       |
| .....  | .....  | .....  |                     |                        |                        |       |       |       |
| 6.1  | Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? .....   | Yes [ <input type="checkbox"/> ] No [ <input checked="" type="checkbox"/> ]                                  |                     |                        |                        |       |       |       |
| 6.2  | If yes, give full information:<br>No .....   |  |                     |                        |                        |       |       |       |
| 7.1  | Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity? .....  | Yes [ <input type="checkbox"/> ] No [ <input checked="" type="checkbox"/> ]                                  |                     |                        |                        |       |       |       |
| 7.2  | If yes,<br>7.21 State the percentage of foreign control; .....   | %  |                     |                        |                        |       |       |       |
|  | 7.22 State the nationality(s) of the foreign person(s) or entity(s) or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact; and identify the type of entity(s) (e.g., individual, corporation or government, manager or attorney in fact).   |  |                     |                        |                        |       |       |       |
| <table border="1"> <tr> <td style="text-align: center;">1<br/>Nationality</td> <td style="text-align: center;">2<br/>Type of Entity</td> </tr> <tr> <td>.....</td> <td>.....</td> </tr> </table>   |  |  | 1<br>Nationality    | 2<br>Type of Entity    | .....                  | ..... |       |       |
| 1<br>Nationality   | 2<br>Type of Entity  |  |                     |                        |                        |       |       |       |
| .....  | .....  |  |                     |                        |                        |       |       |       |

**ANNUAL STATEMENT FOR THE YEAR 2021 OF THE United Benefit Life Insurance Company**  
**GENERAL INTERROGATORIES**

8.1 Is the company a subsidiary of a depository institution holding company (DIHC) or a DIHC itself, regulated by the Federal Reserve Board? ..... Yes [ ] No [ X ]  
 8.2 If the response to 8.1 is yes, please identify the name of the DIHC.

8.3 Is the company affiliated with one or more banks, thrifts or securities firms? ..... Yes [ ] No [ X ]

8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

| 1<br>Affiliate Name | 2<br>Location (City, State) | 3<br>FRB | 4<br>OCC | 5<br>FDIC | 6<br>SEC |
|---------------------|-----------------------------|----------|----------|-----------|----------|
|                     |                             |          |          |           |          |

8.5 Is the reporting entity a depository institution holding company with significant insurance operations as defined by the Board of Governors of Federal Reserve System or a subsidiary of the reporting entity? ..... Yes [ ] No [ X ]

8.6 If response to 8.5 is no, is the reporting entity a company or subsidiary of a company that has otherwise been made subject to the Federal Reserve Board's capital rule? ..... Yes [ ] No [ ] N/A [ X ]

9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?

PriceWaterhouseCoopers LLP, 185 Asylum St. Ste 2400, Hartford, CT 06103-3404

10.1 Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation? ..... Yes [ ] No [ X ]

10.2 If the response to 10.1 is yes, provide information related to this exemption:

10.3 Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation? ..... Yes [ ] No [ X ]

10.4 If the response to 10.3 is yes, provide information related to this exemption:

10.5 Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws? ..... Yes [ ] No [ X ] N/A [ ]

10.6 If the response to 10.5 is no or n/a, please explain

The Audit Committee of Connecticut General Corporation serves as the Company's Audit Committee for the purpose of compliance with Ohio Insurance Law

11. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?

Mohammed Umar Gilani, FSA, MAAA, Appointed Actuary, 11200 Lakeline Blvd, Suite 100, Austin, TX 78717

12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly? ..... Yes [ ] No [ X ]

12.11 Name of real estate holding company ....

12.12 Number of parcels involved .....

12.13 Total book/adjusted carrying value ..... \$ .....

12.2 If, yes provide explanation:

**13. FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:**

13.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?

13.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located? ..... Yes [ ] No [ ]

13.3 Have there been any changes made to any of the trust indentures during the year? ..... Yes [ ] No [ ]

13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes? ..... Yes [ ] No [ ] N/A [ ]

14.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? ..... Yes [ X ] No [ ]

a. Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;

b. Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;

c. Compliance with applicable governmental laws, rules and regulations;

d. The prompt internal reporting of violations to an appropriate person or persons identified in the code; and

e. Accountability for adherence to the code.

14.11 If the response to 14.1 is No, please explain:

14.2 Has the code of ethics for senior managers been amended? ..... Yes [ X ] No [ ]

14.21 If the response to 14.2 is yes, provide information related to amendment(s).

All employees of Cigna Corporation and its subsidiaries, including senior managers, are subject to the same code of ethics. The Cigna Code of Ethics was amended and approved by the Board in October 2021 and became effective in December 2021.

14.3 Have any provisions of the code of ethics been waived for any of the specified officers? ..... Yes [ ] No [ X ]

14.31 If the response to 14.3 is yes, provide the nature of any waiver(s).

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE United Benefit Life Insurance Company  
**GENERAL INTERROGATORIES**

15.1 Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List? ..... Yes [ ] No [ X ]

15.2 If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered.

| 1<br>American<br>Bankers<br>Association<br>(ABA) Routing<br>Number | 2<br>Issuing or Confirming Bank Name | 3<br>Circumstances That Can Trigger the Letter of Credit | 4<br>Amount |
|--|--------------------------------------|--|-------------|
|  |                                      |  |             |

**BOARD OF DIRECTORS**

16. Is the purchase or sale of all investments of the reporting entity passed upon either by the board of directors or a subordinate committee thereof? ..... Yes [ X ] No [ ]

17. Does the reporting entity keep a complete permanent record of the proceedings of its board of directors and all subordinate committees thereof? ..... Yes [ X ] No [ ]

18. Has the reporting entity an established procedure for disclosure to its board of directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict with the official duties of such person? ..... Yes [ X ] No [ ]

**FINANCIAL**

19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)? ..... Yes [ ] No [ X ]

20.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):

|  |          |
|--|----------|
| 20.11 To directors or other officers.....                  | \$ ..... |
| 20.12 To stockholders not officers.....                    | \$ ..... |
| 20.13 Trustees, supreme or grand<br>(Fraternal Only) ..... | \$ ..... |

20.2 Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans):

|  |          |
|--|----------|
| 20.21 To directors or other officers.....                  | \$ ..... |
| 20.22 To stockholders not officers.....                    | \$ ..... |
| 20.23 Trustees, supreme or grand<br>(Fraternal Only) ..... | \$ ..... |

21.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement? ..... Yes [ ] No [ X ]

21.2 If yes, state the amount thereof at December 31 of the current year:

|                                 |          |
|---------------------------------|----------|
| 21.21 Rented from others.....   | \$ ..... |
| 21.22 Borrowed from others..... | \$ ..... |
| 21.23 Leased from others .....  | \$ ..... |
| 21.24 Other .....               | \$ ..... |

22.1 Does this statement include payments for assessments as described in the Annual Statement Instructions other than guaranty fund or guaranty association assessments? ..... Yes [ ] No [ X ]

22.2 If answer is yes:

|   |          |
|---|----------|
| 22.21 Amount paid as losses or risk adjustment \$ ..... |          |
| 22.22 Amount paid as expenses .....                     | \$ ..... |
| 22.23 Other amounts paid .....                          | \$ ..... |

23.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? ..... Yes [ ] No [ X ]

23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: ..... \$ .....

24.1 Does the insurer utilize third parties to pay agent commissions in which the amounts advanced by the third parties are not settled in full within 90 days? ..... Yes [ ] No [ X ]

24.2 If the response to 24.1 is yes, identify the third-party that pays the agents and whether they are a related party.

| Name of Third-Party | Is the<br>Third-Party Agent<br>a Related Party<br>(Yes/No) |
|---------------------|--|
|                     |  |

**INVESTMENT**

25.01 Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date? (other than securities lending programs addressed in 25.03)..... Yes [ X ] No [ ]

**ANNUAL STATEMENT FOR THE YEAR 2021 OF THE United Benefit Life Insurance Company**  
**GENERAL INTERROGATORIES**

25.02 If no, give full and complete information relating thereto

25.03 For securities lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet. (an alternative is to reference Note 17 where this information is also provided)

25.04 For the reporting entity's securities lending program, report amount of collateral for conforming programs as outlined in the Risk-Based Capital Instructions. .... \$ .....

25.05 For the reporting entity's securities lending program, report amount of collateral for other programs. .... \$ .....

25.06 Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract? .... Yes [ ] No [ ] N/A [ X ]

25.07 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%? .... Yes [ ] No [ ] N/A [ X ]

25.08 Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities lending Agreement (MSLA) to conduct securities lending? .... Yes [ ] No [ ] N/A [ X ]

25.09 For the reporting entity's securities lending program state the amount of the following as of December 31 of the current year:

25.091 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2. .... \$ .....

25.092 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2. .... \$ .....

25.093 Total payable for securities lending reported on the liability page. .... \$ .....

26.1 Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity, or has the reporting entity sold or transferred any assets subject to a put option contract that is currently in force? (Exclude securities subject to Interrogatory 21.1 and 25.03). .... Yes [ X ] No [ ]

26.2 If yes, state the amount thereof at December 31 of the current year:

26.21 Subject to repurchase agreements .... \$ .....

26.22 Subject to reverse repurchase agreements .... \$ .....

26.23 Subject to dollar repurchase agreements .... \$ .....

26.24 Subject to reverse dollar repurchase agreements .... \$ .....

26.25 Placed under option agreements .... \$ .....

26.26 Letter stock or securities restricted as to sale - excluding FHLB Capital Stock .... \$ .....

26.27 FHLB Capital Stock .... \$ .....

26.28 On deposit with states .... \$ .....

1,756,093

26.29 On deposit with other regulatory bodies .... \$ .....

26.30 Pledged as collateral - excluding collateral pledged to an FHLB .... \$ .....

26.31 Pledged as collateral to FHLB - including assets backing funding agreements .... \$ .....

26.32 Other .... \$ .....

26.3 For category (26.26) provide the following:

| 1<br>Nature of Restriction | 2<br>Description | 3<br>Amount |
|----------------------------|------------------|-------------|
| .....                      | .....            | .....       |

27.1 Does the reporting entity have any hedging transactions reported on Schedule DB? .... Yes [ ] No [ X ]

27.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? .... Yes [ ] No [ ] N/A [ X ]  
 If no, attach a description with this statement.

LINES 27.3 through 27.5: FOR LIFE/FRATERNAL REPORTING ENTITIES ONLY:

27.3 Does the reporting entity utilize derivatives to hedge variable annuity guarantees subject to fluctuations as a result of interest rate sensitivity? .. Yes [ ] No [ X ]

27.4 If the response to 27.3 is YES, does the reporting entity utilize:

27.41 Special accounting provision of SSAP No. 108 .... Yes [ ] No [ ]

27.42 Permitted accounting practice .... Yes [ ] No [ ]

27.43 Other accounting guidance .... Yes [ ] No [ ]

27.5 By responding YES to 27.41 regarding utilizing the special accounting provisions of SSAP No. 108, the reporting entity attests to the following: .... Yes [ ] No [ ]

- The reporting entity has obtained explicit approval from the domiciliary state.
- Hedging strategy subject to the special accounting provisions is consistent with the requirements of VM-21.
- Actuarial certification has been obtained which indicates that the hedging strategy is incorporated within the establishment of VM-21 reserves and provides the impact of the hedging strategy within the Actuarial Guideline Conditional Tail Expectation Amount.
- Financial Officer Certification has been obtained which indicates that the hedging strategy meets the definition of a Clearly Defined Hedging Strategy within VM-21 and that the Clearly Defined Hedging Strategy is the hedging strategy being used by the company in its actual day-to-day risk mitigation efforts.

