



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

Loyal American Life Insurance Company

NAIC Group Code 0901 0901 NAIC Company Code 65722 Employer's ID Number 63-0343428
(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 05/18/1955 Commenced Business 07/04/1955

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., Suite 100
(Street and Number) 512-451-2224
Austin, TX, US 78717 (Area Code) (Telephone Number)
(City or Town, State, Country and Zip Code)

Mail Address 11200 Lakeline Blvd., Suite 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., Suite 100
(Street and Number) 512-451-2224
Austin, TX, US 78717 (Area Code) (Telephone Number)
(City or Town, State, Country and Zip Code)

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 Vice President, Chief Financial Officer and Chief Actuary David Jerome 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 Jerome 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 Loyal American Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Alabama

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 65722

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.

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) 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.

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



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Loyal American Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Alaska

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 65722

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	4,687				4,687
2. Annuity considerations	653				653
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	5,340				5,340
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	467				467
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	39				39
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)	506				506
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)	506				506
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts	5,421				5,421
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals	5,421				5,421
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims										
18.3 Totals paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements										
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	10	103,266	(a)						10	103,266
21. Issued during year	2	10,000							2	10,000
22. Other changes to in force (Net)		70,050								70,050
23. In force December 31 of current year	12	183,316	(a)						12	183,316

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	201	201		48	85
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	1,394,003	1,381,077		1,020,536	1,073,380
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	1,394,003	1,381,077		1,020,536	1,073,380
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,394,204	1,381,278		1,020,584	1,073,465

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



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Loyal American Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Arizona

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 65722

Table with 5 columns: Ordinary, Credit Life (Group and Individual), Group, Industrial, 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.

Table with 10 columns: Ordinary (No. of Pols. & Certifs., Amount), Credit Life (No. of Ind. Pols. & Gr. Certifs., Amount), Group (No. of Certifs., Amount), Industrial (No. of Pols. & Certifs., Amount), Total (No. of Pols. & Certifs., Amount). Rows include Direct Death Benefits and Matured Endowments Incurred and Policy Exhibit.

(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: Direct Premiums, Direct Premiums Earned, Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business, Direct Losses Paid, Direct Losses Incurred. Rows include Group Policies, Federal Employees Health Benefits Plan, Medicare Title XVIII, and other accident only policies.

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



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Loyal American Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Arkansas

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 65722

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.

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) 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), Medicare Title XVIII exempt from state taxes or fees, and other accident only.

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



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Loyal American Life Insurance Company

DIRECT BUSINESS IN THE STATE OF California

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 65722

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	163,774				163,774
2. Annuity considerations	802				802
3. Deposit-type contract funds	1,393	XXX		XXX	1,393
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	165,969				165,969
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	4,426				4,426
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)	4,426				4,426
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)	4,426				4,426
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	61,339				61,339
10. Matured endowments	80				80
11. Annuity benefits	254,925				254,925
12. Surrender values and withdrawals for life contracts	186,817				186,817
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals	503,161				503,161
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	6	9,315							6	9,315
17. Incurred during current year	12	72,420							12	72,420
Settled during current year:										
18.1 By payment in full	14	60,884							14	60,884
18.2 By payment on compromised claims										
18.3 Totals paid	14	60,884							14	60,884
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	14	60,884							14	60,884
19. Unpaid Dec. 31, current year (16+17-18.6)	4	20,851							4	20,851
POLICY EXHIBIT						No. of Policies				
20. In force December 31, prior year	412	10,762,832	(a)		1	50,000			413	10,812,832
21. Issued during year	59	355,000							59	355,000
22. Other changes to in force (Net)	(44)	(517,203)			(1)	(50,000)			(45)	(567,203)
23. In force December 31 of current year	427	10,600,629	(a)						427	10,600,629

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	3,760	3,761		939	1,419
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	37,062,810	37,148,835		27,107,418	27,381,178
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)	37,062,810	37,148,835		27,107,418	27,381,178
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	37,066,570	37,152,596		27,108,357	27,382,597

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



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Loyal American Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Colorado

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 65722

Table with 5 columns: Ordinary, Credit Life (Group and Individual), Group, Industrial, 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.

Table with 10 columns: Ordinary (No. of Pols. & Certifs., Amount), Credit Life (No. of Ind. Pols. & Gr. Certifs., Amount), Group (No. of Certifs., Amount), Industrial (No. of Pols. & Certifs., Amount), Total (No. of Pols. & Certifs., Amount). Rows include Direct Death Benefits and Matured Endowments Incurred and Policy Exhibit.

(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: Direct Premiums, Direct Premiums Earned, Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business, Direct Losses Paid, Direct Losses Incurred. Rows include Group Policies, Federal Employees Health Benefits Plan, Medicare Title XVIII, and other accident policies.

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



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Loyal American Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Connecticut

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 65722

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

Table with 10 columns: Ordinary (No. of Pols. & Certifs., Amount), Credit Life (No. of Ind. Pols. & Gr. Certifs., Amount), Group (No. of Certifs., Amount), Industrial (No. of Pols. & Certifs., Amount), Total (No. of Pols. & Certifs., Amount). Rows include Direct Death Benefits and Matured Endowments Incurred and Policy Exhibit.

(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: Direct Premiums, Direct Premiums Earned, Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business, Direct Losses Paid, Direct Losses Incurred. Rows include Group Policies and various accident types.

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



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Loyal American Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Delaware

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 65722

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	21,716				21,716
2. Annuity considerations	.21				.21
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	21,737				21,737
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	.93				.93
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)	.93				.93
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)	.93				.93
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	8,010				8,010
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals	8,010				8,010
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year	1	8,010							1	8,010
Settled during current year:										
18.1 By payment in full	1	8,010							1	8,010
18.2 By payment on compromised claims										
18.3 Totals paid	1	8,010							1	8,010
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	1	8,010							1	8,010
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT						No. of Policies				
20. In force December 31, prior year	31	728,462	(a)						31	728,462
21. Issued during year	2	9,000							2	9,000
22. Other changes to in force (Net)	(1)	(7,894)							(1)	(7,894)
23. In force December 31 of current year	32	729,568	(a)						32	729,568

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	141,213	141,811		58,085	61,754
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)	141,213	141,811		58,085	61,754
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	141,213	141,811		58,085	61,754

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



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Loyal American 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 65722

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.

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) 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.

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



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Loyal American Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Florida

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 65722

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.

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) 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), Collectively renewable policies/certificates (b), 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.

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



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Loyal American Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Georgia

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 65722

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	332,349		1,447		333,796
2. Annuity considerations	75,887				75,887
3. Deposit-type contract funds	2,069	XXX		XXX	2,069
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	410,305		1,447		411,752
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	52,482				52,482
6.2 Applied to pay renewal premiums	1,682				1,682
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	2,311				2,311
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)	56,475				56,475
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)	56,475				56,475
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	348,515				348,515
10. Matured endowments	6,200				6,200
11. Annuity benefits	58,355				58,355
12. Surrender values and withdrawals for life contracts	168,679				168,679
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals	581,749				581,749
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	21	122,828							21	122,828
17. Incurred during current year	55	341,726							55	341,726
Settled during current year:										
18.1 By payment in full	52	337,898							52	337,898
18.2 By payment on compromised claims										
18.3 Totals paid	52	337,898							52	337,898
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	52	337,898							52	337,898
19. Unpaid Dec. 31, current year (16+17-18.6)	24	126,656							24	126,656
POLICY EXHIBIT						No. of Policies				
20. In force December 31, prior year	2,016	18,217,568	(a)		4	78,500			2,020	18,296,068
21. Issued during year	21	220,000							21	220,000
22. Other changes to in force (Net)	(139)	(1,859,825)			(1)	(3,000)			(140)	(1,862,825)
23. In force December 31 of current year	1,898	16,577,743	(a)		3	75,500			1,901	16,653,243

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	6,149	6,074		1,211	5,122
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)	2,117	2,100		2,755	2,814
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	4,277,110	4,285,046		1,609,437	1,713,905
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	4,277,110	4,285,046		1,609,437	1,713,905
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	4,285,376	4,293,220		1,613,403	1,721,841

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



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Loyal American Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Hawaii

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 65722

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	7,406				7,406
2. Annuity considerations	30				30
3. Deposit-type contract funds	698	XXX		XXX	698
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	8,134				8,134
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	1,672				1,672
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)	1,672				1,672
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)	1,672				1,672
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts	2,666				2,666
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals	2,666				2,666
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims										
18.3 Totals paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements										
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	34	689,514	(a)						34	689,514
21. Issued during year	1	3,000							1	3,000
22. Other changes to in force (Net)	(2)	(11,993)							(2)	(11,993)
23. In force December 31 of current year	33	680,521	(a)						33	680,521

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	631	631		150	266
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	913,464	909,956		628,936	633,925
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)	913,464	909,956		628,936	633,925
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	914,095	910,587		629,086	634,191

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



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Loyal American Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Idaho

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 65722

Table with 5 columns: Ordinary, Credit Life (Group and Individual), Group, Industrial, 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.

Table with 10 columns: Ordinary (No. of Pols. & Certifs., Amount), Credit Life (No. of Ind. Pols. & Gr. Certifs., Amount), Group (No. of Certifs., Amount), Industrial (No. of Pols. & Certifs., Amount), Total (No. of Pols. & Certifs., Amount). Rows include Direct Death Benefits and Matured Endowments Incurred and Policy Exhibit.

(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: Direct Premiums, Direct Premiums Earned, Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business, Direct Losses Paid, Direct Losses Incurred. Rows include Group Policies (b) and various accident types.

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



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Loyal American Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Illinois

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 65722

Table with 5 columns: Ordinary, Credit Life (Group and Individual), Group, Industrial, 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.

Table with 10 columns: Ordinary (No. of Pols. & Certifs., Amount), Credit Life (No. of Ind. Pols. & Gr. Certifs., Amount), Group (No. of Certifs., Amount), Industrial (No. of Pols. & Certifs., Amount), Total (No. of Pols. & Certifs., Amount). Rows include Direct Death Benefits and Matured Endowments Incurred and Policy Exhibit.

(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: Direct Premiums, Direct Premiums Earned, Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business, Direct Losses Paid, Direct Losses Incurred. Rows include Group Policies (b), Federal Employees Health Benefits Plan premium (b), Medicare Title XVIII exempt from state taxes or fees, and other accident only.

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



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Loyal American Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Indiana

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 65722

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	272,152		3,412		275,564
2. Annuity considerations	352				352
3. Deposit-type contract funds	466	XXX		XXX	466
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	272,970		3,412		276,382
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	834				834
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)	834				834
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)	834				834
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	392,264				392,264
10. Matured endowments	10,000				10,000
11. Annuity benefits	30,201				30,201
12. Surrender values and withdrawals for life contracts	145,876				145,876
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals	578,341				578,341
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	6	39,863							6	39,863
17. Incurred during current year	35	442,077							35	442,077
Settled during current year:										
18.1 By payment in full	34	397,214							34	397,214
18.2 By payment on compromised claims										
18.3 Totals paid	34	397,214							34	397,214
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	34	397,214							34	397,214
19. Unpaid Dec. 31, current year (16+17-18.6)	7	84,726							7	84,726
POLICY EXHIBIT										
20. In force December 31, prior year	861	11,988,289	(a)		3	175,000			864	12,163,289
21. Issued during year	25	228,000							25	228,000
22. Other changes to in force (Net)	(61)	(896,631)							(61)	(896,631)
23. In force December 31 of current year	825	11,319,658	(a)		3	175,000			828	11,494,658

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	4,921	5,000		1,221	2,019
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	9,408,233	9,447,082		6,268,235	6,301,134
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)	9,408,233	9,447,082		6,268,235	6,301,134
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	9,413,154	9,452,082		6,269,456	6,303,153

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



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Loyal American Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Iowa

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 65722

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	77,172				77,172
2. Annuity considerations	18,918				18,918
3. Deposit-type contract funds	214	XXX		XXX	214
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	96,304				96,304
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	441				441
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	6				6
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)	447				447
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)	447				447
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	49,282				49,282
10. Matured endowments					
11. Annuity benefits	79,354				79,354
12. Surrender values and withdrawals for life contracts	82,318				82,318
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals	210,954				210,954
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	2	13,566							2	13,566
17. Incurred during current year	7	79,137							7	79,137
Settled during current year:										
18.1 By payment in full	6	49,137							6	49,137
18.2 By payment on compromised claims										
18.3 Totals paid	6	49,137							6	49,137
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	6	49,137							6	49,137
19. Unpaid Dec. 31, current year (16+17-18.6)	3	43,566							3	43,566
POLICY EXHIBIT										
20. In force December 31, prior year	123	1,204,261	(a)		No. of Policies				123	1,204,261
21. Issued during year	6	82,000							6	82,000
22. Other changes to in force (Net)	(12)	(113,757)							(12)	(113,757)
23. In force December 31 of current year	117	1,172,504	(a)						117	1,172,504

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	4,769	4,751		477	2,636
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	2,465,015	2,477,632		1,530,303	1,543,201
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)	2,465,015	2,477,632		1,530,303	1,543,201
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	2,469,784	2,482,383		1,530,780	1,545,837

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



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Loyal American Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Kansas

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 65722

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.

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) 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.

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



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Loyal American Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Kentucky

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 65722

Table with 5 columns: Ordinary, Credit Life (Group and Individual), Group, Industrial, 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.

Table with 10 columns: Ordinary (No. of Pols. & Certifs., Amount), Credit Life (No. of Ind. Pols. & Gr. Certifs., Amount), Group (No. of Certifs., Amount), Industrial (No. of Pols. & Certifs., Amount), Total (No. of Pols. & Certifs., Amount). Rows include Direct Death Benefits and Matured Endowments Incurred and Policy Exhibit.

(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: Direct Premiums, Direct Premiums Earned, Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business, Direct Losses Paid, Direct Losses Incurred. Rows include Group Policies, Federal Employees Health Benefits Plan, Medicare Title XVIII, and various accident types.

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



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Loyal American Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Louisiana

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 65722

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	210,906				210,906
2. Annuity considerations	111				111
3. Deposit-type contract funds	164	XXX		XXX	164
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	211,181				211,181
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	4,883				4,883
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)	4,883				4,883
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)	4,883				4,883
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	245,505				245,505
10. Matured endowments	4,778				4,778
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts	153,704				153,704
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals	403,987				403,987
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	8	67,591							8	67,591
17. Incurred during current year	29	292,634							29	292,634
Settled during current year:										
18.1 By payment in full	25	247,777							25	247,777
18.2 By payment on compromised claims										
18.3 Totals paid	25	247,777							25	247,777
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	25	247,777							25	247,777
19. Unpaid Dec. 31, current year (16+17-18.6)	12	112,448							12	112,448
POLICY EXHIBIT										
20. In force December 31, prior year	794	17,776,913	(a)		No. of Policies				794	17,776,913
21. Issued during year	17	149,500							17	149,500
22. Other changes to in force (Net)	(55)	(1,373,921)							(55)	(1,373,921)
23. In force December 31 of current year	756	16,552,492	(a)						756	16,552,492

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	227,923	226,119		75,424	144,642
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)	337	337			92
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	4,110,041	4,101,164		1,480,154	1,479,708
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	4,110,041	4,101,164		1,480,154	1,479,708
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	4,338,301	4,327,620		1,555,578	1,624,442

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



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Loyal American Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Maine

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 65722

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	47,092				47,092
2. Annuity considerations	203				203
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	47,295				47,295
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	375				375
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	.51				.51
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)	426				426
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)	426				426
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	141,404				141,404
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts	87,328				87,328
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals	228,732				228,732
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	.1	3,000							.1	3,000
17. Incurred during current year	18	167,755							18	167,755
Settled during current year:										
18.1 By payment in full	12	140,123							12	140,123
18.2 By payment on compromised claims										
18.3 Totals paid	12	140,123							12	140,123
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	12	140,123							12	140,123
19. Unpaid Dec. 31, current year (16+17-18.6)	7	30,632							7	30,632
POLICY EXHIBIT						No. of Policies				
20. In force December 31, prior year	248	3,627,403	(a)						248	3,627,403
21. Issued during year	2	15,000							2	15,000
22. Other changes to in force (Net)	(25)	(460,301)							(25)	(460,301)
23. In force December 31 of current year	225	3,182,102	(a)						225	3,182,102

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	2,616,113	2,622,836		1,522,878	1,540,545
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)	2,616,113	2,622,836		1,522,878	1,540,545
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	2,616,113	2,622,836		1,522,878	1,540,545

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



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Loyal American Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Maryland

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 65722

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	89,688				89,688
2. Annuity considerations	504				504
3. Deposit-type contract funds	1,685	XXX		XXX	1,685
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	91,877				91,877
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	2,281				2,281
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	43				43
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)	2,324				2,324
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)	2,324				2,324
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	51,567				51,567
10. Matured endowments	6,014				6,014
11. Annuity benefits	41,494				41,494
12. Surrender values and withdrawals for life contracts	11,865				11,865
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals	110,940				110,940
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	.1	1,461							.1	1,461
17. Incurred during current year	11	88,844							11	88,844
Settled during current year:										
18.1 By payment in full	.6	57,157							.6	57,157
18.2 By payment on compromised claims										
18.3 Totals paid	.6	57,157							.6	57,157
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	.6	57,157							.6	57,157
19. Unpaid Dec. 31, current year (16+17-18.6)	6	33,148							6	33,148
POLICY EXHIBIT										
20. In force December 31, prior year	242	2,841,002	(a)		No. of Policies				242	2,841,002
21. Issued during year	11	132,000							11	132,000
22. Other changes to in force (Net)	(14)	(99,023)							(14)	(99,023)
23. In force December 31 of current year	239	2,873,979	(a)						239	2,873,979

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	3,663	3,683		888	1,299
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	396,991	398,801		93,336	104,987
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)	396,991	398,801		93,336	104,987
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	400,654	402,484		94,224	106,286

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



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Loyal American Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Massachusetts

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 65722

Table with 5 columns: Ordinary, Credit Life (Group and Individual), Group, Industrial, 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.

Table with 10 columns: Ordinary (No. of Pols. & Certifs., Amount), Credit Life (No. of Ind. Pols. & Gr. Certifs., Amount), Group (No. of Certifs., Amount), Industrial (No. of Pols. & Certifs., Amount), Total (No. of Pols. & Certifs., Amount). Rows include Direct Death Benefits and Matured Endowments Incurred and Policy Exhibit.

(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: Direct Premiums, Direct Premiums Earned, Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business, Direct Losses Paid, Direct Losses Incurred. Rows include Group Policies (b) and various accident types.

