



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

# ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2021  
OF THE CONDITION AND AFFAIRS OF THE

## United Benefit Life Insurance Company

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

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

Country of Domicile United States of America

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

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

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

Main Administrative Office 11200 Lakeline Blvd Ste 100  
(Street and Number)

Austin, TX, US 78717, 512-451-2224  
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

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

Primary Location of Books and Records 11200 Lakeline Blvd Ste 100  
(Street and Number)

Austin, TX, US 78717, 512-451-2224  
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Website Address www.CignaSupplementalBenefits.com

Statutory Statement Contact Renee Wilkins Feldman, 512-531-1465  
(Name) (Area Code) (Telephone Number)

CSBFinRpt@cigna.com, 512-467-1399  
(E-mail Address) (FAX Number)

### OFFICERS

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

### OTHER

David Lawrence Chambers, Vice President-Sales and Marketing Mark Fleming, Vice President and Assistant Treasurer Mohammed Umar Gilani, Appointed Actuary  
Joanne Ruth Hart, Vice President and Assistant Treasurer Scott Ronald Lambert, Vice President and Assistant Treasurer Kathleen Murphy O'Neil, Vice President  
Drew Jerome Reynolds, Vice President and Assistant Treasurer

### DIRECTORS OR TRUSTEES

Stephen Burnett Jones Frank Sataline Jr. David Leroy Swanson #  
James Yablecki

State of Pennsylvania SS  
County of Philadelphia

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

Stephen Burnett Jones  
President

Byron Keith Buescher  
Treasurer and Chief Accounting Officer

Jill Mary Stadelman  
Secretary

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

- a. Is this an original filing? ..... Yes [ X ] No [ ]  
b. If no,  
1. State the amendment number.....  
2. Date filed .....  
3. Number of pages attached.....



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

DIRECT BUSINESS IN THE STATE OF Alabama

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 65269

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include Direct Premiums and Annuity Considerations, Direct Dividends to Policyholders/Refunds to Members, Direct Claims and Benefits Paid, and Details of Write-ins.

NONE

Table with 10 columns: 1 No. of Pols. & Certifs., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No. of Pols. & Certifs., 8 Amount, 9 No. of Pols. & Certifs., 10 Amount. Rows include Direct Death Benefits and Matured Endowments Incurred and Policy Exhibit.

NONE

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

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group Policies (b) and various sub-categories.

NONE

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



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

DIRECT BUSINESS IN THE STATE OF Alaska

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 65269

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include Direct Premiums and Annuity Considerations, Direct Dividends to Policyholders/Refunds to Members, Direct Claims and Benefits Paid, and Details of Write-ins.

NONE

Table with 10 columns: 1 No. of Pols. & Certifs., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No. of Pols. & Certifs., 8 Amount, 9 No. of Pols. & Certifs., 10 Amount. Rows include Direct Death Benefits and Matured Endowments Incurred and Policy Exhibit.

NONE

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

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group Policies (b) and various accident types.

NONE

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



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

DIRECT BUSINESS IN THE STATE OF Arizona

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 65269

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS, DIRECT CLAIMS AND BENEFITS PAID, DETAILS OF WRITE-INS. Large 'NONE' watermark is present.

Table with 10 columns: 1 No. of Pols. & Certifs., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No. of Pols. & Certifs., 8 Amount, 9 No. of Pols. & Certifs., 10 Amount. Rows include: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, POLICY EXHIBIT. Large 'NONE' watermark is present.

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

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include: 24 Group Policies (b), 24.1 Federal Employees Health Benefits Plan premium (b), 24.2 Credit (Group and Individual), 24.3 Collectively renewable policies/certificates (b), 24.4 Medicare Title XVIII exempt from state taxes or fees, 24.5 Other Individual Policies, 25.1 Non-cancelable (b), 25.2 Guaranteed renewable (b), 25.3 Non-renewable for stated reasons only (b), 25.4 Other accident only, 25.5 All other (b), 25.6 Totals (sum of Lines 25.1 to 25.5), 26 Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6). Large 'NONE' watermark is present.

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



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

DIRECT BUSINESS IN THE STATE OF Arkansas

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 65269

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS, DIRECT CLAIMS AND BENEFITS PAID, DETAILS OF WRITE-INS. Large 'NONE' watermark is present.

Table with 10 columns: 1 No. of Pols. & Certifs., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No. of Pols. & Certifs., 8 Amount, 9 No. of Pols. & Certifs., 10 Amount. Rows include: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, POLICY EXHIBIT. Large 'NONE' watermark is present.

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

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include: 24. Group Policies (b), 24.1 Federal Employees Health Benefits Plan premium (b), 24.2 Credit (Group and Individual), 24.3 Collectively renewable policies/certificates (b), 24.4 Medicare Title XVIII exempt from state taxes or fees, 24.5 Other Individual Policies: 25.1 Non-cancelable (b), 25.2 Guaranteed renewable (b), 25.3 Non-renewable for stated reasons only (b), 25.4 Other accident only, 25.5 All other (b), 25.6 Totals (sum of Lines 25.1 to 25.5), 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6). Large 'NONE' watermark is present.

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



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

DIRECT BUSINESS IN THE STATE OF California

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 65269

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS, DIRECT CLAIMS AND BENEFITS PAID, DETAILS OF WRITE-INS. Large 'NONE' watermark is present.

Table with 10 columns: 1 No. of Pols. & Certifs., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No. of Pols. & Certifs., 8 Amount, 9 No. of Pols. & Certifs., 10 Amount. Rows include: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, POLICY EXHIBIT. Large 'NONE' watermark is present.

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

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include: 24 Group Policies (b), 24.1 Federal Employees Health Benefits Plan premium (b), 24.2 Credit (Group and Individual), 24.3 Collectively renewable policies/certificates (b), 24.4 Medicare Title XVIII exempt from state taxes or fees, 24.5 Other Individual Policies: 25.1 Non-cancelable (b), 25.2 Guaranteed renewable (b), 25.3 Non-renewable for stated reasons only (b), 25.4 Other accident only, 25.5 All other (b), 25.6 Totals (sum of Lines 25.1 to 25.5), 26 Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6). Large 'NONE' watermark is present.

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



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

DIRECT BUSINESS IN THE STATE OF Colorado

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 65269

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS, DIRECT CLAIMS AND BENEFITS PAID, DETAILS OF WRITE-INS. Large 'NONE' watermark is present.

Table with 10 columns: 1 No. of Pols. & Certifs., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No. of Pols. & Certifs., 8 Amount, 9 No. of Pols. & Certifs., 10 Amount. Rows include: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, POLICY EXHIBIT. Large 'NONE' watermark is present.

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

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include: 24 Group Policies (b), 24.1 Federal Employees Health Benefits Plan premium (b), 24.2 Credit (Group and Individual), 24.3 Collectively renewable policies/certificates (b), 24.4 Medicare Title XVIII exempt from state taxes or fees, 24.5 Other Individual Policies, 25.1 Non-cancelable (b), 25.2 Guaranteed renewable (b), 25.3 Non-renewable for stated reasons only (b), 25.4 Other accident only, 25.5 All other (b), 25.6 Totals (sum of Lines 25.1 to 25.5), 26 Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6). Large 'NONE' watermark is present.

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



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

DIRECT BUSINESS IN THE STATE OF Connecticut

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 65269

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS, DIRECT CLAIMS AND BENEFITS PAID, DETAILS OF WRITE-INS. Large 'NONE' watermark is present.

Table with 10 columns: 1 No. of Pols. & Certifs., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No. of Pols. & Certifs., 8 Amount, 9 No. of Pols. & Certifs., 10 Amount. Rows include: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, POLICY EXHIBIT. Large 'NONE' watermark is present.

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

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include: 24 Group Policies (b), 24.1 Federal Employees Health Benefits Plan premium (b), 24.2 Credit (Group and Individual), 24.3 Collectively renewable policies/certificates (b), 24.4 Medicare Title XVIII exempt from state taxes or fees, 24.5 Other Individual Policies: 25.1 Non-cancelable (b), 25.2 Guaranteed renewable (b), 25.3 Non-renewable for stated reasons only (b), 25.4 Other accident only, 25.5 All other (b), 25.6 Totals (sum of Lines 25.1 to 25.5), 26 Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6). Large 'NONE' watermark is present.

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



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

DIRECT BUSINESS IN THE STATE OF Delaware

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 65269

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include Direct Premiums and Annuity Considerations, Direct Dividends to Policyholders/Refunds to Members, Direct Claims and Benefits Paid, and Details of Write-ins.

NONE

Table with 10 columns: 1 No. of Pols. & Certifs., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No. of Pols. & Certifs., 8 Amount, 9 No. of Pols. & Certifs., 10 Amount. Rows include Direct Death Benefits and Matured Endowments Incurred and Policy Exhibit.

NONE

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

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group Policies (b) and various accident types.

NONE

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



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

DIRECT BUSINESS IN THE STATE OF District of Columbia

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 65269

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS, DIRECT CLAIMS AND BENEFITS PAID, DETAILS OF WRITE-INS. Large 'NONE' watermark is present.

Table with 10 columns: 1 No. of Pols. & Certifs., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No. of Pols. & Certifs., 8 Amount, 9 No. of Pols. & Certifs., 10 Amount. Rows include: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, POLICY EXHIBIT. Large 'NONE' watermark is present.

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

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include: 24 Group Policies (b), 24.1 Federal Employees Health Benefits Plan premium (b), 24.2 Credit (Group and Individual), 24.3 Collectively renewable policies/certificates (b), 24.4 Medicare Title XVIII exempt from state taxes or fees, 24.5 Other Individual Policies: 25.1 Non-cancelable (b), 25.2 Guaranteed renewable (b), 25.3 Non-renewable for stated reasons only (b), 25.4 Other accident only, 25.5 All other (b), 25.6 Totals (sum of Lines 25.1 to 25.5), 26 Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6). Large 'NONE' watermark is present.

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



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

DIRECT BUSINESS IN THE STATE OF Florida

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 65269

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS, DIRECT CLAIMS AND BENEFITS PAID, DETAILS OF WRITE-INS. Large 'NONE' watermark is present.

Table with 10 columns: 1 No. of Pols. & Certifs., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No. of Pols. & Certifs., 8 Amount, 9 No. of Pols. & Certifs., 10 Amount. Rows include: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, POLICY EXHIBIT. Large 'NONE' watermark is present.

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

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include: 24 Group Policies (b), 24.1 Federal Employees Health Benefits Plan premium (b), 24.2 Credit (Group and Individual), 24.3 Collectively renewable policies/certificates (b), 24.4 Medicare Title XVIII exempt from state taxes or fees, 24.5 Other Individual Policies: 25.1 Non-cancelable (b), 25.2 Guaranteed renewable (b), 25.3 Non-renewable for stated reasons only (b), 25.4 Other accident only, 25.5 All other (b), 25.6 Totals (sum of Lines 25.1 to 25.5), 26 Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6). Large 'NONE' watermark is present.

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



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

DIRECT BUSINESS IN THE STATE OF Georgia

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 65269

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include Direct Premiums and Annuity Considerations, Direct Dividends to Policyholders/Refunds to Members, Direct Claims and Benefits Paid, and Details of Write-Ins.

NONE

Table with 10 columns: 1 No. of Pols. & Certifs., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No. of Pols. & Certifs., 8 Amount, 9 No. of Pols. & Certifs., 10 Amount. Rows include Direct Death Benefits and Matured Endowments Incurred and Policy Exhibit.

NONE

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

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group Policies (b) and various sub-categories.

NONE

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



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

DIRECT BUSINESS IN THE STATE OF Hawaii

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 65269

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include Direct Premiums and Annuity Considerations, Direct Dividends to Policyholders/Refunds to Members, Direct Claims and Benefits Paid, and Details of Write-Ins.

NONE

Table with 10 columns: 1 No. of Pols. & Certifs., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No. of Pols. & Certifs., 8 Amount, 9 No. of Pols. & Certifs., 10 Amount. Rows include Direct Death Benefits and Matured Endowments Incurred and Policy Exhibit.

NONE

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

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group Policies (b) and various accident types.

NONE

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



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

DIRECT BUSINESS IN THE STATE OF Idaho

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 65269

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS, DIRECT CLAIMS AND BENEFITS PAID, DETAILS OF WRITE-INS. Large 'NONE' watermark is present.

Table with 10 columns: 1 No. of Pols. & Certifs., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No. of Pols. & Certifs., 8 Amount, 9 No. of Pols. & Certifs., 10 Amount. Rows include: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, POLICY EXHIBIT. Large 'NONE' watermark is present.

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

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include: 24 Group Policies (b), 24.1 Federal Employees Health Benefits Plan premium (b), 24.2 Credit (Group and Individual), 24.3 Collectively renewable policies/certificates (b), 24.4 Medicare Title XVIII exempt from state taxes or fees, 24.5 Other Individual Policies: 25.1 Non-cancelable (b), 25.2 Guaranteed renewable (b), 25.3 Non-renewable for stated reasons only (b), 25.4 Other accident only, 25.5 All other (b), 25.6 Totals (sum of Lines 25.1 to 25.5), 26 Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6). Large 'NONE' watermark is present.

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



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

DIRECT BUSINESS IN THE STATE OF Illinois

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 65269

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS, DIRECT CLAIMS AND BENEFITS PAID, DETAILS OF WRITE-INS. Large 'NONE' watermark is present.

Table with 10 columns: 1 No. of Pols. & Certifs., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No. of Pols. & Certifs., 8 Amount, 9 No. of Pols. & Certifs., 10 Amount. Rows include: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, POLICY EXHIBIT. Large 'NONE' watermark is present.

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

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include: 24 Group Policies (b), 24.1 Federal Employees Health Benefits Plan premium (b), 24.2 Credit (Group and Individual), 24.3 Collectively renewable policies/certificates (b), 24.4 Medicare Title XVIII exempt from state taxes or fees, 24.5 Other Individual Policies: 25.1 Non-cancelable (b), 25.2 Guaranteed renewable (b), 25.3 Non-renewable for stated reasons only (b), 25.4 Other accident only, 25.5 All other (b), 25.6 Totals (sum of Lines 25.1 to 25.5), 26 Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6). Large 'NONE' watermark is present.

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



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

DIRECT BUSINESS IN THE STATE OF Indiana

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 65269

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS, DIRECT CLAIMS AND BENEFITS PAID, DETAILS OF WRITE-INS. Large 'NONE' watermark is present.

Table with 10 columns: 1 No. of Pols. & Certifs., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No. of Pols. & Certifs., 8 Amount, 9 No. of Pols. & Certifs., 10 Amount. Rows include: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, POLICY EXHIBIT. Large 'NONE' watermark is present.

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

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include: 24 Group Policies (b), 24.1 Federal Employees Health Benefits Plan premium (b), 24.2 Credit (Group and Individual), 24.3 Collectively renewable policies/certificates (b), 24.4 Medicare Title XVIII exempt from state taxes or fees, 24.5 Other Individual Policies: 25.1 Non-cancelable (b), 25.2 Guaranteed renewable (b), 25.3 Non-renewable for stated reasons only (b), 25.4 Other accident only, 25.5 All other (b), 25.6 Totals (sum of Lines 25.1 to 25.5), 26 Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6). Large 'NONE' watermark is present.

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



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

DIRECT BUSINESS IN THE STATE OF Iowa

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 65269

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include Direct Premiums and Annuity Considerations, Direct Dividends to Policyholders/Refunds to Members, Direct Claims and Benefits Paid, and Details of Write-Ins.

NONE

Table with 10 columns: 1 No. of Pols. & Certifs., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No. of Pols. & Certifs., 8 Amount, 9 No. of Pols. & Certifs., 10 Amount. Rows include Direct Death Benefits and Matured Endowments Incurred and Policy Exhibit.

NONE

(a) Includes Individual Credit Life Insurance prior year \$ ..., current year \$ ... Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ ..., current year \$ ...

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group Policies (b) and various accident types.

NONE

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



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

DIRECT BUSINESS IN THE STATE OF Kansas

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 65269

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS, DIRECT CLAIMS AND BENEFITS PAID, DETAILS OF WRITE-INS. Large 'NONE' watermark is present.

Table with 10 columns: 1 No. of Pols. & Certifs., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No. of Pols. & Certifs., 8 Amount, 9 No. of Pols. & Certifs., 10 Amount. Rows include: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, POLICY EXHIBIT. Large 'NONE' watermark is present.

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

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include: 24 Group Policies (b), 24.1 Federal Employees Health Benefits Plan premium (b), 24.2 Credit (Group and Individual), 24.3 Collectively renewable policies/certificates (b), 24.4 Medicare Title XVIII exempt from state taxes or fees, 24.5 Other Individual Policies: 25.1 Non-cancelable (b), 25.2 Guaranteed renewable (b), 25.3 Non-renewable for stated reasons only (b), 25.4 Other accident only, 25.5 All other (b), 25.6 Totals (sum of Lines 25.1 to 25.5), 26 Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6). Large 'NONE' watermark is present.

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



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

DIRECT BUSINESS IN THE STATE OF Kentucky

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 65269

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS, DIRECT CLAIMS AND BENEFITS PAID, DETAILS OF WRITE-INS. Large 'NONE' watermark is present.

Table with 10 columns: 1 No. of Pols. & Certifs., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No. of Pols. & Certifs., 8 Amount, 9 No. of Pols. & Certifs., 10 Amount. Rows include: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, POLICY EXHIBIT. Large 'NONE' watermark is present.

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

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include: 24 Group Policies (b), 24.1 Federal Employees Health Benefits Plan premium (b), 24.2 Credit (Group and Individual), 24.3 Collectively renewable policies/certificates (b), 24.4 Medicare Title XVIII exempt from state taxes or fees, 24.5 Other Individual Policies: 25.1 Non-cancelable (b), 25.2 Guaranteed renewable (b), 25.3 Non-renewable for stated reasons only (b), 25.4 Other accident only, 25.5 All other (b), 25.6 Totals (sum of Lines 25.1 to 25.5), 26 Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6). Large 'NONE' watermark is present.

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



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

DIRECT BUSINESS IN THE STATE OF Louisiana

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 65269

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS, DIRECT CLAIMS AND BENEFITS PAID, DETAILS OF WRITE-INS. Large 'NONE' watermark is present.

Table with 10 columns: 1 No. of Pols. & Certifs., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No. of Pols. & Certifs., 8 Amount, 9 No. of Pols. & Certifs., 10 Amount. Rows include: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, POLICY EXHIBIT. Large 'NONE' watermark is present.

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

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include: 24. Group Policies (b), 24.1 Federal Employees Health Benefits Plan premium (b), 24.2 Credit (Group and Individual), 24.3 Collectively renewable policies/certificates (b), 24.4 Medicare Title XVIII exempt from state taxes or fees, 24.5 Other Individual Policies: 25.1 Non-cancelable (b), 25.2 Guaranteed renewable (b), 25.3 Non-renewable for stated reasons only (b), 25.4 Other accident only, 25.5 All other (b), 25.6 Totals (sum of Lines 25.1 to 25.5), 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6). Large 'NONE' watermark is present.

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



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

DIRECT BUSINESS IN THE STATE OF Maine

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 65269

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include Direct Premiums and Annuity Considerations, Direct Dividends to Policyholders/Refunds to Members, Direct Claims and Benefits Paid, and Details of Write-ins.

NONE

Table with 10 columns: 1 No. of Pols. & Certifs., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No. of Pols. & Certifs., 8 Amount, 9 No. of Pols. & Certifs., 10 Amount. Rows include Direct Death Benefits and Matured Endowments Incurred and Policy Exhibit.

NONE

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

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group Policies (b) and various accident types.

NONE

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



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

DIRECT BUSINESS IN THE STATE OF Maryland

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 65269

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS, DIRECT CLAIMS AND BENEFITS PAID, DETAILS OF WRITE-INS. Large 'NONE' watermark is present.

Table with 10 columns: 1 No. of Pols. & Certifs., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No. of Pols. & Certifs., 8 Amount, 9 No. of Pols. & Certifs., 10 Amount. Rows include: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, POLICY EXHIBIT. Large 'NONE' watermark is present.

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

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include: 24. Group Policies (b), 24.1 Federal Employees Health Benefits Plan premium (b), 24.2 Credit (Group and Individual), 24.3 Collectively renewable policies/certificates (b), 24.4 Medicare Title XVIII exempt from state taxes or fees, 24.5 Other Individual Policies: 25.1 Non-cancelable (b), 25.2 Guaranteed renewable (b), 25.3 Non-renewable for stated reasons only (b), 25.4 Other accident only, 25.5 All other (b), 25.6 Totals (sum of Lines 25.1 to 25.5), 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6). Large 'NONE' watermark is present.

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



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

DIRECT BUSINESS IN THE STATE OF Massachusetts

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 65269

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include Direct Premiums and Annuity Considerations, Direct Dividends to Policyholders/Refunds to Members, Direct Claims and Benefits Paid, and Details of Write-ins.

NONE

Table with 10 columns: 1-2 Ordinary (No. of Pols. & Certifs., Amount), 3-4 Credit Life (No. of Ind. Pols. & Gr. Certifs., Amount), 5-6 Group (No. of Certifs., Amount), 7-8 Industrial (No. of Pols. & Certifs., Amount), 9-10 Total (No. of Pols. & Certifs., Amount). Rows include Direct Death Benefits and Matured Endowments Incurred and Policy Exhibit.