28.1 Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity? .... Yes [ ] No [ X ]

28.2 If yes, state the amount thereof at December 31 of the current year. .... \$ .....

29. Excluding items in Schedule E - Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook? .... Yes [ X ] No [ ]

29.01 For agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

| 1<br>Name of Custodian(s)       | 2<br>Custodian's Address                                  |
|---------------------------------|---|
| JP Morgan Chase Bank, N.A. .... | 4 Chase Metro Tech Center, Brooklyn, New York 11245 ..... |

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE United Benefit Life Insurance Company  
**GENERAL INTERROGATORIES**

29.02 For all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation:

| 1<br>Name(s) | 2<br>Location(s) | 3<br>Complete Explanation(s) |
|--------------|------------------|------------------------------|
| .....        | .....            | .....                        |

29.03 Have there been any changes, including name changes, in the custodian(s) identified in 29.01 during the current year?..... Yes [ ] No [ X ]

29.04 If yes, give full and complete information relating thereto:

| 1<br>Old Custodian | 2<br>New Custodian | 3<br>Date of Change | 4<br>Reason |
|--------------------|--------------------|---------------------|-------------|
| .....              | .....              | .....               | .....       |

29.05 Investment management – Identify all investment advisors, investment managers, broker/dealers, including individuals that have the authority to make investment decisions on behalf of the reporting entity. For assets that are managed internally by employees of the reporting entity, note as such. ["...that have access to the investment accounts"; "...handle securities"]

| 1<br>Name of Firm or Individual | 2<br>Affiliation |
|---------------------------------|------------------|
| Cigna Investments, Inc. .....   | A.....           |

29.0597 For those firms/individuals listed in the table for Question 29.05, do any firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") manage more than 10% of the reporting entity's invested assets?..... Yes [ ] No [ X ]

29.0598 For firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") listed in the table for Question 29.05, does the total assets under management aggregate to more than 50% of the reporting entity's invested assets?..... Yes [ ] No [ X ]

29.06 For those firms or individuals listed in the table for 29.05 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

| 1<br>Central Registration<br>Depository Number | 2<br>Name of Firm or Individual | 3<br>Legal Entity Identifier (LEI) | 4<br>Registered With | 5<br>Investment<br>Management<br>Agreement<br>(IMA) Filed |
|--|---------------------------------|------------------------------------|----------------------|---|
| 105811 .....                                   | Cigna Investments, Inc. .....   | .....                              | SEC .....            | DS.....   |

30.1 Does the reporting entity have any diversified mutual funds reported in Schedule D, Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5(b)(1)])?..... Yes [ ] No [ X ]

30.2 If yes, complete the following schedule:

| 1<br>CUSIP #    | 2<br>Name of Mutual Fund | 3<br>Book/Adjusted<br>Carrying Value |
|-----------------|--------------------------|--------------------------------------|
| 30.2999 - Total | .....                    | .....                                |

30.3 For each mutual fund listed in the table above, complete the following schedule:

| 1<br>Name of Mutual Fund (from above table) | 2<br>Name of Significant Holding of the<br>Mutual Fund | 3<br>Amount of Mutual<br>Fund's Book/Adjusted<br>Carrying Value<br>Attributable to the<br>Holding | 4<br>Date of<br>Valuation |
|---|--|---|---------------------------|
| .....                                       | .....  | .....   | .....                     |

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE United Benefit Life Insurance Company  
**GENERAL INTERROGATORIES**

31. Provide the following information for all short-term and long-term bonds and all preferred stocks. Do not substitute amortized value or statement value for fair value.

|                             | 1<br>Statement (Admitted)<br>Value | 2<br>Fair Value | 3<br>Excess of Statement<br>over Fair Value (-), or<br>Fair Value over<br>Statement (+) |
|-----------------------------|------------------------------------|-----------------|---|
| 31.1 Bonds .....            | 2,561,766                          | 2,534,307       | (27,459)  |
| 31.2 Preferred stocks ..... |                                    |                 |   |
| 31.3 Totals .....           | 2,561,766                          | 2,534,307       | (27,459)  |

31.4 Describe the sources or methods utilized in determining the fair values:

Fair values are based on quoted market prices when available. When market prices are not available, fair value is generally estimated using discounted cash flow analyses, incorporating current market inputs for similar financial instruments with comparable terms and credit quality. In instances where there is little or no market activity for the same or similar instruments, the Company estimates fair value using methods, models and assumptions that the Company believes a hypothetical market participant would use to determine a current transaction price. These valuation techniques involve some level of estimation and judgment by the Company which become significant with increasingly complex instruments or pricing models. Where appropriate, adjustments are included to reflect the risk inherent in a particular methodology, model or input used. ....

32.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D? ..... Yes [ ] No [ X ]

32.2 If the answer to 32.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source? ..... Yes [ ] No [ ]

32.3 If the answer to 32.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D: .....  
.....

33.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis Office been followed? ..... Yes [ X ] No [ ]

33.2 If no, list exceptions: .....  
.....

34. By self-designating 5GI securities, the reporting entity is certifying the following elements of each self-designated 5GI security:

- a. Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for an FE or PL security is not available.
- b. Issuer or obligor is current on all contracted interest and principal payments.
- c. The insurer has an actual expectation of ultimate payment of all contracted interest and principal.

Has the reporting entity self-designated 5GI securities? ..... Yes [ ] No [ X ]

35. By self-designating PLGI securities, the reporting entity is certifying the following elements of each self-designated PLGI security:

- a. The security was purchased prior to January 1, 2018.
- b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
- c. The NAIC Designation was derived from the credit rating assigned by an NAIC CRP in its legal capacity as a NRSRO which is shown on a current private letter rating held by the insurer and available for examination by state insurance regulators.
- d. The reporting entity is not permitted to share this credit rating of the PL security with the SVO.

Has the reporting entity self-designated PLGI securities? ..... Yes [ ] No [ X ]

36. By assigning FE to a Schedule BA non-registered private fund, the reporting entity is certifying the following elements of each self-designated FE fund:

- a. The shares were purchased prior to January 1, 2019.
- b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
- c. The security had a public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO prior to January 1, 2019.
- d. The fund only or predominantly holds bonds in its portfolio.
- e. The current reported NAIC Designation was derived from the public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO.
- f. The public credit rating(s) with annual surveillance assigned by an NAIC CRP has not lapsed.

Has the reporting entity assigned FE to Schedule BA non-registered private funds that complied with the above criteria? ..... Yes [ ] No [ X ]

37. By rolling/renewing short-term or cash equivalent investments with continued reporting on Schedule DA, Part 1 or Schedule E Part 2 (identified through a code (%) in those investment schedules), the reporting entity is certifying to the following:

- a. The investment is a liquid asset that can be terminated by the reporting entity on the current maturity date.
- b. If the investment is with a nonrelated party or nonaffiliate, then it reflects an arms-length transaction with renewal completed at the discretion of all involved parties.
- c. If the investment is with a related party or affiliate, then the reporting entity has completed robust re-underwriting of the transaction for which documentation is available for regulator review.
- d. Short-term and cash equivalent investments that have been renewed/rolled from the prior period that do not meet the criteria in 37.a - 37.c are reported as long-term investments.

Has the reporting entity rolled/renewed short-term or cash equivalent investments in accordance with these criteria? ..... Yes [ ] No [ ] N/A [ X ]

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE United Benefit Life Insurance Company  
**GENERAL INTERROGATORIES**

**OTHER**

38.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any? .....\$ .....

38.2 List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to trade associations, service organizations and statistical or rating bureaus during the period covered by this statement.

| 1<br>Name | 2<br>Amount Paid |
|-----------|------------------|
| .....     |                  |

39.1 Amount of payments for legal expenses, if any? .....\$ .....

39.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payments for legal expenses during the period covered by this statement.

| 1<br>Name | 2<br>Amount Paid |
|-----------|------------------|
| .....     |                  |

40.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of government, if any? .....\$ .....

40.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies, officers or departments of government during the period covered by this statement.

| 1<br>Name | 2<br>Amount Paid |
|-----------|------------------|
| .....     |                  |

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE United Benefit Life Insurance Company  
**GENERAL INTERROGATORIES**

**PART 2 - LIFE, ACCIDENT AND HEALTH COMPANIES/FRATERNAL BENEFIT SOCIETIES INTERROGATORIES**

**Life, Accident and Health Companies/Fraternal Benefit Societies:**

1.1 Does the reporting entity have any direct Medicare Supplement Insurance in force? ..... Yes [ ] No [ X ]

1.2 If yes, indicate premium earned on U.S. business only ..... \$ .....

1.3 What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit? ..... \$ .....

1.31 Reason for excluding:  
.....

1.4 Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above. ..... \$ .....

1.5 Indicate total incurred claims on all Medicare Supplement insurance. ..... \$ .....

1.6 Individual policies:  
Most current three years:  
1.61 Total premium earned ..... \$ .....

1.62 Total incurred claims ..... \$ .....

1.63 Number of covered lives .....

All years prior to most current three years  
1.64 Total premium earned ..... \$ .....

1.65 Total incurred claims ..... \$ .....

1.66 Number of covered lives .....

1.7 Group policies:  
Most current three years:  
1.71 Total premium earned ..... \$ .....

1.72 Total incurred claims ..... \$ .....

1.73 Number of covered lives .....

All years prior to most current three years  
1.74 Total premium earned ..... \$ .....

1.75 Total incurred claims ..... \$ .....

1.76 Number of covered lives .....

2. Health Test:

|  | 1            | 2          |
|--|--------------|------------|
|  | Current Year | Prior Year |

|                                   |       |       |
|-----------------------------------|-------|-------|
| 2.1 Premium Numerator .....       |       |       |
| 2.2 Premium Denominator .....     |       |       |
| 2.3 Premium Ratio (2.1/2.2) ..... | 0.000 | 0.000 |
| 2.4 Reserve Numerator .....       |       |       |
| 2.5 Reserve Denominator .....     |       |       |
| 2.6 Reserve Ratio (2.4/2.5) ..... | 0.000 | 0.000 |

3.1 Does this reporting entity have Separate Accounts? ..... Yes [ ] No [ X ]

3.2 If yes, has a Separate Accounts Statement been filed with this Department? ..... Yes [ ] No [ ] N/A [ X ]

3.3 What portion of capital and surplus funds of the reporting entity covered by assets in the Separate Accounts statement, is not currently distributable from the Separate Accounts to the general account for use by the general account? ..... \$ .....

3.4 State the authority under which Separate Accounts are maintained:  
.....

3.5 Was any of the reporting entity's Separate Accounts business reinsured as of December 31? ..... Yes [ ] No [ ]

3.6 Has the reporting entity assumed by reinsurance any Separate Accounts business as of December 31? ..... Yes [ ] No [ ]

3.7 If the reporting entity has assumed Separate Accounts business, how much, if any, reinsurance assumed receivable for reinsurance of Separate Accounts reserve expense allowances is included as a negative amount in the liability for "Transfers to Separate Accounts due or accrued (net)"? ..... \$ .....

4. For reporting entities having sold annuities to another insurer where the insurer purchasing the annuities has obtained a release of liability from the claimant (payee) as the result of the purchase of an annuity from the reporting entity only:

4.1 Amount of loss reserves established by these annuities during the current year: ..... \$ .....

4.2 List the name and location of the insurance company purchasing the annuities and the statement value on the purchase date of the annuities.

| 1                                  | 2  |
|------------------------------------|--|
|                                    | Statement Value<br>on Purchase Date<br>of Annuities<br>(i.e., Present Value) |
| P&C Insurance Company And Location |  |

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE United Benefit Life Insurance Company  
**GENERAL INTERROGATORIES**

**PART 2 - LIFE, ACCIDENT AND HEALTH COMPANIES/FRATERNAL BENEFIT SOCIETIES INTERROGATORIES**

5.1 Do you act as a custodian for health savings accounts? ..... Yes [ ] No [ X ]

5.2 If yes, please provide the amount of custodial funds held as of the reporting date. .... \$ .....

5.3 Do you act as an administrator for health savings accounts? ..... Yes [ ] No [ X ]

5.4 If yes, please provide the balance of funds administered as of the reporting date. .... \$ .....

6.1 Are any of the captive affiliates reported on Schedule S, Part 3, authorized reinsurers? ..... Yes [ ] No [ ] N/A [ X ]

6.2 If the answer to 6.1 is yes, please provide the following:

| 1<br>Company Name | 2<br>NAIC<br>Company<br>Code | 3<br>Domiciliary<br>Jurisdiction | 4<br>Reserve<br>Credit | Assets Supporting Reserve Credit |                          |            |
|-------------------|------------------------------|----------------------------------|------------------------|----------------------------------|--------------------------|------------|
|                   |                              |                                  |                        | 5<br>Letters of<br>Credit        | 6<br>Trust<br>Agreements | 7<br>Other |
| .....             | .....                        | .....                            | .....                  | .....                            | .....                    | .....      |