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



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Loyal American Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Michigan

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 65722

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	128,750				128,750
2. Annuity considerations	290				290
3. Deposit-type contract funds	94	XXX		XXX	94
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	129,134				129,134
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	1,688				1,688
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)	1,688				1,688
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)	1,688				1,688
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	93,835				93,835
10. Matured endowments					
11. Annuity benefits	36,423				36,423
12. Surrender values and withdrawals for life contracts	402,562				402,562
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals	532,820				532,820
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pol. & Certifs.	Amount	No. of Ind. Pol. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pol. & Certifs.	Amount	No. of Pol. & Certifs.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year	7	103,619							7	103,619
Settled during current year:										
18.1 By payment in full	4	93,119							4	93,119
18.2 By payment on compromised claims										
18.3 Totals paid	4	93,119							4	93,119
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	4	93,119							4	93,119
19. Unpaid Dec. 31, current year (16+17-18.6)	3	10,500							3	10,500
POLICY EXHIBIT										
20. In force December 31, prior year	236	5,364,857	(a)		No. of Policies				236	5,364,857
21. Issued during year	12	158,500							12	158,500
22. Other changes to in force (Net)	(25)	(779,844)							(25)	(779,844)
23. In force December 31 of current year	223	4,743,513	(a)						223	4,743,513

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	5,827	5,728		1,496	3,366
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	8,135,163	8,175,931		4,563,691	4,639,013
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	8,135,163	8,175,931		4,563,691	4,639,013
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	8,140,990	8,181,659		4,565,187	4,642,379

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



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Loyal American Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Minnesota

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 65722

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.

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) 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.

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



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Loyal American Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Mississippi

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 65722

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	240,070		3,762		243,832
2. Annuity considerations	2,012				2,012
3. Deposit-type contract funds	244	XXX		XXX	244
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	242,326		3,762		246,088
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	3,753				3,753
6.2 Applied to pay renewal premiums	172				172
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)	3,925				3,925
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)	3,925				3,925
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	178,547				178,547
10. Matured endowments	17				17
11. Annuity benefits	32,479				32,479
12. Surrender values and withdrawals for life contracts	161,308				161,308
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals	372,351				372,351
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pol. & Certifs.	Amount	No. of Ind. Pol. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pol. & Certifs.	Amount	No. of Pol. & Certifs.	Amount
16. Unpaid December 31, prior year	13	54,364							13	54,364
17. Incurred during current year	29	176,002							29	176,002
Settled during current year:										
18.1 By payment in full	30	175,721							30	175,721
18.2 By payment on compromised claims										
18.3 Totals paid	30	175,721							30	175,721
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	30	175,721							30	175,721
19. Unpaid Dec. 31, current year (16+17-18.6)	12	54,645							12	54,645
POLICY EXHIBIT						No. of Policies				
20. In force December 31, prior year	973	14,554,063	(a)		1,780	510,320			2,753	15,064,383
21. Issued during year	18	178,500							18	178,500
22. Other changes to in force (Net)	(55)	(670,366)			(1,772)	(303,840)			(1,827)	(974,206)
23. In force December 31 of current year	936	14,062,197	(a)		8	206,480			944	14,268,677

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	417,491	410,909		128,482	269,170
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)	53	53			2
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	5,238,748	5,222,166		3,609,446	3,570,634
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	5,238,748	5,222,166		3,609,446	3,570,634
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	5,656,292	5,633,128		3,737,928	3,839,806

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



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Loyal American Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Missouri

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 65722

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.

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) 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), Medicare Title XVIII exempt from state taxes or fees, and other accident only.

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



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Loyal American Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Montana

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 65722

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.

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) 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.

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



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE **Loyal American Life Insurance Company**

DIRECT BUSINESS IN THE STATE OF **Nebraska**

DURING THE YEAR **2021**

NAIC Group Code **0901**

LIFE INSURANCE

NAIC Company Code **65722**

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	54,276				54,276
2. Annuity considerations	621				621
3. Deposit-type contract funds	4,114	XXX		XXX	4,114
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	59,011				59,011
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	224				224
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	4				4
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)	228				228
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)	228				228
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	89				89
10. Matured endowments	131				131
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts	141,161				141,161
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals	141,381				141,381
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year	1	220							1	220
Settled during current year:										
18.1 By payment in full	1	220							1	220
18.2 By payment on compromised claims										
18.3 Totals paid	1	220							1	220
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	1	220							1	220
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT						No. of Policies				
20. In force December 31, prior year	84	827,162	(a)						84	827,162
21. Issued during year	10	104,000							10	104,000
22. Other changes to in force (Net)	(3)	(35,023)							(3)	(35,023)
23. In force December 31 of current year	91	896,139	(a)						91	896,139

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	3,097	3,100		502	1,544
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	2,435,307	2,443,259		1,377,492	1,381,742
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)	2,435,307	2,443,259		1,377,492	1,381,742
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	2,438,404	2,446,359		1,377,994	1,383,286

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



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Loyal American Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Nevada

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 65722

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.

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) 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), Medicare Title XVIII exempt from state taxes or fees, and other accident only.

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



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Loyal American Life Insurance Company

DIRECT BUSINESS IN THE STATE OF New Hampshire

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 65722

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.

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) 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.

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



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Loyal American Life Insurance Company

DIRECT BUSINESS IN THE STATE OF New Jersey

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 65722

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	152,186				152,186
2. Annuity considerations	1,658				1,658
3. Deposit-type contract funds	.88	XXX		XXX	.88
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	153,932				153,932
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	1,022				1,022
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	.39				.39
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)	1,061				1,061
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)	1,061				1,061
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	54,485				54,485
10. Matured endowments					
11. Annuity benefits	702				702
12. Surrender values and withdrawals for life contracts	94,943				94,943
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals	150,130				150,130
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	.6	28,000							.6	28,000
17. Incurred during current year	15	86,239							15	86,239
Settled during current year:										
18.1 By payment in full	11	53,029							11	53,029
18.2 By payment on compromised claims										
18.3 Totals paid	11	53,029							11	53,029
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	11	53,029							11	53,029
19. Unpaid Dec. 31, current year (16+17-18.6)	10	61,210							10	61,210
POLICY EXHIBIT						No. of Policies				
20. In force December 31, prior year	1,157	6,859,622	(a)						1,157	6,859,622
21. Issued during year	19	199,000							19	199,000
22. Other changes to in force (Net)	(63)	(338,043)							(63)	(338,043)
23. In force December 31 of current year	1,113	6,720,579	(a)						1,113	6,720,579

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	1,163	1,171		296	419
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	17,191,334	17,337,549		14,723,452	14,901,166
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)	17,191,334	17,337,549		14,723,452	14,901,166
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	17,192,497	17,338,720		14,723,748	14,901,585

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



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Loyal American Life Insurance Company

DIRECT BUSINESS IN THE STATE OF New Mexico

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 65722

Table with 5 columns: Ordinary, Credit Life (Group and Individual), Group, Industrial, 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.

Table with 10 columns: Ordinary (No. of Pol. & Certifs., Amount), Credit Life (No. of Ind. Pol. & Gr. Certifs., Amount), Group (No. of Certifs., Amount), Industrial (No. of Pol. & Certifs., Amount), Total (No. of Pol. & Certifs., Amount). Rows include Direct Death Benefits and Matured Endowments Incurred and Policy Exhibit.

(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: Direct Premiums, Direct Premiums Earned, Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business, Direct Losses Paid, Direct Losses Incurred. Rows include Group Policies (b), Federal Employees Health Benefits Plan premium (b), Medicare Title XVIII exempt from state taxes or fees, and other accident only.

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



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Loyal American Life Insurance Company

DIRECT BUSINESS IN THE STATE OF New York

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 65722

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	10,023				10,023
2. Annuity considerations	126				126
3. Deposit-type contract funds	297	XXX		XXX	297
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	10,446				10,446
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	1,652				1,652
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	130				130
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)	1,782				1,782
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)	1,782				1,782
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					
10. Matured endowments	515				515
11. Annuity benefits	20,683				20,683
12. Surrender values and withdrawals for life contracts	40,492				40,492
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals	61,690				61,690
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year	1	1,030							1	1,030
Settled during current year:										
18.1 By payment in full		515								515
18.2 By payment on compromised claims										
18.3 Totals paid		515								515
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements		515								515
19. Unpaid Dec. 31, current year (16+17-18.6)	1	515							1	515
POLICY EXHIBIT						No. of Policies				
20. In force December 31, prior year	113	1,517,492	(a)						113	1,517,492
21. Issued during year										
22. Other changes to in force (Net)		59,597								59,597
23. In force December 31 of current year	113	1,577,089	(a)						113	1,577,089

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	193,236	193,272		193,556	197,804
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	193,236	193,272		193,556	197,804
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	193,236	193,272		193,556	197,804

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



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Loyal American Life Insurance Company

DIRECT BUSINESS IN THE STATE OF North Carolina

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 65722

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	486,441				486,441
2. Annuity considerations	502				502
3. Deposit-type contract funds	17,487	XXX		XXX	17,487
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	504,430				504,430
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	14,037				14,037
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	3,671				3,671
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)	17,708				17,708
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)	17,708				17,708
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	808,273				808,273
10. Matured endowments	102,862				102,862
11. Annuity benefits	89,107				89,107
12. Surrender values and withdrawals for life contracts	284,279				284,279
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals	1,284,521				1,284,521
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	23	266,958							23	266,958
17. Incurred during current year	96	926,260							96	926,260
Settled during current year:										
18.1 By payment in full	86	904,503							86	904,503
18.2 By payment on compromised claims										
18.3 Totals paid	86	904,503							86	904,503
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	86	904,503							86	904,503
19. Unpaid Dec. 31, current year (16+17-18.6)	33	288,715							33	288,715
POLICY EXHIBIT						No. of Policies				
20. In force December 31, prior year	1,963	24,085,261	(a)						1,963	24,085,261
21. Issued during year	50	496,000							50	496,000
22. Other changes to in force (Net)	(145)	(1,243,482)							(145)	(1,243,482)
23. In force December 31 of current year	1,868	23,337,779	(a)						1,868	23,337,779

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	24,282	23,972		4,183	12,953
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)	6,270	6,274		2,800	2,574
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	4,737,455	4,770,428		2,716,423	2,443,936
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	4,737,455	4,770,428		2,716,423	2,443,936
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	4,768,007	4,800,674		2,723,406	2,459,463

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



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Loyal American Life Insurance Company

DIRECT BUSINESS IN THE STATE OF North Dakota

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 65722

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.

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) 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), Medicare Title XVIII exempt from state taxes or fees, and other accident only.

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



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Loyal American Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Ohio

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 65722

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.

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) 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.

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



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Loyal American Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Oklahoma

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 65722

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	132,662		271		132,933
2. Annuity considerations	122				122
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	132,784		271		133,055
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	1,653				1,653
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	156				156
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)	1,809				1,809
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)	1,809				1,809
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	40,471				40,471
10. Matured endowments					
11. Annuity benefits	70,627				70,627
12. Surrender values and withdrawals for life contracts	46,390				46,390
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals	157,488				157,488
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pol. & Certifs.	Amount	No. of Ind. Pol. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pol. & Certifs.	Amount	No. of Pol. & Certifs.	Amount
16. Unpaid December 31, prior year	.1	5,000							.1	5,000
17. Incurred during current year	10	59,809							10	59,809
Settled during current year:										
18.1 By payment in full	.7	40,307							.7	40,307
18.2 By payment on compromised claims										
18.3 Totals paid	.7	40,307							.7	40,307
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	.7	40,307							.7	40,307
19. Unpaid Dec. 31, current year (16+17-18.6)	4	24,502							4	24,502
POLICY EXHIBIT										
20. In force December 31, prior year	310	3,374,377	(a)		4	18,000			314	3,392,377
21. Issued during year	19	172,500							19	172,500
22. Other changes to in force (Net)	(18)	(161,303)			(1)	(6,000)			(19)	(167,303)
23. In force December 31 of current year	311	3,385,574	(a)		3	12,000			314	3,397,574

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	8,147	8,025		6,568	9,123
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	3,274,252	3,288,941		1,424,359	1,406,390
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	3,274,252	3,288,941		1,424,359	1,406,390
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	3,282,399	3,296,966		1,430,927	1,415,513

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



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Loyal American Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Oregon

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 65722

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.

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) 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.

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



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Loyal American Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Pennsylvania

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 65722

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.

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) 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), Medicare Title XVIII exempt from state taxes or fees, and other accident/health items.

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



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Loyal American Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Rhode Island

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 65722

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.

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) 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.

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



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Loyal American Life Insurance Company

DIRECT BUSINESS IN THE STATE OF South Carolina

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 65722

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.

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) 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, Federal Employees Health Benefits Plan, Medicare Title XVIII, and other accident only policies.

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



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Loyal American Life Insurance Company

DIRECT BUSINESS IN THE STATE OF South Dakota

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 65722

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.

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) 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), Medicare Title XVIII exempt from state taxes or fees, and other accident only.

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



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Loyal American Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Tennessee

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 65722

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	390,404		2,893		393,297
2. Annuity considerations	667				667
3. Deposit-type contract funds	577	XXX		XXX	577
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	391,648		2,893		394,541
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	3,795				3,795
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	.58				.58
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)	3,853				3,853
Annuities:					
7.1 Paid in cash or left on deposit	126				126
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)	126				126
8. Grand Totals (Lines 6.5 plus 7.4)	3,979				3,979
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	583,077				583,077
10. Matured endowments	9,117				9,117
11. Annuity benefits	1,785				1,785
12. Surrender values and withdrawals for life contracts	138,222				138,222
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals	732,201				732,201
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pol. & Certifs.	Amount	No. of Ind. Pol. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pol. & Certifs.	Amount	No. of Pol. & Certifs.	Amount
16. Unpaid December 31, prior year	29	104,103							29	104,103
17. Incurred during current year	88	607,916							88	607,916
Settled during current year:										
18.1 By payment in full	92	587,010							92	587,010
18.2 By payment on compromised claims										
18.3 Totals paid	92	587,010							92	587,010
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	92	587,010							92	587,010
19. Unpaid Dec. 31, current year (16+17-18.6)	25	125,009							25	125,009
POLICY EXHIBIT						No. of Policies				
20. In force December 31, prior year	1,767	21,368,240	(a)		21	266,002			1,788	21,634,242
21. Issued during year	22	245,000							22	245,000
22. Other changes to in force (Net)	(139)	(815,812)			(2)	(13,634)			(141)	(829,446)
23. In force December 31 of current year	1,650	20,797,428	(a)		19	252,368			1,669	21,049,796

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	10,321	10,373		2,095	4,941
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)	70	70			3
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	9,097,237	9,123,916		5,194,647	5,253,924
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)	9,097,237	9,123,916		5,194,647	5,253,924
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	9,107,628	9,134,359		5,196,742	5,258,868

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



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Loyal American Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Texas

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 65722

Table with 5 columns: Ordinary, Credit Life (Group and Individual), Group, Industrial, 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.

Table with 10 columns: Ordinary (No. of Pols. & Certifs., Amount), Credit Life (No. of Ind. Pols. & Gr. Certifs., Amount), Group (No. of Certifs., Amount), Industrial (No. of Pols. & Certifs., Amount), Total (No. of Pols. & Certifs., Amount). Rows include Direct Death Benefits and Matured Endowments Incurred and Policy Exhibit.

(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: Direct Premiums, Direct Premiums Earned, Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business, Direct Losses Paid, Direct Losses Incurred. Rows include Group Policies (b) and various accident types.

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



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Loyal American Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Utah

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 65722

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	24,503				24,503
2. Annuity considerations	345				345
3. Deposit-type contract funds	110	XXX		XXX	110
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	24,958				24,958
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	543				543
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)	543				543
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)	543				543
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	27,762				27,762
10. Matured endowments					
11. Annuity benefits	169,020				169,020
12. Surrender values and withdrawals for life contracts	25,919				25,919
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals	222,701				222,701
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pol. & Certifs.	Amount	No. of Ind. Pol. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pol. & Certifs.	Amount	No. of Pol. & Certifs.	Amount
16. Unpaid December 31, prior year	1	2,757							1	2,757
17. Incurred during current year	5	27,733							5	27,733
Settled during current year:										
18.1 By payment in full	5	27,733							5	27,733
18.2 By payment on compromised claims										
18.3 Totals paid	5	27,733							5	27,733
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	5	27,733							5	27,733
19. Unpaid Dec. 31, current year (16+17-18.6)	1	2,757							1	2,757
POLICY EXHIBIT						No. of Policies				
20. In force December 31, prior year	50	467,127	(a)						50	467,127
21. Issued during year	5	38,000							5	38,000
22. Other changes to in force (Net)	(4)	(31,280)							(4)	(31,280)
23. In force December 31 of current year	51	473,847	(a)						51	473,847

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	993,469	1,004,090		614,016	637,722
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)	993,469	1,004,090		614,016	637,722
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	993,469	1,004,090		614,016	637,722

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



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Loyal American Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Vermont

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 65722

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	88,740				88,740
2. Annuity considerations	245				245
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	88,985				88,985
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	110				110
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)	110				110
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)	110				110
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	77,609				77,609
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts	112,766				112,766
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals	190,375				190,375
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pol. & Certifs.	Amount	No. of Ind. Pol. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pol. & Certifs.	Amount	No. of Pol. & Certifs.	Amount
16. Unpaid December 31, prior year	1	7,496							1	7,496
17. Incurred during current year	4	76,249							4	76,249
Settled during current year:										
18.1 By payment in full	4	76,249							4	76,249
18.2 By payment on compromised claims										
18.3 Totals paid	4	76,249							4	76,249
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	4	76,249							4	76,249
19. Unpaid Dec. 31, current year (16+17-18.6)	1	7,496							1	7,496
POLICY EXHIBIT						No. of Policies				
20. In force December 31, prior year	298	8,330,675	(a)						298	8,330,675
21. Issued during year										
22. Other changes to in force (Net)	(14)	(389,920)							(14)	(389,920)
23. In force December 31 of current year	284	7,940,755	(a)						284	7,940,755

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	3,368,856	3,378,809		2,295,075	2,334,332
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	3,368,856	3,378,809		2,295,075	2,334,332
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	3,368,856	3,378,809		2,295,075	2,334,332

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



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Loyal American Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Virginia

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 65722

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	216,352		74		216,426
2. Annuity considerations	158				158
3. Deposit-type contract funds	1,109	XXX		XXX	1,109
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	217,619		74		217,693
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	22,266				22,266
6.2 Applied to pay renewal premiums	48				48
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	774				774
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)	23,088				23,088
Annuities:					
7.1 Paid in cash or left on deposit	117				117
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)	117				117
8. Grand Totals (Lines 6.5 plus 7.4)	23,205				23,205
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	337,021				337,021
10. Matured endowments	19,455				19,455
11. Annuity benefits	39,976				39,976
12. Surrender values and withdrawals for life contracts	100,133				100,133
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals	496,585				496,585
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pol. & Certifs.	Amount	No. of Ind. Pol. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pol. & Certifs.	Amount	No. of Pol. & Certifs.	Amount
16. Unpaid December 31, prior year	7	59,985							7	59,985
17. Incurred during current year	38	332,993							38	332,993
Settled during current year:										
18.1 By payment in full	25	351,602							25	351,602
18.2 By payment on compromised claims										
18.3 Totals paid	25	351,602							25	351,602
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	25	351,602							25	351,602
19. Unpaid Dec. 31, current year (16+17-18.6)	20	41,376							20	41,376
POLICY EXHIBIT						No. of Policies				
20. In force December 31, prior year	1,085	13,300,659	(a)		1	3,000			1,086	13,303,659
21. Issued during year	19	174,500							19	174,500
22. Other changes to in force (Net)	(59)	(723,138)							(59)	(723,138)
23. In force December 31 of current year	1,045	12,752,021	(a)		1	3,000			1,046	12,755,021

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	1,884	1,861		445	789
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)	136	136			4
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	1,116,981	1,123,824		709,728	736,751
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	1,116,981	1,123,824		709,728	736,751
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,119,001	1,125,821		710,173	737,544

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



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Loyal American Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Washington

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 65722

Table with 5 columns: Ordinary, Credit Life (Group and Individual), Group, Industrial, 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.