NONE

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

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group Policies (b) and various accident types.

NONE

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



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

DIRECT BUSINESS IN THE STATE OF Michigan

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 65269

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS, DIRECT CLAIMS AND BENEFITS PAID, DETAILS OF WRITE-INS. Large 'NONE' watermark is present.

Table with 10 columns: 1 No. of Pols. & Certifs., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No. of Pols. & Certifs., 8 Amount, 9 No. of Pols. & Certifs., 10 Amount. Rows include: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, POLICY EXHIBIT. Large 'NONE' watermark is present.

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

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include: 24 Group Policies (b), 24.1 Federal Employees Health Benefits Plan premium (b), 24.2 Credit (Group and Individual), 24.3 Collectively renewable policies/certificates (b), 24.4 Medicare Title XVIII exempt from state taxes or fees, 24.5 Other Individual Policies: 25.1 Non-cancelable (b), 25.2 Guaranteed renewable (b), 25.3 Non-renewable for stated reasons only (b), 25.4 Other accident only, 25.5 All other (b), 25.6 Totals (sum of Lines 25.1 to 25.5), 26 Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6). Large 'NONE' watermark is present.

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



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

DIRECT BUSINESS IN THE STATE OF Minnesota

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 65269

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS, DIRECT CLAIMS AND BENEFITS PAID, DETAILS OF WRITE-INS. Large 'NONE' watermark is present.

Table with 10 columns: 1 No. of Pols. & Certifs., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No. of Pols. & Certifs., 8 Amount, 9 No. of Pols. & Certifs., 10 Amount. Rows include: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, POLICY EXHIBIT. Large 'NONE' watermark is present.

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

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include: 24 Group Policies (b), 24.1 Federal Employees Health Benefits Plan premium (b), 24.2 Credit (Group and Individual), 24.3 Collectively renewable policies/certificates (b), 24.4 Medicare Title XVIII exempt from state taxes or fees, 24.5 Other Individual Policies: 25.1 Non-cancelable (b), 25.2 Guaranteed renewable (b), 25.3 Non-renewable for stated reasons only (b), 25.4 Other accident only, 25.5 All other (b), 25.6 Totals (sum of Lines 25.1 to 25.5), 26 Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6). Large 'NONE' watermark is present.

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



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

DIRECT BUSINESS IN THE STATE OF Mississippi

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 65269

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include Direct Premiums and Annuity Considerations, Direct Dividends to Policyholders/Refunds to Members, Direct Claims and Benefits Paid, and Details of Write-Ins.

NONE

Table with 10 columns: 1-2 Ordinary (No. of Pols. & Certifs., Amount), 3-4 Credit Life (No. of Ind. Pols. & Gr. Certifs., Amount), 5-6 Group (No. of Certifs., Amount), 7-8 Industrial (No. of Pols. & Certifs., Amount), 9-10 Total (No. of Pols. & Certifs., Amount). Rows include Direct Death Benefits and Matured Endowments Incurred and Policy Exhibit.

NONE

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

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group Policies (b) and various accident types.

NONE

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



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

DIRECT BUSINESS IN THE STATE OF Missouri

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 65269

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include Direct Premiums and Annuity Considerations, Direct Dividends to Policyholders/Refunds to Members, Direct Claims and Benefits Paid, and Details of Write-Ins.

NONE

Table with 10 columns: 1 No. of Pols. & Certifs., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No. of Pols. & Certifs., 8 Amount, 9 No. of Pols. & Certifs., 10 Amount. Rows include Direct Death Benefits and Matured Endowments Incurred and Policy Exhibit.

NONE

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

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group Policies (b) and various accident types.

NONE

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



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

DIRECT BUSINESS IN THE STATE OF Montana

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 65269

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include Direct Premiums and Annuity Considerations, Direct Dividends to Policyholders/Refunds to Members, Direct Claims and Benefits Paid, and Details of Write-Ins.

NONE

Table with 10 columns: 1 No. of Pols. & Certifs., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No. of Pols. & Certifs., 8 Amount, 9 No. of Pols. & Certifs., 10 Amount. Rows include Direct Death Benefits and Matured Endowments Incurred and Policy Exhibit.

NONE

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

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group Policies (b) and various accident types.

NONE

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



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

DIRECT BUSINESS IN THE STATE OF Nebraska

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 65269

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS, DIRECT CLAIMS AND BENEFITS PAID, DETAILS OF WRITE-INS. Large 'NONE' watermark is present.

Table with 10 columns: 1 No. of Pols. & Certifs., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No. of Pols. & Certifs., 8 Amount, 9 No. of Pols. & Certifs., 10 Amount. Rows include: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, POLICY EXHIBIT. Large 'NONE' watermark is present.

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

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include: 24 Group Policies (b), 24.1 Federal Employees Health Benefits Plan premium (b), 24.2 Credit (Group and Individual), 24.3 Collectively renewable policies/certificates (b), 24.4 Medicare Title XVIII exempt from state taxes or fees, 24.5 Other Individual Policies: 25.1 Non-cancelable (b), 25.2 Guaranteed renewable (b), 25.3 Non-renewable for stated reasons only (b), 25.4 Other accident only, 25.5 All other (b), 25.6 Totals (sum of Lines 25.1 to 25.5), 26 Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6). Large 'NONE' watermark is present.

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



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

DIRECT BUSINESS IN THE STATE OF Nevada

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 65269

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS, DIRECT CLAIMS AND BENEFITS PAID, DETAILS OF WRITE-INS. Large 'NONE' watermark is present.

Table with 10 columns: 1 No. of Pols. & Certifs., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No. of Pols. & Certifs., 8 Amount, 9 No. of Pols. & Certifs., 10 Amount. Rows include: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, POLICY EXHIBIT. Large 'NONE' watermark is present.

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

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include: 24 Group Policies (b), 24.1 Federal Employees Health Benefits Plan premium (b), 24.2 Credit (Group and Individual), 24.3 Collectively renewable policies/certificates (b), 24.4 Medicare Title XVIII exempt from state taxes or fees, 24.5 Other Individual Policies: 25.1 Non-cancelable (b), 25.2 Guaranteed renewable (b), 25.3 Non-renewable for stated reasons only (b), 25.4 Other accident only, 25.5 All other (b), 25.6 Totals (sum of Lines 25.1 to 25.5), 26 Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6). Large 'NONE' watermark is present.

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



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

DIRECT BUSINESS IN THE STATE OF New Hampshire

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 65269

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS, DIRECT CLAIMS AND BENEFITS PAID, DETAILS OF WRITE-INS. Large 'NONE' watermark is present.

Table with 10 columns: 1 No. of Pols. & Certifs., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No. of Pols. & Certifs., 8 Amount, 9 No. of Pols. & Certifs., 10 Amount. Rows include: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, POLICY EXHIBIT. Large 'NONE' watermark is present.

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

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include: 24 Group Policies (b), 24.1 Federal Employees Health Benefits Plan premium (b), 24.2 Credit (Group and Individual), 24.3 Collectively renewable policies/certificates (b), 24.4 Medicare Title XVIII exempt from state taxes or fees, 24.5 Other Individual Policies: 25.1 Non-cancelable (b), 25.2 Guaranteed renewable (b), 25.3 Non-renewable for stated reasons only (b), 25.4 Other accident only, 25.5 All other (b), 25.6 Totals (sum of Lines 25.1 to 25.5), 26 Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6). Large 'NONE' watermark is present.

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



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

DIRECT BUSINESS IN THE STATE OF New Jersey

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 65269

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS, DIRECT CLAIMS AND BENEFITS PAID, DETAILS OF WRITE-INS. Large 'NONE' watermark is present.

Table with 10 columns: 1 No. of Pols. & Certifs., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No. of Pols. & Certifs., 8 Amount, 9 No. of Pols. & Certifs., 10 Amount. Rows include: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, POLICY EXHIBIT. Large 'NONE' watermark is present.

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

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include: 24 Group Policies (b), 24.1 Federal Employees Health Benefits Plan premium (b), 24.2 Credit (Group and Individual), 24.3 Collectively renewable policies/certificates (b), 24.4 Medicare Title XVIII exempt from state taxes or fees, 24.5 Other Individual Policies: 25.1 Non-cancelable (b), 25.2 Guaranteed renewable (b), 25.3 Non-renewable for stated reasons only (b), 25.4 Other accident only, 25.5 All other (b), 25.6 Totals (sum of Lines 25.1 to 25.5), 26 Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6). Large 'NONE' watermark is present.

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



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

DIRECT BUSINESS IN THE STATE OF New Mexico

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 65269

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS, DIRECT CLAIMS AND BENEFITS PAID, DETAILS OF WRITE-INS. Large 'NONE' watermark is present.

Table with 10 columns: 1 No. of Pols. & Certifs., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No. of Pols. & Certifs., 8 Amount, 9 No. of Pols. & Certifs., 10 Amount. Rows include: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, POLICY EXHIBIT. Large 'NONE' watermark is present.

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

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include: 24 Group Policies (b), 24.1 Federal Employees Health Benefits Plan premium (b), 24.2 Credit (Group and Individual), 24.3 Collectively renewable policies/certificates (b), 24.4 Medicare Title XVIII exempt from state taxes or fees, 24.5 Other Individual Policies: 25.1 Non-cancelable (b), 25.2 Guaranteed renewable (b), 25.3 Non-renewable for stated reasons only (b), 25.4 Other accident only, 25.5 All other (b), 25.6 Totals (sum of Lines 25.1 to 25.5), 26 Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6). Large 'NONE' watermark is present.

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



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

DIRECT BUSINESS IN THE STATE OF New York

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 65269

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include Direct Premiums and Annuity Considerations, Direct Dividends to Policyholders/Refunds to Members, Direct Claims and Benefits Paid, and Details of Write-Ins. A large 'NONE' watermark is present across the table.

Table with 10 columns: 1 No. of Pols. & Certifs., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No. of Pols. & Certifs., 8 Amount, 9 No. of Pols. & Certifs., 10 Amount. Rows include Direct Death Benefits and Matured Endowments Incurred, and Policy Exhibit. A large 'NONE' watermark is present across the table.

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

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group Policies (b), Federal Employees Health Benefits Plan premium (b), Credit (Group and Individual), Medicare Title XVIII exempt from state taxes or fees, Other Individual Policies, Non-cancelable (b), Guaranteed renewable (b), Non-renewable for stated reasons only (b), Other accident only, All other (b), and Totals. A large 'NONE' watermark is present across the table.

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



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

DIRECT BUSINESS IN THE STATE OF North Carolina

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 65269

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS, DIRECT CLAIMS AND BENEFITS PAID, DETAILS OF WRITE-INS. Large 'NONE' watermark is present.

Table with 10 columns: 1 No. of Pols. & Certifs., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No. of Pols. & Certifs., 8 Amount, 9 No. of Pols. & Certifs., 10 Amount. Rows include: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, POLICY EXHIBIT. Large 'NONE' watermark is present.

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

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include: 24 Group Policies (b), 24.1 Federal Employees Health Benefits Plan premium (b), 24.2 Credit (Group and Individual), 24.3 Collectively renewable policies/certificates (b), 24.4 Medicare Title XVIII exempt from state taxes or fees, 24.5 Other Individual Policies: 25.1 Non-cancelable (b), 25.2 Guaranteed renewable (b), 25.3 Non-renewable for stated reasons only (b), 25.4 Other accident only, 25.5 All other (b), 25.6 Totals (sum of Lines 25.1 to 25.5), 26 Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6). Large 'NONE' watermark is present.

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



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

DIRECT BUSINESS IN THE STATE OF North Dakota

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 65269

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS, DIRECT CLAIMS AND BENEFITS PAID, DETAILS OF WRITE-INS. Large 'NONE' watermark is present.

Table with 10 columns: 1 No. of Pols. & Certifs., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No. of Pols. & Certifs., 8 Amount, 9 No. of Pols. & Certifs., 10 Amount. Rows include: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, POLICY EXHIBIT. Large 'NONE' watermark is present.

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

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include: 24 Group Policies (b), 24.1 Federal Employees Health Benefits Plan premium (b), 24.2 Credit (Group and Individual), 24.3 Collectively renewable policies/certificates (b), 24.4 Medicare Title XVIII exempt from state taxes or fees, 24.5 Other Individual Policies: 25.1 Non-cancelable (b), 25.2 Guaranteed renewable (b), 25.3 Non-renewable for stated reasons only (b), 25.4 Other accident only, 25.5 All other (b), 25.6 Totals (sum of Lines 25.1 to 25.5), 26 Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6). Large 'NONE' watermark is present.

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



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

DIRECT BUSINESS IN THE STATE OF Ohio

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 65269

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include Direct Premiums and Annuity Considerations, Direct Dividends to Policyholders/Refunds to Members, and Direct Claims and Benefits Paid.

NONE

Table with 10 columns: 1 No. of Pols. & Certifs., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No. of Pols. & Certifs., 8 Amount, 9 No. of Pols. & Certifs., 10 Amount. Rows include Direct Death Benefits and Matured Endowments Incurred and Policy Exhibit.

NONE

(a) Includes Individual Credit Life Insurance prior year \$ ..., current year \$ ... Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ ..., current year \$ ...

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group Policies and various accident types.

NONE

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



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

DIRECT BUSINESS IN THE STATE OF Oklahoma

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 65269

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS, DIRECT CLAIMS AND BENEFITS PAID, DETAILS OF WRITE-INS. Large 'NONE' watermark is present.

Table with 10 columns: 1 No. of Pols. & Certifs., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No. of Pols. & Certifs., 8 Amount, 9 No. of Pols. & Certifs., 10 Amount. Rows include: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, POLICY EXHIBIT. Large 'NONE' watermark is present.

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

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include: 24 Group Policies (b), 24.1 Federal Employees Health Benefits Plan premium (b), 24.2 Credit (Group and Individual), 24.3 Collectively renewable policies/certificates (b), 24.4 Medicare Title XVIII exempt from state taxes or fees, 24.5 Other Individual Policies: 25.1 Non-cancelable (b), 25.2 Guaranteed renewable (b), 25.3 Non-renewable for stated reasons only (b), 25.4 Other accident only, 25.5 All other (b), 25.6 Totals (sum of Lines 25.1 to 25.5), 26 Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6). Large 'NONE' watermark is present.

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



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

DIRECT BUSINESS IN THE STATE OF Oregon

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 65269

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS, DIRECT CLAIMS AND BENEFITS PAID, DETAILS OF WRITE-INS. Large 'NONE' watermark is present.

Table with 10 columns: 1 No. of Pols. & Certifs., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No. of Pols. & Certifs., 8 Amount, 9 No. of Pols. & Certifs., 10 Amount. Rows include: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, POLICY EXHIBIT. Large 'NONE' watermark is present.

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

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include: 24 Group Policies (b), 24.1 Federal Employees Health Benefits Plan premium (b), 24.2 Credit (Group and Individual), 24.3 Collectively renewable policies/certificates (b), 24.4 Medicare Title XVIII exempt from state taxes or fees, 24.5 Other Individual Policies: 25.1 Non-cancelable (b), 25.2 Guaranteed renewable (b), 25.3 Non-renewable for stated reasons only (b), 25.4 Other accident only, 25.5 All other (b), 25.6 Totals (sum of Lines 25.1 to 25.5), 26 Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6). Large 'NONE' watermark is present.

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



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

DIRECT BUSINESS IN THE STATE OF Pennsylvania

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 65269

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS, DIRECT CLAIMS AND BENEFITS PAID, DETAILS OF WRITE-INS. Large 'NONE' watermark is present.

Table with 10 columns: 1 No. of Pols. & Certifs., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No. of Pols. & Certifs., 8 Amount, 9 No. of Pols. & Certifs., 10 Amount. Rows include: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, POLICY EXHIBIT. Large 'NONE' watermark is present.

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

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include: 24 Group Policies (b), 24.1 Federal Employees Health Benefits Plan premium (b), 24.2 Credit (Group and Individual), 24.3 Collectively renewable policies/certificates (b), 24.4 Medicare Title XVIII exempt from state taxes or fees, 24.5 Other Individual Policies: 25.1 Non-cancelable (b), 25.2 Guaranteed renewable (b), 25.3 Non-renewable for stated reasons only (b), 25.4 Other accident only, 25.5 All other (b), 25.6 Totals (sum of Lines 25.1 to 25.5), 26 Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6). Large 'NONE' watermark is present.

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



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

DIRECT BUSINESS IN THE STATE OF Rhode Island

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 65269

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS, DIRECT CLAIMS AND BENEFITS PAID, DETAILS OF WRITE-INS. Large 'NONE' watermark is present.

Table with 10 columns: 1 No. of Pols. & Certifs., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No. of Pols. & Certifs., 8 Amount, 9 No. of Pols. & Certifs., 10 Amount. Rows include: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, POLICY EXHIBIT. Large 'NONE' watermark is present.

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

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include: 24 Group Policies (b), 24.1 Federal Employees Health Benefits Plan premium (b), 24.2 Credit (Group and Individual), 24.3 Collectively renewable policies/certificates (b), 24.4 Medicare Title XVIII exempt from state taxes or fees, 24.5 Other Individual Policies: 25.1 Non-cancelable (b), 25.2 Guaranteed renewable (b), 25.3 Non-renewable for stated reasons only (b), 25.4 Other accident only, 25.5 All other (b), 25.6 Totals (sum of Lines 25.1 to 25.5), 26 Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6). Large 'NONE' watermark is present.

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



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

DIRECT BUSINESS IN THE STATE OF South Carolina

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 65269

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include Direct Premiums and Annuity Considerations, Direct Dividends to Policyholders/Refunds to Members, Direct Claims and Benefits Paid, and Details of Write-Ins.

NONE

Table with 10 columns: 1 No. of Pols. & Certifs., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No. of Pols. & Certifs., 8 Amount, 9 No. of Pols. & Certifs., 10 Amount. Rows include Direct Death Benefits and Matured Endowments Incurred and Policy Exhibit.

NONE

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

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group Policies (b) and various accident types.

NONE

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



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

DIRECT BUSINESS IN THE STATE OF South Dakota

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 65269

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS, DIRECT CLAIMS AND BENEFITS PAID, DETAILS OF WRITE-INS. Large 'NONE' watermark is present.

Table with 10 columns: 1 No. of Pols. & Certifs., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No. of Pols. & Certifs., 8 Amount, 9 No. of Pols. & Certifs., 10 Amount. Rows include: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, POLICY EXHIBIT. Large 'NONE' watermark is present.

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

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include: 24 Group Policies (b), 24.1 Federal Employees Health Benefits Plan premium (b), 24.2 Credit (Group and Individual), 24.3 Collectively renewable policies/certificates (b), 24.4 Medicare Title XVIII exempt from state taxes or fees, 24.5 Other Individual Policies: 25.1 Non-cancelable (b), 25.2 Guaranteed renewable (b), 25.3 Non-renewable for stated reasons only (b), 25.4 Other accident only, 25.5 All other (b), 25.6 Totals (sum of Lines 25.1 to 25.5), 26 Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6). Large 'NONE' watermark is present.

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



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

DIRECT BUSINESS IN THE STATE OF Tennessee

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 65269

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include Direct Premiums and Annuity Considerations, Direct Dividends to Policyholders/Refunds to Members, and Direct Claims and Benefits Paid.

NONE

Table with 10 columns: 1-2 Ordinary (No. of Pols. & Certifs., Amount), 3-4 Credit Life (No. of Ind. Pols. & Gr. Certifs., Amount), 5-6 Group (No. of Certifs., Amount), 7-8 Industrial (No. of Pols. & Certifs., Amount), 9-10 Total (No. of Pols. & Certifs., Amount). Rows include Direct Death Benefits and Matured Endowments Incurred and Policy Exhibit.

NONE

(a) Includes Individual Credit Life Insurance prior year \$ ..., current year \$ ... Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ ..., current year \$ ...

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group Policies (b) and various accident types.

NONE

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



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

DIRECT BUSINESS IN THE STATE OF Texas

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 65269

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS, DIRECT CLAIMS AND BENEFITS PAID, DETAILS OF WRITE-INS. Large 'NONE' watermark is present.

Table with 10 columns: 1 No. of Pols. & Certifs., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No. of Pols. & Certifs., 8 Amount, 9 No. of Pols. & Certifs., 10 Amount. Rows include: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, POLICY EXHIBIT. Large 'NONE' watermark is present.

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

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include: 24 Group Policies (b), 24.1 Federal Employees Health Benefits Plan premium (b), 24.2 Credit (Group and Individual), 24.3 Collectively renewable policies/certificates (b), 24.4 Medicare Title XVIII exempt from state taxes or fees, 24.5 Other Individual Policies: 25.1 Non-cancelable (b), 25.2 Guaranteed renewable (b), 25.3 Non-renewable for stated reasons only (b), 25.4 Other accident only, 25.5 All other (b), 25.6 Totals (sum of Lines 25.1 to 25.5), 26 Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6). Large 'NONE' watermark is present.

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



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

DIRECT BUSINESS IN THE STATE OF Utah

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 65269

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS, DIRECT CLAIMS AND BENEFITS PAID, DETAILS OF WRITE-INS. Large 'NONE' watermark is present.