7. Provide the following for individual ordinary life insurance\* policies (U.S. business only) for the current year (prior to reinsurance assumed or ceded):

|                                   |          |
|-----------------------------------|----------|
| 7.1 Direct Premium Written .....  | \$ ..... |
| 7.2 Total Incurred Claims .....   | \$ ..... |
| 7.3 Number of Covered Lives ..... | .....    |

|   |
|---|
| *Ordinary Life Insurance Includes   |
| Term (whether full underwriting, limited underwriting, jet issue, "short form app")       |
| Whole Life (whether full underwriting, limited underwriting, jet issue, "short form app") |
| Variable Life (with or without secondary guarantee)                                       |
| Universal Life (with or without secondary guarantee)                                      |
| Variable Universal Life (with or without secondary guarantee)                             |

8. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states? ..... Yes [ X ] No [ ]

8.1 If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity? ..... Yes [ ] No [ ]

**Life, Accident and Health Companies Only:**

9.1 Are personnel or facilities of this reporting entity used by another entity or entities or are personnel or facilities of another entity or entities used by this reporting entity (except for activities such as administration of jointly underwritten group contracts and joint mortality or morbidity studies)? ..... Yes [ X ] No [ ]

9.2 Net reimbursement of such expenses between reporting entities:

|                     |          |        |
|---------------------|----------|--------|
| 9.21 Paid .....     | \$ ..... | 20,239 |
| 9.22 Received ..... | \$ ..... | .....  |

10.1 Does the reporting entity write any guaranteed interest contracts? ..... Yes [ ] No [ X ]

10.2 If yes, what amount pertaining to these lines is included in:

|                            |          |
|----------------------------|----------|
| 10.21 Page 3, Line 1 ..... | \$ ..... |
| 10.22 Page 4, Line 1 ..... | \$ ..... |

11. For stock reporting entities only:

11.1 Total amount paid in by stockholders as surplus funds since organization of the reporting entity: ..... \$ ..... 18,820,665

12. Total dividends paid stockholders since organization of the reporting entity:

|                   |          |           |
|-------------------|----------|-----------|
| 12.11 Cash .....  | \$ ..... | 1,505,235 |
| 12.12 Stock ..... | \$ ..... | 284,132   |

13.1 Does the reporting entity reinsurance any Workers' Compensation Carve-Out business defined as: ..... Yes [ ] No [ X ]

Reinsurance (including retrocessional reinsurance) assumed by life and health insurers of medical, wage loss and death benefits of the occupational illness and accident exposures, but not the employers liability exposures, of business originally written as workers' compensation insurance.

13.2 If yes, has the reporting entity completed the Workers' Compensation Carve-Out Supplement to the Annual Statement? ..... Yes [ ] No [ ]

13.3 If 13.1 is yes, the amounts of earned premiums and claims incurred in this statement are:

| 1<br>Reinsurance<br>Assumed                                 | 2<br>Reinsurance<br>Ceded | 3<br>Net<br>Retained |
|---|---------------------------|----------------------|
| 13.31 Earned premium .....                                  | .....                     | .....                |
| 13.32 Paid claims .....                                     | .....                     | .....                |
| 13.33 Claim liability and reserve (beginning of year) ..... | .....                     | .....                |
| 13.34 Claim liability and reserve (end of year) .....       | .....                     | .....                |
| 13.35 Incurred claims .....                                 | .....                     | .....                |

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE United Benefit Life Insurance Company  
**GENERAL INTERROGATORIES**

**PART 2 - LIFE, ACCIDENT AND HEALTH COMPANIES/FRATERNAL BENEFIT SOCIETIES INTERROGATORIES**

13.4 If reinsurance assumed included amounts with attachment points below \$1,000,000, the distribution of the amounts reported in Lines 13.31 and 13.34 for Column (1) are:

|       | Attachment Point    | 1<br>Earned Premium | 2<br>Claim Liability and Reserve |
|-------|---------------------|---------------------|----------------------------------|
| 13.41 | <\$25,000           | .....               | .....                            |
| 13.42 | \$25,000 - 99,999   | .....               | .....                            |
| 13.43 | \$100,000 - 249,999 | .....               | .....                            |
| 13.44 | \$250,000 - 999,999 | .....               | .....                            |
| 13.45 | \$1,000,000 or more | .....               | .....                            |

13.5 What portion of earned premium reported in 13.31, Column 1 was assumed from pools? .....\$ .....

**Fraternal Benefit Societies Only:**

14. Is the reporting entity organized and conducted on the lodge system, with ritualistic form of work and representative form of government? ..... Yes [ ] No [ ]

15. How often are meetings of the subordinate branches required to be held? .....

16. How are the subordinate branches represented in the supreme or governing body? .....

17. What is the basis of representation in the governing body? .....

18.1 How often are regular meetings of the governing body held? .....

18.2 When was the last regular meeting of the governing body held? .....

18.3 When and where will the next regular or special meeting of the governing body be held? .....

18.4 How many members of the governing body attended the last regular meeting? .....

18.5 How many of the same were delegates of the subordinate branches? .....

19. How are the expenses of the governing body defrayed? .....

20. When and by whom are the officers and directors elected? .....

21. What are the qualifications for membership? .....

22. What are the limiting ages for admission? .....

23. What is the minimum and maximum insurance that may be issued on any one life? .....

24. Is a medical examination required before issuing a benefit certificate to applicants? ..... Yes [ ] No [ ]

25. Are applicants admitted to membership without filing an application with and becoming a member of a local branch by ballot and initiation? ..... Yes [ ] No [ ]

26.1 Are notices of the payments required sent to the members? ..... Yes [ ] No [ ] N/A [ ]

26.2 If yes, do the notices state the purpose for which the money is to be used? ..... Yes [ ] No [ ]

27. What proportion of first and subsequent year's payments may be used for management expenses?

|                        |   |
|------------------------|---|
| 27.11 First Year       | % |
| 27.12 Subsequent Years | % |

28.1 Is any part of the mortuary, disability, emergency or reserve fund, or the accretions from or payments for the same, used for expenses? ..... Yes [ ] No [ ]

28.2 If so, what amount and for what purpose? ..... \$ .....

29.1 Does the reporting entity pay an old age disability benefit? ..... Yes [ ] No [ ]

29.2 If yes, at what age does the benefit commence? .....

30.1 Has the constitution or have the laws of the reporting entity been amended during the year? ..... Yes [ ] No [ ]

30.2 If yes, when? .....

31. Have you filed with this Department all forms of benefit certificates issued, a copy of the constitution and all of the laws, rules and regulations in force at the present time? ..... Yes [ ] No [ ]

32.1 State whether all or a portion of the regular insurance contributions were waived during the current year under premium-paying certificates on account of meeting attained age or membership requirements? ..... Yes [ ] No [ ]

32.2 If so, was an additional reserve included in Exhibit 5? ..... Yes [ ] No [ ] N/A [ ]

32.3 If yes, explain .....

33.1 Has the reporting entity reinsured, amalgamated with, or absorbed any company, order, society, or association during the year? ..... Yes [ ] No [ ]

33.2 If yes, was there any contract agreement, or understanding, written or oral, expressed or implied, by means of which any officer, director, trustee, or any other person, or firm, corporation, society or association, received or is to receive any fee, commission, emolument, or compensation of any nature whatsoever in connection with, on an account of such reinsurance, amalgamation, absorption, or transfer of membership or funds? ..... Yes [ ] No [ ] N/A [ ]

34. Has any present or former officer, director, trustee, incorporator, or any other persons, or any firm, corporation, society or association, any claims of any nature whatsoever against this reporting entity, which is not included in the liabilities on Page 3 of this statement? ..... Yes [ ] No [ ]

35.1 Does the reporting entity have outstanding assessments in the form of liens against policy benefits that have increased surplus? ..... Yes [ ] No [ ]

35.2 If yes, what is the date of the original lien and the total outstanding balance of liens that remain in surplus? .....

| Date  | Outstanding Lien Amount |
|-------|-------------------------|
| ..... | .....                   |

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE United Benefit Life Insurance Company

**FIVE-YEAR HISTORICAL DATA**

Show amounts in whole dollars only, no cents; show percentages to one decimal place, i.e. 17.6.

\$000 omitted for amounts of life insurance

|  | 1<br>2021 | 2<br>2020 | 3<br>2019 | 4<br>2018 | 5<br>2017 |
|--|-----------|-----------|-----------|-----------|-----------|
| <b>Life Insurance in Force</b>   |           |           |           |           |           |
| (Exhibit of Life Insurance)  |           |           |           |           |           |
| 1. Ordinary - whole life and endowment (Line 34, Col. 4) .....                                 |           |           |           |           |           |
| 2. Ordinary - term (Line 21, Col. 4, less Line 34, Col. 4) .....                               |           |           |           |           |           |
| 3. Credit life (Line 21, Col. 6) .....   |           |           |           |           |           |
| 4. Group, excluding FEGLI/SGLI (Line 21, Col. 9 less Lines 43 & 44, Col. 4) .....              |           |           |           |           |           |
| 5. Industrial (Line 21, Col. 2) .....  |           |           |           |           |           |
| 6. FEGLI/SGLI (Lines 43 & 44, Col. 4) .....  |           |           |           |           |           |
| 7. Total (Line 21, Col. 10) .....  |           |           |           |           |           |
| 7.1 Total in force for which VM-20 deterministic/stochastic reserves are calculated .....      |           |           |           |           |           |
| <b>New Business Issued</b>   |           |           |           |           |           |
| (Exhibit of Life Insurance)  |           |           |           |           |           |
| 8. Ordinary - whole life and endowment (Line 34, Col. 2) .....                                 |           |           |           |           |           |
| 9. Ordinary - term (Line 2, Col. 4, less Line 34, Col. 2) .....                                |           |           |           |           |           |
| 10. Credit life (Line 2, Col. 6) .....   |           |           |           |           |           |
| 11. Group (Line 2, Col. 9) .....   |           |           |           |           |           |
| 12. Industrial (Line 2, Col. 2) .....  |           |           |           |           |           |
| 13. Total (Line 2, Col. 10) .....  |           |           |           |           |           |
| <b>Premium Income - Lines of Business</b>  |           |           |           |           |           |
| (Exhibit 1 - Part 1)   |           |           |           |           |           |
| 14. Industrial life (Line 20.4, Col. 2) .....  |           |           |           |           |           |
| 15.1 Ordinary-life insurance (Line 20.4, Col. 3) .....   |           |           |           |           |           |
| 15.2 Ordinary-individual annuities (Line 20.4, Col. 4) .....                                   |           |           |           |           |           |
| 16 Credit life (group and individual) (Line 20.4, Col. 5) .....                                |           |           |           |           |           |
| 17.1 Group life insurance (Line 20.4, Col. 6) .....  |           |           |           |           |           |
| 17.2 Group annuities (Line 20.4, Col. 7) .....   |           |           |           |           |           |
| 18.1 A & H-group (Line 20.4, Col. 8) .....   |           |           |           |           |           |
| 18.2 A & H-credit (group and individual) (Line 20.4, Col. 9) .....                             |           |           |           |           |           |
| 18.3 A & H-other (Line 20.4, Col. 10) .....  |           |           |           |           |           |
| 19. Aggregate of all other lines of business (Line 20.4, Col. 11) .....                        |           |           |           |           |           |
| 20. Total .....  |           |           |           |           |           |
| <b>Balance Sheet (Pages 2 &amp; 3)</b>   |           |           |           |           |           |
| 21. Total admitted assets excluding Separate Accounts business (Page 2, Line 26, Col. 3) ..... | 3,096,707 | 3,112,054 | 3,116,276 | 3,116,228 | 3,204,406 |
| 22. Total liabilities excluding Separate Accounts business (Page 3, Line 26) .....             | 31,324    | 37,673    | 41,707    | 45,396    | 282,176   |
| 23. Aggregate life reserves (Page 3, Line 1) .....   |           |           |           |           |           |
| 23.1 Excess VM-20 deterministic/stochastic reserve over NPR related to Line 7.1 .....          |           |           |           |           |           |
| 24. Aggregate A & H reserves (Page 3, Line 2) .....  |           |           |           |           |           |
| 25. Deposit-type contract funds (Page 3, Line 3) .....   |           |           |           |           |           |
| 26. Asset valuation reserve (Page 3, Line 24.01) .....   |           | 205       | 114       |           |           |
| 27. Capital (Page 3, Lines 29 and 30) .....  | 1,500,000 | 1,500,000 | 1,500,000 | 1,500,000 | 1,500,000 |
| 28. Surplus (Page 3, Line 37) .....  | 1,565,383 | 1,574,381 | 1,574,569 | 1,570,832 | 1,422,230 |
| <b>Cash Flow (Page 5)</b>  |           |           |           |           |           |
| 29. Net Cash from Operations (Line 11) .....   | (5,770)   | (6,812)   | 147,342   | (15,154)  | (23,829)  |
| <b>Risk-Based Capital Analysis</b>   |           |           |           |           |           |
| 30. Total adjusted capital .....   | 3,065,383 | 3,074,586 | 3,074,683 | 3,070,832 | 2,922,230 |
| 31. Authorized control level risk - based capital .....  | 10,437    | 10,919    | 10,932    | 10,204    | 9,037     |
| <b>Percentage Distribution of Cash, Cash Equivalents and Invested Assets</b>                   |           |           |           |           |           |
| (Page 2, Col. 3) (Line No. /Page 2, Line 12, Col. 3) x 100.0                                   |           |           |           |           |           |
| 32. Bonds (Line 1) .....   | 83.8      | 84.0      | 84.0      | 88.2      | 81.2      |
| 33. Stocks (Lines 2.1 and 2.2) .....   |           |           |           |           |           |
| 34. Mortgage loans on real estate (Lines 3.1 and 3.2) .....                                    |           |           |           |           |           |
| 35. Real estate (Lines 4.1, 4.2 and 4.3) .....   |           |           |           |           |           |
| 36. Cash, cash equivalents and short-term investments (Line 5) .....                           | 16.2      | 16.0      | 16.0      | 11.8      | 18.8      |
| 37. Contract loans (Line 6) .....  |           |           |           |           |           |
| 38. Derivatives (Page 2, Line 7) .....   |           |           |           |           |           |
| 39. Other invested assets (Line 8) .....   |           |           |           |           |           |
| 40. Receivables for securities (Line 9) .....  |           |           |           |           |           |
| 41. Securities lending reinvested collateral assets (Line 10) .....                            |           |           |           |           |           |
| 42. Aggregate write-ins for invested assets (Line 11) .....                                    |           |           |           |           |           |
| 43. Cash, cash equivalents and invested assets (Line 12) .....                                 | 100.0     | 100.0     | 100.0     | 100.0     | 100.0     |