Table with 10 columns: Ordinary (No. of Pols. & Certifs., Amount), Credit Life (No. of Ind. Pols. & Gr. Certifs., Amount), Group (No. of Certifs., Amount), Industrial (No. of Pols. & Certifs., Amount), Total (No. of Pols. & Certifs., Amount). Rows include Direct Death Benefits and Matured Endowments Incurred and Policy Exhibit.

(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: Direct Premiums, Direct Premiums Earned, Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business, Direct Losses Paid, Direct Losses Incurred. Rows include Group Policies (b), Federal Employees Health Benefits Plan premium (b), Medicare Title XVIII exempt from state taxes or fees, and other accident only.

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



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Loyal American Life Insurance Company

DIRECT BUSINESS IN THE STATE OF West Virginia

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 65722

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.

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) 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.

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



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Loyal American Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Wisconsin

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 65722

Table with 5 columns: Ordinary, Credit Life (Group and Individual), Group, Industrial, 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.

Table with 10 columns: Ordinary (No. of Pols. & Certifs., Amount), Credit Life (No. of Ind. Pols. & Gr. Certifs., Amount), Group (No. of Certifs., Amount), Industrial (No. of Pols. & Certifs., Amount), Total (No. of Pols. & Certifs., Amount). Rows include Direct Death Benefits and Matured Endowments Incurred and Policy Exhibit.

(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: Direct Premiums, Direct Premiums Earned, Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business, Direct Losses Paid, Direct Losses Incurred. Rows include Group Policies (b) and various accident types.

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



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Loyal American Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Wyoming

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 65722

Table with 5 columns: Ordinary, Credit Life (Group and Individual), Group, Industrial, 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.

Table with 10 columns: Ordinary (No. of Pol. & Certifs., Amount), Credit Life (No. of Ind. Pol. & Gr. Certifs., Amount), Group (No. of Certifs., Amount), Industrial (No. of Pol. & Certifs., Amount), Total (No. of Pol. & Certifs., Amount). Rows include Direct Death Benefits and Matured Endowments Incurred and Policy Exhibit.

(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: Direct Premiums, Direct Premiums Earned, Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business, Direct Losses Paid, Direct Losses Incurred. Rows include Group Policies, Federal Employees Health Benefits Plan, Medicare Title XVIII, and other accident only policies.

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



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Loyal American Life Insurance Company

DIRECT BUSINESS IN THE STATE OF American Samoa

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 65722

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.

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) 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.

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



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Loyal American Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Guam

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 65722

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.

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) 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.

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



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Loyal American Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Puerto Rico

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 65722

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	11,628				11,628
2. Annuity considerations	2				2
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	11,630				11,630
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	492				492
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	43				43
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)	535				535
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)	535				535
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts	13,080				13,080
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals	13,080				13,080
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims										
18.3 Totals paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements										
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	13	610,663	(a)						13	610,663
21. Issued during year										
22. Other changes to in force (Net)	(3)	(409,949)							(3)	(409,949)
23. In force December 31 of current year	10	200,714	(a)						10	200,714

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	5,799	5,798		556	647
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	5,799	5,798		556	647
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	5,799	5,798		556	647

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



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Loyal American Life Insurance Company

DIRECT BUSINESS IN THE STATE OF U.S. Virgin Islands

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 65722

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	7,555				7,555
2. Annuity considerations	.86				.86
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	7,641				7,641
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	.31				.31
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	.76				.76
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)	107				107
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)	107				107
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	37,584				37,584
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals	37,584				37,584
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pol. & Certifs.	Amount	No. of Ind. Pol. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pol. & Certifs.	Amount	No. of Pol. & Certifs.	Amount
16. Unpaid December 31, prior year	4	37,000							4	37,000
17. Incurred during current year	2	34,000							2	34,000
Settled during current year:										
18.1 By payment in full	4	37,000							4	37,000
18.2 By payment on compromised claims										
18.3 Totals paid	4	37,000							4	37,000
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	4	37,000							4	37,000
19. Unpaid Dec. 31, current year (16+17-18.6)	2	34,000							2	34,000
POLICY EXHIBIT						No. of Policies				
20. In force December 31, prior year	27	244,056	(a)						27	244,056
21. Issued during year										
22. Other changes to in force (Net)	(4)	(36,111)							(4)	(36,111)
23. In force December 31 of current year	23	207,945	(a)						23	207,945

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)	105	105			3
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	8,628	8,627		2,574	2,732
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	8,628	8,627		2,574	2,732
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	8,733	8,732		2,574	2,735

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



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Loyal American Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Northern Mariana Islands

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 65722

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.

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.

(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 Other Individual Policies: 25.1 Non-cancelable (b), 25.2 Guaranteed renewable (b), 25.3 Non-renewable for stated reasons only (b), 25.4 Other accident only, 25.5 All other (b), 25.6 Totals (sum of Lines 25.1 to 25.5), 26 Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)

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



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Loyal American Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Canada

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 65722

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.

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.

(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 Other Individual Policies: 25.1 Non-cancelable (b), 25.2 Guaranteed renewable (b), 25.3 Non-renewable for stated reasons only (b), 25.4 Other accident only, 25.5 All other (b), 25.6 Totals (sum of Lines 25.1 to 25.5), 26 Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)

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



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Loyal American Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Other Aliens

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 65722

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.

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) 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.

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



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Loyal American Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Grand Total

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 65722

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.

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) 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.

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

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Loyal American Life Insurance Company
FORM FOR CALCULATING THE INTEREST MAINTENANCE RESERVE

INTEREST MAINTENANCE RESERVE

	1 Amount
1. Reserve as of December 31, Prior Year	39,963
2. Current year's realized pre-tax capital gains/(losses) of \$45,896 transferred into the reserve net of taxes of \$9,638	36,258
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)	76,221
5. Current year's amortization released to Summary of Operations (Amortization, Line 1, Column 4)	216,024
6. Reserve as of December 31, current year (Line 4 minus Line 5)	(139,803)

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	235,569	(19,545)		216,024
2. 2022	49,739	28,984		78,723
3. 2023	(43,115)	26,802		(16,313)
4. 2024	(38,276)	17,257		(21,019)
5. 2025	(30,505)	7,229		(23,276)
6. 2026	(26,304)	(3,136)		(29,440)
7. 2027	(23,860)	(7,556)		(31,416)
8. 2028	(23,110)	(5,968)		(29,078)
9. 2029	(27,340)	(4,317)		(31,657)
10. 2030	(27,650)	(2,603)		(30,253)
11. 2031	(20,310)	(889)		(21,199)
12. 2032	(11,023)			(11,023)
13. 2033	(1,899)			(1,899)
14. 2034	4,232			4,232
15. 2035	6,575			6,575
16. 2036	7,074			7,074
17. 2037	4,958			4,958
18. 2038	2,717			2,717
19. 2039	1,695			1,695
20. 2040	763			763
21. 2041	74			74
22. 2042	(42)			(42)
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)	39,962	36,258		76,220

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Loyal American 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	2,310,477		2,310,477				2,310,477
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	501,469		501,469				501,469
8. Accumulated balances (Lines 1 through 5 - 6 + 7)	2,811,946		2,811,946				2,811,946
9. Maximum reserve	2,560,859		2,560,859				2,560,859
10. Reserve objective	1,525,883		1,525,883				1,525,883
11. 20% of (Line 10 - Line 8)	(257,213)		(257,213)				(257,213)
12. Balance before transfers (Lines 8 + 11)	2,554,733		2,554,733				2,554,733
13. Transfers							
14. Voluntary contribution							
15. Adjustment down to maximum/up to zero							
16. Reserve as of December 31, current year (Lines 12 + 13 + 14 + 15)	2,554,733		2,554,733				2,554,733

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

Line Number	NAIC Designation	Description	1 Book/Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	Basic Contribution		Reserve Objective		Maximum Reserve	
							5 Factor	6 Amount (Cols. 4 x 5)	7 Factor	8 Amount (Cols. 4 x 7)	9 Factor	10 Amount (Cols. 4 x 9)
LONG-TERM BONDS												
1.		Exempt Obligations	3,628,389	XXX	XXX	3,628,389	0.0000		0.0000		0.0000	
2.1	1	NAIC Designation Category 1.A	3,996,244	XXX	XXX	3,996,244	0.0005	1,998	0.0016	6,394	0.0033	13,188
2.2	1	NAIC Designation Category 1.B	2,797,725	XXX	XXX	2,797,725	0.0005	1,399	0.0016	4,476	0.0033	9,232
2.3	1	NAIC Designation Category 1.C		XXX	XXX		0.0005		0.0016		0.0033	
2.4	1	NAIC Designation Category 1.D	6,340,620	XXX	XXX	6,340,620	0.0005	3,170	0.0016	10,145	0.0033	20,924
2.5	1	NAIC Designation Category 1.E	9,015,095	XXX	XXX	9,015,095	0.0005	4,508	0.0016	14,424	0.0033	29,750
2.6	1	NAIC Designation Category 1.F	21,447,001	XXX	XXX	21,447,001	0.0005	10,724	0.0016	34,315	0.0033	70,775
2.7	1	NAIC Designation Category 1.G	26,450,218	XXX	XXX	26,450,218	0.0005	13,225	0.0016	42,320	0.0033	87,286
2.8		Subtotal NAIC 1 (2.1+2.2+2.3+2.4+2.5+2.6+2.7)	70,046,903	XXX	XXX	70,046,903	XXX	35,023	XXX	112,075	XXX	231,155
3.1	2	NAIC Designation Category 2.A	76,103,683	XXX	XXX	76,103,683	0.0021	159,818	0.0064	487,064	0.0106	806,699
3.2	2	NAIC Designation Category 2.B	112,089,397	XXX	XXX	112,089,397	0.0021	235,388	0.0064	717,372	0.0106	1,188,148
3.3	2	NAIC Designation Category 2.C	24,498,384	XXX	XXX	24,498,384	0.0021	51,447	0.0064	156,790	0.0106	259,683
3.4		Subtotal NAIC 2 (3.1+3.2+3.3)	212,691,464	XXX	XXX	212,691,464	XXX	446,652	XXX	1,361,225	XXX	2,254,530
4.1	3	NAIC Designation Category 3.A		XXX	XXX		0.0099		0.0263		0.0376	
4.2	3	NAIC Designation Category 3.B	1,999,338	XXX	XXX	1,999,338	0.0099	19,793	0.0263	52,583	0.0376	75,175
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)	1,999,338	XXX	XXX	1,999,338	XXX	19,793	XXX	52,583	XXX	75,175
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)	288,366,094	XXX	XXX	288,366,094	XXX	501,469	XXX	1,525,883	XXX	2,560,859
PREFERRED STOCKS												
10.	1	Highest Quality		XXX	XXX		0.0005		0.0016		0.0033	
11.	2	High Quality		XXX	XXX		0.0021		0.0064		0.0106	
12.	3	Medium Quality		XXX	XXX		0.0099		0.0263		0.0376	
13.	4	Low Quality		XXX	XXX		0.0245		0.0572		0.0817	
14.	5	Lower Quality		XXX	XXX		0.0630		0.1128		0.1880	
15.	6	In or Near Default		XXX	XXX		0.0000		0.2370		0.2370	
16.		Affiliated Life with AVR		XXX	XXX		0.0000		0.0000		0.0000	
17.		Total Preferred Stocks (Sum of Lines 10 through 16)		XXX	XXX		XXX		XXX		XXX	

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

Line 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)
SHORT-TERM BONDS												
18.		Exempt Obligations		XXX	XXX		0.0000		0.0000		0.0000	
19.1	1	NAIC Designation Category 1.A		XXX	XXX		0.0005		0.0016		0.0033	
19.2	1	NAIC Designation Category 1.B		XXX	XXX		0.0005		0.0016		0.0033	
19.3	1	NAIC Designation Category 1.C		XXX	XXX		0.0005		0.0016		0.0033	
19.4	1	NAIC Designation Category 1.D		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	
DERIVATIVE INSTRUMENTS												
26.		Exchange Traded		XXX	XXX		0.0005		0.0016		0.0033	
27.	1	Highest Quality		XXX	XXX		0.0005		0.0016		0.0033	
28.	2	High Quality		XXX	XXX		0.0021		0.0064		0.0106	
29.	3	Medium Quality		XXX	XXX		0.0099		0.0263		0.0376	
30.	4	Low Quality		XXX	XXX		0.0245		0.0572		0.0817	
31.	5	Lower Quality		XXX	XXX		0.0630		0.1128		0.1880	
32.	6	In or Near Default		XXX	XXX		0.0000		0.2370		0.2370	
33.		Total Derivative Instruments		XXX	XXX		XXX		XXX		XXX	
34.		Total (Lines 9 + 17 + 25 + 33)	288,366,094	XXX	XXX	288,366,094	XXX	501,469	XXX	1,525,883	XXX	2,560,859

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

Line Number	NAIC Designation	Description	1 Book/Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	Basic Contribution		Reserve Objective		Maximum Reserve	
							5 Factor	6 Amount (Cols. 4 x 5)	7 Factor	8 Amount (Cols. 4 x 7)	9 Factor	10 Amount (Cols. 4 x 9)
COMMON STOCK												
1.		Unaffiliated - Public		XXX	XXX		0.0000		0.1580 (a)		0.1580 (a)	
2.		Unaffiliated - Private		XXX	XXX		0.0000		0.1945		0.1945	
3.		Federal Home Loan Bank		XXX	XXX		0.0000		0.0061		0.0097	
4.		Affiliated - Life with AVR	76,712,016	XXX	XXX	76,712,016	0.0000		0.0000		0.0000	
Affiliated - Investment Subsidiary:												
5.		Fixed Income - Exempt Obligations					XXX		XXX		XXX	
6.		Fixed Income - Highest Quality					XXX		XXX		XXX	
7.		Fixed Income - High Quality					XXX		XXX		XXX	
8.		Fixed Income - Medium Quality					XXX		XXX		XXX	
9.		Fixed Income - Low Quality					XXX		XXX		XXX	
10.		Fixed Income - Lower Quality					XXX		XXX		XXX	
11.		Fixed Income - In/Near Default					XXX		XXX		XXX	
12.		Unaffiliated Common Stock - Public					0.0000		0.1580 (a)		0.1580 (a)	
13.		Unaffiliated Common Stock - Private					0.0000		0.1945		0.1945	
14.		Real Estate					(b)		(b)		(b)	
15.		Affiliated - Certain Other (See SVO Purposes and Procedures Manual)		XXX	XXX		0.0000		0.1580		0.1580	
16.		Affiliated - All Other		XXX	XXX		0.0000		0.1945		0.1945	
17.		Total Common Stock (Sum of Lines 1 through 16)	76,712,016			76,712,016	XXX		XXX		XXX	
REAL ESTATE												
18.		Home Office Property (General Account only)					0.0000		0.0912		0.0912	
19.		Investment Properties					0.0000		0.0912		0.0912	
20.		Properties Acquired in Satisfaction of Debt					0.0000		0.1337		0.1337	
21.		Total Real Estate (Sum of Lines 18 through 20)					XXX		XXX		XXX	
OTHER INVESTED ASSETS												
INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF BONDS												
22.		Exempt Obligations		XXX	XXX		0.0000		0.0000		0.0000	
23.	1	Highest Quality		XXX	XXX		0.0005		0.0016		0.0033	
24.	2	High Quality		XXX	XXX		0.0021		0.0064		0.0106	
25.	3	Medium Quality		XXX	XXX		0.0099		0.0263		0.0376	
26.	4	Low Quality		XXX	XXX		0.0245		0.0572		0.0817	
27.	5	Lower Quality		XXX	XXX		0.0630		0.1128		0.1880	
28.	6	In or Near Default		XXX	XXX		0.0000		0.2370		0.2370	
29.		Total with Bond Characteristics (Sum of Lines 22 through 28)		XXX	XXX		XXX		XXX		XXX	

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

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

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

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

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

Asset Valuation Reserve - Replications (Synthetic) Assets

NONE

Schedule F - Claims

NONE

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Loyal American Life Insurance Company

SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT

	Total		Group Accident and Health		Credit Accident and Health (Group and Individual)		Collectively Renewable		Other Individual Contracts									
	1 Amount	2 %	3 Amount	4 %	5 Amount	6 %	7 Amount	8 %	Non-Cancelable		Guaranteed Renewable		Non-Renewable for Stated Reasons Only		Other Accident Only		All Other	
									9 Amount	10 %	11 Amount	12 %	13 Amount	14 %	15 Amount	16 %	17 Amount	18 %
PART 1. - ANALYSIS OF UNDERWRITING OPERATIONS																		
1. Premiums written	359,043,238	XXX	1,480,557	XXX		XXX	230,811	XXX	325,645	XXX	356,793,741	XXX	197,798	XXX		XXX	14,686	XXX
2. Premiums earned	359,667,282	XXX	1,488,277	XXX		XXX	232,231	XXX	332,189	XXX	357,396,748	XXX	202,602	XXX		XXX	15,235	XXX
3. Incurred claims	232,070,715	64.5	526,807	35.4			138,808	59.8	1,781,702	536.4	229,574,327	64.2	41,772	20.6			7,300	47.9
4. Cost containment expenses	400,084	0.1									400,084	0.1						
5. Incurred claims and cost containment expenses (Lines 3 and 4)	232,470,799	64.6	526,807	35.4			138,808	59.8	1,781,702	536.4	229,974,411	64.3	41,772	20.6			7,300	47.9
6. Increase in contract reserves	14,427,844	4.0	947,060	63.6			(13,016)	(5.6)	(199,238)	(60.0)	13,695,789	3.8	(413)	(0.2)			(2,338)	(15.3)
7. Commissions (a)	46,730,747	13.0	163,736	11.0			(12,300)	(5.3)	19,551	5.9	46,560,283	13.0	(1,118)	(0.6)			595	3.9
8. Other general insurance expenses	42,229,607	11.7	126,425	8.5			53,246	22.9	55,857	16.8	41,903,328	11.7	85,244	42.1			5,507	36.1
9. Taxes, licenses and fees	8,920,464	2.5	92,052	6.2			798	0.3			8,827,567	2.5	47	0.0				
10. Total other expenses incurred	97,880,818	27.2	382,213	25.7			41,744	18.0	75,408	22.7	97,291,178	27.2	84,173	41.5			6,102	40.1
11. Aggregate write-ins for deductions	50,147	0.0	(2,370)	(0.2)			23	0.0	13	0.0	52,294	0.0	181	0.1			6	0.0
12. Gain from underwriting before dividends or refunds	14,837,675	4.1	(365,433)	(24.6)			64,673	27.8	(1,325,695)	(399.1)	16,383,076	4.6	76,890	38.0			4,164	27.3
13. Dividends or refunds																		
14. Gain from underwriting after dividends or refunds	14,837,675	4.1	(365,433)	(24.6)			64,673	27.8	(1,325,695)	(399.1)	16,383,076	4.6	76,890	38.0			4,164	27.3
DETAILS OF WRITE-INS																		
1101. Increase in Loading	6,999	0.0	(2,505)	(0.2)			(37)	0.0			9,460	0.0	80	0.0				
1102. Penalties	50,624	0.0	152	0.0			64	0.0	67	0.0	50,233	0.0	102	0.1			7	0.0
1103. Express Script Rebates	(7,477)	0.0	(16)	0.0			(4)	0.0	(55)	0.0	(7,399)	0.0	(1)	0.0				0.0
1198. Summary of remaining write-ins for Line 11 from overflow page	1	0.0							1	0.0								
1199. Totals (Lines 1101 thru 1103 plus 1198)(Line 11 above)	50,147	0.0	(2,370)	(0.2)			23	0.0	13	0.0	52,294	0.0	181	0.1			6	0.0