Table with 10 columns: 1 No. of Pols. & Certifs., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No. of Pols. & Certifs., 8 Amount, 9 No. of Pols. & Certifs., 10 Amount. Rows include: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, POLICY EXHIBIT. Large 'NONE' watermark is present.

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

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include: 24 Group Policies (b), 24.1 Federal Employees Health Benefits Plan premium (b), 24.2 Credit (Group and Individual), 24.3 Collectively renewable policies/certificates (b), 24.4 Medicare Title XVIII exempt from state taxes or fees, 24.5 Other Individual Policies: 25.1 Non-cancelable (b), 25.2 Guaranteed renewable (b), 25.3 Non-renewable for stated reasons only (b), 25.4 Other accident only, 25.5 All other (b), 25.6 Totals (sum of Lines 25.1 to 25.5), 26 Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6). Large 'NONE' watermark is present.

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



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

DIRECT BUSINESS IN THE STATE OF Vermont

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 65269

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS, DIRECT CLAIMS AND BENEFITS PAID, DETAILS OF WRITE-INS. Large 'NONE' watermark is present.

Table with 10 columns: 1 No. of Pols. & Certifs., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No. of Pols. & Certifs., 8 Amount, 9 No. of Pols. & Certifs., 10 Amount. Rows include: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, POLICY EXHIBIT. Large 'NONE' watermark is present.

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

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include: 24 Group Policies (b), 24.1 Federal Employees Health Benefits Plan premium (b), 24.2 Credit (Group and Individual), 24.3 Collectively renewable policies/certificates (b), 24.4 Medicare Title XVIII exempt from state taxes or fees, 24.5 Other Individual Policies: 25.1 Non-cancelable (b), 25.2 Guaranteed renewable (b), 25.3 Non-renewable for stated reasons only (b), 25.4 Other accident only, 25.5 All other (b), 25.6 Totals (sum of Lines 25.1 to 25.5), 26 Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6). Large 'NONE' watermark is present.

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



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

DIRECT BUSINESS IN THE STATE OF Virginia

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 65269

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include Direct Premiums and Annuity Considerations, Direct Dividends to Policyholders/Refunds to Members, Direct Claims and Benefits Paid, and Details of Write-ins.

NONE

Table with 10 columns: 1 No. of Pols. & Certifs., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No. of Pols. & Certifs., 8 Amount, 9 No. of Pols. & Certifs., 10 Amount. Rows include Direct Death Benefits and Matured Endowments Incurred and Policy Exhibit.

NONE

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

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group Policies (b) and various accident types.

NONE

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



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

DIRECT BUSINESS IN THE STATE OF Washington

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 65269

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS, DIRECT CLAIMS AND BENEFITS PAID, DETAILS OF WRITE-INS. Large 'NONE' watermark is present.

Table with 10 columns: 1 No. of Pols. & Certifs., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No. of Pols. & Certifs., 8 Amount, 9 No. of Pols. & Certifs., 10 Amount. Rows include: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, POLICY EXHIBIT. Large 'NONE' watermark is present.

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

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include: 24 Group Policies (b), 24.1 Federal Employees Health Benefits Plan premium (b), 24.2 Credit (Group and Individual), 24.3 Collectively renewable policies/certificates (b), 24.4 Medicare Title XVIII exempt from state taxes or fees, 24.5 Other Individual Policies: 25.1 Non-cancelable (b), 25.2 Guaranteed renewable (b), 25.3 Non-renewable for stated reasons only (b), 25.4 Other accident only, 25.5 All other (b), 25.6 Totals (sum of Lines 25.1 to 25.5), 26 Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6). Large 'NONE' watermark is present.

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



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

DIRECT BUSINESS IN THE STATE OF West Virginia

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 65269

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include Direct Premiums and Annuity Considerations, Direct Dividends to Policyholders/Refunds to Members, Direct Claims and Benefits Paid, and Details of Write-Ins.

NONE

Table with 10 columns: 1 No. of Pols. & Certifs., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No. of Pols. & Certifs., 8 Amount, 9 No. of Pols. & Certifs., 10 Amount. Rows include Direct Death Benefits and Matured Endowments Incurred and Policy Exhibit.

NONE

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

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group Policies (b) and various accident types.

NONE

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



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

DIRECT BUSINESS IN THE STATE OF Wisconsin

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 65269

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS, DIRECT CLAIMS AND BENEFITS PAID, DETAILS OF WRITE-INS. Large 'NONE' watermark is present.

Table with 10 columns: 1 No. of Pols. & Certifs., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No. of Pols. & Certifs., 8 Amount, 9 No. of Pols. & Certifs., 10 Amount. Rows include: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, POLICY EXHIBIT. Large 'NONE' watermark is present.

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

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include: 24 Group Policies (b), 24.1 Federal Employees Health Benefits Plan premium (b), 24.2 Credit (Group and Individual), 24.3 Collectively renewable policies/certificates (b), 24.4 Medicare Title XVIII exempt from state taxes or fees, 24.5 Other Individual Policies: 25.1 Non-cancelable (b), 25.2 Guaranteed renewable (b), 25.3 Non-renewable for stated reasons only (b), 25.4 Other accident only, 25.5 All other (b), 25.6 Totals (sum of Lines 25.1 to 25.5), 26 Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6). Large 'NONE' watermark is present.

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



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

DIRECT BUSINESS IN THE STATE OF Wyoming

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 65269

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS, DIRECT CLAIMS AND BENEFITS PAID, DETAILS OF WRITE-INS. Large 'NONE' watermark is present.

Table with 10 columns: 1 No. of Pols. & Certifs., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No. of Pols. & Certifs., 8 Amount, 9 No. of Pols. & Certifs., 10 Amount. Rows include: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, POLICY EXHIBIT. Large 'NONE' watermark is present.

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

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include: 24 Group Policies (b), 24.1 Federal Employees Health Benefits Plan premium (b), 24.2 Credit (Group and Individual), 24.3 Collectively renewable policies/certificates (b), 24.4 Medicare Title XVIII exempt from state taxes or fees, 24.5 Other Individual Policies: 25.1 Non-cancelable (b), 25.2 Guaranteed renewable (b), 25.3 Non-renewable for stated reasons only (b), 25.4 Other accident only, 25.5 All other (b), 25.6 Totals (sum of Lines 25.1 to 25.5), 26 Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6). Large 'NONE' watermark is present.

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



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

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

DIRECT BUSINESS IN THE STATE OF Grand Total

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 65269

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS, DIRECT CLAIMS AND BENEFITS PAID, DETAILS OF WRITE-INS. Large 'NONE' watermark is present.

Table with 10 columns: 1 No. of Pols. & Certifs., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No. of Pols. & Certifs., 8 Amount, 9 No. of Pols. & Certifs., 10 Amount. Rows include: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, POLICY EXHIBIT. Large 'NONE' watermark is present.

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

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include: 24. Group Policies (b), 24.1 Federal Employees Health Benefits Plan premium (b), 24.2 Credit (Group and Individual), 24.3 Collectively renewable policies/certificates (b), 24.4 Medicare Title XVIII exempt from state taxes or fees, 24.5 Other Individual Policies: 25.1 Non-cancelable (b), 25.2 Guaranteed renewable (b), 25.3 Non-renewable for stated reasons only (b), 25.4 Other accident only, 25.5 All other (b), 25.6 Totals (sum of Lines 25.1 to 25.5), 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6). Large 'NONE' watermark is present.

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

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE United Benefit Life Insurance Company  
**FORM FOR CALCULATING THE INTEREST MAINTENANCE RESERVE**

**INTEREST MAINTENANCE RESERVE**

	1 Amount
1. Reserve as of December 31, Prior Year .....	26,962
2. Current year's realized pre-tax capital gains/(losses) of \$ ..... transferred into the reserve net of taxes of \$ .....	
3. Adjustment for current year's liability gains/(losses) released from the reserve .....	
4. Balance before reduction for amount transferred to Summary of Operations (Line 1 + Line 2 + Line 3) .....	26,962
5. Current year's amortization released to Summary of Operations (Amortization, Line 1, Column 4) .....	4,316
6. Reserve as of December 31, current year (Line 4 minus Line 5)	22,646

**AMORTIZATION**

	1	2	3	4
Year of Amortization	Reserve as of December 31, Prior Year	Current Year's Realized Capital Gains/(Losses) Transferred into the Reserve Net of Taxes	Adjustment for Current Year's Liability Gains/(Losses) Released From the Reserve	Balance Before Reduction for Current Year's Amortization (Cols. 1 + 2 + 3)
1. 2021 .....	4,316			4,316
2. 2022 .....	4,689			4,689
3. 2023 .....	4,932			4,932
4. 2024 .....	4,563			4,563
5. 2025 .....	3,651			3,651
6. 2026 .....	2,666			2,666
7. 2027 .....	1,607			1,607
8. 2028 .....	538			538
9. 2029 .....				
10. 2030 .....				
11. 2031 .....				
12. 2032 .....				
13. 2033 .....				
14. 2034 .....				
15. 2035 .....				
16. 2036 .....				
17. 2037 .....				
18. 2038 .....				
19. 2039 .....				
20. 2040 .....				
21. 2041 .....				
22. 2042 .....				
23. 2043 .....				
24. 2044 .....				
25. 2045 .....				
26. 2046 .....				
27. 2047 .....				
28. 2048 .....				
29. 2049 .....				
30. 2050 .....				
31. 2051 and Later				
32. Total (Lines 1 to 31)	26,962			26,962

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

**ASSET VALUATION RESERVE**

	Default Component			Equity Component			7 Total Amount (Cols. 3 + 6)
	1 Other Than Mortgage Loans	2 Mortgage Loans	3 Total (Cols. 1 + 2)	4 Common Stock	5 Real Estate and Other Invested Assets	6 Total (Cols. 4 + 5)	
1. Reserve as of December 31, prior year .....	.205		.205				.205
2. Realized capital gains/(losses) net of taxes - General Account .....							
3. Realized capital gains/(losses) net of taxes - Separate Accounts .....							
4. Unrealized capital gains/(losses) net of deferred taxes - General Account .....							
5. Unrealized capital gains/(losses) net of deferred taxes - Separate Accounts .....							
6. Capital gains credited/(losses charged) to contract benefits, payments or reserves .....							
7. Basic contribution .....							
8. Accumulated balances (Lines 1 through 5 - 6 + 7) .....	.205		.205				.205
9. Maximum reserve .....							
10. Reserve objective .....							
11. 20% of (Line 10 - Line 8) .....	(41)		(41)				(41)
12. Balance before transfers (Lines 8 + 11) .....	.164		.164				.164
13. Transfers .....							
14. Voluntary contribution .....							
15. Adjustment down to maximum/up to zero .....	(164)		(164)				(164)
16. Reserve as of December 31, current year (Lines 12 + 13 + 14 + 15)							

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

Line Number	NAIC Designation	Description	1 Book/Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	Basic Contribution		Reserve Objective		Maximum Reserve	
							5 Factor	6 Amount (Cols. 4 x 5)	7 Factor	8 Amount (Cols. 4 x 7)	9 Factor	10 Amount (Cols. 4 x 9)
<b>LONG-TERM BONDS</b>												
1.		Exempt Obligations	2,561,766	XXX	XXX	2,561,766	0.0000		0.0000		0.0000	
2.1	1	NAIC Designation Category 1.A		XXX	XXX		0.0005		0.0016		0.0033	
2.2	1	NAIC Designation Category 1.B		XXX	XXX		0.0005		0.0016		0.0033	
2.3	1	NAIC Designation Category 1.C		XXX	XXX		0.0005		0.0016		0.0033	
2.4	1	NAIC Designation Category 1.D		XXX	XXX		0.0005		0.0016		0.0033	
2.5	1	NAIC Designation Category 1.E		XXX	XXX		0.0005		0.0016		0.0033	
2.6	1	NAIC Designation Category 1.F		XXX	XXX		0.0005		0.0016		0.0033	
2.7	1	NAIC Designation Category 1.G		XXX	XXX		0.0005		0.0016		0.0033	
2.8		Subtotal NAIC 1 (2.1+2.2+2.3+2.4+2.5+2.6+2.7)		XXX	XXX		XXX		XXX		XXX	
3.1	2	NAIC Designation Category 2.A		XXX	XXX		0.0021		0.0064		0.0106	
3.2	2	NAIC Designation Category 2.B		XXX	XXX		0.0021		0.0064		0.0106	
3.3	2	NAIC Designation Category 2.C		XXX	XXX		0.0021		0.0064		0.0106	
3.4		Subtotal NAIC 2 (3.1+3.2+3.3)		XXX	XXX		XXX		XXX		XXX	
4.1	3	NAIC Designation Category 3.A		XXX	XXX		0.0099		0.0263		0.0376	
4.2	3	NAIC Designation Category 3.B		XXX	XXX		0.0099		0.0263		0.0376	
4.3	3	NAIC Designation Category 3.C		XXX	XXX		0.0099		0.0263		0.0376	
4.4		Subtotal NAIC 3 (4.1+4.2+4.3)		XXX	XXX		XXX		XXX		XXX	
5.1	4	NAIC Designation Category 4.A		XXX	XXX		0.0245		0.0572		0.0817	
5.2	4	NAIC Designation Category 4.B		XXX	XXX		0.0245		0.0572		0.0817	
5.3	4	NAIC Designation Category 4.C		XXX	XXX		0.0245		0.0572		0.0817	
5.4		Subtotal NAIC 4 (5.1+5.2+5.3)		XXX	XXX		XXX		XXX		XXX	
6.1	5	NAIC Designation Category 5.A		XXX	XXX		0.0630		0.1128		0.1880	
6.2	5	NAIC Designation Category 5.B		XXX	XXX		0.0630		0.1128		0.1880	
6.3	5	NAIC Designation Category 5.C		XXX	XXX		0.0630		0.1128		0.1880	
6.4		Subtotal NAIC 5 (6.1+6.2+6.3)		XXX	XXX		XXX		XXX		XXX	
7.	6	NAIC 6		XXX	XXX		0.0000		0.2370		0.2370	
8.		Total Unrated Multi-class Securities Acquired by Conversion		XXX	XXX		XXX		XXX		XXX	
9.		Total Long-Term Bonds (1+2.8+3.4+4.4+5.4+6.4+7+8)	2,561,766	XXX	XXX	2,561,766	XXX		XXX		XXX	
<b>PREFERRED STOCKS</b>												
10.	1	Highest Quality		XXX	XXX		0.0005		0.0016		0.0033	
11.	2	High Quality		XXX	XXX		0.0021		0.0064		0.0106	
12.	3	Medium Quality		XXX	XXX		0.0099		0.0263		0.0376	
13.	4	Low Quality		XXX	XXX		0.0245		0.0572		0.0817	
14.	5	Lower Quality		XXX	XXX		0.0630		0.1128		0.1880	
15.	6	In or Near Default		XXX	XXX		0.0000		0.2370		0.2370	
16.		Affiliated Life with AVR		XXX	XXX		0.0000		0.0000		0.0000	
17.		Total Preferred Stocks (Sum of Lines 10 through 16)		XXX	XXX		XXX		XXX		XXX	

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

Line Number	NAIC Designation	Description	1 Book/Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	Basic Contribution		Reserve Objective		Maximum Reserve	
							5 Factor	6 Amount (Cols. 4 x 5)	7 Factor	8 Amount (Cols. 4 x 7)	9 Factor	10 Amount (Cols. 4 x 9)
<b>SHORT-TERM BONDS</b>												
18.		Exempt Obligations		XXX	XXX		0.0000		0.0000		0.0000	
19.1	1	NAIC Designation Category 1.A		XXX	XXX		0.0005		0.0016		0.0033	
19.2	1	NAIC Designation Category 1.B		XXX	XXX		0.0005		0.0016		0.0033	
19.3	1	NAIC Designation Category 1.C		XXX	XXX		0.0005		0.0016		0.0033	
19.4	1	NAIC Designation Category 1.D		XXX	XXX		0.0005		0.0016		0.0033	
19.5	1	NAIC Designation Category 1.E		XXX	XXX		0.0005		0.0016		0.0033	
19.6	1	NAIC Designation Category 1.F		XXX	XXX		0.0005		0.0016		0.0033	
19.7	1	NAIC Designation Category 1.G		XXX	XXX		0.0005		0.0016		0.0033	
19.8		Subtotal NAIC 1 (19.1+19.2+19.3+19.4+19.5+19.6+19.7)		XXX	XXX		XXX		XXX		XXX	
20.1	2	NAIC Designation Category 2.A		XXX	XXX		0.0021		0.0064		0.0106	
20.2	2	NAIC Designation Category 2.B		XXX	XXX		0.0021		0.0064		0.0106	
20.3	2	NAIC Designation Category 2.C		XXX	XXX		0.0021		0.0064		0.0106	
20.4		Subtotal NAIC 2 (20.1+20.2+20.3)		XXX	XXX		XXX		XXX		XXX	
21.1	3	NAIC Designation Category 3.A		XXX	XXX		0.0099		0.0263		0.0376	
21.2	3	NAIC Designation Category 3.B		XXX	XXX		0.0099		0.0263		0.0376	
21.3	3	NAIC Designation Category 3.C		XXX	XXX		0.0099		0.0263		0.0376	
21.4		Subtotal NAIC 3 (21.1+21.2+21.3)		XXX	XXX		XXX		XXX		XXX	
22.1	4	NAIC Designation Category 4.A		XXX	XXX		0.0245		0.0572		0.0817	
22.2	4	NAIC Designation Category 4.B		XXX	XXX		0.0245		0.0572		0.0817	
22.3	4	NAIC Designation Category 4.C		XXX	XXX		0.0245		0.0572		0.0817	
22.4		Subtotal NAIC 4 (22.1+22.2+22.3)		XXX	XXX		XXX		XXX		XXX	
23.1	5	NAIC Designation Category 5.A		XXX	XXX		0.0630		0.1128		0.1880	
23.2	5	NAIC Designation Category 5.B		XXX	XXX		0.0630		0.1128		0.1880	
23.3	5	NAIC Designation Category 5.C		XXX	XXX		0.0630		0.1128		0.1880	
23.4		Subtotal NAIC 5 (23.1+23.2+23.3)		XXX	XXX		XXX		XXX		XXX	
24.	6	NAIC 6		XXX	XXX		0.0000		0.2370		0.2370	
25.		Total Short-Term Bonds (18+19.8+20.4+21.4+22.4+23.4+24)		XXX	XXX		XXX		XXX		XXX	
<b>DERIVATIVE INSTRUMENTS</b>												
26.		Exchange Traded		XXX	XXX		0.0005		0.0016		0.0033	
27.	1	Highest Quality		XXX	XXX		0.0005		0.0016		0.0033	
28.	2	High Quality		XXX	XXX		0.0021		0.0064		0.0106	
29.	3	Medium Quality		XXX	XXX		0.0099		0.0263		0.0376	
30.	4	Low Quality		XXX	XXX		0.0245		0.0572		0.0817	
31.	5	Lower Quality		XXX	XXX		0.0630		0.1128		0.1880	
32.	6	In or Near Default		XXX	XXX		0.0000		0.2370		0.2370	
33.		Total Derivative Instruments		XXX	XXX		XXX		XXX		XXX	
34.		Total (Lines 9 + 17 + 25 + 33)	2,561,766	XXX	XXX	2,561,766	XXX		XXX		XXX	

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

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

Asset Valuation Reserve - Equity Component

**NONE**

Asset Valuation Reserve - Replications (Synthetic) Assets

**NONE**

Schedule F - Claims

**NONE**

Schedule H - Part 1 - Analysis of Underwriting Operations

**NONE**

Schedule H - Part 2 - Reserves and Liabilities

**NONE**

Schedule H - Part 3 - Test of Prior Year's Claim Reserves and Liabilities

**NONE**

Schedule H - Part 4 - Reinsurance

**NONE**

Schedule H - Part 5 - Health Claims

**NONE**

Schedule S - Part 1 - Section 1

**NONE**

Schedule S - Part 1 - Section 2

**NONE**

Schedule S - Part 2

**NONE**

Schedule S - Part 3 - Section 1

**NONE**

Schedule S - Part 3 - Section 2

**NONE**

Schedule S - Part 4

**NONE**

Schedule S - Part 4 - Bank Footnote

**NONE**

Schedule S - Part 5

**NONE**

Schedule S - Part 5 - Bank Footnote

**NONE**

Schedule S - Part 6

**NONE**

**SCHEDULE S - PART 7**

Restatement of Balance Sheet to Identify Net Credit for Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
<b>ASSETS (Page 2, Col. 3)</b>			
1. Cash and invested assets (Line 12) .....	3,055,988		3,055,988
2. Reinsurance (Line 16) .....			
3. Premiums and considerations (Line 15) .....			
4. Net credit for ceded reinsurance .....	XXX		
5. All other admitted assets (balance) .....	40,719		40,719
6. Total assets excluding Separate Accounts (Line 26) .....	3,096,707		3,096,707
7. Separate Account assets (Line 27) .....			
8. Total assets (Line 28) .....	3,096,707		3,096,707
<b>LIABILITIES, CAPITAL AND SURPLUS (Page 3)</b>			
9. Contract reserves (Lines 1 and 2) .....			
10. Liability for deposit-type contracts (Line 3) .....			
11. Claim reserves (Line 4) .....			
12. Policyholder dividends/member refunds/reserves (Lines 5 through 7) .....			
13. Premium & annuity considerations received in advance (Line 8) .....			
14. Other contract liabilities (Line 9) .....	22,646		22,646
15. Reinsurance in unauthorized companies (Line 24.02 minus inset amount) .....			
16. Funds held under reinsurance treaties with unauthorized reinsurers (Line 24.03 minus inset amount) .....			
17. Reinsurance with Certified Reinsurers (Line 24.02 inset amount) .....			
18. Funds held under reinsurance treaties with Certified Reinsurers (Line 24.03 inset amount) .....			
19. All other liabilities (balance) .....	8,678		8,678
20. Total liabilities excluding Separate Accounts (Line 26) .....	31,324		31,324
21. Separate Account liabilities (Line 27) .....			
22. Total liabilities (Line 28) .....	31,324		31,324
23. Capital & surplus (Line 38) .....	3,065,383	XXX	3,065,383
24. Total liabilities, capital & surplus (Line 39) .....	3,096,707		3,096,707
<b>NET CREDIT FOR CEDED REINSURANCE</b>			
25. Contract reserves .....			
26. Claim reserves .....			
27. Policyholder dividends/reserves .....			
28. Premium & annuity considerations received in advance .....			
29. Liability for deposit-type contracts .....			
30. Other contract liabilities .....			
31. Reinsurance ceded assets .....			
32. Other ceded reinsurance recoverables .....			
33. Total ceded reinsurance recoverables .....			
34. Premiums and considerations .....			
35. Reinsurance in unauthorized companies .....			
36. Funds held under reinsurance treaties with unauthorized reinsurers .....			
37. Reinsurance with Certified Reinsurers .....			
38. Funds held under reinsurance treaties with Certified Reinsurers .....			
39. Other ceded reinsurance payables/offsets .....			
40. Total ceded reinsurance payable/offsets .....			
41. Total net credit for ceded reinsurance .....			