## ANNUAL STATEMENT FOR THE YEAR 2021 OF THE United Benefit Life Insurance Company

**FIVE-YEAR HISTORICAL DATA**

(Continued)

|  | 1<br>2021 | 2<br>2020 | 3<br>2019 | 4<br>2018 | 5<br>2017 |
|--|-----------|-----------|-----------|-----------|-----------|
| <b>Investments in Parent, Subsidiaries and Affiliates</b>  |           |           |           |           |           |
| 44. Affiliated bonds (Schedule D Summary, Line 12, Col. 1) .....   |           |           |           |           |           |
| 45. Affiliated preferred stocks (Schedule D Summary, Line 18, Col. 1) .....  |           |           |           |           |           |
| 46. Affiliated common stocks (Schedule D Summary Line 24, Col. 1), .....   |           |           |           |           |           |
| 47. Affiliated short-term investments (subtotal included in Schedule DA Verification, Col. 5, Line 10) .....   |           |           |           |           |           |
| 48. Affiliated mortgage loans on real estate .....   |           |           |           |           |           |
| 49. All other affiliated .....   |           |           |           |           |           |
| 50. Total of above Lines 44 to 49 .....  |           |           |           |           |           |
| 51. Total Investment in Parent included in Lines 44 to 49 above .....  |           |           |           |           |           |
| <b>Total Nonadmitted and Admitted Assets</b>   |           |           |           |           |           |
| 52. Total nonadmitted assets (Page 2, Line 28, Col. 2) .....   |           |           | 380       |           | 2         |
| 53. Total admitted assets (Page 2, Line 28, Col. 3) .....  | 3,096,707 | 3,112,054 | 3,116,276 | 3,116,228 | 3,204,406 |
| <b>Investment Data</b>   |           |           |           |           |           |
| 54. Net investment income (Exhibit of Net Investment Income) .....   | 40,513    | 49,133    | 50,700    | 49,155    | 50,011    |
| 55. Realized capital gains (losses) (Page 4, Line 34, Column 1) .....  |           |           |           |           |           |
| 56. Unrealized capital gains (losses) (Page 4, Line 38, Column 1) .....  |           |           |           |           |           |
| 57. Total of above Lines 54, 55 and 56 .....   | 40,513    | 49,133    | 50,700    | 49,155    | 50,011    |
| <b>Benefits and Reserve Increases (Page 6)</b>   |           |           |           |           |           |
| 58. Total contract/certificate benefits - life (Lines 10, 11, 12, 13, 14 and 15, Col. 1 minus Lines 10, 11, 12, 13, 14 and 15, Cols. 6, 7 and 8) .....       |           |           |           |           |           |
| 59. Total contract/certificate benefits - A & H (Lines 13 & 14, Col. 6) .....  |           |           |           |           |           |
| 60. Increase in life reserves - other than group and annuities (Line 19, Col. 2) .....   |           |           |           |           |           |
| 61. Increase in A & H reserves (Line 19, Col. 6) .....   |           |           |           |           |           |
| 62. Dividends to policyholders and refunds to members (Line 30, Col. 1) .....  |           |           |           |           |           |
| <b>Operating Percentages</b>   |           |           |           |           |           |
| 63. Insurance expense percent (Page 6, Col. 1, Lines 21, 22 & 23, less Line 6)/(Page 6, Col. 1, Line 1 plus Exhibit 7, Col. 2, Line 2) x 100.0 .....         |           |           |           |           |           |
| 64. Lapse percent (ordinary only) [(Exhibit of Life Insurance, Col. 4, Lines 14 & 15) / 1/2 (Exhibit of Life Insurance, Col. 4, Lines 1 & 21)] x 100.0 ..... |           |           |           |           |           |
| 65. A & H loss percent (Schedule H, Part 1, Lines 5 and 6, Col. 2) .....   |           |           |           |           |           |
| 66. A & H cost containment percent (Schedule H, Pt. 1, Line 4, Col. 2) .....   |           |           |           |           |           |
| 67. A & H expense percent excluding cost containment expenses (Schedule H, Pt. 1, Line 10, Col. 2) .....   |           |           |           |           |           |
| <b>A &amp; H Claim Reserve Adequacy</b>  |           |           |           |           |           |
| 68. Incurred losses on prior years' claims - group health (Schedule H, Part 3, Line 3.1 Col. 2) .....  |           |           |           |           |           |
| 69. Prior years' claim liability and reserve - group health (Schedule H, Part 3, Line 3.2 Col. 2) .....  |           |           |           |           |           |
| 70. Incurred losses on prior years' claims-health other than group (Schedule H, Part 3, Line 3.1 Col. 1 less Col. 2) .....                                   |           |           |           |           |           |
| 71. Prior years' claim liability and reserve-health other than group (Schedule H, Part 3, Line 3.2 Col. 1 less Col. 2) .....                                 |           |           |           |           |           |
| <b>Net Gains From Operations After Dividends to Policyholders/Members' Refunds and Federal Income Taxes by Lines of Business (Page 6.x, Line 33)</b>         |           |           |           |           |           |
| 72. Industrial life (Page 6.1, Col. 2) .....   |           |           |           |           |           |
| 73. Ordinary - life (Page 6.1, Col. 1 less Cols. 2, 10 and 12) .....   |           |           |           |           |           |
| 74. Ordinary - individual annuities (Page 6, Col. 4) .....   |           |           |           |           |           |
| 75. Ordinary-supplementary contracts .....   | XXX       | XXX       | XXX       |           |           |
| 76. Credit life (Page 6.1, Col. 10 plus Page 6.2, Col. 7) .....  |           |           |           |           |           |
| 77. Group life (Page 6.2, Col. 1 Less Cols. 7 and 9) .....   |           |           |           |           |           |
| 78. Group annuities (Page 6, Col. 5) .....   |           |           |           |           |           |
| 79. A & H-group (Page 6.5, Col. 3) .....   |           |           |           |           |           |
| 80. A & H-credit (Page 6.5, Col. 10) .....   |           |           |           |           |           |
| 81. A & H-other (Page 6.5, Col. 1 less Cols. 3 and 10) .....   |           |           |           |           |           |
| 82. Aggregate of all other lines of business (Page 6, Col. 8) .....  | (9,203)   | (478)     | 4,231     | 148,600   | (24,066)  |
| 83. Fraternal (Page 6, Col. 7) .....   |           |           |           |           |           |
| 84. Total (Page 6, Col. 1) .....   | (9,203)   | (478)     | 4,231     | 148,600   | (24,066)  |

NOTE: If a party to a merger, have the two most recent years of this exhibit been restated due to a merger in compliance with the disclosure requirements of SSAP No. 3, Accounting Changes and Correction of Errors? .....

Yes [ ] No [ ]

If no, please explain: .....

Exhibit of Life Insurance  
**N O N E**

Exhibit of Life Insurance - Part 2  
**N O N E**

Exhibit of Life Insurance - Part 3  
**N O N E**

Exhibit of Life Insurance - Part 4  
**N O N E**

Exhibit of Life Insurance - Part 5  
**N O N E**

Exhibit of Life Insurance - Part 6  
**N O N E**

Exhibit of Life Insurance - Part 7  
**N O N E**

Exhibit of Life Insurance - Policies with Disability Provisions  
**N O N E**

Exhibit of Number of Policies, Contracts, ...Supplementary Contracts  
**N O N E**

Exhibit of Number of Policies, Contracts, ...Annuities  
**N O N E**

Exhibit of Number of Policies, Contracts, ...Accident and Health Insurance  
**N O N E**

Exhibit of Number of Policies, Contracts, ...Deposit Funds  
**N O N E**

**ANNUAL STATEMENT FOR THE YEAR 2021 OF THE United Benefit Life Insurance Company**  
**SCHEDULE T - PREMIUMS AND ANNUITY CONSIDERATIONS <sup>(b)</sup>**