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

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Loyal American Life Insurance Company
SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT (Continued)

	1	2	3	4	Other Individual Contracts				
					5	6	7	8	9
	Total	Group Accident and Health	Credit Accident and Health (Group and Individual)	Collectively Renewable	Non-Cancelable	Guaranteed Renewable	Non-Renewable for Stated Reasons Only	Other Accident Only	All Other
PART 2. - RESERVES AND LIABILITIES									
A. Premium Reserves:									
1. Unearned premiums	10,435,226	54,366		15,314	42,074	10,275,743	45,638		2,091
2. Advance premiums	2,648,045	12,346		2,461	1,692	2,628,917	2,433		196
3. Reserve for rate credits									
4. Total premium reserves, current year	13,083,271	66,712		17,775	43,766	12,904,660	48,071		2,287
5. Total premium reserves, prior year	14,234,025	80,825		23,225	50,564	14,024,664	51,959		2,788
6. Increase in total premium reserves	(1,150,754)	(14,113)		(5,450)	(6,798)	(1,120,004)	(3,888)		(501)
B. Contract Reserves:									
1. Additional reserves (a)	159,269,188	9,566,359		94,081	521,635	149,074,470	2,579		10,064
2. Reserve for future contingent benefits									
3. Total contract reserves, current year	159,269,188	9,566,359		94,081	521,635	149,074,470	2,579		10,064
4. Total contract reserves, prior year	144,841,344	8,619,299		107,097	720,873	135,378,681	2,992		12,402
5. Increase in contract reserves	14,427,844	947,060		(13,016)	(199,238)	13,695,789	(413)		(2,338)
C. Claim Reserves and Liabilities:									
1. Total current year	60,859,094	441,529		34,926	5,503,716	54,682,554	37,886		158,483
2. Total prior year	56,389,496	440,805		36,729	5,172,439	50,493,019	44,929		201,574
3. Increase	4,469,598	724		(1,803)	331,277	4,189,535	(7,043)		(43,091)

PART 3. - TEST OF PRIOR YEAR'S CLAIM RESERVES AND LIABILITIES									
1. Claims paid during the year:									
1.1 On claims incurred prior to current year	35,757,228	205,914		22,791	1,298,479	34,164,578	16,113		49,353
1.2 On claims incurred during current year	191,843,889	320,169		117,820	151,946	191,220,214	32,702		1,038
2. Claim reserves and liabilities, December 31, current year:									
2.1 On claims incurred prior to current year	14,370,835	62,783		3,173	3,985,943	10,168,814	3,193		146,929
2.2 On claims incurred during current year	46,488,259	378,746		31,753	1,517,773	44,513,740	34,693		11,554
3. Test:									
3.1 Lines 1.1 and 2.1	50,128,063	268,697		25,964	5,284,422	44,333,392	19,306		196,282
3.2 Claim reserves and liabilities, December 31, prior year	56,389,496	440,805		36,729	5,172,439	50,493,019	44,929		201,574
3.3 Line 3.1 minus Line 3.2	(6,261,433)	(172,108)		(10,765)	111,983	(6,159,627)	(25,623)		(5,292)

PART 4. - REINSURANCE									
A. Reinsurance Assumed:									
1. Premiums written	80,123,523	1,439,343		215,240	325,645	77,930,811	197,798		14,686
2. Premiums earned	80,645,024	1,446,812		216,463	332,189	78,431,721	202,602		15,235
3. Incurred claims	56,478,597	512,623		125,958	1,721,035	54,065,663	46,016		7,301
4. Commissions	8,091,958	165,742		(13,588)	19,551	7,920,776	(1,118)		595
B. Reinsurance Ceded:									
1. Premiums written	10,054,167	3,284,885				6,769,282			
2. Premiums earned	10,068,718	3,296,377				6,772,341			
3. Incurred claims	6,610,715	1,554,847		(62)		5,055,930			
4. Commissions	1,846,281	814,447				1,031,834			

(a) Includes \$ premium deficiency reserve.

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Loyal American Life Insurance Company

SCHEDULE H - PART 5 - HEALTH CLAIMS

	1 Medical	2 Dental	3 Other	4 Total
A. Direct:				
1. Incurred Claims			182,203,517	182,203,517
2. Beginning Claim Reserves and Liabilities			38,675,189	38,675,189
3. Ending Claim Reserves and Liabilities			41,722,868	41,722,868
4. Claims Paid			179,155,838	179,155,838
B. Assumed Reinsurance:				
5. Incurred Claims.....	158,837	129,406	56,190,353	56,478,596
6. Beginning Claim Reserves and Liabilities	55,270	12,389	19,751,630	19,819,289
7. Ending Claim Reserves and Liabilities	81,246	11,312	21,001,809	21,094,367
8. Claims Paid	132,861	130,483	54,940,174	55,203,518
C. Ceded Reinsurance:				
9. Incurred Claims.....			6,610,714	6,610,714
10. Beginning Claim Reserves and Liabilities			3,843,626	3,843,626
11. Ending Claim Reserves and Liabilities			3,505,072	3,505,072
12. Claims Paid			6,949,268	6,949,268
D. Net:				
13. Incurred Claims.....	158,837	129,406	231,783,156	232,071,399
14. Beginning Claim Reserves and Liabilities	55,270	12,389	54,583,193	54,650,852
15. Ending Claim Reserves and Liabilities	81,246	11,312	59,219,605	59,312,163
16. Claims Paid	132,861	130,483	227,146,744	227,410,088
E. Net Incurred Claims and Cost Containment Expenses:				
17. Incurred Claims and Cost Containment Expenses	158,837	129,406	232,183,240	232,471,483
18. Beginning Reserves and Liabilities	55,270	12,389	54,623,886	54,691,545
19. Ending Reserves and Liabilities	81,246	11,312	59,242,471	59,335,029
20. Paid Claims and Cost Containment Expenses	132,861	130,483	227,564,655	227,827,999

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Loyal American Life Insurance Company

SCHEDULE S - PART 1 - SECTION 2

Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Effective Date	Name of Reinsured	Domiciliary Jurisdiction	Type of Reinsurance Assumed	Type of Business Assumed	Premiums	Unearned Premiums	Reserve Liability Other Than for Unearned Premiums	Reinsurance Payable on Paid and Unpaid Losses	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
0399999. Total - U.S. Affiliates												
0699999. Total - Non-U.S. Affiliates												
0799999. Total - Affiliates												
66044	46-0164570	01/01/1994	Midland National Life	IA	OTH/I	SD	7,188	367	11,344	4,064		
63312	13-1935920	08/31/2012	Great American Life Insurance Company	OH	OTH/I	A	910	250	3,807	105		
63312	13-1935920	08/31/2012	Great American Life Insurance Company	OH	OTH/I	LTDI	3,339	1,867	45,379	1,462		
63312	13-1935920	08/31/2012	Great American Life Insurance Company	OH	OTH/I	MS	2,409,048	104,153	1,037,817	231,162		
63312	13-1935920	08/31/2012	Great American Life Insurance Company	OH	OTH/I	OM	1,526	490	15,857	670		
66583	39-0493780	11/15/2017	National Guardian Life Insurance Company	WI	OTH/I	MS	15,026,150	194,093		1,627,959		
71404	47-0463747	08/31/2012	Continental General Insurance Company	TX	OTH/I	A	556,328	47,165	328,579	58,340		
71404	47-0463747	08/31/2012	Continental General Insurance Company	TX	OTH/I	CMM	103,738	12,475	52,239	81,246		
71404	47-0463747	08/31/2012	Continental General Insurance Company	TX	OTH/I	D	136,381	9,312		10,189		
71404	47-0463747	08/31/2012	Continental General Insurance Company	TX	OTH/I	LTDI	932,212	116,305	10,360,171	764,465		
71404	47-0463747	08/31/2012	Continental General Insurance Company	TX	OTH/I	MS	33,429,625	2,906,936	5,517,085	3,084,159		
71404	47-0463747	08/31/2012	Continental General Insurance Company	TX	OTH/I	OM	194,082	16,844	367,431	87,447		
71404	47-0463747	08/31/2012	Continental General Insurance Company	TX	OTH/I	SD	25,832,851	1,170,625	101,626,935	8,450,513		
71404	47-0463747	08/31/2012	Continental General Insurance Company	TX	OTH/I	STM	27,152	3,484	173,966	11,739		
71404	47-0463747	08/31/2012	Continental General Insurance Company	TX	OTH/G	D	63,153	353		1,123		
71404	47-0463747	08/31/2012	Continental General Insurance Company	TX	OTH/G	MS	305,289	6,778	9,836	25,305		
71404	47-0463747	08/31/2012	Continental General Insurance Company	TX	OTH/G	OM	31,130	776	17,508	14,671		
71404	47-0463747	08/31/2012	Continental General Insurance Company	TX	OTH/G	SD	1,039,771	44,526	9,459,134	267,889		
0899999. U.S. Non-Affiliates							80,099,873	4,636,799	129,027,088	14,722,508		
1099999. Total - Non-Affiliates							80,099,873	4,636,799	129,027,088	14,722,508		
1199999. Total U.S. (Sum of 0399999 and 0899999)							80,099,873	4,636,799	129,027,088	14,722,508		
1299999. Total Non-U.S. (Sum of 0699999 and 0999999)												
9999999 - Totals							80,099,873	4,636,799	129,027,088	14,722,508		

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Loyal American Life Insurance Company

SCHEDULE S - PART 3 - SECTION 1

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domi- ciliary Juris- diction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Amount in Force at End of Year	Reserve Credit Taken		11 Premiums	Outstanding Surplus Relief		14 Modified Coinsurance Reserve	15 Funds Withheld Under Coinsurance
								9 Current Year	10 Prior Year		12 Current Year	13 Prior Year		
0399999. Total General Account - Authorized U.S. Affiliates														
0699999. Total General Account - Authorized Non-U.S. Affiliates														
0799999. Total General Account - Authorized Affiliates														
86231	39-0989781	04/24/1975	Transamerica Life Insurance Company	IA	YRT/I	OL	1,504,556	47,760	49,340	107,583				
93572	43-1235868	06/01/1989	RGA Insurance Company	MO	YRT/I	OL	77,614	22	21	523				
93572	43-1235868	12/15/1989	RGA Insurance Company	MO	YRT/I	OL	39,500	577	528	852				
93572	43-1235868	09/01/1986	RGA Insurance Company	MO	YRT/I	OL	33,333	351	319	813				
60895	35-0145825	05/01/1980	American United Life Insurance Company	IN	CO/I	OL	270,000	15,594	11,060	19,486				
60895	35-0145825	03/01/1965	American United Life Insurance Company	IN	YRT/I	OL	4,823	261	304	587				
60895	35-0145825	02/14/1962	American United Life Insurance Company	IN	YRT/I	OL			3,773	907				
88099	75-1608507	01/01/1975	Optimum Re Insurance Company	TX	YRT/I	OL	12,395	75	70	126				
86258	13-2572994	02/01/1990	General Re Life Corporation	CT	YRT/I	OL	8,987	7	7	170				
86258	13-2572994	12/15/1989	General Re Life Corporation	CT	YRT/I	OL	39,500	577	528	852				
86258	13-2572994	11/22/1966	General Re Life Corporation	CT	YRT/I	OL	8,000	189	173	274				
86258	13-2572994	02/12/1965	General Re Life Corporation	CT	YRT/I	OL	483,197	14,354	20,431	13,092				
68276	48-1024691	07/01/1983	Employers Reassurance Corporation	KS	YRT/I	OL	102,165	59	779	1,297				
68276	48-1024691	07/01/1983	Employers Reassurance Corporation	KS	YRT/I	OL	110,667	3,419	10,135	3,020				
68276	48-1024691	10/01/1986	Employers Reassurance Corporation	KS	CO/I	OL	33,333	351	319	802				
91472	63-0782739	05/17/1972	Globe Life & Accident Insurance Company	NE	CO/I	OL	1,760,492	1,192,872	1,294,912	32,466				
86258	13-2572994	05/01/1984	General Re Life Corporation	CT	CO/I	OL	2,176,570	2,274,755	2,168,226	233,892				
82627	06-0839705	04/01/1982	Swiss Re Life & Health America Inc	MO	YRT/I	OL	433,559	19,693	20,844	5,348				
82627	06-0839705	11/01/2000	Swiss Re Life & Health America Inc	MO	OTH/I	OL				6,796				
88099	75-1608507	09/01/1980	Optimum Re Insurance Company	TX	CO/I	OL	200,000	97,400	93,400	5,644				
88099	75-1608507	12/31/1985	Optimum Re Insurance Company	TX	CO/I	OL	1,000,000	23,823	23,122	2,141				
88099	75-1608507	10/15/1980	Optimum Re Insurance Company	TX	YRT/I	OL	350,252	2,806	2,740	14,712				
87572	23-2038295	03/01/1980	Scottish Re (US) Inc	DE	CO/I	OL	10,000	495	417	2,484				
87572	23-2038295	10/01/1981	Scottish Re (US) Inc	DE	YRT/I	OL	20,814	35	36	804				
87572	23-2038295	01/01/1969	Scottish Re (US) Inc	DE	YRT/I	OL	114,214	4,146	3,899	6,890				
88340	59-2859797	11/01/1991	Hannover Life Reassurance Company Of America	FL	YRT/I	OL	3,375,619	3,014	2,935	72,228				
88340	59-2859797	07/01/1983	Hannover Life Reassurance Company Of America	FL	YRT/I	OL	1,470,178	912	1,048	22,814				
88340	59-2859797	07/01/1983	Hannover Life Reassurance Company Of America	FL	YRT/I	OL	210,919	245	495	14,349				
88340	59-2859797	04/01/1996	Hannover Life Reassurance Company Of America	FL	CO/I	OL	170,896	586	610	2,758				
64688	75-6020048	06/01/1989	SCOR Global Life Americas Reinsurance Company	DE	YRT/I	OL	68,626	66	14	354				
64688	75-6020048	09/01/1986	SCOR Global Life Americas Reinsurance Company	DE	YRT/I	OL	33,334	350	319	912				
64688	75-6020048	08/01/1987	SCOR Global Life Americas Reinsurance Company	DE	YRT/I	OL	40,896	217	69	410				
64688	75-6020048	06/01/1991	SCOR Global Life Americas Reinsurance Company	DE	YRT/I	OL	1,940,114	1,666	1,645	40,824				
88099	75-1608507	03/01/1976	Optimum Re Insurance Company	TX	YRT/I	OL	33,409	195	177	463				
82627	06-0839705	07/01/1981	Swiss Re Life & Health America Inc	MO	YRT/I	OL				468				
88099	75-1608507	03/01/2002	Optimum Re Insurance Company	TX	CO/I	XXXL	12,686,160	200,949	279,899	15,907				
88340	59-2859797	03/01/2002	Hannover Life Reassurance Company Of America	FL	CO/I	XXXL	16,914,881	267,933	373,199	21,210				
93572	43-1235868	03/01/2002	RGA Reinsurance Company	MO	CO/I	XXXL	4,228,721	66,983	186,599	10,605				
68713	84-0499703	03/01/2002	Security Life of Denver Insurance Company	CO	CO/I	XXXL	8,457,440	133,966	93,300	5,302				
63312	13-1935920	08/31/2012	Great American Life Insurance Company	OH	CO/I	OL	257,287,839	100,307,486	104,597,183	2,782,189				
63312	13-1935920	08/31/2012	Great American Life Insurance Company	OH	CO/I	FA		85,541,554	91,341,957	181,811				
63312	13-1935920	01/01/2007	Great American Life Insurance Company	OH	CO/I	IA		16,655,845	17,889,579	178,025				
0899999. General Account - Authorized U.S. Non-Affiliates							315,713,003	206,881,588	218,474,879	3,813,493				
1099999. Total General Account - Authorized Non-Affiliates							315,713,003	206,881,588	218,474,879	3,813,493				
1199999. Total General Account Authorized							315,713,003	206,881,588	218,474,879	3,813,493				
1499999. Total General Account - Unauthorized U.S. Affiliates														
1799999. Total General Account - Unauthorized Non-U.S. Affiliates														
1899999. Total General Account - Unauthorized Affiliates														
2199999. Total General Account - Unauthorized Non-Affiliates														
2299999. Total General Account Unauthorized														
2599999. Total General Account - Certified U.S. Affiliates														
2899999. Total General Account - Certified Non-U.S. Affiliates														

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Loyal American Life Insurance Company