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

Allocated by States and Territories

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

**NONE**

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

**SCHEDULE Y**

**PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
.0901	Cigna Group		46-2332355				1EQ Inc. (d/b/a Babyscripts)	DE	NIA	Cigna Ventures, LLC	Ownership	10.100	Cigna Corporation		
.0901	Cigna Group		00-0000000				680 Investors LLC	CA	NIA	SB-SNH LLC	Ownership	85.000	Cigna Corporation		
.0901	Cigna Group		00-0000000				685 New Hampshire LLC	CA	NIA	SB-SNH LLC	Ownership	85.000	Cigna Corporation		
.0901	Cigna Group		82-4794800				9171 Wilshire CPI-CII LLC	DE	NIA	CPI-CII 9171 Wilshire JV LLC	Ownership	90.000	Cigna Corporation		
.0901	Cigna Group		85-1046126				ABS Apartments Venture, L.L.C.	DE	NIA	CARING ABS Investor LLC	Ownership	90.000	Cigna Corporation		
.0901	Cigna Group		11-3358535				Accredo Health Group, Inc.	DE	NIA	Accredo Health, Incorporated	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		55-0894449				Accredo Health, Incorporated	DE	NIA	Medco Health Solutions, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		13-3888838				AHG of New York, Inc.	NY	NIA	Accredo Health, Incorporated	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		75-3040465				Airport Holdings, LLC	NJ	NIA	Express Scripts, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		35-2562415				Alegis Care Services, LLC	DE	NIA	Home Physicians Management, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		85-0909305				Alegis Care Services of Colorado, LLC	CO	NIA	Home Physicians Management, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		81-0400550				Allegiance Benefit Plan Management, Inc.	MT	NIA	Benefit Management Corp.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		03-0507057				Allegiance Care Management, LLC	MT	NIA	Benefit Management Corp.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		71-0916514				Allegiance COBRA Services, Inc.	MT	NIA	Benefit Management Corp.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	12814	20-4433475				Allegiance Life & Health Insurance Company	MT	IA	Benefit Management Corp.	Ownership	95.000	Cigna Corporation		
.0901	Cigna Group		26-2201582				Allegiance Provider Direct, LLC	MT	NIA	Benefit Management Corp.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		20-3851464				Allegiance Re, Inc.	MT	IA	Benefit Management Corp.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	88366	59-2760189				American Retirement Life Insurance Company	OH	IA	Loyal American Life Insurance Company	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		82-3315524				Arbor Heights Venture LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	90.000	Cigna Corporation		
.0901	Cigna Group		46-4080861				AristaMD, Inc.	DE	NIA	Cigna Ventures, LLC	Ownership	11.100	Cigna Corporation		
.0901	Cigna Group		86-3581583				Arizona Health Plan, Inc.	AZ	NIA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		00-0000000				Ascent Health Services LLC	DE	NIA	Cigna Spruce Holdings GmbH	Ownership	80.000	Cigna Corporation		
.0901	Cigna Group		86-1750832				ASM Apartments Venture, L.L.C.	DE	NIA	CARING St. Matthew's Investor LLC	Ownership	90.000	Cigna Corporation		
.0901	Cigna Group		81-0585518				Benefit Management Corp.	MT	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		81-2650133				Berewick Apartments LLC	DE	NIA	LLC	Ownership	85.000	Cigna Corporation		
.0901	Cigna Group		43-1815573				Biopartners in Care, Inc.	MO	NIA	Accredo Health, Incorporated	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		06-1522976				Blodgett & Hazard Limited	GBR	NIA	Cigna Re Corporation	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	10095	52-2259087				Bravo Health Mid-Atlantic, Inc.	MD	IA	NewQuest Management Northeast, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	11524	52-2363406				Bravo Health Pennsylvania, Inc.	PA	IA	NewQuest Management Northeast, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		00-0000000				Breakthrough Behavioral, Inc.	DE	IA	MDLive, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		00-0000000				Breakthrough Behavioral of Texas, Inc.	TX	IA	Breakthrough Behavioral, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		27-1713977				Brighter, Inc.	DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		46-4918521				Buoy Health, Inc.	DE	NIA	Cigna Ventures, LLC	Ownership	12.200	Cigna Corporation		
.0901	Cigna Group		61-1162797				Care Continuum, Inc.	KY	NIA	SpectraCare Health Care Ventures, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		85-0954556				CareAllies Accountable Care Collaborative LLC	DE	NIA	CareAllies, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		85-0935554				CareAllies Accountable Care Network LLC	DE	NIA	CareAllies, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		00-0000000				CareAllies Accountable Care Solutions LLC	DE	NIA	CareAllies, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		26-0180898				CareAllies, Inc.	DE	NIA	Cigna Holdings, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		81-2760646				CareAllies, LLC	DE	NIA	Connecticut General Life Insurance Company	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	10144	20-1089572				CareCore NJ, LLC	NJ	IA	eviCore healthcare MSI, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		45-2681649				CarePlexus, LLC	DE	NIA	Cigna Health and Life Insurance Company	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		83-1400586				CARING 18th & Salmon Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		83-2562994				CARING 500 Ygnacio Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		84-1960231				CARING 3130 Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		83-2318410				CARING 9171 Wilshire Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	Cigna Corporation		

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

**SCHEDULE Y**

**PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
.0901	Cigna Group		85-4247420				CARING ABS Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		83-2851501				CARING Alta Duraleigh Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		83-2851501				CARING Alta Englewood Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		85-2966766				CARING Alta Leander Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		83-2563284				CARING Alta Woodson Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		85-2966766				CARING Avondale Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		87-1992977				CARING Berwyn Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		32-0570889				CARING Capitol Hill GP LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		37-1903297				CARING Capitol Hill LP LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		83-2851364				CARING Century Plaza Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		85-4265529				CARING Deco Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		85-2912145				CARING Elan I Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		87-0928526				CARING Elan II Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		83-3701937				CARING Firestone Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		00-0000000				CARING JA Lofts Investor LP LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		00-0000000				CARING JA Lofts Investor GP LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		83-2318233				CARING Heights at Bear Creek Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		83-1400482				CARING Hillcrest Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		84-4410554				CARING IBP Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		85-1961034				CARING Interbay Investor GP LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		85-1984627				CARING Interbay Investor LP LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		83-2339522				CARING Mallory Square Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		85-4265529				CARING Montclair Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		83-2563138				CARING Soma Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		83-2633790				CARING Alexan Enclave Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		83-2633886				CARING Orange Collection Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		83-8294933				CARING South Coast Subsidiary LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	Cigna Corporation		

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

**SCHEDULE Y**

**PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
.0901	Cigna Group		86-1942593				CARING St. Matthew's Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		38-4085763				CARING Westcore Holding Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		87-3646420				CARING Westcore Holding II Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		83-3923178				CARING XR International Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		83-4317078				CARING XR 2 International Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		84-1843578				CGGL XR 2 International JV LLC	DE	NIA	CARING XR 2 International Investor LLC	Ownership	90.000	Cigna Corporation		
.0901	Cigna Group		84-1843578				CGGL XR 2 International Mezz LLC	DE	NIA	CARING XR 2 International Investor LLC	Ownership	90.000	Cigna Corporation		
.0901	Cigna Group		45-2604992				CCN MO, LLC	NY	NIA	eviCore healthcare MSI, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		33-1039759				CCN-WNY IPA, LLC	NY	NIA	eviCore healthcare MSI, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		34-1970892				Ceres Sales of Ohio, LLC	OH	NIA	Cigna Health and Life Insurance Company	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		06-1332403				CG Individual Tax Benefit Payments, Inc.	DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		06-1332405				CG Life Pension Benefits Payments, Inc.	DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		06-1332401				CG LINA Pension Benefits Payments, Inc.	DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		84-2083351				CG-AQ 477 South Market Street LLC	DE	NIA	CARING Firestone Investor LLC	Ownership	85.000	Cigna Corporation		
.0901	Cigna Group		84-4773972				CG-LEDO IBP Venture LLC	DE	NIA	CARING IBP Investor LLC	Ownership	90.000	Cigna Corporation		
.0901	Cigna Group		84-4747045				CG-LEDO IBP I LLC	DE	NIA	CARING IBP Investor LLC	Ownership	90.000	Cigna Corporation		
.0901	Cigna Group		84-4755025				CG-LEDO IBP II LLC	DE	NIA	CARING IBP Investor LLC	Ownership	90.000	Cigna Corporation		
.0901	Cigna Group		83-2993316				CG-Muller 550 Winchester, LLC	DE	NIA	CARING Century Plaza Investor LLC	Ownership	90.000	Cigna Corporation		
.0901	Cigna Group		45-5499889				CG Seventh Street, LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	87.500	Cigna Corporation		
.0901	Cigna Group		85-0734624				CG/Wood Alta Duraleigh, LLC	DE	NIA	CARING Duraleigh Investor LLC	Ownership	90.000	Cigna Corporation		
.0901	Cigna Group		85-0655107				CG/Wood Alta Duraleigh Owner, LLC	DE	NIA	CARING Duraleigh Investor LLC	Ownership	90.000	Cigna Corporation		
.0901	Cigna Group		87-2928401				CG/Wood Alta Duraleigh Townhome, LLC	DE	NIA	CARING Duraleigh Investor LLC	Ownership	90.000	Cigna Corporation		
.0901	Cigna Group		82-1280312				CG/Wood Alta 601, LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	90.000	Cigna Corporation		
.0901	Cigna Group		85-2233381				CG/Wood Alta Leander Station, LLC	DE	NIA	CARING Alta Leander Investor LLC	Ownership	90.000	Cigna Corporation		
.0901	Cigna Group		81-3313562				CGGL City Parkway LLC	DE	NIA	CGGL Orange Collection LLC	Ownership	90.000	Cigna Corporation		
.0901	Cigna Group		61-1797835				CGGL Orange Collection LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	90.000	Cigna Corporation		
.0901	Cigna Group		00-0000000				CGGL Orange Collection Mezz LLC	DE	NIA	CARING Orange Collection Investor LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		84-1921719				CGGL XR International LLC	DE	NIA	CARING XR International Investor LLC	Ownership	90.000	Cigna Corporation		
.0901	Cigna Group		84-1843578				CGGL XR 2 International LLC	DE	NIA	CARING XR 2 International Investor LLC	Ownership	90.000	Cigna Corporation		
.0901	Cigna Group		00-0000000				CGO Participatos LTDA	BRA	NIA	Cigna Global Holdings, Inc.	Ownership	99.780	Cigna Corporation		
.0901	Cigna Group		59-3466707				Chiro Alliance Corporation	FL	NIA	eviCore healthcare MSI, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		81-3389374				CIG-LEI Ygnacio Associates LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	90.000	Cigna Corporation		
.0901	Cigna Group		86-2964997				C1-GS Elan Everett Phase I, LLC	DE	NIA	CARING Elan I Investor, LLC	Ownership	90.000	Cigna Corporation		
.0901	Cigna Group		86-3726159				C1-GS Elan Everett Phase II, LLC	DE	NIA	CARING Elan II Investor, LLC	Ownership	39.000	Cigna Corporation		
.0901	Cigna Group		82-4774243				C1-GS Portland, LLC	DE	NIA	CARING 18th & Salmon Investor LLC	Ownership	86.200	Cigna Corporation		
.0901	Cigna Group		82-1612980				C1-GS Hillcrest LLC	DE	NIA	CARING Hillcrest Investor LLC	Ownership	90.000	Cigna Corporation		
.0901	Cigna Group		00-0000000				Cigna & CMB Asset Management Company Limited	CHN	NIA	Cigna & CMB Life Insurance Company Limited	Ownership	87.350	Cigna Corporation		
.0901	Cigna Group		00-0000000				Cigna & CMB Health Services Company, Ltd.	CHN	NIA	Cigna & CMB Life Insurance Company Limited	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		00-0000000				Cigna & CMB Life Insurance Company Limited	CHN	IA	Cigna Health and Life Insurance Company	Ownership	50.000	Cigna Corporation		
.0901	Cigna Group		00-0000000				CIGNA 2000 UK Pension LTD	GBR	NIA	Cigna European Services (UK) Limited	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		27-5402196				Cigna Affiliates Realty Investment Group, LLC	DE	NIA	Connecticut General Life Insurance Company	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		00-0000000				Cigna Alder Holdings, LLC	DE	NIA	Cigna Apac Holdings, Ltd.	Ownership	100.000	Cigna Corporation		

53.2

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

**SCHEDULE Y**

**PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
.0901	Cigna Group		00-000000				Cigna Apac Holdings, Ltd.	.BMU	NIA	Cigna Palmetto Holdings, Ltd.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	13733	03-0452349				Cigna Arbor Life Insurance Company	.CT	IA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		98-1181787				Cigna Beechwood Holdings	.BEL	NIA	Cigna Elmwood Holdings, SPRL	Ownership	51.000	Cigna Corporation		
.0901	Cigna Group		00-000000				Cigna Bellevue Alpha LLC	.DE	NIA	Cigna Holdings Overseas, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		02-0515554				Cigna Benefit Technology Solutions, Inc.	.DE	NIA	Cigna Health Corporation	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		01-0947889		0001489070		Cigna Benefits Financing, Inc.	.DE	NIA	Cigna Investments, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		00-000000				Cigna Brokerage & Marketing (Thailand) Limited	.THA	NIA	RHP Thailand Limited	Ownership	53.250	Cigna Corporation		
.0901	Cigna Group		00-000000				Cigna Cedar Holdings, Ltd.	.MLT	NIA	Cigna Apac Holdings, Ltd.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		98-1137759				Cigna Chestnut Holdings, Ltd.	.GBR	NIA	Cigna Walnut Holdings, Ltd.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		27-3396038				Cigna Corporate Services, LLC	.DE	NIA	Cigna Health and Life Insurance Company	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		82-4991898		1739940	US	Cigna Corporation (A Delaware corporation and ultimate parent company)	.DE	UIP	Publicly Traded	Ownership	100.000	Publicly Traded		
.0901	Cigna Group		00-000000				Cigna Data Services (Shanghai) Company Limited	.CHN	NIA	Cigna Hong Kong Holdings Company Limited	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		59-2600475				Cigna Dental Health Of California, Inc.	.CA	NIA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	11175	59-2675861				Cigna Dental Health Of Colorado, Inc.	.CO	IA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	95380	59-2676987				Cigna Dental Health Of Delaware, Inc.	.DE	IA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	52021	59-1611217				Cigna Dental Health Of Florida, Inc.	.FL	IA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		06-1351097				Cigna Dental Health of Illinois, Inc.	.IL	NIA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	52024	59-2625350				Cigna Dental Health Of Kansas, Inc.	.KS	IA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	52108	59-2619589				Cigna Dental Health Of Kentucky, Inc.	.KY	IA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	48119	20-2844020				Cigna Dental Health Of Maryland, Inc.	.MD	IA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	11160	06-1582068				Cigna Dental Health Of Missouri, Inc.	.MO	IA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	11167	59-2308062				Cigna Dental Health Of New Jersey, Inc.	.NJ	IA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	95179	56-1803464				Cigna Dental Health Of North Carolina, Inc.	.NC	IA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	47805	59-2579774				Cigna Dental Health Of Ohio, Inc.	.OH	IA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	47041	52-1220578				Cigna Dental Health Of Pennsylvania, Inc.	.PA	IA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	95037	59-2676977				Cigna Dental Health Of Texas, Inc.	.TX	IA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	52617	52-2188914				Cigna Dental Health Of Virginia, Inc.	.VA	IA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	47013	86-0807222				Cigna Dental Health Plan Of Arizona, Inc.	.AZ	IA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		59-2308055				Cigna Dental Health, Inc.	.FL	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		58-1136865				Cigna Direct Marketing Company, Inc.	.DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		98-1155943				Cigna Elmwood Holdings, SPRL	.BEL	NIA	Cigna Myrtle Holdings, Ltd.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		00-000000				Cigna Europe Insurance Company S.A.-N.V.	.BEL	IA	Cigna Beechwood Holdings	Ownership	99.999	Cigna Corporation		
.0901	Cigna Group		00-000000				Cigna European Services (UK) Limited	.GBR	NIA	Cigna Elmwood Holdings, SPRL	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		62-1724116				Cigna Federal Benefits, Inc.	.DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		51-0389196				Cigna Global Holdings, Inc.	.DE	NIA	Cigna Holdings, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		68-0676638				Cigna Global Insurance Company Limited	.GGY	IA	Cigna Holdings Overseas, Inc.	Ownership	99.990	Cigna Corporation		
.0901	Cigna Group		98-0210110				Cigna Global Reinsurance Company, Ltd.	.BMU	IA	Cigna Global Holdings, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		00-000000				Cigna Global Wellbeing Holdings Limited	.GBR	NIA	Connecticut General Corporation	Ownership	70.000	Cigna Corporation		
.0901	Cigna Group		00-000000				Cigna Global Wellbeing Solutions Limited	.GBR	NIA	Cigna Global Wellbeing Holdings Limited	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	67369	59-1031071				Cigna Health and Life Insurance Company	.CT	UIP	Connecticut General Life Insurance Company	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		62-1312478				Cigna Health Corporation	.DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		23-1728483				Cigna Health Management, Inc.	.DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		00-000000				Cigna Health Solution India Pvt. Ltd.	.IND	NIA	Cigna Holdings Overseas, Inc.	Ownership	99.900	Cigna Corporation		
.0901	Cigna Group		23-2741293				Cigna Healthcare Benefits, Inc.	.DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		84-0985843				Cigna Healthcare Holdings, Inc.	.CO	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	95599	52-1404350				Cigna HealthCare Mid-Atlantic, Inc.	.MD	NIA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	95125	86-0334392				Cigna HealthCare of Arizona, Inc.	.AZ	IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		95-3310115				Cigna HealthCare of California, Inc.	.CA	NIA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	95604	84-1004500				Cigna HealthCare of Colorado, Inc.	.CO	IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	95660	06-1141174				Cigna HealthCare of Connecticut, Inc.	.CT	IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation		