Allocated by States and Territories

| States, Etc.   | Active Status<br>(a)  | Life Contracts             |                           |   | Direct Business Only    |   | Total Columns<br>2 through 5<br>(b) | Deposit-Type<br>Contracts |
|--|---|----------------------------|---------------------------|---|-------------------------|---|-------------------------------------|---------------------------|
|  |   | 2                          |                           | 3   | 4                       | 5 |                                     |                           |
|  |   | Life Insurance<br>Premiums | Annuity<br>Considerations | Accident and Health<br>Insurance Premiums,<br>Including Policy,<br>Membership<br>and Other Fees | Other<br>Considerations |   |                                     |                           |
| 1. Alabama   | AL  | L                          |                           |   |                         |   |                                     |                           |
| 2. Alaska  | AK  | N                          |                           |   |                         |   |                                     |                           |
| 3. Arizona   | AZ  | L                          |                           |   |                         |   |                                     |                           |
| 4. Arkansas  | AR  | N                          |                           |   |                         |   |                                     |                           |
| 5. California  | CA  | L                          |                           |   |                         |   |                                     |                           |
| 6. Colorado  | CO  | L                          |                           |   |                         |   |                                     |                           |
| 7. Connecticut   | CT  | N                          |                           |   |                         |   |                                     |                           |
| 8. Delaware  | DE  | L                          |                           |   |                         |   |                                     |                           |
| 9. District of Columbia  | DC  | L                          |                           |   |                         |   |                                     |                           |
| 10. Florida  | FL  | N                          |                           |   |                         |   |                                     |                           |
| 11. Georgia  | GA  | L                          |                           |   |                         |   |                                     |                           |
| 12. Hawaii   | HI  | N                          |                           |   |                         |   |                                     |                           |
| 13. Idaho  | ID  | L                          |                           |   |                         |   |                                     |                           |
| 14. Illinois   | IL  | L                          |                           |   |                         |   |                                     |                           |
| 15. Indiana  | IN  | L                          |                           |   |                         |   |                                     |                           |
| 16. Iowa   | IA  | N                          |                           |   |                         |   |                                     |                           |
| 17. Kansas   | KS  | L                          |                           |   |                         |   |                                     |                           |
| 18. Kentucky   | KY  | L                          |                           |   |                         |   |                                     |                           |
| 19. Louisiana  | LA  | L                          |                           |   |                         |   |                                     |                           |
| 20. Maine  | ME  | N                          |                           |   |                         |   |                                     |                           |
| 21. Maryland   | MD  | N                          |                           |   |                         |   |                                     |                           |
| 22. Massachusetts  | MA  | N                          |                           |   |                         |   |                                     |                           |
| 23. Michigan   | MI  | N                          |                           |   |                         |   |                                     |                           |
| 24. Minnesota  | MN  | N                          |                           |   |                         |   |                                     |                           |
| 25. Mississippi  | MS  | N                          |                           |   |                         |   |                                     |                           |
| 26. Missouri   | MO  | L                          |                           |   |                         |   |                                     |                           |
| 27. Montana  | MT  | L                          |                           |   |                         |   |                                     |                           |
| 28. Nebraska   | NE  | L                          |                           |   |                         |   |                                     |                           |
| 29. Nevada   | NV  | L                          |                           |   |                         |   |                                     |                           |
| 30. New Hampshire  | NH  | N                          |                           |   |                         |   |                                     |                           |
| 31. New Jersey   | NJ  | N                          |                           |   |                         |   |                                     |                           |
| 32. New Mexico   | NM  | N                          |                           |   |                         |   |                                     |                           |
| 33. New York   | NY  | N                          |                           |   |                         |   |                                     |                           |
| 34. North Carolina   | NC  | N                          |                           |   |                         |   |                                     |                           |
| 35. North Dakota   | ND  | L                          |                           |   |                         |   |                                     |                           |
| 36. Ohio   | OH  | L                          |                           |   |                         |   |                                     |                           |
| 37. Oklahoma   | OK  | L                          |                           |   |                         |   |                                     |                           |
| 38. Oregon   | OR  | L                          |                           |   |                         |   |                                     |                           |
| 39. Pennsylvania   | PA  | L                          |                           |   |                         |   |                                     |                           |
| 40. Rhode Island   | RI  | N                          |                           |   |                         |   |                                     |                           |
| 41. South Carolina   | SC  | N                          |                           |   |                         |   |                                     |                           |
| 42. South Dakota   | SD  | L                          |                           |   |                         |   |                                     |                           |
| 43. Tennessee  | TN  | L                          |                           |   |                         |   |                                     |                           |
| 44. Texas  | TX  | L                          |                           |   |                         |   |                                     |                           |
| 45. Utah   | UT  | L                          |                           |   |                         |   |                                     |                           |
| 46. Vermont  | VT  | N                          |                           |   |                         |   |                                     |                           |
| 47. Virginia   | VA  | N                          |                           |   |                         |   |                                     |                           |
| 48. Washington   | WA  | N                          |                           |   |                         |   |                                     |                           |
| 49. West Virginia  | WV  | L                          |                           |   |                         |   |                                     |                           |
| 50. Wisconsin  | WI  | N                          |                           |   |                         |   |                                     |                           |
| 51. Wyoming  | WY  | N                          |                           |   |                         |   |                                     |                           |
| 52. American Samoa   | AS  | N                          |                           |   |                         |   |                                     |                           |
| 53. Guam   | GU  | N                          |                           |   |                         |   |                                     |                           |
| 54. Puerto Rico  | PR  | N                          |                           |   |                         |   |                                     |                           |
| 55. U.S. Virgin Islands  | VI  | N                          |                           |   |                         |   |                                     |                           |
| 56. Northern Mariana Islands   | MP  | N                          |                           |   |                         |   |                                     |                           |
| 57. Canada   | CAN   | N                          |                           |   |                         |   |                                     |                           |
| 58. Aggregate Other Alien  | OT  | XXX                        |                           |   |                         |   |                                     |                           |
| 59. Subtotal   |   | XXX                        |                           |   |                         |   |                                     |                           |
| 90. Reporting entity contributions for employee benefits plans                             |   | XXX                        |                           |   |                         |   |                                     |                           |
| 91. Dividends or refunds applied to purchase paid-up additions and annuities               |   | XXX                        |                           |   |                         |   |                                     |                           |
| 92. Dividends or refunds applied to shorten endowment or premium paying period             |   | XXX                        |                           |   |                         |   |                                     |                           |
| 93. Premium or annuity considerations waived under disability or other contract provisions |   | XXX                        |                           |   |                         |   |                                     |                           |
| 94. Aggregate or other amounts not allocable by State                                      |   | XXX                        |                           |   |                         |   |                                     |                           |
| 95. Totals (Direct Business)   |   | XXX                        |                           |   |                         |   |                                     |                           |
| 96. Plus reinsurance assumed   |   | XXX                        |                           |   |                         |   |                                     |                           |
| 97. Totals (All Business)  |   | XXX                        |                           |   |                         |   |                                     |                           |
| 98. Less reinsurance ceded   |   | XXX                        |                           |   |                         |   |                                     |                           |
| 99. Totals (All Business) less Reinsurance Ceded   |   | XXX                        |                           | (c)   |                         |   |                                     |                           |
| <b>DETAILS OF WRITE-INS</b>  |   |                            |                           |   |                         |   |                                     |                           |
| 58001.   |   | XXX                        |                           |   |                         |   |                                     |                           |
| 58002.   |   | XXX                        |                           |   |                         |   |                                     |                           |
| 58003.   |   | XXX                        |                           |   |                         |   |                                     |                           |
| 58998.   | Summary of remaining write-ins for Line 58 from overflow page | XXX                        |                           |   |                         |   |                                     |                           |
| 58999.   | Totals (Lines 58001 through 58003 plus 58998)(Line 58 above)  | XXX                        |                           |   |                         |   |                                     |                           |
| 9401.  |   | XXX                        |                           |   |                         |   |                                     |                           |
| 9402.  |   | XXX                        |                           |   |                         |   |                                     |                           |
| 9403.  |   | XXX                        |                           |   |                         |   |                                     |                           |
| 9498.  | Summary of remaining write-ins for Line 94 from overflow page | XXX                        |                           |   |                         |   |                                     |                           |
| 9499.  | Totals (Lines 9401 through 9403 plus 9498)(Line 94 above)     | XXX                        |                           |   |                         |   |                                     |                           |

(a) Active Status Counts:

L - Licensed or Chartered - Licensed insurance carrier or domiciled RRG..... 27

E - Eligible - Reporting entities eligible or approved to write surplus lines in the state.....

N - None of the above - Not allowed to write business in the state..... 30

R - Registered - Non-domiciled RRGs.....

Q - Qualified - Qualified or accredited reinsurer.....

(b) Explanation of basis of allocation by states, etc., of premiums and annuity considerations

Premiums are allocated to the state in which the related policy or certificate holder resides.

(c) Column 4 should balance with Exhibit 1, Lines 6.4, 10.4, and 16.4, Cols. 8, 9, 10, or with Schedule H, Part 1, Line 1, indicate which: Exhibit 1, Lines 6.4, 10.4, and 16.4, Cols. 8, 9, 10..

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE United Benefit Life Insurance Company

**PART 1 -- ORGANIZATION CHART**

**Cigna CORPORATION**  
**(A Delaware corporation and ultimate parent company)**

The following is a listing identifying and indicating the interrelationships among all affiliated insurers and all other affiliates, as of December 31, 2021:

| Entity Name   | EIN        | State | NAIC CODE |
|---|------------|-------|-----------|
| <b>Cigna Corporation (A Delaware corporation and ultimate parent company)</b> | 82-4991898 | DE    |           |
| Cigna Holding Company   | 06-1059331 | DE    |           |
| Cigna Holdings, Inc.  | 06-1072796 | DE    |           |
| Cigna Intellectual Property, Inc.   | 51-0402128 | DE    |           |
| Cigna Investment Group, Inc.  | 06-1095823 | DE    |           |
| Cigna International Finance, Inc.   | 52-0291385 | DE    |           |
| Former Cigna Investments, Inc.  | 23-1914061 | DE    |           |
| Cigna Investments, Inc.   | 06-0861092 | DE    |           |
| Cigna Benefits Financing, Inc.  | 01-0947889 | DE    |           |
| CareAllies, Inc.  | 26-0180898 | DE    |           |
| CareAllies Accountable Care Collaborative LLC                                 | 85-0954556 | DE    |           |
| CareAllies Accountable Care Network LLC                                       | 85-0935554 | DE    |           |
| CareAllies Accountable Care Solutions LLC                                     | 00-0000000 | DE    |           |
| Connecticut General Corporation   | 06-0840391 | CT    |           |
| Benefit Management Corp.  | 81-0585518 | MT    |           |
| Allegiance Life & Health Insurance Company                                    | 20-4433475 | MT    | 12814     |
| Allegiance Re, Inc.   | 20-3851464 | MT    |           |
| Allegiance Benefit Plan Management, Inc.                                      | 81-0400550 | MT    |           |
| Allegiance COBRA Services, Inc.   | 71-0916514 | MT    |           |
| Allegiance Provider Direct, LLC   | 26-2201582 | MT    |           |
| Community Health Network, LLC   | 84-1461840 | MT    |           |
| Intermountain Underwriters, Inc.  | 81-0425785 | MT    |           |
| Allegiance Care Management, LLC   | 03-0507057 | MT    |           |
| HealthSpring, Inc.  | 20-1821898 | DE    |           |
| NewQuest, LLC   | 76-0628370 | TX    |           |
| NewQuest Management Northeast, LLC  | 52-1929677 | DE    |           |
| Bravo Health Mid-Atlantic, Inc.   | 52-2259087 | MD    | 10095     |
| Bravo Health Pennsylvania, Inc.   | 52-2363406 | PA    | 11524     |
| HealthSpring Life & Health Insurance Company, Inc.                            | 20-8534298 | TX    | 12902     |
| HealthSpring of Florida, Inc.   | 65-1129599 | FL    | 11532     |
| NewQuest Management of Illinois, LLC  | 77-0632665 | IL    |           |
| NewQuest Management of Florida, LLC   | 20-4954206 | FL    |           |

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE United Benefit Life Insurance Company

**PART 1 -- ORGANIZATION CHART**

**Cigna CORPORATION**  
**(A Delaware corporation and ultimate parent company)**

The following is a listing identifying and indicating the interrelationships among all affiliated insurers and all other affiliates, as of December 31, 2021:

| Entity Name  | EIN        | State | NAIC CODE |
|--|------------|-------|-----------|
| HealthSpring Management of America, LLC                | 20-8647386 | DE    |           |
| NewQuest Management of West Virginia, LLC              | 45-0633893 | DE    |           |
| TexQuest, LLC  | 75-3108527 | DE    |           |
| HouQuest, LLC  | 75-3108521 | DE    |           |
| GulfQuest, LP  | 76-0657035 | TX    |           |
| NewQuest Management of Alabama, LLC                    | 33-1033586 | AL    |           |
| HealthSpring USA, LLC                                  | 72-1559530 | TN    |           |
| Tennessee Quest, LLC                                   | 20-5524622 | TN    |           |
| HealthSpring Pharmacy Services, LLC                    | 26-2353476 | DE    |           |
| HealthSpring Pharmacy of Tennessee, LLC                | 26-2353772 | DE    |           |
| Home Physicians Management, LLC                        | 20-4266628 | DE    |           |
| Alegis Care Services, LLC                              | 35-2562415 | DE    |           |
| Alegis Care Services of Colorado, LLC                  | 85-0909305 | CO    |           |
| Cigna Arbor Life Insurance Company                     | 03-0452349 | CT    | 13733     |
| Evernorth Behavioral Health, Inc.                      | 41-1648670 | MN    |           |
| Evernorth Behavioral Health of California, Inc.        | 94-3107309 | CA    |           |
| Evernorth Behavioral Health of Texas, Inc.             | 75-2751090 | TX    |           |
| MCC Independent Practice Association of New York, Inc. | 06-1346406 | NY    |           |
| Cigna Dental Health, Inc.                              | 59-2308055 | FL    |           |
| Cigna Dental Health Plan of Arizona, Inc.              | 86-0807222 | AZ    | 47013     |
| Cigna Dental Health of California, Inc.                | 59-2600475 | CA    |           |
| Cigna Dental Health of Colorado, Inc.                  | 59-2675861 | CO    | 11175     |
| Cigna Dental Health of Delaware, Inc.                  | 59-2676987 | DE    | 95380     |
| Cigna Dental Health of Florida, Inc.                   | 59-1611217 | FL    | 52021     |
| Cigna Dental Health of Illinois, Inc.                  | 06-1351097 | IL    |           |
| Cigna Dental Health of Kansas, Inc.                    | 59-2625350 | KS    | 52024     |
| Cigna Dental Health of Kentucky, Inc.                  | 59-2619589 | KY    | 52108     |
| Cigna Dental Health of Maryland, Inc.                  | 20-2844020 | MD    | 48119     |
| Cigna Dental Health of Missouri, Inc.                  | 06-1582068 | MO    | 11160     |
| Cigna Dental Health of New Jersey, Inc.                | 59-2308062 | NJ    | 11167     |
| Cigna Dental Health of North Carolina, Inc.            | 56-1803464 | NC    | 95179     |
| Cigna Dental Health of Ohio, Inc.                      | 59-2579774 | OH    | 47805     |