SCHEDULE S - PART 3 - SECTION 1

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domi- ciliary Juris- diction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Amount in Force at End of Year	Reserve Credit Taken		11 Premiums	Outstanding Surplus Relief		14 Modified Coinsurance Reserve	15 Funds Withheld Under Coinsurance
								9 Current Year	10 Prior Year		12 Current Year	13 Prior Year		
2999999			Total General Account - Certified Affiliates											
3299999			Total General Account - Certified Non-Affiliates											
3399999			Total General Account Certified											
3699999			Total General Account - Reciprocal Jurisdiction U.S. Affiliates											
3999999			Total General Account - Reciprocal Jurisdiction Non-U.S. Affiliates											
4099999			Total General Account - Reciprocal Jurisdiction Affiliates											
4399999			Total General Account - Reciprocal Jurisdiction Non-Affiliates											
4499999			Total General Account Reciprocal Jurisdiction											
4599999			Total General Account Authorized, Unauthorized, Reciprocal Jurisdiction and Certified				315,713,003	206,881,588	218,474,879	3,813,493				
4899999			Total Separate Accounts - Authorized U.S. Affiliates											
5199999			Total Separate Accounts - Authorized Non-U.S. Affiliates											
5299999			Total Separate Accounts - Authorized Affiliates											
5599999			Total Separate Accounts - Authorized Non-Affiliates											
5699999			Total Separate Accounts Authorized											
5999999			Total Separate Accounts - Unauthorized U.S. Affiliates											
6299999			Total Separate Accounts - Unauthorized Non-U.S. Affiliates											
6399999			Total Separate Accounts - Unauthorized Affiliates											
6699999			Total Separate Accounts - Unauthorized Non-Affiliates											
6799999			Total Separate Accounts Unauthorized											
7099999			Total Separate Accounts - Certified U.S. Affiliates											
7399999			Total Separate Accounts - Certified Non-U.S. Affiliates											
7499999			Total Separate Accounts - Certified Affiliates											
7799999			Total Separate Accounts - Certified Non-Affiliates											
7899999			Total Separate Accounts Certified											
8199999			Total Separate Accounts - Reciprocal Jurisdiction U.S. Affiliates											
8499999			Total Separate Accounts - Reciprocal Jurisdiction Non-U.S. Affiliates											
8599999			Total Separate Accounts - Reciprocal Jurisdiction Affiliates											
8899999			Total Separate Accounts - Reciprocal Jurisdiction Non-Affiliates											
8999999			Total Separate Accounts Reciprocal Jurisdiction											
9099999			Total Separate Accounts Authorized, Unauthorized, Reciprocal Jurisdiction and Certified											
9199999			Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3699999, 4199999, 4899999, 5399999, 5999999, 6499999, 7099999, 7599999, 8199999 and 8699999)				315,713,003	206,881,588	218,474,879	3,813,493				
9299999			Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2899999, 3199999, 3999999, 4299999, 5199999, 5499999, 6299999, 6599999, 7399999, 7699999, 8499999 and 8799999)											
9999999			- Totals				315,713,003	206,881,588	218,474,879	3,813,493				

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ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Loyal American Life Insurance Company

SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domi- ciliary Juris- diction	6 Type of Reinsur- ance Ceded	7 Type of Business Ceded	8 Premiums	9 Unearned Premiums (Estimated)	10 Reserve Credit Taken Other than for Unearned Premiums	Outstanding Surplus Relief		13 Modified Coinsurance Reserve	14 Funds Withheld Under Coinsurance
										11 Current Year	12 Prior Year		
0399999. Total General Account - Authorized U.S. Affiliates													
0699999. Total General Account - Authorized Non-U.S. Affiliates													
0799999. Total General Account - Authorized Affiliates													
99724	73-1155182	06/01/2008	LifeShield National Insurance Company	OK	OTH/G	LTDI	3,022						
99724	73-1155182	06/01/2008	LifeShield National Insurance Company	OK	OTH/G	OM	701,931	2,072	229,785				
99724	73-1155182	06/01/2008	LifeShield National Insurance Company	OK	OTH/G	SD	2,579,931	13,681	312,210				
99724	73-1155182	06/01/2008	LifeShield National Insurance Company	OK	OTH/I	A	1,155,381	31,641	681,853				
99724	73-1155182	06/01/2008	LifeShield National Insurance Company	OK	OTH/I	LTDI	98,538	3,457	50,981				
99724	73-1155182	06/01/2008	LifeShield National Insurance Company	OK	OTH/I	OM	1,414,435	34,518	4,131,050				
99724	73-1155182	06/01/2008	LifeShield National Insurance Company	OK	OTH/I	SD	4,001,894	107,306	8,222,452				
71404	47-0463747	01/01/2009	Continental General Insurance Company	TX	OTH/I	LTDI	99,034	22,584	1,552,513				
62308	06-0303370	01/01/1984	Connecticut General Life Insurance Co	CT	OTH/I	A							
0899999. General Account - Authorized U.S. Non-Affiliates													
00000	AA-1122000	07/01/2019	Lloyds of London	GBR	CAT/G	OM	3,867						
00000	AA-1122000	07/01/2019	Lloyds of London	GBR	CAT/G	A	7,153						
0999999. General Account - Authorized Non-U.S. Non-Affiliates													
1099999. Total General Account - Authorized Non-Affiliates													
1199999. Total General Account Authorized													
1499999. Total General Account - Unauthorized U.S. Affiliates													
1799999. Total General Account - Unauthorized Non-U.S. Affiliates													
1899999. Total General Account - Unauthorized Affiliates													
2199999. Total General Account - Unauthorized Non-Affiliates													
2299999. Total General Account Unauthorized													
2599999. Total General Account - Certified U.S. Affiliates													
2899999. Total General Account - Certified Non-U.S. Affiliates													
2999999. Total General Account - Certified Affiliates													
3299999. Total General Account - Certified Non-Affiliates													
3399999. Total General Account Certified													
3699999. Total General Account - Reciprocal Jurisdiction U.S. Affiliates													
3999999. Total General Account - Reciprocal Jurisdiction Non-U.S. Affiliates													
4099999. Total General Account - Reciprocal Jurisdiction Affiliates													
4399999. Total General Account - Reciprocal Jurisdiction Non-Affiliates													
4499999. Total General Account Reciprocal Jurisdiction													
4599999. Total General Account Authorized, Unauthorized, Reciprocal Jurisdiction and Certified													
4899999. Total Separate Accounts - Authorized U.S. Affiliates													
5199999. Total Separate Accounts - Authorized Non-U.S. Affiliates													
5299999. Total Separate Accounts - Authorized Affiliates													
5599999. Total Separate Accounts - Authorized Non-Affiliates													
5699999. Total Separate Accounts Authorized													
5999999. Total Separate Accounts - Unauthorized U.S. Affiliates													
6299999. Total Separate Accounts - Unauthorized Non-U.S. Affiliates													
6399999. Total Separate Accounts - Unauthorized Affiliates													
6699999. Total Separate Accounts - Unauthorized Non-Affiliates													
6799999. Total Separate Accounts Unauthorized													
7099999. Total Separate Accounts - Certified U.S. Affiliates													
7399999. Total Separate Accounts - Certified Non-U.S. Affiliates													
7499999. Total Separate Accounts - Certified Affiliates													
7799999. Total Separate Accounts - Certified Non-Affiliates													
7899999. Total Separate Accounts Certified													
8199999. Total Separate Accounts - Reciprocal Jurisdiction U.S. Affiliates													
8499999. Total Separate Accounts - Reciprocal Jurisdiction Non-U.S. Affiliates													
8599999. Total Separate Accounts - Reciprocal Jurisdiction Affiliates													
8899999. Total Separate Accounts - Reciprocal Jurisdiction Non-Affiliates													

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Loyal American Life Insurance Company

SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domi- ciliary Juris- diction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Premiums	9 Unearned Premiums (Estimated)	10 Reserve Credit Taken Other than for Unearned Premiums	Outstanding Surplus Relief		13 Modified Coinsurance Reserve	14 Funds Withheld Under Coinsurance
										11 Current Year	12 Prior Year		
8999999. Total Separate Accounts Reciprocal Jurisdiction													
9099999. Total Separate Accounts Authorized, Unauthorized, Reciprocal Jurisdiction and Certified													
9199999. Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3699999, 4199999, 4899999, 5399999, 5999999, 6499999, 7099999, 7599999, 8199999 and 8699999)							10,054,166	215,259	15,180,844				
9299999. Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2899999, 3199999, 3999999, 4299999, 5199999, 5499999, 6299999, 6599999, 7399999, 7699999, 8499999 and 8799999)							11,020						
9999999 - Totals							10,065,186	215,259	15,180,844				

Schedule S - Part 4

NONE

Schedule S - Part 4 - Bank Footnote

NONE

Schedule S - Part 5

NONE

Schedule S - Part 5 - Bank Footnote

NONE

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Loyal American Life Insurance Company

SCHEDULE S - PART 6

Five Year Exhibit of Reinsurance Ceded Business
(\$000 Omitted)

	1 2021	2 2020	3 2019	4 2018	5 2017
A. OPERATIONS ITEMS					
1. Premiums and annuity considerations for life and accident and health contracts	13,879	16,157	17,989	20,279	22,089
2. Commissions and reinsurance expense allowances	1,915	2,334	2,796	3,962	4,002
3. Contract claims	19,776	18,416	20,793	21,849	21,513
4. Surrender benefits and withdrawals for life contracts					
5. Dividends to policyholders and refunds to members					
6. Reserve adjustments on reinsurance ceded					
7. Increase in aggregate reserve for life and accident and health contracts					
B. BALANCE SHEET ITEMS					
8. Premiums and annuity considerations for life and accident and health contracts deferred and uncollected	688	1,040	1,197	1,314	1,490
9. Aggregate reserves for life and accident and health contracts	222,278	235,072	247,175	265,366	285,759
10. Liability for deposit-type contracts	9,177	9,640	9,191	9,483	10,139
11. Contract claims unpaid	8,007	7,159	7,706	8,049	8,495
12. Amounts recoverable on reinsurance	1,592	1,818	2,256	2,443	2,937
13. Experience rating refunds due or unpaid					
14. Policyholders' dividends and refunds to members (not included in Line 10)					
15. Commissions and reinsurance expense allowances due					
16. Unauthorized reinsurance offset					
17. Offset for reinsurance with Certified Reinsurers					
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
18. Funds deposited by and withheld from (F)					
19. Letters of credit (L)					
20. Trust agreements (T)					
21. Other (O)					
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
22. Multiple Beneficiary Trust					
23. Funds deposited by and withheld from (F)					
24. Letters of credit (L)					
25. Trust agreements (T)					
26. Other (O)					

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Loyal American Life Insurance Company

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit for Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	370,772,637		370,772,637
2. Reinsurance (Line 16)	2,172,588	(2,172,588)	
3. Premiums and considerations (Line 15)	(225,442)	687,505	462,063
4. Net credit for ceded reinsurance	XXX	222,592,866	222,592,866
5. All other admitted assets (balance)	30,284,229		30,284,229
6. Total assets excluding Separate Accounts (Line 26)	403,004,012	221,107,783	624,111,795
7. Separate Account assets (Line 27)			
8. Total assets (Line 28)	403,004,012	221,107,783	624,111,795
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
9. Contract reserves (Lines 1 and 2)	182,828,343	213,101,090	395,929,433
10. Liability for deposit-type contracts (Line 3)	62		62
11. Claim reserves (Line 4)	52,375,320	8,006,693	60,382,013
12. Policyholder dividends/member refunds/reserves (Lines 5 through 7)			
13. Premium & annuity considerations received in advance (Line 8)	2,651,236		2,651,236
14. Other contract liabilities (Line 9)	1,018,268		1,018,268
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)	30,504,873		30,504,873
20. Total liabilities excluding Separate Accounts (Line 26)	269,378,102	221,107,783	490,485,885
21. Separate Account liabilities (Line 27)			
22. Total liabilities (Line 28)	269,378,102	221,107,783	490,485,885
23. Capital & surplus (Line 38)	133,625,910	XXX	133,625,910
24. Total liabilities, capital & surplus (Line 39)	403,004,012	221,107,783	624,111,795
NET CREDIT FOR CEDED REINSURANCE			
25. Contract reserves	213,101,090		
26. Claim reserves	8,006,693		
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	2,172,588		
32. Other ceded reinsurance recoverables			
33. Total ceded reinsurance recoverables	223,280,371		
34. Premiums and considerations	687,505		
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	687,505		
41. Total net credit for ceded reinsurance	222,592,866		

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Loyal American Life Insurance Company

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

Allocated by States and Territories

		Direct Business Only					6 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	
States, Etc.							
1. Alabama	AL	430,696	1,860	9,662		132	442,350
2. Alaska	AK	4,687	653				5,340
3. Arizona	AZ	51,459	39	3,454		1,112	56,064
4. Arkansas	AR	207,793	205	2,689		151	210,838
5. California	CA	163,774	802	33,905	1,830	1,393	201,704
6. Colorado	CO	59,905	23	307	11,649	248	72,132
7. Connecticut	CT	35,253	26	6,078			41,357
8. Delaware	DE	21,716	21				21,737
9. District of Columbia	DC	8,131					8,131
10. Florida	FL	358,580	100,307	6,278	6,419	1,707	473,291
11. Georgia	GA	333,795	75,887	1,666	14,549	2,069	427,966
12. Hawaii	HI	7,406	30			698	8,134
13. Idaho	ID	19,769					19,769
14. Illinois	IL	299,266	204	909	1,462		301,841
15. Indiana	IN	275,564	352	286		466	276,668
16. Iowa	IA	77,172	18,918	2,682		214	98,986
17. Kansas	KS	141,504	127	1,564	4,594	61	147,850
18. Kentucky	KY	216,178	189	1,312		200	217,879
19. Louisiana	LA	210,906	111	2,140		164	213,321
20. Maine	ME	47,092	203	197			47,492
21. Maryland	MD	89,688	504	108		1,685	91,985
22. Massachusetts	MA	48,928	219			385	49,532
23. Michigan	MI	128,750	290			94	129,134
24. Minnesota	MN	36,205	65,237			159	101,601
25. Mississippi	MS	243,832	2,012	161		244	246,249
26. Missouri	MO	204,455	76,042	1,119	11,532		293,148
27. Montana	MT	5,025	65				5,090
28. Nebraska	NE	54,276	621		1,899	4,114	60,909
29. Nevada	NV	39,527	6	114		4,372	44,019
30. New Hampshire	NH	12,159	37				12,196
31. New Jersey	NJ	152,186	1,658			88	153,932
32. New Mexico	NM	54,675	15			88	54,778
33. New York	NY	10,023	126			297	10,447
34. North Carolina	NC	486,441	502	6,271	11,840	17,487	522,541
35. North Dakota	ND	4,317					4,317
36. Ohio	OH	198,790	61	2,017			200,868
37. Oklahoma	OK	132,932	122				133,054
38. Oregon	OR	52,791	13			23	52,828
39. Pennsylvania	PA	224,073	9,456	4,588		69	238,186
40. Rhode Island	RI	14,727	64	130			14,921
41. South Carolina	SC	349,084	570	1,824		1,363	352,841
42. South Dakota	SD	40,358	8				40,366
43. Tennessee	TN	393,296	667	2,222	4,492	577	401,254
44. Texas	TX	955,582	156	15,270		3,659	974,667
45. Utah	UT	24,503	345	290		110	25,247
46. Vermont	VT	88,740	245				88,985
47. Virginia	VA	216,426	158	74		1,109	217,767
48. Washington	WA	92,872	36		2,550	234	95,692
49. West Virginia	WV	132,014	434				132,448
50. Wisconsin	WI	53,843	36		9,505		63,384
51. Wyoming	WY	8,105		592			8,697
52. American Samoa	AS		85				85
53. Guam	GU	943				153	1,096
54. Puerto Rico	PR	11,628	2				11,630
55. U.S. Virgin Islands	VI	7,555	86				7,641
56. Northern Mariana Islands	MP						
57. Canada	CAN						
58. Aggregate Other Alien	OT	149,807				804	150,611
59. Total		7,689,203	359,836	107,909	82,321	45,729	8,284,998

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Loyal American 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	DS	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 Loyal American 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		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 Loyal American Life Insurance Company

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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.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		

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ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Loyal American Life Insurance Company

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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.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	UDP	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 Loyal American 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	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		

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ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Loyal American 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		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	IA	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		

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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 Loyal American Life Insurance Company

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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.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	RE	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		

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SCHEDULE Y
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Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	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		

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SCHEDULE Y

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.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	IA	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				Secon 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 Loyal American 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	IA	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		

NONE

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ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Loyal American 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 Loyal American 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)	

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ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Loyal American 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.										

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ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Loyal American 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

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ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Loyal American 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										

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ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Loyal American 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

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ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Loyal American 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										

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ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Loyal American 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
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	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.										

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ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Loyal American 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
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	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.										

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ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Loyal American Life Insurance Company

SCHEDULE Y

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

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	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										

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Loyal American 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
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	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	Secon Properties, LP										
	82-1732483	SOMA Apartments Venture LLC										
	82-4405071	Specialty Products Acquisitions, LLC										
	61-1317695	SpectraCare Health Care Ventures, Inc.										
	61-1147068	SpectraCare, Inc.										
77399	13-1867829	Sterling Life Insurance Company	(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 Loyal American 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 Loyal American 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 Loyal American 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
MARCH FILING	
1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
2. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	YES
3. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required, by March 1?	YES
4. Will an actuarial opinion be filed by March 1?	YES
APRIL FILING	
5. Will Management's Discussion and Analysis be filed by April 1?	YES
6. Will the Life, Health & Annuity Guaranty Association 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
JUNE FILING	
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.

MARCH FILING	
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?	YES
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?	YES
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?	YES
15. Will the actuarial opinion on X-Factors be filed with the state of domicile and electronically with the NAIC by March 1?	YES
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?	YES
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? YES
- 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? YES
- 35. Will the Health Care Receivables Supplement be filed with the state of domicile and the NAIC by March 1? YES

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? YES
- 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? YES
- 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? YES
- 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 this supplement is not required to be filed.
- 12. The data for this supplement is not required to be filed.
- 16. The data for this supplement is not required to be filed.
- 17. The data for this supplement is not required to be filed.
- 18. The data for this supplement is not required to be filed.
- 20. The data for this supplement is not required to be filed.
- 21. The data for this supplement is not required to be filed.
- 22. The data for this supplement is not required to be filed.
- 23. The data for this supplement is not required to be filed.
- 24. The data for this supplement is not required to be filed.
- 25. The data for this supplement is not required to be filed.
- 26. The data for this supplement is not required to be filed.
- 27. The data for this supplement is not required to be filed.
- 28. The data for this supplement is not required to be filed.
- 30. The data for this supplement is not required to be filed.
- 31. The data for this supplement is not required to be filed.
- 32. The data for this supplement is not required to be filed.
- 33. The data for this supplement is not required to be filed.
- 38. The data for this supplement is not required to be filed.
- 40. The data for this supplement is not required to be filed.
- 41. The data for this supplement is not required to be filed.
- 42. The data for this supplement is not required to be filed.
- 44. The data for this supplement is not required to be filed.
- 45. The data for this supplement is not required to be filed.
- 46. The data for this supplement is not required to be filed.
- 47. The data for this supplement is not required to be filed.
- 48. The data for this supplement is not required to be filed.