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

**SCHEDULE Y**

**PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM**

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.0901	Cigna Group	95136	59-2089259				Cigna HealthCare of Florida, Inc.	FL	IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	96229	58-1641057				Cigna HealthCare of Georgia, Inc.	GA	IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	95602	36-3385638				Cigna HealthCare of Illinois, Inc.	IL	IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	95525	35-1679172				Cigna HealthCare of Indiana, Inc.	IN	IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	95477	01-0418220				Cigna HealthCare of Maine, Inc.	ME	NIA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	95220	02-0402111				Cigna HealthCare of Massachusetts, Inc.	MA	NIA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	95493	02-0387749				Cigna HealthCare of New Hampshire, Inc.	NH	IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	95500	22-2720890				Cigna HealthCare of New Jersey, Inc.	NJ	IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	95132	56-1479515				Cigna HealthCare of North Carolina, Inc.	NC	IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	95121	23-2301807				Cigna HealthCare of Pennsylvania, Inc.	PA	NIA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	95708	06-1185590				Cigna HealthCare of South Carolina, Inc.	SC	IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	95635	36-3359925				Cigna HealthCare of St. Louis, Inc.	MO	IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	95606	62-1218053				Cigna HealthCare of Tennessee, Inc.	TN	IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	95383	74-2767437				Cigna HealthCare of Texas, Inc.	TX	IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	95518	62-1230908				Cigna HealthCare of Utah, Inc.	UT	NIA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		02-0495422				Cigna Healthcare, Inc.	VT	NIA	Cigna Healthcare Holdings, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		00-0000000				Cigna HLA Technology Services Company Limited	HKG	NIA	Cigna Hong Kong Holdings Company Limited	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		06-1059331				Cigna Holding Company	DE	UIP	Cigna Corporation	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		23-3009279				Cigna Holdings Overseas, Inc.	DE	NIA	Cigna Global Reinsurance Company, Ltd.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		06-1072796				Cigna Holdings, Inc.	DE	UIP	Cigna Holding Company	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		00-0000000				Cigna Hong Kong Holdings Company Limited	HKG	NIA	Cigna Chestnut Holdings, Ltd.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		27-1903785				Cigna Insurance Agency, LLC	CT	NIA	Cigna Health and Life Insurance Company	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		00-0000000				Cigna Insurance Management Services (DIFC), Ltd.	ARE	NIA	Cigna Apac Holdings, Ltd.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		00-0000000				Cigna Insurance Middle East S.A.L.	LBN	IA	Cigna Cedar Holdings, Ltd.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		00-0000000				Cigna Insurance Public Company Limited	THA	IA	KDM Thailand Limited	Ownership	75.000	Cigna Corporation		
.0901	Cigna Group		00-0000000				Cigna Insurance Services (Europe) Limited	GBR	NIA	Cigna Willow Holdings, LTD.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		23-2924152				Cigna Integratedcare, Inc.	DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		51-0402128				Cigna Intellectual Property, Inc.	DE	NIA	Cigna Holdings, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		51-0111677				Cigna International Corporation, Inc.	DE	NIA	Cigna Global Holdings, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		52-0291385				Cigna International Finance, Inc.	DE	NIA	Cigna Investment Group, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		00-0000000				Cigna International Health Services Kenya Limited	KEN	NIA	Cigna International Health Services, BVBA	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		00-0000000				Cigna International Health Services Sdn. Bhd.	MYS	NIA	Cigna Hong Kong Holdings Company Limited	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		00-0000000				Cigna International Health Services, BVBA	BEL	NIA	Cigna Elmwood Holdings, Ltd.	Ownership	51.000	Cigna Corporation		
.0901	Cigna Group		30-0526216				Cigna International Health Services, LLC	FL	NIA	Cigna International Health Services, BVBA	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		00-0000000				Cigna International Marketing (Thailand) Limited	THA	NIA	Cigna Global Holdings, Inc.	Ownership	99.900	Cigna Corporation		
.0901	Cigna Group		00-0000000				Cigna International Services Australia Pty Ltd.	AUS	NIA	Cigna Chestnut Holdings, Ltd.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		23-2610178				Cigna International Services, Inc.	DE	NIA	Cigna Global Holdings, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		06-1095823				Cigna Investment Group, Inc.	DE	NIA	Cigna Holdings, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		06-0861092				Cigna Investments, Inc.	DE	NIA	Cigna Investment Group, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		00-0000000				Cigna Korea Chusik Heosa (A/K/A Cigna Korea Company Limited)	KOR	NIA	Cigna Chestnut Holdings, Ltd.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		98-1146864				Cigna Laurel Holdings, Ltd.	BMU	NIA	Cigna Linden Holdings, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		00-0000000				Cigna Legal Protection U.K. Ltd.	GBR	NIA	Cigna Willow Holdings, LTD.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		AA-1560515				Cigna Life Insurance Company of Canada	CAN	IA	Cigna Chestnut Holdings, Ltd.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		AA-1240009				Cigna Life Insurance Company of Europe S.A.-N.V.	BEL	IA	Cigna Beechwood Holdings	Ownership	99.993	Cigna Corporation		
.0901	Cigna Group		00-0000000				Cigna Life Insurance New Zealand Limited	NZL	IA	Cigna New Zealand Holdings Limited	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		46-4110289				Cigna Linden Holdings, Inc.	DE	NIA	Cigna Holdings Overseas, Inc.	Ownership	82.000	Cigna Corporation		

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

**SCHEDULE Y**

**PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
.0901	Cigna Group		98-1232512				Cigna Magnolia Holdings, Ltd.	BMU	NIA	Cigna Palmetto Holdings, Ltd.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		23-2741294				Cigna Managed Care Benefits Company	DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		89-3374500				Cigna Management Company LLC	DE	NIA	Cigna Health and Life Insurance Company	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		98-1154657				Cigna Myrtle Holdings, Ltd.	MLT	NIA	Cigna Apac Holdings, Ltd.	Ownership	74.560	Cigna Corporation		
.0901	Cigna Group	61727	34-0970995				Cigna National Health Insurance Company	OH	UDP	Cigna Health and Life Insurance Company	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		00-0000000				Cigna Nederland Gamma B.V.	NLD	NIA	Cigna Walnut Holdings, Ltd.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		00-0000000				Cigna New Zealand Holdings Limited	NZL	NIA	Cigna Hong Kong Holdings Company Limited	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		00-0000000				Cigna Oak Holdings, Ltd.	GBR	NIA	Cigna Elmwood Holdings, SPRL	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		98-1232443				Cigna Palmetto Holdings, Ltd.	BMU	NIA	Cigna Laurel Holdings, Ltd.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		46-4099800				Cigna Poplar Holdings, Inc.	DE	NIA	Cigna Holdings Overseas, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		06-1071502				Cigna RE Corporation	DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		06-1567902				Cigna Resource Manager, Inc.	DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		00-0000000				Cigna Saglik Hayat ve Emeklilik A.S.	TUR	NIA	Cigna Nederland Gamma, B.V.	Ownership	51.000	Cigna Corporation		
.0901	Cigna Group		00-0000000				Cigna Services Middle East FZE	ARE	NIA	Cigna Cedar Holdings, Ltd.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		00-0000000				Cigna Spruce Holdings GmbH	CHE	NIA	Cigna Chestnut Holdings, Ltd.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		00-0000000				Cigna Taiwan Life Assurance Company Limited	TWN	IA	Cigna Chestnut Holdings, Ltd.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		00-0000000				Cigna Teak Holdings, LLC	DE	NIA	Cigna Global Holdings, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		00-0000000				Cigna Turkey Danismanlik Hizmetleri, A.S (A/K/A Cigna Turkey Consultancy Services, A.S.)	TUR	NIA	Cigna Magnolia Holdings, Ltd.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		83-1069280				Cigna Ventures, LLC	DE	NIA	Cigna Health and Life Insurance Company	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		00-0000000				Cigna Walnut Holdings, Ltd.	GBR	NIA	Cigna Apac Holdings, Ltd.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		00-0000000				Cigna Willow Holdings, Ltd.	GBR	NIA	Cigna Oak Holdings, Ltd.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		00-0000000				Cigna Worldwide General Insurance Company Limited	HKG	IA	Cigna Hong Kong Holdings Company Limited	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	90859	23-2088429				Cigna Worldwide Insurance Company	DE	IA	Cigna Global Reinsurance Company, Ltd.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		00-0000000				Cigna Worldwide Life Insurance Company Limited	HKG	IA	Cigna Hong Kong Holdings Company Limited	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		00-0000000				Claims and Risk Services Limited	SAU	IA	NAS Neuron Health Services, L.L.C.	Ownership	50.000	Cigna Corporation		
.0901	Cigna Group		00-0000000				Manipa/Cigna Health Insurance Company Limited	IND	IA	Cigna Holdings Overseas, Inc.	Ownership	49.000	TTK (non-affiliate)		
.0901	Cigna Group		84-1461840				Community Health Network, LLC	MT	NIA	Benefit Management Corp.	Ownership	50.000	Cigna Corporation		
.0901	Cigna Group		06-1252419				Connecticut General Benefit Payments, Inc.	DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		06-0840391				Connecticut General Corporation	CT	UIP	Cigna Holdings, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	62308	06-0303370		0000023419		Connecticut General Life Insurance Company	CT	UIP	Connecticut General Corporation	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		82-4936006				CPI-CII 9171 Wilshire JV LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	90.000	Cigna Corporation		
.0901	Cigna Group		27-3555688				CR Washington Street Investors LP	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	33.820	Charles River Washington Street LLC (non-affiliate)		
.0901	Cigna Group		36-4369972				CuraScript, Inc.	DE	NIA	Express Scripts, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		86-1305728				Deco Apartments JV LLC	DE	NIA	CARING Deco Investor LLC	Ownership	90.000	Cigna Corporation		
.0901	Cigna Group		86-1334095				Deco Apartments Owner LLC	DE	NIA	CARING Deco Investor LLC	Ownership	90.000	Cigna Corporation		
.0901	Cigna Group		16-1526641				Diversified NY IPA, Inc.	NY	NIA	Diversified Pharmaceutical Services, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		41-1627938				Diversified Pharmaceutical Services, Inc.	MN	NIA	Express Scripts, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		27-3542089				Econdisc Contracting Solutions, LLC	DE	NIA	Express Scripts Pharmaceutical Procurement LLC (90%)	Ownership	90.000	Cigna Corporation		
.0901	Cigna Group		00-0000000				Egyptian Emirates Administration Services SAE	EGY	NIA	NAS Neuron Health Services, L.L.C.	Ownership	64.999	Cigna Corporation		
.0901	Cigna Group		00-0000000				ESI Canada	CAN	NIA	Express Scripts Canada Co. (99.9%); ESI-GP Canada, ULC (0.1%)	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		00-0000000				ESI GP Canada ULC	CAN	NIA	Express Scripts Canada Co.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		43-1925556				ESI GP Holdings, Inc.	DE	NIA	Express Scripts, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		00-0000000				ESI GP2 Canada ULC	CAN	NIA	Express Scripts Canada Co.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		74-2974964				ESI Mail Order Processing, Inc. (f/k/a NXI)	DE	NIA	Express Scripts, Inc.	Ownership	100.000	Cigna Corporation		

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

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Location	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Yes/No)	*
.0901	Cigna Group		43-1867735				ESI Mail Pharmacy Service, Inc.	DE	NIA	Express Scripts, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		43-1925562				ESI Partnership	DE	NIA	Express Scripts, Inc. (82%); ESI-GP	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		41-2006555				ESI Resources, Inc.	MIN	NIA	Holdings, Inc. (18%)	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		94-3107309				Evernorth Behavioral Health of California, Inc.	CA	NIA	ESI Partnership	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		75-2751090				Evernorth Behavioral Health of Texas, Inc.	TX	NIA	Evernorth Behavioral Health, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		41-1648670				Evernorth Behavioral Health, Inc.	MIN	NIA	Evernorth Behavioral Health, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		86-1465626				Evernorth Care Solutions, Inc.	DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		32-0222252				Evernorth Direct Health, LLC	DE	NIA	Evernorth Health, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		85-2732455				Evernorth Enterprise Services, Inc.	DE	NIA	Connecticut General Life Insurance Company	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		85-2759151				Evernorth Sales Operations, Inc.	DE	NIA	Ownership	100.000	Cigna Corporation			
.0901	Cigna Group		85-2717903				Evernorth Strategic Development, Inc.	DE	NIA	Ownership	100.000	Cigna Corporation			
.0901	Cigna Group		46-4676347				eviCore 1, LLC	DE	NIA	Ownership	100.000	Cigna Corporation			
.0901	Cigna Group		62-1615395				eviCore healthcare MSI, LLC	TN	NIA	Ownership	100.000	Cigna Corporation			
.0901	Cigna Group	13918	27-3175443				Express Reinsurance Company	MO	IA	Ownership	100.000	Cigna Corporation			
.0901	Cigna Group		41-2063830				Express Scripts Administrators LLC	DE	NIA	Ownership	100.000	Cigna Corporation			
.0901	Cigna Group		00-0000000				Express Scripts Canada Co.	CAN	NIA	Ownership	100.000	Cigna Corporation			
.0901	Cigna Group		43-1942542				Express Scripts Canada Holding Co.	DE	NIA	Ownership	100.000	Cigna Corporation			
.0901	Cigna Group		27-1490640				Express Scripts Canada Holding, LLC	DE	NIA	Ownership	100.000	Cigna Corporation			
.0901	Cigna Group		00-0000000				Express Scripts Canada Services	CAN	NIA	Ownership	100.000	Cigna Corporation			
.0901	Cigna Group		00-0000000				Express Scripts Canada Wholesale	CAN	NIA	Ownership	100.000	Cigna Corporation			
.0901	Cigna Group		84-5003423				Express Scripts Health Information Network Partners, Inc.	DE	NIA	Ownership	100.000	Cigna Corporation			
.0901	Cigna Group		45-2884094				Evernorth Health, Inc.	DE	NIA	Ownership	100.000	Cigna Corporation			
.0901	Cigna Group		20-5826948				Express Scripts Pharmaceutical Procurement, LLC	DE	NIA	Ownership	100.000	Cigna Corporation			
.0901	Cigna Group		00-0000000				Express Scripts Pharmacy Atlantic, Ltd.	CAN	NIA	Ownership	100.000	Cigna Corporation			
.0901	Cigna Group		00-0000000				Express Scripts Pharmacy Central, Ltd.	CAN	NIA	Ownership	100.000	Cigna Corporation			
.0901	Cigna Group		00-0000000				Express Scripts Pharmacy Ontario, Ltd.	CAN	NIA	Ownership	100.000	Cigna Corporation			
.0901	Cigna Group		00-0000000				Express Scripts Pharmacy West, Ltd.	CAN	NIA	Ownership	100.000	Cigna Corporation			
.0901	Cigna Group		30-0789911				Express Scripts Pharmacy, Inc.	DE	NIA	Ownership	100.000	Cigna Corporation			
.0901	Cigna Group		22-3114423				Express Scripts Sales Operations, Inc.	NJ	NIA	Ownership	100.000	Cigna Corporation			
.0901	Cigna Group		20-3126104				Express Scripts Senior Care Holdings, Inc.	DE	NIA	Ownership	100.000	Cigna Corporation			
.0901	Cigna Group		20-3126075				Express Scripts Senior Care, Inc.	DE	NIA	Ownership	100.000	Cigna Corporation			
.0901	Cigna Group		43-1832983				Express Scripts Services Co.	DE	NIA	Ownership	100.000	Cigna Corporation			
.0901	Cigna Group		43-1869712				Express Scripts Specialty Distribution Services, Inc.	DE	NIA	Ownership	100.000	Cigna Corporation			
.0901	Cigna Group		22-2230703				Express Scripts Strategic Development, Inc.	NJ	NIA	Ownership	100.000	Cigna Corporation			
.0901	Cigna Group		43-1869714				Express Scripts Utilization Management Company	DE	NIA	Ownership	100.000	Cigna Corporation			
.0901	Cigna Group		43-1420563				Express Scripts, Inc.	DE	NIA	Ownership	100.000	Cigna Corporation			
.0901	Cigna Group		00-0000000				FirstAssist Administration Limited	GBR	NIA	Ownership	100.000	Cigna Corporation			
.0901	Cigna Group		23-1914061				Former Cigna Investments, Inc.	DE	NIA	Ownership	100.000	Cigna Corporation			
.0901	Cigna Group		02-0523249				Freco, Inc.	FL	NIA	Ownership	100.000	Cigna Corporation			
.0901	Cigna Group		20-3229217				Freedom Service Company, LLC	FL	NIA	Ownership	100.000	Cigna Corporation			
.0901	Cigna Group		00-0000000				Gillette Ridge Community Council, Inc.	CT	NIA	Ownership	100.000	Cigna Corporation			
.0901	Cigna Group		20-3700105				Gillette Ridge Golf, LLC	DE	NIA	Ownership	100.000	Cigna Corporation			

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

**SCHEDULE Y**

**PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM**

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Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
.0901	Cigna Group	95388	93-1174749				Great-West Healthcare of Illinois, Inc.	IL	NIA	Cigna Healthcare Holdings, Inc. Connecticut General Life Insurance Company	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		00-0000000				GRG Acquisitions LLC	DE	NIA		Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		00-0000000				Grown Ups New Zealand Limited	NZL	NIA	Cigna Life Insurance New Zealand Limited	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		76-0657035				GulfQuest, LP	TX	NIA	HouQuest, LLC	Ownership	99.000	Cigna Corporation		
.0901	Cigna Group		87-3650143				Hartford Community Lender Holding LLC	DE	NIA	Cigna Health and Life Insurance Company	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		87-3686301				Hartford Community Lender I LLC	DE	NIA	Hartford Community Lender Holding LLC Connecticut General Life Insurance Company	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		52-2149519				Hazard Center Investment Company LLC	DE	NIA		Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		04-2992335				Healthbridge Reimbursement & Product Support, Inc.	MA	NIA	Priority Healthcare Corporation	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		26-2159005				Healthbridge, Inc.	DE	NIA	Express Scripts, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		46-2086778				Health-Lynx, LLC	NJ	NIA	Cigna Health and Life Insurance Company	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		06-1533555				Healthsource Benefits, Inc.	DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		02-0467679				Healthsource Properties, Inc.	NH	NIA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		02-0387748		0000855587		Healthsource, Inc.	DE	NIA	Cigna Health Corporation	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	12902	20-8534298				HealthSpring Life & Health Insurance Company, Inc.	TX	IA	NewQuest, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		20-8647386				HealthSpring Management of America, LLC	DE	NIA	NewQuest, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	11532	65-1129599				HealthSpring of Florida, Inc.	FL	IA	NewQuest, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		26-2353772				HealthSpring Pharmacy of Tennessee, LLC	DE	NIA	HealthSpring Pharmacy Services, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		26-2353476				HealthSpring Pharmacy Services, LLC	DE	NIA	NewQuest, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		72-1559530				HealthSpring USA, LLC	TN	NIA	NewQuest, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		20-1821898		0001339553		HealthSpring, Inc.	DE	NIA	Connecticut General Corporation Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		81-4139432				Heights at Bear Creek Venture LLC	DE	NIA		Ownership	90.000	Cigna Corporation		
.0901	Cigna Group		20-4266628				Home Physicians Management, LLC	DE	NIA	NewQuest, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		75-3108521				HouQuest, LLC	DE	NIA	NewQuest, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		37-1708015				Houston Briar Forest Apartments Limited Partnership	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	80.000	Cigna Corporation		
.0901	Cigna Group		95-4838551				Ideal Properties II LLC	CA	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	85.000	Cigna Corporation		
.0901	Cigna Group		35-2041388				IHN, Inc.	IN	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		00-0000000				Independent Health Information Technology Services L.L.C.	ARE	NIA	NAS Neuron Health Services, L.L.C.	Ownership	50.000	Cigna Corporation		
.0901	Cigna Group		82-1655179				Innovative Product Alignment, LLC	DE	NIA	Express Scripts, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		82-0658250				Inside RX, LLC	DE	NIA	Express Scripts, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		81-0425785				Intermountain Underwriters, Inc.	MT	NIA	Benefit Management Corp.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		00-0000000				International Pharmaceutical Solutions, GmbH	CHE	NIA		Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		84-3406799				JA Lofts Holdings, LLC	DE	NIA	Cigna Holdings Overseas, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		84-3395923				JA Lofts JV Limited Partnership	DE	NIA	JA Lofts JV Limited Partnership	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		00-0000000				Kuwait Emirates Administration Services WLL	KWT	NIA	CARING JA Lofts Investor LP LLC	Ownership	90.000	Cigna Corporation		
.0901	Cigna Group		00-0000000				KDM (Thailand) Limited	THA	NIA	NAS Administrative Services Company LLC	Ownership	90.000	Cigna Corporation		
.0901	Cigna Group		20-8064696				Kronos Optimal Health Company	AZ	NIA	RHP Thailand Limited	Ownership	99.900	Cigna Corporation		
.0901	Cigna Group		47-5292506				L&C Investments, LLC	DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		47-4375626				Lakehills CM-CG LLC	DE	NIA	Express Scripts, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		00-0000000				LINA Financial Service	KOR	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	90.000	Cigna Corporation		
.0901	Cigna Group		00-0000000				LINA Life Insurance Company of Korea	KOR	IA	Cigna Korea Chusik Heosa	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	65722	63-0343428				Loyal American Life Insurance Company	OH	IA	Cigna Chestnut Holdings, Ltd.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		58-2593075				Lynnfield Compounding Center, Inc.	FL	NIA	Cigna Health and Life Insurance Company	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		04-3546044				Lynnfield Drug, Inc.	FL	NIA	Priority Healthcare Corporation	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		27-1506930				MAH Pharmacy, LLC	DE	NIA	Priority Healthcare Corporation Medco Health Solutions, Inc.	Ownership	100.000	Cigna Corporation		