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE United Benefit Life Insurance Company

**PART 1 -- ORGANIZATION CHART**

**Cigna CORPORATION**  
**(A Delaware corporation and ultimate parent company)**

The following is a listing identifying and indicating the interrelationships among all affiliated insurers and all other affiliates, as of December 31, 2021:

| Entity Name                               | EIN        | State | NAIC CODE |
|---|------------|-------|-----------|
| Cigna Dental Health of Pennsylvania, Inc. | 52-1220578 | PA    | 47041     |
| Cigna Dental Health of Texas, Inc.        | 59-2676977 | TX    | 95037     |
| Cigna Dental Health of Virginia, Inc.     | 52-2188914 | VA    | 52617     |
| Cigna Health Corporation                  | 62-1312478 | DE    |           |
| Healthsource, Inc.                        | 02-0387748 | DE    |           |
| Cigna HealthCare of Arizona, Inc.         | 86-0334392 | AZ    | 95125     |
| Cigna HealthCare of California, Inc.      | 95-3310115 | CA    |           |
| Cigna HealthCare of Colorado, Inc.        | 84-1004500 | CO    | 95604     |
| Cigna HealthCare of Connecticut, Inc.     | 06-1141174 | CT    | 95660     |
| Cigna HealthCare of Florida, Inc.         | 59-2089259 | FL    | 95136     |
| Cigna HealthCare of Georgia, Inc.         | 58-1641057 | GA    | 96229     |
| Cigna HealthCare of Illinois, Inc.        | 36-3385638 | IL    | 95602     |
| Cigna HealthCare of Indiana, Inc.         | 35-1679172 | IN    | 95525     |
| Cigna HealthCare of Maine, Inc.           | 01-0418220 | ME    |           |
| Cigna HealthCare of Massachusetts, Inc.   | 02-0402111 | MA    |           |
| Cigna HealthCare Mid-Atlantic, Inc.       | 52-1404350 | MD    |           |
| Cigna HealthCare of New Hampshire, Inc.   | 02-0387749 | NH    | 95493     |
| Cigna HealthCare of New Jersey, Inc.      | 22-2720890 | NJ    | 95500     |
| Cigna HealthCare of North Carolina, Inc.  | 56-1479515 | NC    | 95132     |
| Cigna HealthCare of Pennsylvania, Inc.    | 23-2301807 | PA    |           |
| Cigna HealthCare of St. Louis, Inc.       | 36-3359925 | MO    | 95635     |
| Cigna HealthCare of South Carolina, Inc.  | 06-1185590 | SC    | 95708     |
| Cigna HealthCare of Tennessee, Inc.       | 62-1218053 | TN    | 95606     |
| Cigna HealthCare of Texas, Inc.           | 74-2767437 | TX    | 95383     |
| Cigna HealthCare of Utah, Inc.            | 62-1230908 | UT    |           |
| Temple Insurance Company Limited          | 00-0000000 |       |           |
| Arizona Health Plan, Inc.                 | 86-3581583 | AZ    |           |
| Healthsource Properties, Inc.             | 02-0467679 | NH    |           |
| Managed Care Consultants, Inc.            | 88-0241365 | NV    |           |
| Cigna Benefit Technology Solutions, Inc.  | 02-0515554 | DE    |           |
| Sagamore Health Network, Inc.             | 35-1641636 | IN    |           |
| Cigna Healthcare Holdings, Inc.           | 84-0985843 | CO    |           |

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE United Benefit Life Insurance Company

**PART 1 -- ORGANIZATION CHART**

**Cigna CORPORATION**  
**(A Delaware corporation and ultimate parent company)**

The following is a listing identifying and indicating the interrelationships among all affiliated insurers and all other affiliates, as of December 31, 2021:

| Entity Name   | EIN        | State | NAIC CODE |
|---|------------|-------|-----------|
| Great-West Healthcare of Illinois, Inc.             | 93-1174749 | IL    |           |
| Cigna Healthcare, Inc.                              | 02-0495422 | VT    |           |
| Connecticut General Life Insurance Company          | 06-0303370 | CT    | 62308     |
| CareAllies, LLC                                     | 81-2760646 | DE    |           |
| Evernorth Direct Health, LLC                        | 32-0222252 | DE    |           |
| Gillette Ridge Community Council, Inc.              | 00-0000000 | CT    |           |
| Gillette Ridge Golf, LLC                            | 20-3700105 | DE    |           |
| Hazard Center Investment Company LLC                | 52-2149519 | DE    |           |
| Tel-Drug of Pennsylvania, LLC                       | 23-3074013 | PA    |           |
| GRG Acquisitions LLC                                | 00-0000000 | DE    |           |
| Cigna Affiliates Realty Investment Group, LLC       | 27-5402196 | DE    |           |
| Secon Properties, LP                                | 95-2876207 | CA    |           |
| Transwestern Federal Holdings, L.L.C.               | 00-0000000 | DE    |           |
| Transwestern Federal, L.L.C.                        | 00-0000000 | DE    |           |
| CR Washington Street Investors LP                   | 27-3555688 | DE    |           |
| PUR Arbors Apartments Venture LLC                   | 45-5046449 | DE    |           |
| CG Seventh Street, LLC                              | 45-5499889 | DE    |           |
| Ideal Properties II LLC                             | 95-4838551 | CA    |           |
| Mallory Square Partners I, LLC                      | 80-0908244 | DE    |           |
| Houston Briar Forest Apartments Limited Partnership | 37-1708015 | DE    |           |
| SB-SNH LLC  | 46-3593103 | DE    |           |
| 680 Investors LLC                                   | 00-0000000 | CA    |           |
| 685 New Hampshire LLC                               | 00-0000000 | CA    |           |
| Lakehills CM-CG LLC                                 | 47-4375626 | DE    |           |
| Berewick Apartments LLC                             | 81-2650133 | DE    |           |
| CIG-LEI Ygnacio Associates LLC                      | 81-3389374 | DE    |           |
| CGGL Orange Collection LLC                          | 61-1797835 | DE    |           |
| CGGL City Parkway LLC                               | 81-3313562 | DE    |           |
| Heights at Bear Creek Venture LLC                   | 81-4139432 | DE    |           |
| SOMA Apartments Venture LLC                         | 82-1732483 | DE    |           |
| Arbor Heights Venture LLC                           | 82-3315524 | DE    |           |
| CG/Wood ALTA 601, LLC                               | 82-1280312 | DE    |           |

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE United Benefit Life Insurance Company

**PART 1 -- ORGANIZATION CHART**

**Cigna CORPORATION**  
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The following is a listing identifying and indicating the interrelationships among all affiliated insurers and all other affiliates, as of December 31, 2021:

| Entity Name                               | EIN        | State | NAIC CODE |
|---|------------|-------|-----------|
| CPI-CII 9171 Wilshire JV LLC              | 82-4936006 | DE    |           |
| 9171 Wilshire CPI-CII LLC                 | 82-4794800 | DE    |           |
| CARING Alta Leander Investor LLC          | 85-2966766 | DE    |           |
| CG/Wood Alta Leander Station, LLC         | 85-2233381 | DE    |           |
| CARING Avondale Investor LLC              | 85-2966766 | DE    |           |
| Westcore Realty CG Avondale, LLC          | 85-3567364 | DE    |           |
| CARING Capitol Hill GP LLC                | 32-0570889 | DE    |           |
| CARING Capitol Hill LP LLC                | 37-1903297 | DE    |           |
| Rise-CG Capitol Hill, LP                  | 83-1460134 | DE    |           |
| CARING 3130 Investor LLC                  | 84-1960231 | DE    |           |
| CARING 9171 Wilshire Investor LLC         | 83-2318410 | DE    |           |
| CARING Heights at Bear Creek Investor LLC | 83-2318233 | DE    |           |
| CARING 500 Ygnacio Investor LLC           | 83-2562994 | DE    |           |
| CARING Alta Englewood Investor LLC        | 83-2851501 | DE    |           |
| CARING Alta Woodson Investor LLC          | 83-2563284 | DE    |           |
| CARING Mallory Square Investor LLC        | 83-2339522 | DE    |           |
| CARING Soma Investor LLC                  | 83-2563138 | DE    |           |
| CARING Century Plaza Investor LLC         | 83-2851364 | DE    |           |
| CG-Muller 550 Winchester, LLC             | 83-2993316 | DE    |           |
| CARING Hillcrest Investor LLC             | 83-1400482 | DE    |           |
| CI-GS Hillcrest LLC                       | 82-1612980 | DE    |           |
| CARING Alexan Enclave Investor LLC        | 83-2633790 | DE    |           |
| CARING Orange Collection Investor LLC     | 83-2633886 | DE    |           |
| CGGL Orange Collection Mezz LLC           | 00-0000000 | DE    |           |
| CARING South Coast Subsidiary LLC         | 83-8294933 | DE    |           |
| CARING 18th & Salmon Investor LLC         | 83-1400586 | DE    |           |
| CI-GS Portland, LLC                       | 82-4774243 | DE    |           |
| CARING Firestone Investor LLC             | 83-3701937 | DE    |           |
| CG-AQ 477 South Market Street LLC         | 84-2083351 | DE    |           |
| CARING XR 2 International Investor LLC    | 83-4317078 | DE    |           |
| CGGL XR 2 International LLC               | 84-1843578 | DE    |           |
| CGGL XR 2 International JV LLC            | 84-1843578 | DE    |           |

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE United Benefit Life Insurance Company

**PART 1 -- ORGANIZATION CHART**

**Cigna CORPORATION**  
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The following is a listing identifying and indicating the interrelationships among all affiliated insurers and all other affiliates, as of December 31, 2021:

| Entity Name                             | EIN        | State | NAIC CODE |
|---|------------|-------|-----------|
| CGGL XR 2 International Mezz LLC        | 84-1843578 | DE    |           |
| CARING XR International Investor LLC    | 83-3923178 | DE    |           |
| CGGL XR International LLC               | 84-1921719 | DE    |           |
| CARING JA Lofts Investor GP LLC         | 00-0000000 | DE    |           |
| CARING JA Lofts Investor LP LLC         | 00-0000000 | DE    |           |
| JA Lofts JV Limited Partnership         | 84-3395923 | DE    |           |
| JA Lofts Holdings, LLC                  | 84-3406799 | DE    |           |
| RISE-CG JA Lofts Limited Partnership    | 84-3254168 | DE    |           |
| CARING Westcore Holding Investor LLC    | 38-4085763 | DE    |           |
| Westcore CG AC, LLC                     | 00-0000000 | DE    |           |
| Westcore CG Commerce, LLC               | 00-0000000 | DE    |           |
| Westcore CG Dove Valley II, LLC         | 84-3178563 | DE    |           |
| Westcore CG Venture, LLC                | 00-0000000 | DE    |           |
| Westcore CG Dove Valley I, LLC          | 84-3178563 | DE    |           |
| Westcore CG Camelback, LLC              | 84-3178563 | DE    |           |
| Westcore CG Susana, LLC                 | 84-3178563 | DE    |           |
| Westcore CG Navy, LLC                   | 84-3178563 | DE    |           |
| Westcore CG I-35, LLC                   | 84-3178563 | DE    |           |
| Westcore CG Potomac Park, LLC           | 84-3178563 | DE    |           |
| Westcore CG Fountain Lakes, LLC         | 84-3178563 | DE    |           |
| Westcore CG Mezz, LLC                   | 84-3178563 | DE    |           |
| Westcore CG Solano, LLC                 | 84-3178563 | DE    |           |
| Westcore CG Gateway, LLC                | 84-3178563 | DE    |           |
| Westcore CG Cedar Port, LLC             | 84-3178563 | DE    |           |
| CARING Westcore Holding II Investor LLC | 87-3646420 | DE    |           |
| Westcore CG II AC, LLC                  | 87-3624928 | DE    |           |
| Westcore CG Venture II, LLC             | 87-3624928 | DE    |           |
| Westcore CG II Park 225, LLC            | 87-3624928 | DE    |           |
| CARING IBP Investor LLC                 | 84-4410554 | DE    |           |
| CG-LEDO IBP Venture LLC                 | 84-4773972 | DE    |           |
| CG-LEDO IBP I LLC                       | 84-4747045 | DE    |           |
| CG-LEDO IBP II LLC                      | 84-4755025 | DE    |           |