Bar Codes:

- 10. SIS Stockholder Information Supplement [Document Identifier 420]



- 12. Trusteed Surplus Statement [Document Identifier 490]



- 16. Actuarial Opinion on Separate Accounts Funding Guaranteed Minimum Benefit [Document Identifier 443]



- 17. Actuarial Opinion on Synthetic Guaranteed Investment Contracts [Document Identifier 444]



- 18. Reasonableness of Assumptions Certification required by Actuarial Guideline XXXV [Document Identifier 445]



- 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]

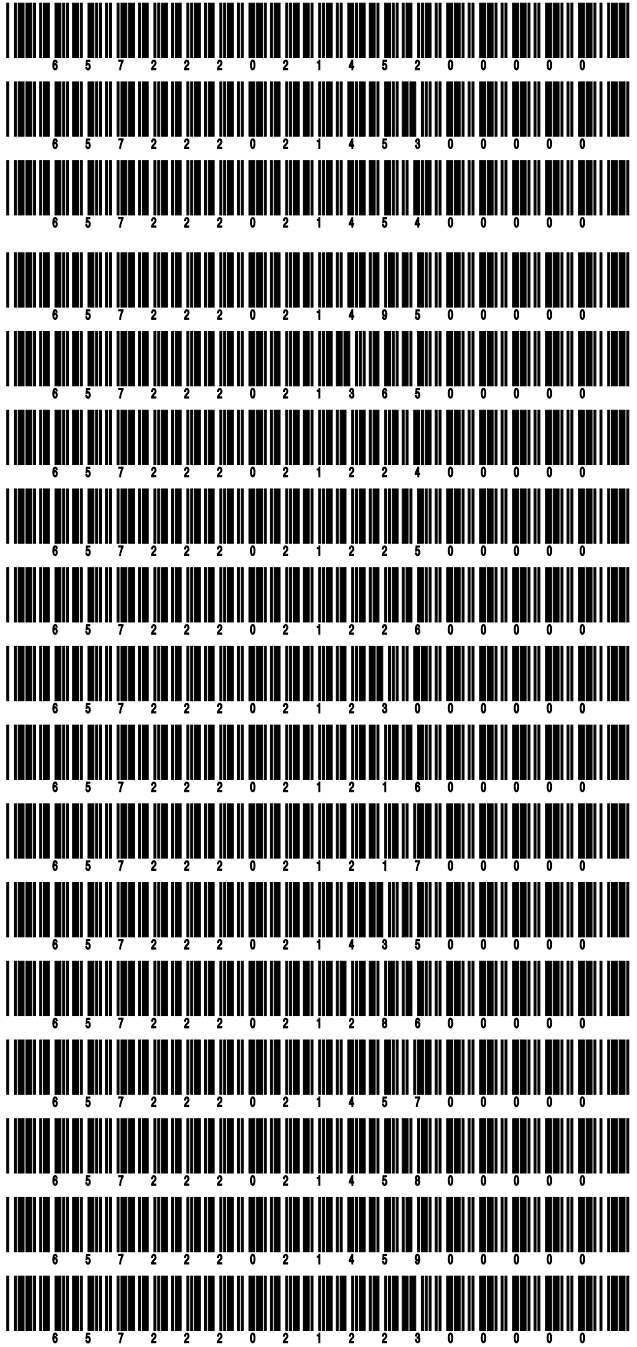


- 24. C-3 RBC Certifications Required Under C-3 Phase II [Document Identifier 451]



SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

- 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]
- 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]
- 38. Credit Insurance Experience Exhibit [Document Identifier 230]
- 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]
- 44. Variable Annuities Supplement [Document Identifier 286]
- 45. Executive Summary of the PBR Actuarial Report [Document Identifier 457]
- 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]



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Loyal American Life Insurance Company

OVERFLOW PAGE FOR WRITE-INS

Additional Write-ins for Exhibit 2 Line 9.3

	Insurance				5 Investment	6 Fraternal	7 Total
	1 Life	Accident and Health		4 All Other Lines of Business			
		2 Cost Containment	3 All Other				
09.304. Outside Sales Expense	46,885		1,153,170				1,200,055
09.397. Summary of remaining write-ins for Line 9.3 from overflow page	46,885		1,153,170				1,200,055

Additional Write-ins for Exhibit of Nonadmitted Assets Line 25

	1 Current Year Total Nonadmitted Assets	2 Prior Year Total Nonadmitted Assets	3 Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
2504. Disallowed IMR	139,804		(139,804)
2597. Summary of remaining write-ins for Line 25 from overflow page	139,804		(139,804)

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Loyal American Life Insurance Company
OVERFLOW PAGE FOR WRITE-INS

Additional Write-ins for Schedule H Part 1 Line 11

	Total		Group Accident and Health		Credit Accident and Health (Group and Individual)		Collectively Renewable		Other Individual Contracts										
	1 Amount	2 %	3 Amount	4 %	5 Amount	6 %	7 Amount	8 %	Non-Cancelable		Guaranteed Renewable		Non-Renewable for Stated Reasons Only		Other Accident Only		All Other		
									9 Amount	10 %	11 Amount	12 %	13 Amount	14 %	15 Amount	16 %	17 Amount	18 %	
1104. Interest and adjustments on contract or deposit-type contract funds	1	0.0							1	0.0									
1197. Summary of remaining write-ins for Line 11 from overflow page	1	0.0							1	0.0									



SUPPLEMENT FOR THE YEAR 2021 OF THE Loyal American Life Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2021
 (To Be Filed by March 1)

FOR THE STATE OF Alabama.....
 NAIC Group Code 0901..... NAIC Company Code 65722.....
 ADDRESS (City, State and Zip Code) Cleveland, OH 44114.....
 Person Completing This Exhibit Mohammed Umar Gilani.....
 Title Appointed Actuary..... Telephone Number 512-807-4966.....

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2018				Policies Issued in 2019; 2020; 2021			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	17 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	L-6200-AL	H	NO	0034000	08/29/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	5,194	135	2.6	1				
YES	L-6201-AL	I	NO	0034000	08/29/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	11	(279)	(2,536.4)					
YES	L-6202-AL	J	NO	0034000	08/29/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	59,802	37,962	63.5	11				
YES	LOYAL-MS-AA-F-AL	F	NO	0034000	06/01/2010			09/30/2016	Modernized Medicare Supplement Insurance Plan	611,293	352,664	57.7	157				
YES	LOYAL-MS-AA-G-AL	G	NO	0034000	06/01/2010			09/30/2016	Modernized Medicare Supplement Insurance Plan	222,727	131,424	59.0	64				
YES	LOYAL-MS-AA-N-AL	N	NO	0034000	06/01/2010			09/30/2016	Modernized Medicare Supplement Insurance Plan	122,579	112,366	91.7	45				
0199999. Total Experience on Individual Policies										1,021,606	634,272	62.1	278				
0299999. Total Experience on Group Policies																	

GENERAL INTERROGATORIES

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

360.AL



SUPPLEMENT FOR THE YEAR 2021 OF THE Loyal American Life Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2021
 (To Be Filed by March 1)

FOR THE STATE OF Alaska.....
 NAIC Group Code 0901..... NAIC Company Code 65722.....
 ADDRESS (City, State and Zip Code) Cleveland, OH 44114.....
 Person Completing This Exhibit Mohammed Umar Gilani.....
 Title Appointed Actuary..... Telephone Number 512-807-4966.....

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2018				Policies Issued in 2019; 2020; 2021			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	LOYAL-MS-AA-F-AK	F	NO	0034000	05/02/2013				Modernized Medicare Supplement Insurance Plan	130,806	109,730	83.9	45	13,969	15,097	108.1	7
YES	LOYAL-MS-AA-G-AK	G	NO	0034000	05/02/2013				Modernized Medicare Supplement Insurance Plan	307,939	284,320	92.3	162	158,711	141,756	89.3	125
YES	LOYAL-MS-AA-N-AK	N	NO	0034000	05/02/2013				Modernized Medicare Supplement Insurance Plan	78,968	126,957	160.8	57	128,276	105,005	81.9	162
YES	LOYAL-MSD-AA-A-AK	A	NO	0204000	08/21/2013				Modernized Medicare Supplement Insurance Plan	19,523	19,334	99.0	6	22,498	15,731	69.9	10
YES	LOYAL-MSD-AA-F-AK	F	NO	0204000	08/21/2013				Modernized Medicare Supplement Insurance Plan	57,850	32,895	56.9	31	89,087	67,244	75.5	61
YES	LOYAL-MSD-AA-G-AK	G	NO	0204000	08/21/2013				Modernized Medicare Supplement Insurance Plan	10,697	7,930	74.1	9	51,812	26,995	52.1	41
YES	LOYAL-MSD-AA-N-AK	N	NO	0204000	08/21/2013				Modernized Medicare Supplement Insurance Plan	93,149	84,088	90.3	29	9,749	8,580	88.0	4
YES	LOYAL-MSX-AA-A-AK	A	NO	0030500	09/15/2015				Modernized Medicare Supplement Insurance Plan	57,085	30,773	53.9	23	29,602	13,819	46.7	16
YES	LOYAL-MSX-AA-F-AK	F	NO	0030500	09/15/2015				Modernized Medicare Supplement Insurance Plan	30,593	11,819	38.6	28	12,578	5,374	42.7	15
YES	LOYAL-MSX-AA-G-AK	G	NO	0030500	09/15/2015				Modernized Medicare Supplement Insurance Plan	78,070	117,038	149.9	36	20,278	16,856	83.1	10
YES	LOYAL-MSX-AA-HDF-AK	F	NO	0030500	09/15/2015				Modernized Medicare Supplement Insurance Plan								
YES	LOYAL-MSX-AA-N-AK	N	NO	0030500	09/15/2015				Modernized Medicare Supplement Insurance Plan								
0199999. Total Experience on Individual Policies										864,680	824,884	95.4	426	536,560	416,457	77.6	451
0299999. Total Experience on Group Policies																	

360.AK



SUPPLEMENT FOR THE YEAR 2021 OF THE Loyal American Life Insurance Company

GENERAL INTERROGATORIES

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



SUPPLEMENT FOR THE YEAR 2021 OF THE Loyal American Life Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2021
 (To Be Filed by March 1)

FOR THE STATE OF Arizona.....
 NAIC Group Code 0901..... NAIC Company Code 65722.....
 ADDRESS (City, State and Zip Code) Cleveland, OH 44114.....
 Person Completing This Exhibit Mohammed Umar Gilani.....
 Title Appointed Actuary..... Telephone Number 512-807-4966.....

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2018				Policies Issued in 2019; 2020; 2021			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	L-5233-AZ	D	NO	0034000	11/22/2005				Senior Class Medicare Supplement Insurance Plan	3,763	690	18.3	1				
YES	L-5234-AZ	F	NO	0034000	11/22/2005				Senior Class Medicare Supplement Insurance Plan	23,319	9,049	38.8	4				
YES	LOYAL-MS-1A-F-AZ	F	NO	0034000	06/01/2010				Modernized Medicare Supplement Insurance Plan	65,381	38,560	59.0	14				
YES	LOYAL-MS-1A-G-AZ	G	NO	0034000	06/01/2010				Modernized Medicare Supplement Insurance Plan	20,791	7,566	36.4	6				
YES	LOYAL-MS-1A-N-AZ	N	NO	0034000	06/01/2010				Modernized Medicare Supplement Insurance Plan	3,303	633	19.2	1				
0199999. Total Experience on Individual Policies										116,557	56,498	48.5	26				
0299999. Total Experience on Group Policies																	

GENERAL INTERROGATORIES

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

360.AZ



SUPPLEMENT FOR THE YEAR 2021 OF THE Loyal American Life Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2021
 (To Be Filed by March 1)

FOR THE STATE OF Arkansas.....
 NAIC Group Code 0901..... NAIC Company Code 65722.....
 ADDRESS (City, State and Zip Code) Cleveland, OH 44114.....
 Person Completing This Exhibit Mohammed Umar Gilani.....
 Title Appointed Actuary..... Telephone Number 512-807-4966.....

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2018				Policies Issued in 2019; 2020; 2021			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	L-5234-AR	F	NO	0034060	09/22/2005				Senior Class Medicare Supplement Insurance Plan	75,583	59,980	79.4	27				
YES	LOYAL-MS-CR-D-AR	D	NO	0034000	06/01/2010				Modernized Medicare Supplement Insurance Plan	7,085	3,476	49.1	2				
YES	LOYAL-MS-CR-F-AR	F	NO	0034000	06/01/2010				Modernized Medicare Supplement Insurance Plan	1,827,150	1,433,907	78.5	612				
YES	LOYAL-MS-CR-G-AR	G	NO	0034000	06/01/2010				Modernized Medicare Supplement Insurance Plan	367,510	361,788	98.4	149				
YES	LOYAL-MS-CR-N-AR	N	NO	0034000	06/01/2010				Modernized Medicare Supplement Insurance Plan	324,190	280,123	86.4	167				
0199999. Total Experience on Individual Policies										2,601,518	2,139,274	82.2	957				
0299999. Total Experience on Group Policies																	

GENERAL INTERROGATORIES

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

360.AR



SUPPLEMENT FOR THE YEAR 2021 OF THE Loyal American Life Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2021
 (To Be Filed by March 1)

FOR THE STATE OF California.....
 NAIC Group Code 0901..... NAIC Company Code 65722.....
 ADDRESS (City, State and Zip Code) Cleveland, OH 44114.....
 Person Completing This Exhibit Mohammed Umar Gilani.....
 Title Appointed Actuary..... Telephone Number 512-807-4966.....

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2018				Policies Issued in 2019; 2020; 2021			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	17 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	LOYAL-MS-AA-A-CA	A	NO	0034060	04/02/2014				Modernized Medicare Supplement Insurance Plan	9,299	4,030	43.3	3				
YES	LOYAL-MS-AA-F-CA	F	NO	0034060	04/02/2014				Modernized Medicare Supplement Insurance Plan	15,297,011	12,228,330	79.9	4,034	613,209	564,610	92.1	191
YES	LOYAL-MS-AA-G-CA	G	NO	0034000	04/02/2014				Modernized Medicare Supplement Insurance Plan	10,267,178	8,546,482	83.2	3,990	4,192,586	3,656,918	87.2	1,751
YES	LOYAL-MS-AA-N-CA	N	NO	0034060	04/02/2014				Modernized Medicare Supplement Insurance Plan	4,381,239	3,360,685	76.7	2,023	2,506,835	1,880,783	75.0	1,318
0199999. Total Experience on Individual Policies										29,954,727	24,139,527	80.6	10,050	7,312,630	6,102,311	83.4	3,260
0299999. Total Experience on Group Policies																	

GENERAL INTERROGATORIES

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



SUPPLEMENT FOR THE YEAR 2021 OF THE Loyal American Life Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2021
 (To Be Filed by March 1)

FOR THE STATE OF Colorado.....
 NAIC Group Code 0901..... NAIC Company Code 65722.....
 ADDRESS (City, State and Zip Code) Cleveland, OH 44114.....
 Person Completing This Exhibit Mohammed Umar Gilani.....
 Title Appointed Actuary..... Telephone Number 512-807-4966.....

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2018				Policies Issued in 2019; 2020; 2021			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	17 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	LOYAL-MS-AA-F-CO	F	NO	0034060	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	731,353	507,331	69.4	178				
YES	LOYAL-MS-AA-G-CO	G	NO	0034060	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	193,428	136,193	70.4	61				
YES	LOYAL-MS-AA-N-CO	N	NO	0034060	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	22,139	21,156	95.6	7				
0199999. Total Experience on Individual Policies										946,920	664,680	70.2	246				
0299999. Total Experience on Group Policies																	

GENERAL INTERROGATORIES

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



SUPPLEMENT FOR THE YEAR 2021 OF THE Loyal American Life Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2021
 (To Be Filed by March 1)

FOR THE STATE OF Connecticut
 NAIC Group Code 0901 NAIC Company Code 65722
 ADDRESS (City, State and Zip Code) Cleveland, OH 44114
 Person Completing This Exhibit Mohammed Umar Gilani
 Title Appointed Actuary Telephone Number 512-807-4966

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2018				Policies Issued in 2019; 2020; 2021			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	17 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	LOYAL-MS-CR-A-CT	A	NO	0034060	11/08/2013				Modernized Medicare Supplement Insurance Plan	21,259	9,491	44.6	5				
YES	LOYAL-MS-CR-F-CT	F	NO	0034000	11/08/2013				Modernized Medicare Supplement Insurance Plan	705,771	448,843	63.6	176	48,815	18,141	37.2	11
YES	LOYAL-MS-CR-G-CT	G	NO	0034000	11/08/2013				Modernized Medicare Supplement Insurance Plan	1,228,408	777,602	63.3	325	35,856	29,176	81.4	10
YES	LOYAL-MS-CR-N-CT	N	NO	0034000	11/08/2013				Modernized Medicare Supplement Insurance Plan	151,484	90,484	59.7	63	9,253	(2,408)	(26.0)	4
YES	LOYAL-MSD-CR-A-CT	A	NO	0204060	05/23/2014				Modernized Medicare Supplement Insurance Plan	11,961	16,792	140.4	3				
0199999. Total Experience on Individual Policies										2,118,883	1,343,212	63.4	572	93,924	44,909	47.8	25
0299999. Total Experience on Group Policies																	

GENERAL INTERROGATORIES

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

360.CT



SUPPLEMENT FOR THE YEAR 2021 OF THE Loyal American Life Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2021
 (To Be Filed by March 1)

FOR THE STATE OF Delaware.....
 NAIC Group Code 0901 NAIC Company Code 65722
 ADDRESS (City, State and Zip Code) Cleveland , OH 44114
 Person Completing This Exhibit
 Title Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2018			Policies Issued in 2019; 2020; 2021				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives

GENERAL INTERROGATORIES

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



SUPPLEMENT FOR THE YEAR 2021 OF THE Loyal American Life Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2021
 (To Be Filed by March 1)

FOR THE STATE OF District of Columbia.....
 NAIC Group Code 0901..... NAIC Company Code 65722.....
 ADDRESS (City, State and Zip Code) Cleveland, OH 44114.....
 Person Completing This Exhibit Mohammed Umar Gilani.....
 Title Appointed Actuary..... Telephone Number 512-807-4966.....

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2018				Policies Issued in 2019; 2020; 2021			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	LOYAL-MS-AA-A-DC	A	NO	0034000	05/09/2013				Modernized Medicare Supplement Insurance Plan								
YES	LOYAL-MS-AA-F-DC	F	NO	0034000	05/09/2013				Modernized Medicare Supplement Insurance Plan	32,921	31,347	95.2	8	4,364	1,081	24.8	1
YES	LOYAL-MS-AA-G-DC	G	NO	0034000	05/09/2013				Modernized Medicare Supplement Insurance Plan	60,813	57,948	95.3	25	18,545	5,193	28.0	11
YES	LOYAL-MS-AA-N-DC	N	NO	0034000	05/09/2013				Modernized Medicare Supplement Insurance Plan	11,569	12,360	106.8	6	3	(109)	(3,633.3)	
YES	LOYAL-MSD-AA-A-DC	A	NO	0204000	08/05/2013				Modernized Medicare Supplement Insurance Plan								
YES	LOYAL-MSD-AA-F-DC	F	NO	0204000	08/05/2013				Modernized Medicare Supplement Insurance Plan	90,710	76,748	84.6	25	24,108	11,976	49.7	8
YES	LOYAL-MSD-AA-G-DC	G	NO	0204000	08/05/2013				Modernized Medicare Supplement Insurance Plan	55,323	36,691	66.3	27	32,992	36,497	110.6	16
YES	LOYAL-MSD-AA-N-DC	N	NO	0204000	08/05/2013				Modernized Medicare Supplement Insurance Plan	14,991	5,456	36.4	7	3,236	391	12.1	2
YES	LOYAL-MSX-AA-A-DC	A	NO	0030500	06/12/2015				Modernized Medicare Supplement Insurance Plan								
YES	LOYAL-MSX-AA-F-DC	F	NO	0030500	06/12/2015				Modernized Medicare Supplement Insurance Plan	65,413	35,329	54.0	19	7,230	3,075	42.5	3
YES	LOYAL-MSX-AA-G-DC	G	NO	0030500	06/12/2015				Modernized Medicare Supplement Insurance Plan	6,666	6,596	98.9	3	16,109	8,003	49.7	7
YES	LOYAL-MSX-AA-HDF-DC	F	NO	0030500	06/12/2015				Modernized Medicare Supplement Insurance Plan	2,104	181	8.6	2	2,067	154	7.5	2
YES	LOYAL-MSX-AA-N-DC	N	NO	0030500	06/12/2015				Modernized Medicare Supplement Insurance Plan	9,899	4,070	41.1	5	3,318	3,099	93.4	1
0199999. Total Experience on Individual Policies										350,409	266,726	76.1	127	111,972	69,360	61.9	51
0299999. Total Experience on Group Policies																	

360.DC



SUPPLEMENT FOR THE YEAR 2021 OF THE Loyal American Life Insurance Company

GENERAL INTERROGATORIES

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



SUPPLEMENT FOR THE YEAR 2021 OF THE Loyal American Life Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2021
 (To Be Filed by March 1)

FOR THE STATE OF Florida.....
 NAIC Group Code 0901..... NAIC Company Code 65722.....
 ADDRESS (City, State and Zip Code) Cleveland, OH 44114.....
 Person Completing This Exhibit
 Title Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2018			Policies Issued in 2019; 2020; 2021				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives

GENERAL INTERROGATORIES

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



SUPPLEMENT FOR THE YEAR 2021 OF THE Loyal American Life Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2021
 (To Be Filed by March 1)

FOR THE STATE OF Georgia.....
 NAIC Group Code 0901..... NAIC Company Code 65722.....
 ADDRESS (City, State and Zip Code) Cleveland, OH 44114.....
 Person Completing This Exhibit Mohammed Umar Gilani.....
 Title Appointed Actuary..... Telephone Number 512-807-4966.....