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

**SCHEDULE Y**

**PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Location	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Yes/No)	*
.0901	Cigna Group		80-0908244				Mallory Square Partners I, LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	80.000	Cigna Corporation		
.0901	Cigna Group		88-0241365				Managed Care Consultants, Inc.	NV	NIA	Cigna Health Corporation	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		51-0500147				Matrix GPO, LLC	IN	NIA	Priority Healthcare Corporation	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		59-3720653				Matrix Healthcare Services, Inc.	FL	NIA	MyMatrixx Holdings, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		06-1346406				MCC Independent Practice Association of New York, Inc.	NY	NIA	Evernorth Health, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		45-4937055				MDLive, Inc.	DE	NIA	Evernorth Health, Inc.	Ownership	97.230	Cigna Corporation		
.0901	Cigna Group		00-0000000				MDLive LLC	DE	NIA	MDLive, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		00-0000000				MDLivevisit, LLC	FL	NIA	MDLive, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		00-0000000				MDLive Provider Services, LLC	FL	NIA	MDLive, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	34720	13-3506395				Medco Containment Insurance Company of NY	NY	IA	Medco Health Solutions, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	63762	42-1425239				Medco Containment Life Insurance Company	PA	IA	Medco Health Solutions, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		27-3709630				Medco Europe II, LLC	DE	NIA	Medco Europe, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		46-2166374				Medco Europe, LLC	DE	NIA	Medco Health Solutions, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		84-5017653				Medco Health Information Network Partners, Inc.	DE	NIA	Medco Health Solutions, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		81-0616525				Medco Health Puerto Rico, LLC	DE	NIA	Medco Health Solutions, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		26-3544786				Medco Health Services, Inc.	DE	NIA	Medco Health Solutions, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		22-3461740				Medco Health Solutions, Inc.	DE	NIA	Evernorth Health, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		88-0334401				Mediversal, Inc.	NV	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		27-3801345				MedSolutions Holdings, Inc.	DE	NIA	eviCore 1, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		87-2810715				Montclair 11 Pine Operating Company LLC	DE	NIA	CARING Montclair Investor LLC	Ownership	90.000	Cigna Corporation		
.0901	Cigna Group		87-2810715				Montclair 11 Pine Urban Renewal LLC	DE	NIA	CARING Montclair Investor LLC	Ownership	90.000	Cigna Corporation		
.0901	Cigna Group		87-2772585				Montclair Residences JV LLC	DE	NIA	CARING Montclair Investor LLC	Ownership	90.000	Cigna Corporation		
.0901	Cigna Group		32-0071543				MSI Health Organization of Texas, Inc.	TX	NIA	eviCore healthcare MSI, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		27-5492993				MSI HT, LLC	TN	NIA	eviCore healthcare MSI, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		27-5493148				MSI LT, LLC	TN	NIA	eviCore healthcare MSI, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		27-5493321				MSI SAR-GW, LLC	TN	NIA	eviCore healthcare MSI, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		86-1090522				MSIAZ I, LLC	TN	NIA	eviCore healthcare MSI, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		20-1749733				MSICA I, LLC	TN	NIA	eviCore healthcare MSI, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		20-1222347				MSICO I, LLC	TN	NIA	eviCore healthcare MSI, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		55-0840800				MSIFL, LLC	TN	NIA	eviCore healthcare MSI, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		26-0181185				MSIMD I, LLC	TN	NIA	eviCore healthcare MSI, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		74-3122235				MSINC I, LLC	TN	NIA	eviCore healthcare MSI, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		11-3715243				MSINH II, LLC	TN	NIA	eviCore healthcare MSI, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		03-0524694				MSINH, LLC	TN	NIA	eviCore healthcare MSI, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		20-1749446				MSINU I, LLC	TN	NIA	eviCore healthcare MSI, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		20-1761914				MSINW I, LLC	TN	NIA	eviCore healthcare MSI, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		55-0840806				MSISC II, LLC	TN	NIA	eviCore healthcare MSI, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		26-0336736				MSIVT I, LLC	TN	NIA	eviCore healthcare MSI, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		20-2536458				MSIWA, LLC	TN	NIA	eviCore healthcare MSI, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		36-4833284				MyM Technology Services, LLC	FL	NIA	MyMatrixx Holdings, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		82-1350878				myMatrixx Holdings, LLC	DE	NIA	Express Scripts, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		46-2589799				myMatrixx-B, LLC	FL	NIA	Matrix Healthcare Services, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		00-0000000				NAS Administrative Services Company LLC	ARE	NIA	NAS Neuron Health Services, L.L.C.	Ownership	99.000	Cigna Corporation		
.0901	Cigna Group		00-0000000				NAS Neuron Health Services, L.L.C.	ARE	NIA	Cigna Chestnut Holdings, Ltd.	Ownership	34.000	Cigna Corporation		
.0901	Cigna Group		00-0000000				NAS United SPV	CYM	NIA	NAS Neuron Health Services, L.L.C.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		00-0000000				Neuron LLC	ARE	NIA	NAS Neuron Health Services, L.L.C.	Ownership	99.000	Cigna Corporation		
.0901	Cigna Group		52-1929677				NewQuest Management Northeast, LLC	DE	NIA	NewQuest, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		33-1033586				NewQuest Management of Alabama, LLC	AL	NIA	NewQuest, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		20-4954206				NewQuest Management of Florida, LLC	FL	NIA	NewQuest, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		77-0632665				NewQuest Management of Illinois, LLC	IL	NIA	NewQuest, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		45-0633893				NewQuest Management of West Virginia, LLC	DE	NIA	NewQuest, LLC	Ownership	100.000	Cigna Corporation		

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

**SCHEDULE Y**

**PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM**

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Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
.0901	Cigna Group		76-0628370				NewQuest, LLC	TX	NIA	HealthSpring, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		82-5244890				Octave Health Group, Inc.	DE	NIA	Cigna Ventures, LLC	Ownership	10.100	Cigna Corporation		
.0901	Cigna Group		91-1599329				Olympic Health Management Services, Inc.	WA	NIA	Olympic Health Management Systems, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		91-1500758				Olympic Health Management Systems, Inc.	WA	NIA	Sterling Life Insurance Company	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		00-0000000				OnePath Life (NZ) Limited	NZL	IA	Cigna New Zealand Holdings Limited	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		80-0818758				Patient Provider Alliance, Inc.	DE	NIA	Brighter, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		35-1927379				Priority Healthcare Corporation	IN	NIA	CuraScript, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		59-3761140				Priority Healthcare Distribution, Inc.	FL	NIA	Priority Healthcare Corp	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	67903	23-1335885				Provident American Life & Health Insurance Company	OH	UDP	Cigna National Health Insurance Company	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		00-0000000				PT GAR Indonesia	IDN	NIA	Cigna Holdings Overseas, Inc.	Ownership	99.160	Cigna Corporation		
.0901	Cigna Group		AA-5360003				PT Asuransi Cigna	IDN	IA	Cigna Worldwide Insurance Company	Ownership	99.999	Cigna Corporation		
.0901	Cigna Group		45-5046449				PUR Arbors Apartments Venture LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	87.500	Cigna Corporation		
.0901	Cigna Group		46-1801639				QualCare Management Resources Limited Liability Company	NJ	NIA	Cigna Health and Life Insurance Company	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		00-0000000				Qualient Pharmaceuticals Holdings LP	CYM	NIA	Cigna Spruce Holdings GmbH	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		00-0000000				Qualient Pharmaceuticals Health LLC	CYM	NIA	Qualient Pharmaceuticals Holdings LP	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		45-5569416				QPID Health, LLC	DE	NIA	eviCore healthcare MSI, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		00-0000000				RHP (Thailand) Limited	THA	NIA	Cigna Apac Holdings, Ltd.	Ownership	49.000	Cigna Corporation		
.0901	Cigna Group		83-1460134				Rise-CG Capitol Hill, LP	DE	NIA	CARING Capitol Hill LP LLC	Ownership	90.000	Cigna Corporation		
.0901	Cigna Group		84-3254168				Rise-CG JA Lofts Limited Partnership	DE	NIA	JA Lofts Holdings, LLC (.5%); JA Lofts JV Limited Partnership (99.5%)	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		35-1641636				Sagamore Health Network, Inc.	IN	NIA	Cigna Health Corporation	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		46-3593103				SB-SNH LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	85.000	Cigna Corporation		
.0901	Cigna Group		95-2876207				Secor Properties, LP	CA	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	50.000	South Coast Plaza Associates, LLC (non-affiliate)		
.0901	Cigna Group		82-1732483				SOMA Apartments Venture LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	90.000	Cigna Corporation		
.0901	Cigna Group		82-4405071				Specialty Products Acquisitions, LLC	DE	NIA	Medco Health Solutions, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		61-1317695				SpectraCare Health Care Ventures, Inc.	KY	NIA	SpectraCare, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		61-1147068				SpectraCare, Inc.	KY	NIA	Priority Healthcare Corp	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	77399	13-1867829				Sterling Life Insurance Company	IL	IA	Cigna Health and Life Insurance Company	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		47-2658932				Strategic Pharmaceutical Investments, LLC	DE	NIA	Priority Healthcare Corp	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		00-0000000				SureScripts, LLC	VA	NIA	Express Scripts, Inc. 16.7%/Medco Health Solutions, Inc. 16.7%	Ownership	33.400	Cigna Corporation		
.0901	Cigna Group		87-0903685				Swedesford Road Apartments, LLC	DE	NIA	CARING Berwyn Investor LLC	Ownership	68.600	Cigna Corporation		
.0901	Cigna Group		22-3474888				Systemed, LLC	DE	NIA	Medco Health Solutions, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		23-3074013				Tel-Drug of Pennsylvania, LLC	PA	NIA	Connecticut General Life Insurance Company	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		46-0427127				Tel-Drug, Inc.	SD	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		00-0000000				Temple Insurance Company Limited	BMU	IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		20-5524622				Tennessee Quest, LLC	TN	NIA	NewQuest, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		75-3108527				TexQuest, LLC	DE	NIA	NewQuest, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		85-1955731				The Flats at Interbay Holdings, LLC	DE	NIA	The Flats at Interbay JV Limited Partnership	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		85-1955075				The Flats at Interbay JV Limited Partnership	DE	NIA	CARING Interbay Investor LP LLC	Ownership	90.000	Cigna Corporation		
.0901	Cigna Group		85-1962013				The Flats at Interbay Limited Partnership	DE	NIA	The Flats at Interbay JV Limited Partnership	Ownership	99.500	Cigna Corporation		
.0901	Cigna Group		46-5264463				Trainer Rx, Inc.	DE	NIA	Cigna Ventures, LLC	Ownership	19.400	Cigna Corporation		
.0901	Cigna Group		00-0000000				Transwestern Federal, L.L.C.	DE	NIA	Transwestern Federal Holdings, L.L.C.	Ownership	7.616	Cigna Corporation		

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

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Location	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Yes/No)	*
.0901	Cigna Group		00-0000000				Transwestern Federal Holdings, L.L.C.	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	7.616	Cigna Corporation		
.0901	Cigna Group	65269	75-2305400				United Benefit Life Insurance Company	OH	RE	Provident American Life and Health Insurance Company	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		88-0344624				Universal Claims Administration	NV	NIA	Mediversal, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		98-0463704				Vielife Services, Inc.	DE	NIA	Cigna Global Wellbeing Holdings Limited	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		00-0000000				Verity Solutions Group, Inc.	DE	NIA	Cigna Health and Life Insurance Company	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		00-0000000				Westcore CG AC, LLC	DE	NIA	CARING Westcore Holding Investor LLC	Ownership	90.000	Cigna Corporation		
.0901	Cigna Group		84-3178563				Westcore CG Camelback, LLC	DE	NIA	CARING Westcore Holding Investor LLC	Ownership	90.000	Cigna Corporation		
.0901	Cigna Group		84-3178563				Westcore CG Cedar Port, LLC	DE	NIA	CARING Westcore Holding Investor LLC	Ownership	90.000	Cigna Corporation		
.0901	Cigna Group		00-0000000				Westcore CG Commerce, LLC	DE	NIA	CARING Westcore Holding Investor LLC	Ownership	90.000	Cigna Corporation		
.0901	Cigna Group		84-3178563				Westcore CG Dove Valley I, LLC	DE	NIA	CARING Westcore Holding Investor LLC	Ownership	90.000	Cigna Corporation		
.0901	Cigna Group		84-3178563				Westcore CG Dove Valley II, LLC	DE	NIA	CARING Westcore Holding Investor LLC	Ownership	90.000	Cigna Corporation		
.0901	Cigna Group		84-3178563				Westcore CG Fountain Lakes, LLC	DE	NIA	CARING Westcore Holding Investor LLC	Ownership	90.000	Cigna Corporation		
.0901	Cigna Group		84-3178563				Westcore CG Gateway, LLC	DE	NIA	CARING Westcore Holding Investor LLC	Ownership	90.000	Cigna Corporation		
.0901	Cigna Group		84-3178563				Westcore CG I-35, LLC	DE	NIA	CARING Westcore Holding Investor LLC	Ownership	90.000	Cigna Corporation		
.0901	Cigna Group		84-3178563				Westcore CG Mezz, LLC	DE	NIA	CARING Westcore Holding Investor LLC	Ownership	90.000	Cigna Corporation		
.0901	Cigna Group		84-3178563				Westcore CG Navy, LLC	DE	NIA	CARING Westcore Holding Investor LLC	Ownership	90.000	Cigna Corporation		
.0901	Cigna Group		84-3178563				Westcore CG Potomac Park, LLC	DE	NIA	CARING Westcore Holding Investor LLC	Ownership	90.000	Cigna Corporation		
.0901	Cigna Group		84-3178563				Westcore CG Solano, LLC	DE	NIA	CARING Westcore Holding Investor LLC	Ownership	90.000	Cigna Corporation		
.0901	Cigna Group		84-3178563				Westcore CG Susana, LLC	DE	NIA	CARING Westcore Holding Investor LLC	Ownership	90.000	Cigna Corporation		
.0901	Cigna Group		00-0000000				Westcore CG Venture, LLC	DE	NIA	CARING Westcore Holding Investor LLC	Ownership	90.000	Cigna Corporation		
.0901	Cigna Group		87-3624928				Westcore CG Venture II, LLC	DE	NIA	CARING Westcore Holding II Investor LLC	Ownership	90.000	Cigna Corporation		
.0901	Cigna Group		87-3624928				Westcore CG II AC, LLC	DE	NIA	CARING Westcore Holding II Investor LLC	Ownership	90.000	Cigna Corporation		
.0901	Cigna Group		87-3624928				Westcore CG II Park 225, LLC	DE	NIA	CARING Westcore Holding II Investor LLC	Ownership	90.000	Cigna Corporation		
.0901	Cigna Group		85-3567364				Westcore Realty CG Avondale, LLC	DE	NIA	CARING Avondale Investor LLC	Ownership	90.000	Cigna Corporation		
.0901	Cigna Group		00-0000000				Willow DSP LLC	DE	NIA	Accredo Health, Incorporated	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group		00-0000000				YCFM Servicios LTDA	BRA	NIA	Cigna Global Holdings, Inc.	Ownership	35.320	Cigna Corporation		

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

**SCHEDULE Y**

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
	46-2332355	1EQ Inc. (d/b/a Babyscripts)										
	00-0000000	680 Investors LLC										
	00-0000000	685 New Hampshire LLC										
	82-4794800	9171 Wilshire CPI-CII LLC										
	85-1046126	ABS Apartments Venture, L.L.C.										
	11-3358535	Accredo Health Group, Inc.										
	55-0894449	Accredo Health, Incorporated										
	13-3888838	AHG of New York, Inc.										
	75-3040465	Airport Holdings, LLC										
	35-2562415	Alegis Care Services, LLC										
	85-0909305	Alegis Care Services of Colorado, LLC										
	81-0400550	Allegiance Benefit Plan Management, Inc.					14,483,677				14,483,677	
	03-0507057	Allegiance Care Management, LLC					86,979				86,979	
	71-0916514	Allegiance COBRA Services, Inc.					570				570	
12814	20-4433475	Allegiance Life & Health Insurance Company					(2,620,034)	(75,513)			(2,695,547)	63,459
	26-2201582	Allegiance Provider Direct, LLC										
	20-3851464	Allegiance Re, Inc.										
88366	59-2760189	American Retirement Life Insurance Company		(30,000,000)			(19,474,183)				(49,474,183)	
	82-3315524	Arbor Heights Venture LLC										
	46-4080861	AristaMD, Inc.										
	86-3581583	Arizona Health Plan, Inc.										
	00-0000000	Ascent Health Services LLC					(355,124)				(355,124)	
	86-1750832	ASM Apartments Venture, L.L.C.										
	81-0585518	Benefit Management Corp.	(10,000,000)								(10,000,000)	
	81-2650133	Berewick Apartments LLC										
	43-1815573	Biopartners in Care, Inc.										
	06-1522976	Blodget & Hazard Limited										
10095	52-2259087	Bravo Health Mid-Atlantic, Inc.		15,000,000			(23,636,365)				(8,636,365)	
11524	52-2363406	Bravo Health Pennsylvania, Inc.					(113,777,153)				(113,777,153)	
	00-0000000	Breakthrough Behavioral, Inc.										
	00-0000000	Breakthrough Behavioral of Texas, Inc.										
	27-1713977	Brighter, Inc.					5,096,467				5,096,467	
	46-4918521	Buoy Health, Inc.										
	61-1162797	Care Continuum, Inc.										
	85-0954556	CareAllies Accountable Care Collaborative LLC										
	85-0935554	CareAllies Accountable Care Network LLC										
	00-0000000	CareAllies Accountable Care Solutions LLC										
	26-0180898	CareAllies, Inc.	(10,000,000)				(13,518)				(10,013,518)	
	81-2760646	CareAllies, LLC										
10144	20-1089572	CareCore NJ, LLC										

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

**SCHEDULE Y**

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
	45-2681649	CarePlexus, LLC										
	83-1400586	CARING 18th & Salmon Investor LLC										
	83-2562994	CARING 500 Ygnacio Investor LLC										
	84-1960231	CARING 3130 Investor LLC										
	83-2318410	CARING 9171 Wilshire Investor LLC										
	85-4247420	CARING ABS Investor LLC										
	83-2851501	CARING Alta Duraleigh Investor LLC										
	83-2851501	CARING Alta Englewood Investor LLC										
	85-2966766	CARING Alta Leander Investor LLC										
	83-2563284	CARING Alta Woodson Investor LLC										
	85-2966766	CARING Avondale Investor LLC										
	87-1992977	CARING Berwyn Investor LLC										
	32-0570889	CARING Capitol Hill GP LLC										
	37-1903297	CARING Capitol Hill LP LLC										
	83-2851364	CARING Century Plaza Investor LLC										
	85-4265529	CARING Deco Investor LLC										
	85-2912145	CARING Elan I Investor LLC										
	87-0928526	CARING Elan II Investor LLC										
	83-3701937	CARING Firestone Investor LLC										
	00-0000000	CARING JA Lofts Investor LP LLC										
	00-0000000	CARING JA Lofts Investor GP LLC										
	83-2318233	CARING Heights at Bear Creek Investor LLC										
	83-1400482	CARING Hillcrest Investor LLC										
	84-4410554	CARING IBP Investor LLC										
	85-1961034	CARING Interbay Investor GP LLC										
	85-1984627	CARING Interbay Investor LP LLC										
	83-2339522	CARING Mallory Square Investor LLC										
	85-4265529	CARING Montclair Investor LLC										
	83-2563138	CARING Soma Investor LLC										
	83-2633790	CARING Alexan Enclave Investor LLC										
	83-2633886	CARING Orange Collection Investor LLC										
	83-8294933	CARING South Coast Subsidiary LLC										
	86-1942593	CARING St. Matthew's Investor LLC										
	38-4085763	CARING Westcore Holding Investor LLC										
	87-3646420	CARING Westcore Holding II Investor LLC										
	83-3923178	CARING XR International Investor LLC										
	83-4317078	CARING XR 2 International Investor LLC										
	84-1843578	CGGL XR 2 International JV LLC										
	84-1843578	CGGL XR 2 International Mezz LLC										
	45-2604992	CCN NMO, LLC										
	33-1039759	CCN-WNY IPA, LLC						(7,788)			(7,788)	
	34-1970892	Ceres Sales of Ohio, LLC						(6,569)			(6,569)	
	06-1332403	CG Individual Tax Benefit Payments, Inc.						(391)			(391)	

54.1

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

**SCHEDULE Y**

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
	06-1332405	CG Life Pension Benefits Payments, Inc.										
	06-1332401	CG LINA Pension Benefits Payments, Inc.										
	84-2083351	CG-AQ 477 South Market Street LLC										
	84-4773972	CG-LEDO IBP Venture LLC										
	84-4747045	CG-LEDO IBP I LLC										
	84-4755025	CG-LEDO IBP II LLC										
	83-2993316	CG-Muller 550 Winchester, LLC										
	45-5499889	CG Seventh Street, LLC										
	85-0734624	CG/Wood Alta Duraleigh, LLC										
	85-0655107	CG/Wood Alta Duraleigh Owner, LLC										
	87-2928401	CG/Wood Alta Duraleigh Townhome, LLC										
	82-1280312	CG/Wood Alta 601, LLC										
	85-2233381	CG/Wood Alta Leander Station, LLC										
	81-3313562	CGGL City Parkway LLC										
	61-1797835	CGGL Orange Collection LLC										
	00-0000000	CGGL Orange Collection Mezz LLC										
	84-1921719	CGGL XR International LLC										
	84-1843578	CGGL XR 2 International LLC										
	00-0000000	CGO Participatos LTDA										
	59-3466707	Chiro Alliance Corporation										
	81-3389374	CIG-LEI Ygnacio Associates LLC										
	86-2964997	CI-GS Elan Everett Phase I, LLC										
	86-3726159	CI-GS Elan Everett Phase II, LLC										
	82-4774243	CI-GS Portland, LLC										
	82-1612980	CI-GS Hillcrest LLC										
	00-0000000	Cigna & CMB Asset Management Company Limited										
	00-0000000	Cigna & CMB Health Services Company, Ltd.										
	00-0000000	Cigna & CMB Life Insurance Company Limited	(19,247,233)	86,776,604							67,529,371	
	00-0000000	CIGNA 2000 UK Pension LTD										
	27-5402196	Cigna Affiliates Realty Investment Group, LLC		27,019,004							27,019,004	
	00-0000000	Cigna Alder Holdings, LLC										
	00-0000000	Cigna Apac Holdings, Ltd.										
13733	03-0452349	Cigna Arbor Life Insurance Company		500,000			(3,352)				496,648	
	98-1181787	Cigna Beechwood Holdings										
	00-0000000	Cigna Bellevue Alpha LLC										
	02-0515554	Cigna Benefit Technology Solutions, Inc.										
	01-0947889	Cigna Benefits Financing, Inc.					1,245,924				1,245,924	
	00-0000000	Cigna Brokerage & Marketing (Thailand) Limited										
	00-0000000	Cigna Cedar Holdings, Ltd.										