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE United Benefit Life Insurance Company

**PART 1 -- ORGANIZATION CHART**

**Cigna CORPORATION**  
**(A Delaware corporation and ultimate parent company)**

The following is a listing identifying and indicating the interrelationships among all affiliated insurers and all other affiliates, as of December 31, 2021:

| Entity Name                                  | EIN        | State | NAIC CODE |
|--|------------|-------|-----------|
| CARING Interbay Investor LP LLC              | 85-1984627 | DE    |           |
| The Flats at Interbay JV Limited Partnership | 85-1955075 | DE    |           |
| The Flats at Interbay Limited Partnership    | 85-1962013 | DE    |           |
| The Flats at Interbay Holdings, LLC          | 85-1955731 | DE    |           |
| CARING Interbay Investor GP LLC              | 85-1961034 | DE    |           |
| CARING Deco Investor LLC                     | 85-4265529 | DE    |           |
| Deco Apartments JV LLC                       | 86-1305728 | DE    |           |
| Deco Apartments Owner LLC                    | 86-1334095 | DE    |           |
| CARING ABS Investor LLC                      | 85-4247420 | DE    |           |
| ABS Apartments Venture, L.L.C.               | 85-1046126 | DE    |           |
| CARING Elan I Investor LLC                   | 85-2912145 | DE    |           |
| CI-GS Elan Everett Phase I, LLC              | 86-2964997 | DE    |           |
| CARING Elan II Investor LLC                  | 87-0928526 | DE    |           |
| CI-GS Elan Everett Phase II, LLC             | 86-3726159 | DE    |           |
| CARING St. Matthew's Investor LLC            | 86-1942593 | DE    |           |
| ASM Apartments Venture, L.L.C.               | 86-1750832 | DE    |           |
| CARING Montclair Investor LLC                | 85-4265529 | DE    |           |
| Montclair Residences JV LLC                  | 87-2772585 | DE    |           |
| Montclair 11 Pine Operating Company LLC      | 87-2810715 | DE    |           |
| Montclair 11 Pine Urban Renewal LLC          | 87-2790325 | DE    |           |
| CARING Berwyn Investor LLC                   | 87-1992977 | DE    |           |
| Swedesford Road Apartments, LLC              | 87-0903685 | DE    |           |
| CARING Duraleigh Investor LLC                | 83-2851501 | DE    |           |
| CG/Wood Alta Duraleigh, LLC                  | 85-0734624 | DE    |           |
| CG/Wood Alta Duraleigh Owner, LLC            | 85-0655107 | DE    |           |
| CG/Wood Alta Duraleigh Townhome, LLC         | 87-2928410 | DE    |           |
| Cigna Health and Life Insurance Company      | 59-1031071 | CT    | 67369     |
| CarePlexus, LLC                              | 45-2681649 | DE    |           |
| Cigna Corporate Services, LLC                | 27-3396038 | DE    |           |
| Cigna Insurance Agency, LLC                  | 27-1903785 | CT    |           |
| Ceres Sales of Ohio, LLC                     | 34-1970892 | OH    |           |
| Cigna National Health Insurance Company      | 34-0970995 | OH    | 61727     |

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE United Benefit Life Insurance Company

**PART 1 -- ORGANIZATION CHART**

**Cigna CORPORATION**  
**(A Delaware corporation and ultimate parent company)**

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| Entity Name   | EIN        | State | NAIC CODE |
|---|------------|-------|-----------|
| Provident American Life & Health Insurance Company      | 23-1335885 | OH    | 67903     |
| United Benefit Life Insurance Company                   | 75-2305400 | OH    | 65269     |
| Loyal American Life Insurance Company                   | 63-0343428 | OH    | 65722     |
| American Retirement Life Insurance Company              | 59-2760189 | OH    | 88366     |
| Sterling Life Insurance Company                         | 13-1867829 | IL    | 77399     |
| Olympic Health Management Systems, Inc.                 | 91-1500758 | WA    |           |
| Olympic Health Management Services, Inc.                | 91-1599329 | WA    |           |
| Cigna Ventures, LLC                                     | 83-1069280 | DE    |           |
| AristaMD, Inc.  | 46-4080861 | DE    |           |
| Buoy Health, Inc.                                       | 46-4918521 | DE    |           |
| Octave Health Group, Inc.                               | 82-5244890 | DE    |           |
| Trainer Rx, Inc.  | 46-5264463 | DE    |           |
| 1EQ Inc. (d/b/a Babyscripts)                            | 46-2332355 | DE    |           |
| Verity Solutions Group, Inc.                            | 00-0000000 | DE    |           |
| Cigna & CMB Life Insurance Company Limited              | 00-0000000 |       |           |
| Cigna & CMB Health Services Company, Ltd.               | 00-0000000 |       |           |
| Cigna & CMB Asset Management Company Limited            | 00-0000000 |       |           |
| Health-Lynx, LLC  | 46-2086778 | NJ    |           |
| QualCare Management Resources Limited Liability Company | 46-1801639 | NJ    |           |
| Cigna Management Company LLC                            | 87-3374500 |       |           |
| Hartford Community Lender Holding LLC                   | 87-3650143 | DE    |           |
| Hartford Community Lender I LLC                         | 87-3686301 | DE    |           |
| Cigna Health Management, Inc.                           | 23-1728483 | DE    |           |
| Kronos Optimal Health Company                           | 20-8064696 | AZ    |           |
| Cigna Direct Marketing Company, Inc.                    | 58-1136865 | DE    |           |
| Tel-Drug, Inc.  | 46-0427127 | SD    |           |
| Cigna Global Wellbeing Holdings Limited                 | 00-0000000 |       |           |
| Cigna Global Wellbeing Solutions Limited                | 00-0000000 |       |           |
| Vielife Services, Inc.                                  | 98-0463704 | DE    |           |
| CG Individual Tax Benefit Payments, Inc.                | 06-1332403 | DE    |           |
| CG Life Pension Benefits Payments, Inc.                 | 06-1332405 | DE    |           |
| CG LINA Pension Benefits Payments, Inc.                 | 06-1332401 | DE    |           |

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE United Benefit Life Insurance Company

| <b>PART 1 -- ORGANIZATION CHART</b>   |  |  |  |
|---|--|--|--|
| <b>Cigna CORPORATION</b><br><b>(A Delaware corporation and ultimate parent company)</b>   |  |  |  |
| The following is a listing identifying and indicating the interrelationships among all affiliated insurers and all other affiliates, as of December 31, 2021: |  |  |  |

| Entity Name                                      | EIN        | State | NAIC CODE |
|--|------------|-------|-----------|
| Cigna Federal Benefits, Inc.                     | 62-1724116 | DE    |           |
| Cigna Healthcare Benefits, Inc.                  | 23-2741293 | DE    |           |
| Cigna Integratedcare, Inc.                       | 23-2924152 | DE    |           |
| Cigna Managed Care Benefits Company              | 23-2741294 | DE    |           |
| Cigna Re Corporation                             | 06-1071502 | DE    |           |
| Blodget & Hazard Limited                         | 06-1522976 |       |           |
| Cigna Resource Manager, Inc.                     | 06-1567902 | DE    |           |
| Connecticut General Benefit Payments, Inc.       | 06-1252419 | DE    |           |
| Healthsource Benefits, Inc.                      | 06-1533555 | DE    |           |
| IHN, Inc.  | 35-2041388 | IN    |           |
| Mediversal, Inc.                                 | 88-0334401 | NV    |           |
| Universal Claims Administration                  | 88-0344624 | NV    |           |
| Brighter, Inc.                                   | 27-1713977 | DE    |           |
| Patient Provider Alliance, Inc.                  | 80-0818758 | DE    |           |
| Cigna Global Holdings, Inc.                      | 51-0389196 | DE    |           |
| Cigna International Corporation, Inc.            | 51-0111677 | DE    |           |
| Cigna International Services, Inc.               | 23-2610178 | DE    |           |
| Cigna International Marketing (Thailand) Limited | 00-0000000 |       |           |
| CGO Participatos LTDA                            | 00-0000000 |       |           |
| YCFM Servicos LTDA                               | 00-0000000 |       |           |
| Cigna Global Reinsurance Company, Ltd.           | 98-0210110 |       |           |
| Cigna Holdings Overseas, Inc.                    | 23-3009279 | DE    |           |
| Cigna Bellevue Alpha LLC                         | 00-0000000 | DE    |           |
| Cigna Linden Holdings, Inc.                      | 46-4110289 | DE    |           |
| Cigna Laurel Holdings, Ltd.                      | 98-1146864 |       |           |
| Cigna Palmetto Holdings, Ltd.                    | 98-1232443 |       |           |
| Cigna Apac Holdings, Ltd.                        | 00-0000000 |       |           |
| Cigna Alder Holdings, LLC                        | 00-0000000 |       |           |
| Cigna Walnut Holdings, Ltd.                      | 00-0000000 |       |           |
| Cigna Chestnut Holdings, Ltd.                    | 98-1137759 |       |           |
| LINA Life Insurance Company of Korea             | 00-0000000 |       |           |
| Cigna International Services Australia Pty Ltd.  | 00-0000000 |       |           |

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**PART 1 -- ORGANIZATION CHART**

**Cigna CORPORATION**  
**(A Delaware corporation and ultimate parent company)**

The following is a listing identifying and indicating the interrelationships among all affiliated insurers and all other affiliates, as of December 31, 2021:

| Entity Name  | EIN        | State | NAIC CODE |
|--|------------|-------|-----------|
| Cigna Hong Kong Holdings Company Limited                     | 00-0000000 |       |           |
| Cigna Data Services (Shanghai) Company Limited               | 00-0000000 |       |           |
| Cigna HLA Technology Services Company Limited                | 00-0000000 |       |           |
| Cigna Worldwide General Insurance Company Limited            | 00-0000000 |       |           |
| Cigna Worldwide Life Insurance Company Limited               | 00-0000000 |       |           |
| Cigna International Health Services Sdn. Bhd.                | 00-0000000 |       |           |
| Cigna New Zealand Holdings Limited                           | 00-0000000 |       |           |
| OnePath Life (NZ) Limited                                    | 00-0000000 |       |           |
| Cigna Life Insurance New Zealand Limited                     | 00-0000000 |       |           |
| Grown Ups New Zealand Limited                                | 00-0000000 |       |           |
| Cigna Life Insurance Company of Canada                       | AA-1560515 |       |           |
| Cigna Korea Chusik Heosa (A/K/A Cigna Korea Company Limited) | 00-0000000 |       |           |
| LINA Financial Service                                       | 00-0000000 |       |           |
| Cigna Spruce Holdings GmbH                                   | 00-0000000 |       |           |
| Ascent Health Services LLC                                   | 00-0000000 | DE    |           |
| Quallent Pharmaceuticals Holdings LP                         | 00-0000000 |       |           |
| Quallent Pharmaceuticals Health LLC                          | 00-0000000 |       |           |
| Cigna Taiwan Life Assurance Company Limited                  | 00-0000000 |       |           |
| NAS Neuron Health Services, L.L.C.                           | 00-0000000 |       |           |
| Claims and Risk Services Limited                             | 00-0000000 |       |           |
| Egyptian Emirates Administration Services SAE                | 00-0000000 |       |           |
| Independent Health Information Technology Services L.L.C.    | 00-0000000 |       |           |
| NAS Administrative Services Company LLC                      | 00-0000000 |       |           |
| Kuwait Emirates Administration Services WLL                  | 00-0000000 |       |           |
| NAS United SPV   | 00-0000000 |       |           |
| Neuron LLC   | 00-0000000 |       |           |
| Cigna Nederland Gamma B.V.                                   | 00-0000000 |       |           |
| Cigna Sağlık Hayat ve Emeklilik A.Ş.                         | 00-0000000 |       |           |
| RHP (Thailand) Limited                                       | 00-0000000 |       |           |
| Cigna Brokerage & Marketing (Thailand) Limited               | 00-0000000 |       |           |
| KDM (Thailand) Limited                                       | 00-0000000 |       |           |
| Cigna Insurance Public Company Limited                       | 00-0000000 |       |           |

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**PART 1 -- ORGANIZATION CHART**