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2018				Policies Issued in 2019; 2020; 2021			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	17 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	L-6201-GA	I	NO	0034000	09/22/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	10,617	3,603	33.9	3				
YES	L-6202-GA	J	NO	0034000	09/22/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	132,054	79,297	60.0	30				
YES	LOYAL-MS-1A-F-GA	F	NO	0034060	06/01/2010			09/30/2016	Modernized Medicare Supplement Insurance Plan	439,760	304,552	69.3	113				
YES	LOYAL-MS-1A-G-GA	G	NO	0034060	06/01/2010			09/30/2016	Modernized Medicare Supplement Insurance Plan	172,279	114,788	66.6	51				
YES	LOYAL-MS-1A-N-GA	N	NO	0034060	06/01/2010			09/30/2016	Modernized Medicare Supplement Insurance Plan	77,830	61,358	78.8	31				
0199999. Total Experience on Individual Policies										832,540	563,598	67.7	228				
0299999. Total Experience on Group Policies																	

GENERAL INTERROGATORIES

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

360.GA



SUPPLEMENT FOR THE YEAR 2021 OF THE Loyal American Life Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2021
 (To Be Filed by March 1)

FOR THE STATE OF Hawaii.....
 NAIC Group Code 0901..... NAIC Company Code 65722.....
 ADDRESS (City, State and Zip Code) Cleveland, OH 44114.....
 Person Completing This Exhibit Mohammed Umar Gilani.....
 Title Appointed Actuary..... Telephone Number 512-807-4966.....

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2018				Policies Issued in 2019; 2020; 2021			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	17 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	LOYAL-MS-AA-F-HI	F	NO	0034060	01/03/2014				Modernized Medicare Supplement Insurance Plan	138,460	121,641	87.9	60	83,415	100,693	120.7	41
YES	LOYAL-MS-AA-G-HI	G	NO	0034060	01/03/2014				Modernized Medicare Supplement Insurance Plan	217,260	144,765	66.6	113	212,257	204,748	96.5	121
YES	LOYAL-MS-AA-N-HI	N	NO	0034060	01/03/2014				Modernized Medicare Supplement Insurance Plan	18,951	10,415	55.0	11	14,191	33,589	236.7	8
YES	LOYAL-MSD-AA-A-HI	A	NO	0204060	02/03/2014				Modernized Medicare Supplement Insurance Plan								
YES	LOYAL-MSD-AA-F-HI	F	NO	0204060	02/03/2014				Modernized Medicare Supplement Insurance Plan	37,920	45,654	120.4	15	12,004	15,843	132.0	6
YES	LOYAL-MSD-AA-G-HI	G	NO	0204060	02/03/2014				Modernized Medicare Supplement Insurance Plan	64,136	30,261	47.2	32	55,083	31,250	56.7	35
YES	LOYAL-MSD-AA-N-HI	N	NO	0204060	02/03/2014				Modernized Medicare Supplement Insurance Plan	6,648	7,976	120.0	4	2,622	488	18.6	3
0199999. Total Experience on Individual Policies										483,375	360,712	74.6	235	379,572	386,611	101.9	214
0299999. Total Experience on Group Policies																	

GENERAL INTERROGATORIES

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

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SUPPLEMENT FOR THE YEAR 2021 OF THE Loyal American Life Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2021
 (To Be Filed by March 1)

FOR THE STATE OF Idaho.....
 NAIC Group Code 0901..... NAIC Company Code 65722.....
 ADDRESS (City, State and Zip Code) Cleveland, OH 44114.....
 Person Completing This Exhibit Mohammed Umar Gilani.....
 Title Appointed Actuary..... Telephone Number 512-807-4966.....

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2018				Policies Issued in 2019; 2020; 2021			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	17 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	L-5234-ID	F	NO	0034000	07/26/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	26,715	12,846	48.1	8				
YES	L-5235-ID	G	NO	0034000	07/26/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	26,934	29,094	108.0	9				
YES	L-6202-ID	J	NO	0034060	08/28/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	200,564	126,815	63.2	51				
YES	LOYAL-MS-IA-B-ID	B	NO	0034000	08/04/2010				Modernized Medicare Supplement Insurance Plan	2,898	6,510	224.6	1				
YES	LOYAL-MS-IA-F-ID	F	NO	0034000	06/01/2010			12/01/2018	Modernized Medicare Supplement Insurance Plan	697,711	491,539	70.5	219				
YES	LOYAL-MS-IA-G-ID	G	NO	0034000	06/01/2010			12/01/2018	Modernized Medicare Supplement Insurance Plan	170,553	152,976	89.7	70				
YES	LOYAL-MS-IA-N-ID	N	NO	0034000	06/01/2010			12/01/2018	Modernized Medicare Supplement Insurance Plan	153,307	149,139	97.3	73				
YES	LOYAL-MSX-IA-F-MI	F	NO	0030500	08/04/2015			06/23/2019	Modernized Medicare Supplement Insurance Plan	438,636	324,805	74.0	156	46,762	28,605	61.2	17
YES	LOYAL-MSX-IA-G-MI	G	NO	0030500	08/04/2015			06/23/2019	Modernized Medicare Supplement Insurance Plan	244,860	161,375	65.9	103	84,040	36,592	43.5	34
YES	LOYAL-MSX-IA-HDF-MI	F	NO	0030500	08/04/2015			06/23/2019	Modernized Medicare Supplement Insurance Plan	17,256	1,802	10.4	17	3,908	13	0.3	4
YES	LOYAL-MSX-IA-N-MI	N	NO	0030500	08/04/2015			06/23/2019	Modernized Medicare Supplement Insurance Plan	201,672	106,905	53.0	104	24,519	13,501	55.1	13
0199999. Total Experience on Individual Policies										2,181,106	1,563,806	71.7	811	159,229	78,711	49.4	68
0299999. Total Experience on Group Policies																	

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SUPPLEMENT FOR THE YEAR 2021 OF THE Loyal American Life Insurance Company

GENERAL INTERROGATORIES

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



SUPPLEMENT FOR THE YEAR 2021 OF THE Loyal American Life Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2021
 (To Be Filed by March 1)

FOR THE STATE OF Illinois.....
 NAIC Group Code 0901..... NAIC Company Code 65722.....
 ADDRESS (City, State and Zip Code) Cleveland, OH 44114.....
 Person Completing This Exhibit Mohammed Umar Gilani.....
 Title Appointed Actuary..... Telephone Number 512-807-4966.....

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2018				Policies Issued in 2019; 2020; 2021			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	17 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	L-5234-IL	F	NO	0034060	11/07/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	255,754	198,875	77.8	50				
YES	L-5235-IL	G	NO	0034060	11/07/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	9,001	720	8.0	1				
YES	L-6200-IL	H	NO	0034060	11/20/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	9,092	1,737	19.1	2				
YES	L-6201-IL	J	NO	0034060	11/20/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	9,042	2,382	26.3	2				
YES	L-6202-IL	J	NO	0034060	11/20/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	1,064,816	676,147	63.5	199				
YES	LOYAL-MS-AA-C-IL	C	NO	0034060	06/28/2010			01/04/2017	Modernized Medicare Supplement Insurance Plan	5,331	2,585	48.5	1				
YES	LOYAL-MS-AA-D-IL	D	NO	0034060	06/28/2010			01/04/2017	Modernized Medicare Supplement Insurance Plan	4,181	441	10.5	1				
YES	LOYAL-MS-AA-F-IL	F	NO	0034060	06/01/2010			01/04/2017	Modernized Medicare Supplement Insurance Plan	3,832,207	2,980,598	77.8	869				
YES	LOYAL-MS-AA-G-IL	G	NO	0034060	06/01/2010			01/04/2017	Modernized Medicare Supplement Insurance Plan	566,188	416,411	73.5	148				
YES	LOYAL-MS-AA-N-IL	N	NO	0034060	06/01/2010			01/04/2017	Modernized Medicare Supplement Insurance Plan	727,518	723,978	99.5	239				
0199999. Total Experience on Individual Policies										6,483,130	5,003,874	77.2	1,512				
0299999. Total Experience on Group Policies																	

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SUPPLEMENT FOR THE YEAR 2021 OF THE Loyal American Life Insurance Company

GENERAL INTERROGATORIES

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



SUPPLEMENT FOR THE YEAR 2021 OF THE Loyal American Life Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2021
 (To Be Filed by March 1)

FOR THE STATE OF Indiana.....
 NAIC Group Code 0901..... NAIC Company Code 65722.....
 ADDRESS (City, State and Zip Code) Cleveland, OH 44114.....
 Person Completing This Exhibit Mohammed Umar Gilani.....
 Title Appointed Actuary..... Telephone Number 512-807-4966.....

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2018				Policies Issued in 2019; 2020; 2021			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	L-5231-IN	B	NO	0034000	12/18/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	3,912	344	8.8	1				
YES	L-5233-IN	D	NO	0034000	12/18/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	3,877	119	3.1	1				
YES	L-5234-IN	F	NO	0034000	12/18/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	358,789	238,940	66.6	69				
YES	L-5235-IN	G	NO	0034000	12/18/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	110,592	48,898	44.2	21				
YES	L-6200-IN	H	NO	0034000	11/14/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	4,333	2,624	60.6	1				
YES	L-6201-IN	I	NO	0034000	11/14/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	11,791	2,559	21.7	3				
YES	L-6202-IN	J	NO	0034000	11/14/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	759,416	532,174	70.1	152				
YES	LOYAL-MS-AA-A-IN	A	NO	0034000	06/01/2010				Modernized Medicare Supplement Insurance Plan	16	(339)	(2,118.8)					
YES	LOYAL-MS-AA-B-IN	B	NO	0034000	07/26/2010				Modernized Medicare Supplement Insurance Plan	2,690	376	14.0	1				
YES	LOYAL-MS-AA-C-IN	C	NO	0034000	07/26/2010				Modernized Medicare Supplement Insurance Plan	14,995	38,884	259.3	4				
YES	LOYAL-MS-AA-D-IN	D	NO	0034000	07/26/2010				Modernized Medicare Supplement Insurance Plan	28,334	33,560	118.4	8				
YES	LOYAL-MS-AA-F-IN	F	NO	0034000	06/01/2010				Modernized Medicare Supplement Insurance Plan	3,831,239	3,061,447	79.9	1,076	6,083	1,227	20.2	2
YES	LOYAL-MS-AA-G-IN	G	NO	0034000	06/01/2010				Modernized Medicare Supplement Insurance Plan	1,078,299	867,698	80.5	383	54,189	35,034	64.7	22
YES	LOYAL-MS-AA-N-IN	N	NO	0034000	06/01/2010				Modernized Medicare Supplement Insurance Plan	1,448,057	1,195,810	82.6	560	27,820	13,019	46.8	11
0199999. Total Experience on Individual Policies										7,656,340	6,023,094	78.7	2,280	88,092	49,280	55.9	35

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SUPPLEMENT FOR THE YEAR 2021 OF THE Loyal American Life Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2021
 (To Be Filed by March 1)

FOR THE STATE OF Indiana.....
 NAIC Group Code 0901..... NAIC Company Code 65722.....
 ADDRESS (City, State and Zip Code) Cleveland, OH 44114.....
 Person Completing This Exhibit Mohammed Umar Gilani.....
 Title Appointed Actuary..... Telephone Number 512-807-4966.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2018			Policies Issued in 2019; 2020; 2021				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
0299999. Total Experience on Group Policies																	

GENERAL INTERROGATORIES

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



SUPPLEMENT FOR THE YEAR 2021 OF THE Loyal American Life Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2021
 (To Be Filed by March 1)

FOR THE STATE OF Iowa.....
 NAIC Group Code 0901..... NAIC Company Code 65722.....
 ADDRESS (City, State and Zip Code) Cleveland, OH 44114.....
 Person Completing This Exhibit Mohammed Umar Gilani.....
 Title Appointed Actuary..... Telephone Number 512-807-4966.....

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2018				Policies Issued in 2019; 2020; 2021			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	17 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	L-5234-IA	F	NO	0034000	10/31/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	205,481	194,072	94.4	48				
YES	L-5235-IA	G	NO	0034000	10/31/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	3,635	4,904	134.9					
YES	L-6200-IA	H	NO	0034000	09/12/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	4,069	6,964	171.1	1				
YES	L-6201-IA	I	NO	0034000	09/12/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	3,683	432	11.7	1				
YES	L-6202-IA	J	NO	0034000	09/12/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	554,750	402,295	72.5	117				
YES	LOYAL-MS-AA-F-IA	F	NO	0034000	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	542,604	417,905	77.0	125				
YES	LOYAL-MS-AA-G-IA	G	NO	0034000	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	53,038	41,809	78.8	15				
YES	LOYAL-MS-AA-N-IA	N	NO	0034000	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	55,611	73,035	131.3	21				
0199999. Total Experience on Individual Policies										1,422,871	1,141,416	80.2	328				
0299999. Total Experience on Group Policies																	

GENERAL INTERROGATORIES

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

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SUPPLEMENT FOR THE YEAR 2021 OF THE Loyal American Life Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2021
 (To Be Filed by March 1)

FOR THE STATE OF Kansas.....
 NAIC Group Code 0901..... NAIC Company Code 65722.....
 ADDRESS (City, State and Zip Code) Cleveland, OH 44114.....
 Person Completing This Exhibit Mohammed Umar Gilani.....
 Title Appointed Actuary..... Telephone Number 512-807-4966.....

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2018				Policies Issued in 2019; 2020; 2021			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	17 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	L-6200-KS	H	NO	0034060	11/04/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	3,677	577	15.7	1				
YES	L-6201-KS	I	NO	0034060	11/04/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	28,810	17,505	60.8	6				
YES	L-6202-KS	J	NO	0034060	11/04/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	394,125	250,802	63.6	70				
YES	LOYAL-MS-AA-A-KS	A	NO	0034060	06/01/2010				Modernized Medicare Supplement Insurance Plan	2,322	271	11.7	1				
YES	LOYAL-MS-AA-F-KS	F	NO	0034060	06/01/2010				Modernized Medicare Supplement Insurance Plan	2,302,760	1,691,320	73.4	629	58,307	39,078	67.0	18
YES	LOYAL-MS-AA-G-KS	G	NO	0034060	06/01/2010				Modernized Medicare Supplement Insurance Plan	350,885	289,623	82.5	121	281,877	201,516	71.5	125
YES	LOYAL-MS-AA-N-KS	N	NO	0034060	06/01/2010				Modernized Medicare Supplement Insurance Plan	81,830	69,371	84.8	31	23,755	20,917	88.1	11
0199999. Total Experience on Individual Policies										3,164,409	2,319,469	73.3	859	363,939	261,511	71.9	154
0299999. Total Experience on Group Policies																	

GENERAL INTERROGATORIES

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

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SUPPLEMENT FOR THE YEAR 2021 OF THE Loyal American Life Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2021
 (To Be Filed by March 1)

FOR THE STATE OF Kentucky.....
 NAIC Group Code 0901..... NAIC Company Code 65722.....
 ADDRESS (City, State and Zip Code) Cleveland, OH 44114.....
 Person Completing This Exhibit Mohammed Umar Gilani.....
 Title Appointed Actuary..... Telephone Number 512-807-4966.....

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2018				Policies Issued in 2019; 2020; 2021			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	17 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	L-5231-KY	B	NO	0034060	08/26/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	13,247	5,721	43.2	2				
YES	L-5232-KY	C	NO	0034060	08/26/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	383	(391)	(102.1)					
YES	L-5234-KY	F	NO	0034060	08/26/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	220,425	203,262	92.2	43				
YES	L-5235-KY	G	NO	0034060	08/26/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	15,400	1,751	11.4	3				
YES	LOYAL-MS-AA-A-KY	A	NO	0034060	06/01/2010				Modernized Medicare Supplement Insurance Plan	4,547	12,653	278.3	2				
YES	LOYAL-MS-AA-C-KY	C	NO	0034060	06/01/2010				Modernized Medicare Supplement Insurance Plan	21,083	14,275	67.7	6				
YES	LOYAL-MS-AA-D-KY	D	NO	0034000	06/01/2010				Modernized Medicare Supplement Insurance Plan	3,575	5,027	140.6	1				
YES	LOYAL-MS-AA-F-KY	F	NO	0034000	06/01/2010				Modernized Medicare Supplement Insurance Plan	2,530,785	1,639,624	64.8	690	3,385	6,458	190.8	1
YES	LOYAL-MS-AA-G-KY	G	NO	0034000	06/01/2010				Modernized Medicare Supplement Insurance Plan	956,579	634,571	66.3	309	24,212	21,878	90.4	12
YES	LOYAL-MS-AA-N-KY	N	NO	0034000	06/01/2010				Modernized Medicare Supplement Insurance Plan	552,294	464,118	84.0	228	24,540	10,191	41.5	17
0199999. Total Experience on Individual Policies										4,318,318	2,980,611	69.0	1,284	52,137	38,527	73.9	30
0299999. Total Experience on Group Policies																	

360.KY



SUPPLEMENT FOR THE YEAR 2021 OF THE Loyal American Life Insurance Company

GENERAL INTERROGATORIES

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



SUPPLEMENT FOR THE YEAR 2021 OF THE Loyal American Life Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2021
 (To Be Filed by March 1)

FOR THE STATE OF Louisiana.....
 NAIC Group Code 0901..... NAIC Company Code 65722.....
 ADDRESS (City, State and Zip Code) Cleveland, OH 44114.....
 Person Completing This Exhibit Mohammed Umar Gilani.....
 Title Appointed Actuary..... Telephone Number 512-807-4966.....