54.2

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

**SCHEDULE Y**

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
	98-1137759	Cigna Chestnut Holdings, Ltd.										
	27-3396038	Cigna Corporate Services, LLC										
	82-4991898	Cigna Corporation (A Delaware corporation and ultimate parent company)	2,751,000,000								2,751,000,000	
	00-0000000	Cigna Data Services (Shanghai) Company Limited										
	59-2600475	Cigna Dental Health Of California, Inc.	(13,000,000)				757,187				(12,242,813)	
11175	59-2675861	Cigna Dental Health Of Colorado, Inc.	(2,000,000)				(1,030,579)				(3,030,579)	
95380	59-2676987	Cigna Dental Health Of Delaware, Inc.					(17,587)				(17,587)	
52021	59-1611217	Cigna Dental Health Of Florida, Inc.	(7,000,000)				(4,218,546)				(11,218,546)	
	06-1351097	Cigna Dental Health of Illinois, Inc.										
52024	59-2625350	Cigna Dental Health Of Kansas, Inc.	(250,000)				(218,680)				(468,680)	
52108	59-2619589	Cigna Dental Health Of Kentucky, Inc.	(3,000,000)				(1,248,294)				(4,248,294)	
48119	20-2844020	Cigna Dental Health Of Maryland, Inc.	(2,750,000)				(1,038,381)				(3,788,381)	
11160	06-1582068	Cigna Dental Health Of Missouri, Inc.	(1,200,000)				(541,091)				(1,741,091)	
11167	59-2308062	Cigna Dental Health Of New Jersey, Inc.	(1,189,000)				(1,760,923)				(2,949,923)	
95179	56-1803464	Cigna Dental Health Of North Carolina, Inc.					(723,113)				(723,113)	
47805	59-2579774	Cigna Dental Health Of Ohio, Inc.	(2,500,000)				(994,312)				(3,494,312)	
47041	52-1220578	Cigna Dental Health Of Pennsylvania, Inc.										
			(1,900,000)				(735,138)				(2,635,138)	
95037	59-2676977	Cigna Dental Health Of Texas, Inc.	(9,000,000)				(4,861,215)				(13,861,215)	
52617	52-2188914	Cigna Dental Health Of Virginia, Inc.	(1,275,000)				(685,912)				(1,960,912)	
47013	86-0807222	Cigna Dental Health Plan Of Arizona, Inc.										
			(4,100,000)				997,877				(3,102,123)	
	59-2308055	Cigna Dental Health, Inc.	(14,836,000)				30,717,715				15,881,715	
	58-1136865	Cigna Direct Marketing Company, Inc.										
	98-1155943	Cigna Elmwood Holdings, SPRL										
	00-0000000	Cigna Europe Insurance Company S.A.-N.V.										
	00-0000000	Cigna European Services (UK) Limited										
	62-1724116	Cigna Federal Benefits, Inc.										
	51-0389196	Cigna Global Holdings, Inc.	(125,658,651)	140,200,000			(2,974)				14,538,375	
	68-0676638	Cigna Global Insurance Company Limited						(2,872,369)			(2,872,369)	
	98-0210110	Cigna Global Reinsurance Company, Ltd.	(9,951,000)				(44,833)	(34,390,801)			(44,386,634)	(112,104,769)
	00-0000000	Cigna Global Wellbeing Holdings Limited										
	00-0000000	Cigna Global Wellbeing Solutions Limited		14,878,125							14,878,125	
67369	59-1031071	Cigna Health and Life Insurance Company	(2,416,541,714)	(32,932,903)			179,323,782	46,099,615			(2,224,051,220)	74,029,664
	62-1312478	Cigna Health Corporation	(104,000,000)				73,675,384				(30,324,616)	
	23-1728483	Cigna Health Management, Inc.					31,866,134				31,866,134	
	00-0000000	Cigna Health Solution India Pvt. Ltd.										
	23-2741293	Cigna Healthcare Benefits, Inc.										
	84-0985843	Cigna Healthcare Holdings, Inc.										
95599	52-1404350	Cigna HealthCare Mid-Atlantic, Inc.										
95125	86-0334392	Cigna HealthCare of Arizona, Inc.		55,000,000			(21,810,391)	(161,470)			33,028,139	1,446,088

54.3

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

**SCHEDULE Y**

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
	95-3310115	Cigna HealthCare of California, Inc.	115,000,000				(31,264,931)	(3,873,957)			79,861,112	9,760,444
95604	84-1004500	Cigna HealthCare of Colorado, Inc.		8,000,000		(184,375)	(5,458,751)	(57,980)			2,298,894	36,222
95660	06-1141174	Cigna HealthCare of Connecticut, Inc.					(504,246)	(1,180)			(505,426)	737
95136	59-2089259	Cigna HealthCare of Florida, Inc.					(302,854)	(105,020)			(407,874)	65,610
96229	58-1641057	Cigna HealthCare of Georgia, Inc.		80,000,000		(28,750)	(47,078,135)	(32,996)			32,860,119	32,037
95602	36-3385638	Cigna HealthCare of Illinois, Inc.					(9,575,284)	(861,132)			(10,436,416)	1,667,959
95525	35-1679172	Cigna HealthCare of Indiana, Inc.					(8,779)	(1,360)			(10,139)	850
95477	01-0418220	Cigna HealthCare of Maine, Inc.										
95220	02-0402111	Cigna HealthCare of Massachusetts, Inc.										
95493	02-0387749	Cigna HealthCare of New Hampshire, Inc.					(9,686)				(9,686)	
95500	22-2720890	Cigna HealthCare of New Jersey, Inc.					(59,434)	(18,060)			(77,494)	11,283
95132	56-1479515	Cigna HealthCare of North Carolina, Inc.		45,000,000			(45,703,210)	(3,523,071)			(4,226,281)	3,175,435
95121	23-2301807	Cigna HealthCare of Pennsylvania, Inc.										
95708	06-1185590	Cigna HealthCare of South Carolina, Inc.		5,000,000			(10,785,098)	(4,380)			(5,789,478)	2,736
95635	36-3359925	Cigna HealthCare of St. Louis, Inc.		3,000,000			(4,641,382)	(46,580)			(1,687,962)	29,100
95606	62-1218053	Cigna HealthCare of Tennessee, Inc.					(1,994,406)				(1,994,406)	428,260
95383	74-2767437	Cigna HealthCare of Texas, Inc.	(15,000,000)				(4,108,008)	(149,259)			(19,257,267)	887,745
95518	62-1230908	Cigna HealthCare of Utah, Inc.										
	02-0495422	Cigna Healthcare, Inc.					25,983				25,983	
	00-0000000	Cigna HLA Technology Services Company Limited										
	06-1059331	Cigna Holding Company	135,609,651	(800,000,000)		213,125	(8,381)				(664,185,605)	
	23-3009279	Cigna Holdings Overseas, Inc.										
	06-1072796	Cigna Holdings, Inc.		(421,700,000)			(20,778)				(421,720,778)	
	00-0000000	Cigna Hong Kong Holdings Company Limited										
	27-1903785	Cigna Insurance Agency, LLC										
	00-0000000	Cigna Insurance Management Services (DIFC), Ltd.										
	00-0000000	Cigna Insurance Middle East S.A.L.					4,692,032				4,692,032	
	00-0000000	Cigna Insurance Public Company Limited										
	00-0000000	Cigna Insurance Services (Europe) Limited										
	23-2924152	Cigna Integratedcare, Inc.										
	51-0402128	Cigna Intellectual Property, Inc.										
	51-0111677	Cigna International Corporation, Inc.					(7,355,064)				(7,355,064)	
	52-0291385	Cigna International Finance, Inc.										
	00-0000000	Cigna International Health Services Kenya Limited										
	00-0000000	Cigna International Health Services Sdn. Bhd.										
	00-0000000	Cigna International Health Services, BVBA										
	30-0526216	Cigna International Health Services, LLC										

54.4

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

**SCHEDULE Y**

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
	00-0000000	Cigna International Marketing (Thailand) Limited										
	00-0000000	Cigna International Services Australia Pty Ltd.										
	23-2610178	Cigna International Services, Inc.										
	06-1095823	Cigna Investment Group, Inc.					(1,474)				(1,474)	
	06-0861092	Cigna Investments, Inc.					42,756,575				42,756,575	
	00-0000000	Cigna Korea Chusik Heosa (A/K/A Cigna Korea Company Limited)										
	98-1146864	Cigna Laurel Holdings, Ltd.										
	00-0000000	Cigna Legal Protection U.K. Ltd.										
	AA-1560515	Cigna Life Insurance Company of Canada					(5,533,063)				(5,533,063)	
	AA-1240009	Cigna Life Insurance Company of Europe S.A.-N.V.					737,104				737,104	
	00-0000000	Cigna Life Insurance New Zealand Limited										
	46-4110289	Cigna Linden Holdings, Inc.										
	98-1232512	Cigna Magnolia Holdings, Ltd.										
	23-2741294	Cigna Managed Care Benefits Company					23,852,335				23,852,335	
	89-3374500	Cigna Management Company LLC										
	98-1154657	Cigna Myrtle Holdings, Ltd.										
61727	34-0970995	Cigna National Health Insurance Company					(6,643,889)				(6,643,889)	
	00-0000000	Cigna Nederland Gamma B.V.										
	00-0000000	Cigna New Zealand Holdings Limited										
	00-0000000	Cigna Oak Holdings, Ltd.										
	98-1232443	Cigna Palmetto Holdings, Ltd.										
	46-4099800	Cigna Poplar Holdings, Inc.										
	06-1071502	Cigna RE Corporation										
	06-1567902	Cigna Resource Manager, Inc.										
	00-0000000	Cigna Saglik Hayat ve Emeklilik A.S.										
	00-0000000	Cigna Services Middle East FZE										
	00-0000000	Cigna Spruce Holdings GmbH										
	00-0000000	Cigna Taiwan Life Assurance Company Limited										2,383,992
	00-0000000	Cigna Teak Holdings, LLC										
	00-0000000	Cigna Turkey Danismanlik Hizmetleri, A.S (A/K/A Cigna Turkey Consultancy Services, A.S.)										
	83-1069280	Cigna Ventures, LLC	(35,000,000)	93,044,208							58,044,208	
	00-0000000	Cigna Walnut Holdings, Ltd.										
	00-0000000	Cigna Willow Holdings, Ltd.										
	00-0000000	Cigna Worldwide General Insurance Company Limited										
90859	23-2088429	Cigna Worldwide Insurance Company					141,909				141,909	6,162,940

54.5

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

**SCHEDULE Y**

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
	00-0000000	Cigna Worldwide Life Insurance Company Limited										
	00-0000000	Claims and Risk Services Limited										
	00-0000000	ManipalCigna Health Insurance Company Limited										
	84-1461840	Community Health Network, LLC										
	06-1252419	Connecticut General Benefit Payments, Inc.										
	06-0840391	Connecticut General Corporation	61,000,000	757,097,932							818,097,932	
62308	06-0303370	Connecticut General Life Insurance Company	(50,000,000)	4,999,446			(13,584,371)	75,513			(58,509,412)	(63,459)
	82-4936006	CPI-CII 9171 Wilshire JV LLC										
	27-3555688	CR Washington Street Investors LP										
	36-4369972	CuraScript, Inc.										
	86-1305728	Deco Apartments JV LLC										
	86-1334095	Deco Apartments Owner LLC										
	16-1526641	Diversified NY IPA, Inc.										
	41-1627938	Diversified Pharmaceutical Services, Inc.										
	27-3542089	Econdisc Contracting Solutions, LLC										
	00-0000000	Egyptian Emirates Administration Services SAE										
	00-0000000	ESI Canada										
	00-0000000	ESI GP Canada ULC										
	43-1925556	ESI GP Holdings, Inc.										
	00-0000000	ESI GP2 Canada ULC										
	74-2974964	ESI Mail Order Processing, Inc. (f/k/a NXI)										
	43-1867735	ESI Mail Pharmacy Service, Inc.										
	43-1925562	ESI Partnership										
	41-2006555	ESI Resources, Inc.										
	94-3107309	Evernorth Behavioral Health of California, Inc.					(52,095)				(52,095)	
	75-2751090	Evernorth Behavioral Health of Texas, Inc.					(173,017)				(173,017)	
	41-1648670	Evernorth Behavioral Health, Inc.	(29,000,000)				(396,059,713)				(425,059,713)	
	86-1465626	Evernorth Care Solutions, Inc.										
	32-0222252	Evernorth Direct Health, LLC					(7,424)				(7,424)	
	85-2732455	Evernorth Enterprise Services, Inc.										
	85-2759151	Evernorth Sales Operations, Inc.										
	85-2717903	Evernorth Strategic Development, Inc.										
	46-4676347	eviCore 1, LLC										
	62-1615395	eviCore healthcare MSI, LLC					(17,099)				(17,099)	
13918	27-3175443	Express Reinsurance Company										

54.6

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

**SCHEDULE Y**

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
	41-2063830	Express Scripts Administrators LLC										
	00-0000000	Express Scripts Canada Co.										
	43-1942542	Express Scripts Canada Holding Co.										
	27-1490640	Express Scripts Canada Holding, LLC										
	00-0000000	Express Scripts Canada Services										
	00-0000000	Express Scripts Canada Wholesale										
	84-5003423	Express Scripts Health Information Network Partners, Inc.										
	45-2884094	Evernorth Health, Inc.					(498,961)				(498,961)	
	20-5826948	Express Scripts Pharmaceutical Procurement, LLC										
	00-0000000	Express Scripts Pharmacy Atlantic, Ltd.										
	00-0000000	Express Scripts Pharmacy Central, Ltd.										
	00-0000000	Express Scripts Pharmacy Ontario, Ltd.										
	00-0000000	Express Scripts Pharmacy West, Ltd.										
	30-0789911	Express Scripts Pharmacy, Inc.										
	22-3114423	Express Scripts Sales Operations, Inc.										
	20-3126104	Express Scripts Senior Care Holdings, Inc.										
	20-3126075	Express Scripts Senior Care, Inc.										
	43-1832983	Express Scripts Services Co.										
	43-1869712	Express Scripts Specialty Distribution Services, Inc.										
	22-2230703	Express Scripts Strategic Development, Inc.										
	43-1869714	Express Scripts Utilization Management Company										
	43-1420563	Express Scripts, Inc.					146,897,802				146,897,802	
	00-0000000	FirstAssist Administration Limited										
	23-1914061	Former Cigna Investments, Inc.					(65,288)				(65,288)	
	02-0523249	Freco, Inc.										
	20-3229217	Freedom Service Company, LLC										
	00-0000000	Gillette Ridge Community Council, Inc.										
	20-3700105	Gillette Ridge Golf, LLC										
95388	93-1174749	Great-West Healthcare of Illinois, Inc.										
	00-0000000	GRG Acquisitions LLC			(93,469)						(93,469)	
	00-0000000	Grown Ups New Zealand Limited										
	76-0657035	GulfQuest, LP	3,000,000				425,063,496				428,063,496	
	87-3650143	Hartford Community Lender Holding LLC										
	87-3686301	Hartford Community Lender I LLC										
	52-2149519	Hazard Center Investment Company LLC										
	04-2992335	Healthbridge Reimbursement & Product Support, Inc.										
	26-2159005	Healthbridge, Inc.										

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

**SCHEDULE Y**

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
	46-2086778	Health-Lynx, LLC										
	06-1533555	Healthsource Benefits, Inc.										
	02-0467679	Healthsource Properties, Inc.										
	02-0387748	Healthsource, Inc.	(100,000,000)								(100,000,000)	
12902	20-8534298	HealthSpring Life & Health Insurance Company, Inc.	79,000,000				(753,233,064)				(674,233,064)	
	20-8647386	HealthSpring Management of America, LLC					153,209,750				153,209,750	
11532	65-1129599	HealthSpring of Florida, Inc.	13,000,000				(109,195,474)				(96,195,474)	
	26-2353772	HealthSpring Pharmacy of Tennessee, LLC										
	26-2353476	HealthSpring Pharmacy Services, LLC										
	72-1559530	HealthSpring USA, LLC					191,343,183				191,343,183	
	20-1821898	HealthSpring, Inc.					(2,334,711)				(2,334,711)	
	81-4139432	Heights at Bear Creek Venture LLC										
	20-4266628	Home Physicians Management, LLC										
	75-3108521	HouQuest, LLC										
	37-1708015	Houston Briar Forest Apartments Limited Partnership										
	95-4838551	Ideal Properties II LLC										
	35-2041388	IHN, Inc.					(1,719)				(1,719)	
	00-0000000	Independent Health Information Technology Services L.L.C.										
	82-1655179	Innovative Product Alignment, LLC										
	82-0658250	Inside RX, LLC										
	81-0425785	Intermountain Underwriters, Inc.					41,669				41,669	
	00-0000000	International Pharmaceutical Solutions, GmbH										
	84-3406799	JA Lofts Holdings, LLC										
	84-3395923	JA Lofts JV Limited Partnership										
	00-0000000	Kuwait Emirates Administration Services WLL										
	00-0000000	KDM (Thailand) Limited										
	20-8064696	Kronos Optimal Health Company					64,041				64,041	
	47-5292506	L&C Investments, LLC										
	47-4375626	Lakehills CM-CG LLC										
	00-0000000	LINA Financial Service										
	00-0000000	LINA Life Insurance Company of Korea										11,983,667
65722	63-0343428	Loyal American Life Insurance Company		(35,000,000)			(54,795,787)				(89,795,787)	
	58-2593075	Lynnfield Compounding Center, Inc.										
	04-3546044	Lynnfield Drug, Inc.										
	27-1506930	MAH Pharmacy, LLC										
	80-0908244	Mallory Square Partners I, LLC										
	88-0241365	Managed Care Consultants, Inc.										
	51-0500147	Matrix GPO, LLC										
	59-3720653	Matrix Healthcare Services, Inc.										