**Cigna CORPORATION**  
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| Entity Name  | EIN        | State | NAIC CODE |
|--|------------|-------|-----------|
| Cigna Myrtle Holdings, Ltd.  | 98-1154657 |       |           |
| Cigna Elmwood Holdings, SPRL   | 98-1155943 |       |           |
| Cigna Beechwood Holdings   | 98-1181787 |       |           |
| Cigna Life Insurance Company of Europe S.A.-N.V.   | AA-1240009 |       |           |
| Cigna Europe Insurance Company S.A.-N.V.   | 00-0000000 |       |           |
| Cigna European Services (UK) Limited   | 00-0000000 |       |           |
| Cigna 2000 UK Pension LTD  | 00-0000000 |       |           |
| Cigna Oak Holdings, Ltd.   | 00-0000000 |       |           |
| Cigna Willow Holdings, LTD.  | 00-0000000 |       |           |
| FirstAssist Administration Limited   | 00-0000000 |       |           |
| Cigna Legal Protection U.K. Ltd.   | 00-0000000 |       |           |
| Cigna Insurance Services (Europe) Limited  | 00-0000000 |       |           |
| Cigna International Health Services, BVBA  | 00-0000000 |       |           |
| Cigna International Health Services, LLC   | 30-0526216 | FL    |           |
| Cigna International Health Services Kenya Limited  | 00-0000000 |       |           |
| Cigna Cedar Holdings, Ltd.   | 00-0000000 |       |           |
| Cigna Insurance Middle East S.A.L.   | 00-0000000 |       |           |
| Cigna Services Middle East FZE   | 00-0000000 |       |           |
| Cigna Insurance Management Services (DIFC), Ltd.   | 00-0000000 |       |           |
| Cigna Magnolia Holdings, Ltd.  | 98-1232512 |       |           |
| Cigna Turkey Danismanlik Hizmetleri, A.S (A/K/A Cigna Turkey Consultancy Services, A.S.) | 00-0000000 |       |           |
| Cigna Health Solution India Pvt. Ltd.  | 00-0000000 |       |           |
| Cigna Poplar Holdings, Inc.  | 46-4099800 | DE    |           |
| PT GAR Indonesia   | 00-0000000 |       |           |
| Cigna Global Insurance Company Limited   | 68-0676638 |       |           |
| International Pharmaceutical Solutions, GmbH   | 00-0000000 |       |           |
| ManipalCigna Health Insurance Company Limited  | 00-0000000 |       |           |
| Cigna Worldwide Insurance Company  | 23-2088429 | DE    | 90859     |
| PT Asuransi Cigna  | AA-5360003 |       |           |
| Cigna Teak Holdings, LLC   | 00-0000000 | DE    |           |
| Evernorth Strategic Development, Inc.  | 85-2717903 | DE    |           |
| Evernorth Enterprise Services, Inc.  | 85-2732455 | DE    |           |

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE United Benefit Life Insurance Company

**PART 1 -- ORGANIZATION CHART**

**Cigna CORPORATION**  
**(A Delaware corporation and ultimate parent company)**

The following is a listing identifying and indicating the interrelationships among all affiliated insurers and all other affiliates, as of December 31, 2021:

| Entity Name   | EIN        | State | NAIC CODE |
|---|------------|-------|-----------|
| Express Scripts, Inc.                                 | 43-1420563 | DE    |           |
| Evernorth Health, Inc.                                | 45-2884094 | DE    |           |
| Express Scripts Services Co.                          | 43-1832983 | DE    |           |
| Diversified Pharmaceutical Services, Inc.             | 41-1627938 | MN    |           |
| Diversified NY IPA, Inc.                              | 16-1526641 | NY    |           |
| ESI Mail Pharmacy Service, Inc.                       | 43-1867735 | DE    |           |
| Express Scripts Pharmaceutical Procurement, LLC       | 20-5826948 | DE    |           |
| Econdisc Contracting Solutions, LLC                   | 27-3542089 | DE    |           |
| Express Scripts Sales Operations, Inc.                | 22-3114423 | NJ    |           |
| Express Scripts Specialty Distribution Services, Inc. | 43-1869712 | DE    |           |
| ESI Partnership                                       | 43-1925562 | DE    |           |
| ESI Resources, Inc.                                   | 41-2006555 | MN    |           |
| ESI GP Holdings, Inc.                                 | 43-1925556 | DE    |           |
| Express Scripts Utilization Management Company        | 43-1869714 | DE    |           |
| Express Scripts Strategic Development, Inc.           | 22-2230703 | NJ    |           |
| Airport Holdings, LLC                                 | 75-3040465 | NJ    |           |
| CuraScript, Inc.                                      | 36-4369972 | DE    |           |
| Priority Healthcare Corporation                       | 35-1927379 | IN    |           |
| Lynnfield Drug, Inc.                                  | 04-3546044 | FL    |           |
| Freedom Service Company, LLC                          | 20-3229217 | FL    |           |
| Priority Healthcare Distribution, Inc.                | 59-3761140 | FL    |           |
| Fresco, Inc.  | 02-0523249 | FL    |           |
| Lynnfield Compounding Center, Inc.                    | 58-2593075 | FL    |           |
| SpectraCare, Inc.                                     | 61-1147068 | KY    |           |
| SpectraCare Health Care Ventures, Inc.                | 61-1317695 | KY    |           |
| Care Continuum, Inc.                                  | 61-1162797 | KY    |           |
| Matrix GPO, LLC                                       | 51-0500147 | IN    |           |
| Healthbridge Reimbursement & Product Support, Inc.    | 04-2992335 | MA    |           |
| Strategic Pharmaceutical Investments, LLC             | 47-2658932 | DE    |           |
| L&C Investments, LLC                                  | 47-5292506 | DE    |           |
| Express Scripts Senior Care Holdings, Inc.            | 20-3126104 | DE    |           |
| Express Scripts Senior Care, Inc.                     | 20-3126075 | DE    |           |

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE United Benefit Life Insurance Company

**PART 1 -- ORGANIZATION CHART**

**Cigna CORPORATION**  
**(A Delaware corporation and ultimate parent company)**

The following is a listing identifying and indicating the interrelationships among all affiliated insurers and all other affiliates, as of December 31, 2021:

| Entity Name   | EIN        | State | NAIC CODE |
|---|------------|-------|-----------|
| ESI Mail Order Processing, Inc. (f/k/a NXI)               | 74-2974964 | DE    |           |
| Express Reinsurance Company                               | 27-3175443 | MO    | 13918     |
| Express Scripts Canada Holding Co.                        | 43-1942542 | DE    |           |
| Express Scripts Canada Co.                                | 00-0000000 |       |           |
| ESI Canada  | 00-0000000 |       |           |
| ESI GP Canada ULC   | 00-0000000 |       |           |
| ESI GP2 Canada ULC  | 00-0000000 |       |           |
| Express Scripts Canada Wholesale                          | 00-0000000 |       |           |
| Express Scripts Canada Services                           | 00-0000000 |       |           |
| Express Scripts Pharmacy Ontario, Ltd.                    | 00-0000000 |       |           |
| Express Scripts Pharmacy West, Ltd.                       | 00-0000000 |       |           |
| Express Scripts Pharmacy Central, Ltd.                    | 00-0000000 |       |           |
| Express Scripts Pharmacy Atlantic, Ltd.                   | 00-0000000 |       |           |
| Express Scripts Canada Holding, LLC                       | 27-1490640 | DE    |           |
| Healthbridge, Inc.  | 26-2159005 | DE    |           |
| Inside RX, LLC  | 82-0658250 | DE    |           |
| myMatrixx Holdings, LLC                                   | 82-1350878 | DE    |           |
| Matrix Healthcare Services, Inc.                          | 59-3720653 | FL    |           |
| myMatrixx-B, LLC  | 46-2589799 | FL    |           |
| MyM Technology Services, LLC                              | 36-4833284 | FL    |           |
| Innovative Product Alignment, LLC                         | 82-1655179 | DE    |           |
| Express Scripts Health Information Network Partners, Inc. | 84-5003423 | DE    |           |
| Evernorth Care Solutions, Inc.                            | 86-1465626 | DE    |           |
| MDLive, Inc.  | 45-4937055 | DE    |           |
| MDLive LLC  | 00-0000000 | DE    |           |
| MDLivevisit, LLC  | 00-0000000 | FL    |           |
| Breakthrough Behavioral, Inc.                             | 00-0000000 | DE    |           |
| Breakthrough Behavioral of Texas, Inc.                    | 00-0000000 | TX    |           |
| MDLive Provider Services, LLC                             | 00-0000000 | FL    |           |
| Medco Health Solutions, Inc.                              | 22-3461740 | DE    |           |
| MAH Pharmacy, LLC   | 27-1506930 | DE    |           |
| Medco Containment Life Insurance Company                  | 42-1425239 | PA    | 63762     |

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE United Benefit Life Insurance Company

| <b>PART 1 -- ORGANIZATION CHART</b>   |  |  |  |
|---|--|--|--|
| <b>Cigna CORPORATION</b><br>(A Delaware corporation and ultimate parent company)  |  |  |  |
| The following is a listing identifying and indicating the interrelationships among all affiliated insurers and all other affiliates, as of December 31, 2021: |  |  |  |

| Entity Name                                     | EIN        | State | NAIC CODE |
|---|------------|-------|-----------|
| Medco Containment Insurance Company of NY       | 13-3506395 | NY    | 34720     |
| Accredo Health, Incorporated                    | 55-0894449 | DE    |           |
| AHG of New York, Inc.                           | 13-3888838 | NY    |           |
| Biopartners in Care, Inc.                       | 43-1815573 | MO    |           |
| Accredo Health Group, Inc.                      | 11-3358535 | DE    |           |
| Willow DSP LLC                                  | 00-0000000 | DE    |           |
| Medco Europe, LLC                               | 46-2166374 | DE    |           |
| Medco Europe II, LLC                            | 27-3709630 | DE    |           |
| Express Scripts Administrators LLC              | 41-2063830 | DE    |           |
| Medco Health Puerto Rico, LLC                   | 81-0616525 | DE    |           |
| Systemed, LLC                                   | 22-3474888 | DE    |           |
| Medco Health Services, Inc.                     | 26-3544786 | DE    |           |
| Express Scripts Pharmacy, Inc.                  | 30-0789911 | DE    |           |
| Specialty Products Acquisitions, LLC            | 82-4405071 | DE    |           |
| SureScripts, LLC                                | 00-0000000 | VA    |           |
| Medco Health Information Network Partners, Inc. | 84-5017653 | DE    |           |
| Evernorth Sales Operations, Inc.                | 85-2759151 | DE    |           |
| eviCore 1, LLC                                  | 46-4676347 | DE    |           |
| MedSolutions Holdings, Inc.                     | 27-3801345 | DE    |           |
| eviCore healthcare MSI, LLC                     | 62-1615395 | TN    |           |
| CareCore NJ, LLC                                | 20-1089572 | NJ    | 10144     |
| CCN-WNY IPA, LLC                                | 33-1039759 | NY    |           |
| CCN NMO, LLC                                    | 45-2604992 | NY    |           |
| MSI Health Organization of Texas, Inc.          | 32-0071543 | TX    |           |
| MSIAZ I, LLC                                    | 86-1090522 | TN    |           |
| MSICA I, LLC                                    | 20-1749733 | TN    |           |
| MSICO I, LLC                                    | 20-1222347 | TN    |           |
| MSIFL, LLC                                      | 55-0840800 | TN    |           |
| MSIMD I, LLC                                    | 26-0181185 | TN    |           |
| MSINC I, LLC                                    | 74-3122235 | TN    |           |
| MSINH, LLC                                      | 03-0524694 | TN    |           |
| MSINH II, LLC                                   | 11-3715243 | TN    |           |

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE United Benefit Life Insurance Company

**PART 1 -- ORGANIZATION CHART**

**Cigna CORPORATION**  
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| Entity Name                | EIN        | State | NAIC CODE |
|----------------------------|------------|-------|-----------|
| MSINJ I, LLC               | 20-1749446 | TN    |           |
| MSINV I, LLC               | 20-1761914 | TN    |           |
| MSI HT, LLC                | 27-5492993 | TN    |           |
| MSI LT, LLC                | 27-5493148 | TN    |           |
| MSI SAR-GW, LLC            | 27-5493321 | TN    |           |
| MSISC II, LLC              | 55-0840806 | TN    |           |
| MSIVT I, LLC               | 26-0336736 | TN    |           |
| MSIWA, LLC                 | 20-2536458 | TN    |           |
| Chiro Alliance Corporation | 59-3466707 | FL    |           |
| QPID Health, LLC           | 45-5569416 | DE    |           |

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE United Benefit Life Insurance Company  
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**NONE**