54.8

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

**SCHEDULE Y**

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
	06-1346406	MCC Independent Practice Association of New York, Inc.										
	45-4937055	MDLive, Inc.										
	00-0000000	MDLive LLC										
	00-0000000	MDLivevisit, LLC										
	00-0000000	MDLive Provider Services, LLC										
34720	13-3506395	Medco Containment Insurance Company of NY										
63762	42-1425239	Medco Containment Life Insurance Company	(26,800,000)				(9,066,928)				(9,066,928)	
	27-3709630	Medco Europe II, LLC					(155,936,311)				(182,736,311)	
	46-2166374	Medco Europe, LLC										
	84-5017653	Medco Health Information Network Partners, Inc.										
	81-0616525	Medco Health Puerto Rico, LLC										
	26-3544786	Medco Health Services, Inc.										
	22-3461740	Medco Health Solutions, Inc.	26,800,000								26,800,000	
	88-0334401	Mediversal, Inc.										
	27-3801345	MedSolutions Holdings, Inc.										
	87-2810715	Montclair 11 Pine Operating Company LLC										
	87-2810715	Montclair 11 Pine Urban Renewal LLC										
	87-2772585	Montclair Residences JV LLC										
	32-0071543	MSI Health Organization of Texas, Inc.										
	27-5492993	MSI HT, LLC										
	27-5493148	MSI LT, LLC										
	27-5493321	MSI SAR-GW, LLC										
	86-1090522	MSIAZ I, LLC										
	20-1749733	MSICA I, LLC										
	20-1222347	MSICO I, LLC										
	55-0840800	MSIFL, LLC										
	26-0181185	MSIMD I, LLC										
	74-3122235	MSINC I, LLC										
	11-3715243	MSINH II, LLC										
	03-0524694	MSINH, LLC										
	20-1749446	MSINJ I, LLC										
	20-1761914	MSINV I, LLC										
	55-0840806	MSISC II, LLC										
	26-0336736	MSIVT I, LLC										
	20-2536458	MSIWA, LLC										
	36-4833284	MyM Technology Services, LLC										
	82-1350878	myMatrixx Holdings, LLC										
	46-2589799	myMatrixx-B, LLC										
	00-0000000	NAS Administrative Services Company LLC										
	00-0000000	NAS Neuron Health Services, L.L.C.										
	00-0000000	NAS United SPV										

54.9

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

**SCHEDULE Y**

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
	00-0000000	Neuron LLC										
	52-1929677	NewQuest Management Northeast, LLC					160,583,978				160,583,978	
	33-1033586	NewQuest Management of Alabama, LLC		40,000,000			270,639,430				310,639,430	
	20-4954206	NewQuest Management of Florida, LLC	25,000,000				89,260,876				114,260,876	
	77-0632665	NewQuest Management of Illinois, LLC					30,486,063				30,486,063	
	45-0633893	NewQuest Management of West Virginia, LLC										
	76-0628370	NewQuest, LLC	(121,500,000)	(55,000,000)			(832,388)				(177,332,388)	
	82-5244890	Octave Health Group, Inc.										
	91-1599329	Olympic Health Management Services, Inc.										
	91-1500758	Olympic Health Management Systems, Inc.										
	00-0000000	OnePath Life (NZ) Limited										
	80-0818758	Patient Provider Alliance, Inc.										
	35-1927379	Priority Healthcare Corporation										
	59-3761140	Priority Healthcare Distribution, Inc.										
67903	23-1335885	Provident American Life & Health Insurance Company					(195,246)				(195,246)	
	00-0000000	PT GAR Indonesia										
	AA-5360003	PT Asuransi Cigna										
	45-5046449	PUR Arbors Apartments Venture LLC										
	46-1801639	QualCare Management Resources Limited Liability Company					(270)				(270)	
	00-0000000	Quallent Pharmaceuticals Holdings LP										
	00-0000000	Quallent Pharmaceuticals Health LLC										
	45-5569416	QPID Health, LLC										
	00-0000000	RHP (Thailand) Limited										
	83-1460134	Rise-CG Capitol Hill, LP										
	84-3254168	Rise-CG JA Lofts Limited Partnership										
	35-1641636	Sagamore Health Network, Inc.					973,115				973,115	
	46-3593103	SB-SNH LLC										
	95-2876207	Secor Properties, LP										
	82-1732483	SOMA Apartments Venture LLC										
	82-4405071	Specialty Products Acquisitions, LLC										
	61-1317695	SpectraCare Health Care Ventures, Inc.										
	61-1147068	SpectraCare, Inc.										
77399	13-1867829	Sterling Life Insurance Company	(9,211,053)	(788,947)			(2,017,272)				(12,017,272)	
	47-2658932	Strategic Pharmaceutical Investments, LLC										
	00-0000000	SureScripts, LLC										
	87-0903685	Swedesford Road Apartments, LLC										
	22-3474888	Systemed, LLC										
	23-3074013	Tel-Drug of Pennsylvania, LLC					(354)				(354)	
	46-0427127	Tel-Drug, Inc.	(45,000,000)				(5,948)				(45,005,948)	
	00-0000000	Temple Insurance Company Limited					(37,664)				(37,664)	

54.10

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

**SCHEDULE Y**

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
	20-5524622	Tennessee Quest, LLC	1,500,000								1,500,000	
	75-3108527	TexQuest, LLC										
	85-1955731	The Flats at Interbay Holdings, LLC										
	85-1955075	The Flats at Interbay JV Limited Partnership										
	85-1962013	The Flats at Interbay Limited Partnership										
	46-5264463	Trainer Rx, Inc.										
	00-0000000	Transwestern Federal, L.L.C.										
	00-0000000	Transwestern Federal Holdings, L.L.C.										
65269	75-2305400	United Benefit Life Insurance Company					(26,634)				(26,634)	
	88-0344624	Universal Claims Administration										
	98-0463704	Vielife Services, Inc.										
	00-0000000	Verity Solutions Group, Inc.	(20,000,000)								(20,000,000)	
	00-0000000	Westcore CG AC, LLC										
	84-3178563	Westcore CG Camelback, LLC										
	84-3178563	Westcore CG Cedar Port, LLC										
	00-0000000	Westcore CG Commerce, LLC										
	84-3178563	Westcore CG Dove Valley I, LLC										
	84-3178563	Westcore CG Dove Valley II, LLC										
	84-3178563	Westcore CG Fountain Lakes, LLC										
	84-3178563	Westcore CG Gateway, LLC										
	84-3178563	Westcore CG I-35, LLC										
	84-3178563	Westcore CG Mezz, LLC										
	84-3178563	Westcore CG Navy, LLC										
	84-3178563	Westcore CG Potomac Park, LLC										
	84-3178563	Westcore CG Solano, LLC										
	84-3178563	Westcore CG Susana, LLC										
	00-0000000	Westcore CG Venture, LLC										
	87-3624928	Westcore CG Venture II, LLC										
	87-3624928	Westcore CG II AC, LLC										
	87-3624928	Westcore CG II Park 225, LLC										
	85-3567364	Westcore Realty CG Avondale, LLC										
	00-0000000	Willow DSP LLC										
	00-0000000	YCFM Servicos LTDA										
9999999	Control Totals								XXX			

54.11

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

**SCHEDULE Y**

**PART 3 - ULTIMATE CONTROLLING PARTY AND LISTING OF OTHER U.S. INSURANCE GROUPS OR ENTITIES UNDER THAT ULTIMATE CONTROLLING PARTY'S CONTROL**

1 Insurers in Holding Company	2 Owners with Greater Than 10% Ownership	3 Ownership Percentage Column 2 of Column 1	4 Granted Disclaimer of Control/ Affiliation of Column 2 Over Column 1 (Yes/No)	5 Ultimate Controlling Party	6 U.S. Insurance Groups or Entities Controlled by Column 5	7 Ownership Percentage (Column 5 of Column 6)	8 Granted Disclaimer of Control/ Affiliation of Column 5 Over Column 6 (Yes/No)
Allegiance Life & Health Insurance Company	Benefit Management Corp.	95.000	NO	Cigna Corporation	Cigna Group	100.000	NO
American Retirement Life Insurance Company	Loyal American Life Insurance Company	100.000	NO	Cigna Corporation	Cigna Group	100.000	NO
Bravo Health Mid-Atlantic, Inc.	NewQuest Management Northeast, LLC	100.000	NO	Cigna Corporation	Cigna Group	100.000	NO
Bravo Health Pennsylvania, Inc.	NewQuest Management Northeast, LLC	100.000	NO	Cigna Corporation	Cigna Group	100.000	NO
CareCore NJ, LLC	eviCore healthcare MSI, LLC	100.000	NO	Cigna Corporation	Cigna Group	100.000	NO
Cigna Arbor Life Insurance Company	Connecticut General Corporation	100.000	NO	Cigna Corporation	Cigna Group	100.000	NO
Cigna Dental Health Of Colorado, Inc.	Cigna Dental Health, Inc.	100.000	NO	Cigna Corporation	Cigna Group	100.000	NO
Cigna Dental Health Of Delaware, Inc.	Cigna Dental Health, Inc.	100.000	NO	Cigna Corporation	Cigna Group	100.000	NO
Cigna Dental Health Of Florida, Inc.	Cigna Dental Health, Inc.	100.000	NO	Cigna Corporation	Cigna Group	100.000	NO
Cigna Dental Health Of Kansas, Inc.	Cigna Dental Health, Inc.	100.000	NO	Cigna Corporation	Cigna Group	100.000	NO
Cigna Dental Health Of Kentucky, Inc.	Cigna Dental Health, Inc.	100.000	NO	Cigna Corporation	Cigna Group	100.000	NO
Cigna Dental Health Of Maryland, Inc.	Cigna Dental Health, Inc.	100.000	NO	Cigna Corporation	Cigna Group	100.000	NO
Cigna Dental Health Of Missouri, Inc.	Cigna Dental Health, Inc.	100.000	NO	Cigna Corporation	Cigna Group	100.000	NO
Cigna Dental Health Of New Jersey, Inc.	Cigna Dental Health, Inc.	100.000	NO	Cigna Corporation	Cigna Group	100.000	NO
Cigna Dental Health Of North Carolina, Inc.	Cigna Dental Health, Inc.	100.000	NO	Cigna Corporation	Cigna Group	100.000	NO
Cigna Dental Health Of Ohio, Inc.	Cigna Dental Health, Inc.	100.000	NO	Cigna Corporation	Cigna Group	100.000	NO
Cigna Dental Health Of Pennsylvania, Inc.	Cigna Dental Health, Inc.	100.000	NO	Cigna Corporation	Cigna Group	100.000	NO
Cigna Dental Health Of Texas, Inc.	Cigna Dental Health, Inc.	100.000	NO	Cigna Corporation	Cigna Group	100.000	NO
Cigna Dental Health Of Virginia, Inc.	Cigna Dental Health, Inc.	100.000	NO	Cigna Corporation	Cigna Group	100.000	NO
Cigna Dental Health Plan Of Arizona, Inc.	Cigna Dental Health, Inc.	100.000	NO	Cigna Corporation	Cigna Group	100.000	NO
Cigna Health and Life Insurance Company	Connecticut General Life Insurance Company	100.000	NO	Cigna Corporation	Cigna Group	100.000	NO
Cigna HealthCare Mid-Atlantic, Inc.	Healthsource, Inc.	100.000	NO	Cigna Corporation	Cigna Group	100.000	NO
Cigna HealthCare of Arizona, Inc.	Healthsource, Inc.	100.000	NO	Cigna Corporation	Cigna Group	100.000	NO
Cigna HealthCare of Colorado, Inc.	Healthsource, Inc.	100.000	NO	Cigna Corporation	Cigna Group	100.000	NO
Cigna HealthCare of Connecticut, Inc.	Healthsource, Inc.	100.000	NO	Cigna Corporation	Cigna Group	100.000	NO
Cigna HealthCare of Florida, Inc.	Healthsource, Inc.	100.000	NO	Cigna Corporation	Cigna Group	100.000	NO
Cigna HealthCare of Georgia, Inc.	Healthsource, Inc.	100.000	NO	Cigna Corporation	Cigna Group	100.000	NO
Cigna HealthCare of Illinois, Inc.	Healthsource, Inc.	100.000	NO	Cigna Corporation	Cigna Group	100.000	NO
Cigna HealthCare of Indiana, Inc.	Healthsource, Inc.	100.000	NO	Cigna Corporation	Cigna Group	100.000	NO
Cigna HealthCare of Maine, Inc.	Healthsource, Inc.	100.000	NO	Cigna Corporation	Cigna Group	100.000	NO
Cigna HealthCare of Massachusetts, Inc.	Healthsource, Inc.	100.000	NO	Cigna Corporation	Cigna Group	100.000	NO
Cigna HealthCare of New Hampshire, Inc.	Healthsource, Inc.	100.000	NO	Cigna Corporation	Cigna Group	100.000	NO
Cigna HealthCare of New Jersey, Inc.	Healthsource, Inc.	100.000	NO	Cigna Corporation	Cigna Group	100.000	NO
Cigna HealthCare of North Carolina, Inc.	Healthsource, Inc.	100.000	NO	Cigna Corporation	Cigna Group	100.000	NO
Cigna HealthCare of Pennsylvania, Inc.	Healthsource, Inc.	100.000	NO	Cigna Corporation	Cigna Group	100.000	NO
Cigna HealthCare of South Carolina, Inc.	Healthsource, Inc.	100.000	NO	Cigna Corporation	Cigna Group	100.000	NO
Cigna HealthCare of St. Louis, Inc.	Healthsource, Inc.	100.000	NO	Cigna Corporation	Cigna Group	100.000	NO
Cigna HealthCare of Tennessee, Inc.	Healthsource, Inc.	100.000	NO	Cigna Corporation	Cigna Group	100.000	NO
Cigna HealthCare of Texas, Inc.	Healthsource, Inc.	100.000	NO	Cigna Corporation	Cigna Group	100.000	NO
Cigna HealthCare of Utah, Inc.	Healthsource, Inc.	100.000	NO	Cigna Corporation	Cigna Group	100.000	NO
Cigna National Health Insurance Company	Cigna Health and Life Insurance Company	100.000	NO	Cigna Corporation	Cigna Group	100.000	NO
Cigna Worldwide Insurance Company	Cigna Global Reinsurance Company, Ltd.	100.000	NO	Cigna Corporation	Cigna Group	100.000	NO
Connecticut General Life Insurance Company	Connecticut General Corporation	100.000	NO	Cigna Corporation	Cigna Group	100.000	NO
Express Reinsurance Company	Express Scripts, Inc.	100.000	NO	Cigna Corporation	Cigna Group	100.000	NO
Great-West Healthcare of Illinois, Inc.	Cigna Healthcare Holdings, Inc.	100.000	NO	Cigna Corporation	Cigna Group	100.000	NO

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

**SCHEDULE Y**

**PART 3 - ULTIMATE CONTROLLING PARTY AND LISTING OF OTHER U.S. INSURANCE GROUPS OR ENTITIES UNDER THAT ULTIMATE CONTROLLING PARTY'S CONTROL**

1 Insurers in Holding Company	2 Owners with Greater Than 10% Ownership	3 Ownership Percentage Column 2 of Column 1	4 Granted Disclaimer of Control/ Affiliation of Column 2 Over Column 1 (Yes/No)	5 Ultimate Controlling Party	6 U.S. Insurance Groups or Entities Controlled by Column 5	7 Ownership Percentage (Column 5 of Column 6)	8 Granted Disclaimer of Control/ Affiliation of Column 5 Over Column 6 (Yes/No)
HealthSpring Life & Health Insurance Company, Inc. . . . .	NewQuest, LLC . . . . .	100.000	.NO.	Cigna Corporation . . . . .	Cigna Group . . . . .	100.000	.NO.
HealthSpring of Florida, Inc. . . . .	NewQuest, LLC . . . . .	100.000	.NO.	Cigna Corporation . . . . .	Cigna Group . . . . .	100.000	.NO.
Loyal American Life Insurance Company . . . . .	Cigna Health and Life Insurance Company . . . . .	100.000	.NO.	Cigna Corporation . . . . .	Cigna Group . . . . .	100.000	.NO.
Medco Containment Insurance Company of NY . . . . .	Medco Health Solutions, Inc. . . . .	100.000	.NO.	Cigna Corporation . . . . .	Cigna Group . . . . .	100.000	.NO.
Medco Containment Life Insurance Company . . . . .	Medco Health Solutions, Inc. . . . .	100.000	.NO.	Cigna Corporation . . . . .	Cigna Group . . . . .	100.000	.NO.
Provident American Life & Health Insurance Company . . . . .	Cigna National Health Insurance Company . . . . .	100.000	.NO.	Cigna Corporation . . . . .	Cigna Group . . . . .	100.000	.NO.
Sterling Life Insurance Company . . . . .	Cigna Health and Life Insurance Company . . . . .	100.000	.NO.	Cigna Corporation . . . . .	Cigna Group . . . . .	100.000	.NO.
United Benefit Life Insurance Company . . . . .	Provident American Life and Health Insurance Company . . . . .	100.000	.NO.	Cigna Corporation . . . . .	Cigna Group . . . . .	100.000	.NO.

## SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

	Responses
<b>MARCH FILING</b>	
1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1? .....	YES
2. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1? .....	YES
3. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required, by March 1? .....	YES
4. Will an actuarial opinion be filed by March 1? .....	YES
<b>APRIL FILING</b>	
5. Will Management's Discussion and Analysis be filed by April 1? .....	YES
6. Will the Life, Health & Annuity Guaranty Association Assessable Premium Exhibit - Parts 1 and 2 be filed with the state of domicile and the NAIC by April 1? (Not applicable to fraternal benefit societies) .....	YES
7. Will the Supplemental Investment Risks Interrogatories be filed by April 1? .....	YES
<b>JUNE FILING</b>	
8. Will an audited financial report be filed by June 1? .....	YES
9. Will Accountant's Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1? .....	YES

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

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

**SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES**

- 26. Will the actuarial opinion required by the Modified Guaranteed Annuity Model Regulation be filed with the state of domicile and electronically with the NAIC by March 1? ..... NO
- 27. Will the Actuarial Certification regarding the use of 2001 Preferred Class Tables required by the Model Regulation Permitting the Recognition of Preferred Mortality Tables for Use in Determining Minimum Reserve Liabilities be filed with the state of domicile and electronically with the NAIC by March 1? ..... NO
- 28. Will the Worker's Compensation Carve-Out Supplement be filed by March 1? (Not applicable to fraternal benefit societies) ..... NO
- 29. Will Supplemental Schedule O be filed with the state of domicile and the NAIC by March 1? ..... NO
- 30. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1? ..... NO
- 31. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1? ..... NO
- 32. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1? ..... NO
- 33. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1? ..... NO
- 34. Will the VM-20 Reserves Supplement be filed with the state of domicile and the NAIC by March 1? ..... NO
- 35. Will the Health Care Receivables Supplement be filed with the state of domicile and the NAIC by March 1? ..... NO

**APRIL FILING**

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

**AUGUST FILING**

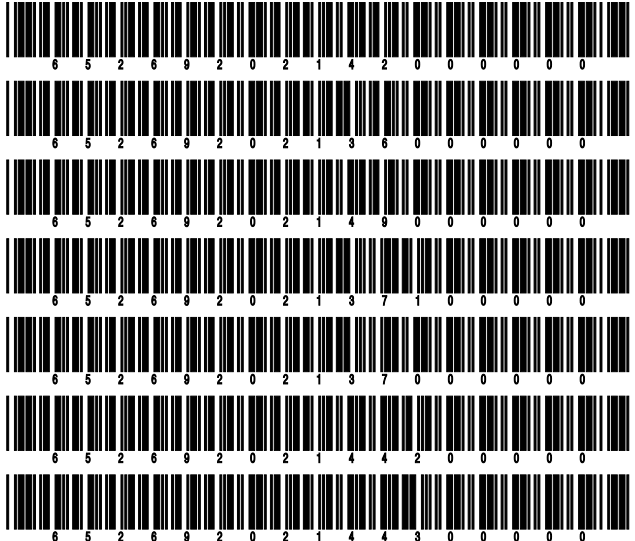
- 48. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1? ..... NO

Explanations:


























- 10. The data for the supplement is not required to be filed
- 11. The data for the supplement is not required to be filed
- 12. The data for the supplement is not required to be filed
- 13. The data for the supplement is not required to be filed
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- 46. The data for the supplement is not required to be filed
- 47. The data for the supplement is not required to be filed
- 48. The data for the supplement is not required to be filed

Bar Codes:

- 10. SIS Stockholder Information Supplement [Document Identifier 420]
- 11. Medicare Supplement Insurance Experience Exhibit [Document Identifier 360]
- 12. Trusteed Surplus Statement [Document Identifier 490]
- 13. Participating Opinion for Exhibit 5 [Document Identifier 371]
- 14. Non-Guaranteed Opinion for Exhibit 5 [Document Identifier 370]
- 15. Actuarial Opinion on X-Factors [Document Identifier 442]
- 16. Actuarial Opinion on Separate Accounts Funding Guaranteed Minimum Benefit [Document Identifier 443]



**SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES**

17. Actuarial Opinion on Synthetic Guaranteed Investment Contracts [Document Identifier 444]	
18. Reasonableness of Assumptions Certification required by Actuarial Guideline XXXV [Document Identifier 445]	
19. Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXV [Document Identifier 446]	
20. Reasonableness of Assumptions Certification for Implied Guaranteed Rate Method required by Actuarial Guideline XXXVI [Document Identifier 447]	
21. Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI [Document Identifier 448]	
22. Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Market Value) [Document Identifier 449]	
23. C-3 RBC Certifications Required Under C-3 Phase I [Document Identifier 450]	
24. C-3 RBC Certifications Required Under C-3 Phase II [Document Identifier 451]	
25. Actuarial Certifications Related to Annuity Nonforfeiture Ongoing Compliance for Equity Indexed Annuities [Document Identifier 452]	
26. Modified Guaranteed Annuity Model Regulation [Document Identifier 453]	
27. Actuarial Certification regarding the use of 2001 Preferred Class Tables required by the Model Regulation Permitting the Recognition of Preferred Mortality Tables for Use in Determining Minimum Reserve Liabilities [Document Identifier 454]	
28. Workers' Compensation Carve-Out Supplement [Document Identifier 495]	
29. Supplemental Schedule O [Document Identifier 465]	
30. Medicare Part D Coverage Supplement [Document Identifier 365]	
31. Relief from the five-year rotation requirement for lead audit partner [Document Identifier 224]	
32. Relief from the one-year cooling off period for independent CPA [Document Identifier 225]	
33. Relief from the Requirements for Audit Committees [Document Identifier 226]	
34. VM-20 Reserves Supplement [Document Identifier 456]	
35. Health Care Receivables Supplement [Document Identifier 470]	
37. Long-Term Care Experience Reporting Forms [Document Identifier 306]	
38. Credit Insurance Experience Exhibit [Document Identifier 230]	
39. Accident and Health Policy Experience Exhibit [Document Identifier 210]	
40. Supplemental Health Care Exhibit (Parts 1, 2 and 3) [Document Identifier 216]	
41. Supplemental Health Care Exhibit's Expense Allocation Report [Document Identifier 217]	
42. Actuarial Memorandum Required by Actuarial Guideline XXXVIII 8D [Document Identifier 435]	
43. Supplemental Term and Universal Life Insurance Reinsurance Exhibit [Document Identifier 345]	
44. Variable Annuities Supplement [Document Identifier 286]	
45. Executive Summary of the PBR Actuarial Report [Document Identifier 457]	

# SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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



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



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



**OVERFLOW PAGE FOR WRITE-INS**

**NONE**