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2018				Policies Issued in 2019; 2020; 2021			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	17 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	L-5231-LA	B	NO	0034060	11/09/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	5,458	134	2.5	1				
YES	L-5232-LA	C	NO	0034060	11/09/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	7,338	3,054	41.6	1				
YES	L-5234-LA	F	NO	0034060	11/09/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	68,667	39,194	57.1	12				
YES	L-5235-LA	G	NO	0034060	11/09/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	15,367	4,450	29.0	3				
YES	L-5333-LA	F	YES	0034060	06/30/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	3,590	2,544	70.9	1				
YES	LOYAL-MS-AA-A-LA	A	NO	0034060	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	2,673	1,824	68.2	1				
YES	LOYAL-MS-AA-F-LA	F	NO	0034060	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	507,141	315,855	62.3	120				
YES	LOYAL-MS-AA-G-LA	G	NO	0034060	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	193,679	110,406	57.0	55				
YES	LOYAL-MS-AA-N-LA	N	NO	0034060	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	61,213	19,561	32.0	22				
0199999. Total Experience on Individual Policies										865,126	497,022	57.5	216				
0299999. Total Experience on Group Policies																	

GENERAL INTERROGATORIES

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

360.LA



SUPPLEMENT FOR THE YEAR 2021 OF THE Loyal American Life Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2021
 (To Be Filed by March 1)

FOR THE STATE OF Maine.....
 NAIC Group Code 0901..... NAIC Company Code 65722.....
 ADDRESS (City, State and Zip Code) Cleveland, OH 44114.....
 Person Completing This Exhibit Mohammed Umar Gilani.....
 Title Appointed Actuary..... Telephone Number 512-807-4966.....

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2018				Policies Issued in 2019; 2020; 2021			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	17 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	LOYAL-MS-CR-A-ME	A	NO	0034060	05/29/2013				Modernized Medicare Supplement Insurance Plan	2,713	1,260	46.4	1				
YES	LOYAL-MS-CR-F-ME	F	NO	0034000	05/29/2013				Modernized Medicare Supplement Insurance Plan	119,828	80,425	67.1	33	15,323	16,472	107.5	4
YES	LOYAL-MS-CR-G-ME	G	NO	0034000	05/29/2013				Modernized Medicare Supplement Insurance Plan	1,161,382	822,104	70.8	400	391,504	180,668	46.1	141
YES	LOYAL-MS-CR-N-ME	N	NO	0034000	05/29/2013				Modernized Medicare Supplement Insurance Plan	203,620	188,842	92.7	108	290,071	192,500	66.4	189
YES	LOYAL-MSD-CR-F-ME	F	NO	0204000	07/03/2013				Modernized Medicare Supplement Insurance Plan	10,507	8,230	78.3	3	6,362	3,145	49.4	2
YES	LOYAL-MSD-CR-G-ME	G	NO	0204000	07/03/2013				Modernized Medicare Supplement Insurance Plan	136,191	74,972	55.0	48	86,704	39,958	46.1	33
YES	LOYAL-MSD-CR-N-ME	N	NO	0204000	07/03/2013				Modernized Medicare Supplement Insurance Plan	11,831	8,350	70.6	6	89,896	50,537	56.2	50
0199999. Total Experience on Individual Policies										1,646,072	1,184,183	71.9	599	879,860	483,280	54.9	419
0299999. Total Experience on Group Policies																	

GENERAL INTERROGATORIES

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

360.ME



SUPPLEMENT FOR THE YEAR 2021 OF THE Loyal American Life Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2021
 (To Be Filed by March 1)

FOR THE STATE OF Maryland.....
 NAIC Group Code 0901 NAIC Company Code 65722
 ADDRESS (City, State and Zip Code) Cleveland , OH 44114
 Person Completing This Exhibit
 Title Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2018			Policies Issued in 2019; 2020; 2021				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives

GENERAL INTERROGATORIES

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



SUPPLEMENT FOR THE YEAR 2021 OF THE Loyal American Life Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2021
 (To Be Filed by March 1)

FOR THE STATE OF Michigan.....
 NAIC Group Code 0901..... NAIC Company Code 65722.....
 ADDRESS (City, State and Zip Code) Cleveland, OH 44114.....
 Person Completing This Exhibit Mohammed Umar Gilani.....
 Title Appointed Actuary..... Telephone Number 512-807-4966.....

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2018				Policies Issued in 2019; 2020; 2021			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	17 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	L-5234-MI	F	NO	0034000	09/21/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	22,613	5,264	23.3	4				
YES	L-6200-MI	H	NO	0034000	08/19/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	5,218	248	4.8	1				
YES	L-6201-MI	I	NO	0034000	08/19/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	9,732	2,887	29.7	2				
YES	L-6202-MI	J	NO	0034000	08/19/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	316,916	128,642	40.6	59				
YES	LOYAL-MS-AA-C-MI	C	NO	0034000	06/01/2010			12/04/2018	Modernized Medicare Supplement Insurance Plan	36,349	15,225	41.9	6				
YES	LOYAL-MS-AA-D-MI	D	NO	0034000	06/07/2010			12/04/2018	Modernized Medicare Supplement Insurance Plan	29,403	20,389	69.3	8				
YES	LOYAL-MS-AA-F-MI	F	NO	0034000	06/01/2010			12/04/2018	Modernized Medicare Supplement Insurance Plan	2,557,724	1,888,947	73.9	675				
YES	LOYAL-MS-AA-G-MI	G	NO	0034000	06/01/2010			12/04/2018	Modernized Medicare Supplement Insurance Plan	690,604	506,776	73.4	202				
YES	LOYAL-MS-AA-N-MI	N	NO	0034000	06/01/2010			12/04/2018	Modernized Medicare Supplement Insurance Plan	503,696	305,249	60.6	198				
YES	LOYAL-MSX-AA-F-MI	F	NO	0030500	09/24/2015				Modernized Medicare Supplement Insurance Plan	1,140,172	737,228	64.7	330	208,120	124,598	59.9	64
YES	LOYAL-MSX-AA-G-MI	G	NO	0030500	09/24/2015				Modernized Medicare Supplement Insurance Plan	371,457	219,130	59.0	136	467,600	343,873	73.5	176
YES	LOYAL-MSX-AA-HDF-MI	F	NO	0030500	09/24/2015				Modernized Medicare Supplement Insurance Plan	110,516	31,911	28.9	96	41,348	21,797	52.7	35
YES	LOYAL-MSX-AA-N-MI	N	NO	0030500	09/24/2015				Modernized Medicare Supplement Insurance Plan	431,212	446,026	103.4	192	122,319	100,101	81.8	54
0199999. Total Experience on Individual Policies										6,225,612	4,307,922	69.2	1,909	839,387	590,369	70.3	329
0299999. Total Experience on Group Policies																	

360.MI



SUPPLEMENT FOR THE YEAR 2021 OF THE Loyal American Life Insurance Company

GENERAL INTERROGATORIES

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



SUPPLEMENT FOR THE YEAR 2021 OF THE Loyal American Life Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2021
 (To Be Filed by March 1)

FOR THE STATE OF Minnesota.....
 NAIC Group Code 0901..... NAIC Company Code 65722.....
 ADDRESS (City, State and Zip Code) Cleveland, OH 44114.....
 Person Completing This Exhibit Mohammed Umar Gilani.....
 Title Appointed Actuary..... Telephone Number 512-807-4966.....

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2018				Policies Issued in 2019; 2020; 2021			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	17 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	LOYAL-MS-BASIC-MN	0	NO	0034000	06/01/2010				Modernized Medicare Supplement Insurance Plan	1,889,500	1,251,446	66.2	662	1,770,054	1,175,516	66.4	687
YES	LOYAL-MS-COPAYMENT-MN	0	NO	0034000	06/01/2010				Modernized Medicare Supplement Insurance Plan	8,571	5,020	58.6	3				
YES	LOYAL-MS-EXTENDED-2020-MN	0	NO	0034000	04/29/2020				Modernized Medicare Supplement Insurance Plan					23,651	12,526	53.0	15
YES	LOYAL-MS-EXTENDED-MN	0	NO	0034000	06/01/2010				Modernized Medicare Supplement Insurance Plan	1,306,401	913,930	70.0	402	347,921	267,631	76.9	116
0199999. Total Experience on Individual Policies										3,204,472	2,170,396	67.7	1,067	2,141,626	1,455,673	68.0	818
0299999. Total Experience on Group Policies																	

GENERAL INTERROGATORIES

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

360.MN



SUPPLEMENT FOR THE YEAR 2021 OF THE Loyal American Life Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2021
 (To Be Filed by March 1)

FOR THE STATE OF Mississippi.....
 NAIC Group Code 0901..... NAIC Company Code 65722.....
 ADDRESS (City, State and Zip Code) Cleveland, OH 44114.....
 Person Completing This Exhibit Mohammed Umar Gilani.....
 Title Appointed Actuary..... Telephone Number 512-807-4966.....

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2018				Policies Issued in 2019; 2020; 2021			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	L-5234-MS	F	NO	0034060	07/29/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	97,458	171,661	176.1	17				
YES	L-5333-MS	F	YES	0034060	03/11/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	174,205	107,559	61.7	47				
YES	L-5334-MS	G	YES	0034060	03/11/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	3,168	23,543	743.2	1				
YES	L-6200-MS	H	NO	0034060	11/20/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	1,326	(352)	(26.5)					
YES	L-6202-MS	J	NO	0034060	11/20/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	526,927	436,294	82.8	103				
YES	LOYAL-MS-AA-A-MS	A	NO	0034060	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	8,759	9,327	106.5	4				
YES	LOYAL-MS-AA-B-MS	B	NO	0034060	07/22/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	12,873	5,825	45.2	4				
YES	LOYAL-MS-AA-C-MS	C	NO	0034060	07/22/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	18,374	1,955	10.6	4				
YES	LOYAL-MS-AA-D-MS	D	NO	0034000	07/22/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	4,617	2,649	57.4	1				
YES	LOYAL-MS-AA-F-MS	F	NO	0034060	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	2,464,882	1,898,517	77.0	626				
YES	LOYAL-MS-AA-G-MS	G	NO	0034000	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	384,890	264,677	68.8	120				
YES	LOYAL-MS-AA-N-MS	N	NO	0034000	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	329,001	285,301	86.7	125				
0199999. Total Experience on Individual Policies										4,026,480	3,206,956	79.6	1,052				
0299999. Total Experience on Group Policies																	

360.MS



SUPPLEMENT FOR THE YEAR 2021 OF THE Loyal American Life Insurance Company

GENERAL INTERROGATORIES

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



SUPPLEMENT FOR THE YEAR 2021 OF THE Loyal American Life Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2021
 (To Be Filed by March 1)

FOR THE STATE OF Missouri.....
 NAIC Group Code 0901..... NAIC Company Code 65722.....
 ADDRESS (City, State and Zip Code) Cleveland, OH 44114.....
 Person Completing This Exhibit Mohammed Umar Gilani.....
 Title Appointed Actuary..... Telephone Number 512-807-4966.....

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2018				Policies Issued in 2019; 2020; 2021			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	L-6200-MO	H	NO	0034060	08/26/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	(318)	(335)	105.3					
YES	L-6201-MO	I	NO	0034060	08/26/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	6,374	3,364	52.8	2				
YES	L-6202-MO	J	NO	0034060	08/26/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	361,403	273,859	75.8	90				
YES	LOYAL-MS-1A-A-MO	A	NO	0034060	06/01/2010				Modernized Medicare Supplement Insurance Plan	4,185	1,307	31.2	2				
YES	LOYAL-MS-1A-F-MO	F	NO	0034060	06/01/2010				Modernized Medicare Supplement Insurance Plan	996,749	858,711	86.2	295	11,619	7,193	61.9	4
YES	LOYAL-MS-1A-G-MO	G	NO	0034060	06/01/2010				Modernized Medicare Supplement Insurance Plan	229,547	214,868	93.6	82	33,727	17,648	52.3	14
YES	LOYAL-MS-1A-N-MO	N	NO	0034060	06/01/2010				Modernized Medicare Supplement Insurance Plan	33,376	2,980	8.9	14				
0199999. Total Experience on Individual Policies										1,631,316	1,354,754	83.0	485	45,346	24,841	54.8	18
0299999. Total Experience on Group Policies																	

GENERAL INTERROGATORIES

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

360.MO



SUPPLEMENT FOR THE YEAR 2021 OF THE Loyal American Life Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2021
 (To Be Filed by March 1)

FOR THE STATE OF Montana.....
 NAIC Group Code 0901..... NAIC Company Code 65722.....
 ADDRESS (City, State and Zip Code) Cleveland, OH 44114.....
 Person Completing This Exhibit Mohammed Umar Gilani.....
 Title Appointed Actuary..... Telephone Number 512-807-4966.....

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2018				Policies Issued in 2019; 2020; 2021			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	L-5234-MT	F	NO	0034000	09/19/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	9,232	4,146	44.9	2				
YES	L-6202-MT	J	NO	0034000	02/25/2009			05/31/2010	Senior Class Medicare Supplement Insurance Plan	721,082	416,276	57.7	162				
YES	LOYAL-MS-AA-F-MT	F	NO	0034000	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	136,449	65,853	48.3	37				
YES	LOYAL-MS-AA-G-MT	G	NO	0034000	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	58,676	31,396	53.5	20				
YES	LOYAL-MS-AA-N-MT	N	NO	0034000	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	14,566	8,272	56.8	6				
0199999. Total Experience on Individual Policies										940,005	525,943	56.0	227				
0299999. Total Experience on Group Policies																	

GENERAL INTERROGATORIES

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

360.MT



SUPPLEMENT FOR THE YEAR 2021 OF THE Loyal American Life Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2021
 (To Be Filed by March 1)

FOR THE STATE OF Nebraska.....
 NAIC Group Code 0901..... NAIC Company Code 65722.....
 ADDRESS (City, State and Zip Code) Cleveland, OH 44114.....
 Person Completing This Exhibit Mohammed Umar Gilani.....
 Title Appointed Actuary..... Telephone Number 512-807-4966.....

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2018				Policies Issued in 2019; 2020; 2021			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	L-5234-NE	F	NO	0034000	09/13/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	80,987	98,190	121.2	14				
YES	L-5235-NE	G	NO	0034000	09/13/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	5,335	13,442	252.0	1				
YES	L-6200-NE	H	NO	0034000	10/08/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	4,381	3,306	75.5	1				
YES	L-6202-NE	J	NO	0034000	10/08/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	397,745	250,705	63.0	80				
YES	LOYAL-MS-AA-F-NE	F	NO	0034000	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	808,967	600,606	74.2	197				
YES	LOYAL-MS-AA-G-NE	G	NO	0034000	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	74,310	69,512	93.5	22				
YES	LOYAL-MS-AA-N-NE	N	NO	0034000	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	12,936	22,771	176.0	4				
0199999. Total Experience on Individual Policies										1,384,661	1,058,532	76.4	319				
0299999. Total Experience on Group Policies																	

GENERAL INTERROGATORIES

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

360.NE



SUPPLEMENT FOR THE YEAR 2021 OF THE Loyal American Life Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2021
 (To Be Filed by March 1)

FOR THE STATE OF Nevada.....
 NAIC Group Code 0901..... NAIC Company Code 65722.....
 ADDRESS (City, State and Zip Code) Cleveland, OH 44114.....
 Person Completing This Exhibit
 Title Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2018			Policies Issued in 2019; 2020; 2021				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives

GENERAL INTERROGATORIES

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

360.NV



SUPPLEMENT FOR THE YEAR 2021 OF THE Loyal American Life Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2021
 (To Be Filed by March 1)

FOR THE STATE OF New Hampshire.....
 NAIC Group Code 0901..... NAIC Company Code 65722.....
 ADDRESS (City, State and Zip Code) Cleveland, OH 44114.....
 Person Completing This Exhibit Mohammed Umar Gilani.....
 Title Appointed Actuary..... Telephone Number 512-807-4966.....

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2018			Policies Issued in 2019; 2020; 2021				
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	LOYAL-MS-1A-F-NH	F	NO	0034060	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	9,365	2,373	25.3	2				
YES	LOYAL-MS-1A-G-NH	G	NO	0034060	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	3,950	2,410	61.0	1				
0199999. Total Experience on Individual Policies										13,315	4,783	35.9	3				
0299999. Total Experience on Group Policies																	

GENERAL INTERROGATORIES

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



SUPPLEMENT FOR THE YEAR 2021 OF THE Loyal American Life Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2021
 (To Be Filed by March 1)

FOR THE STATE OF New Jersey.....
 NAIC Group Code 0901..... NAIC Company Code 65722.....
 ADDRESS (City, State and Zip Code) Cleveland, OH 44114.....
 Person Completing This Exhibit Mohammed Umar Gilani.....
 Title Appointed Actuary..... Telephone Number 512-807-4966.....

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2018				Policies Issued in 2019; 2020; 2021			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	17 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	LOYAL-MS-AA-C-NJ	C	NO	0034060	05/16/2013				Modernized Medicare Supplement Insurance Plan	156,049	152,561	97.8	60				
YES	LOYAL-MS-AA-F-NJ	F	NO	0034000	05/16/2013				Modernized Medicare Supplement Insurance Plan	6,168,673	5,296,371	85.9	2,211	42,277	50,930	120.5	19
YES	LOYAL-MS-AA-G-NJ	G	NO	0034000	05/16/2013				Modernized Medicare Supplement Insurance Plan	6,504,116	6,640,008	102.1	3,094	814,779	899,352	110.4	382
YES	LOYAL-MS-AA-N-NJ	N	NO	0034000	05/16/2013				Modernized Medicare Supplement Insurance Plan	1,168,529	1,130,461	96.7	708	807,857	706,452	87.4	478
YES	LOYAL-MSD-AA-A-NJ	A	NO	0204000	07/12/2013				Modernized Medicare Supplement Insurance Plan	2,514	10,217	406.4	1				
YES	LOYAL-MSD-AA-C-NJ	C	NO	0204060	07/12/2013				Modernized Medicare Supplement Insurance Plan	42,298	52,715	124.6	17				
YES	LOYAL-MSD-AA-F-NJ	F	NO	0204000	07/12/2013				Modernized Medicare Supplement Insurance Plan	953,677	890,798	93.4	329	2,187	531	24.3	1
YES	LOYAL-MSD-AA-G-NJ	G	NO	0204000	07/12/2013				Modernized Medicare Supplement Insurance Plan	1,085,114	941,841	86.8	509	1,694	387	22.8	1
YES	LOYAL-MSD-AA-N-NJ	N	NO	0204000	07/12/2013				Modernized Medicare Supplement Insurance Plan	278,377	205,122	73.7	162				
0199999. Total Experience on Individual Policies										16,359,347	15,320,094	93.6	7,091	1,668,794	1,657,652	99.3	881
0299999. Total Experience on Group Policies																	

GENERAL INTERROGATORIES

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

360.NJ



SUPPLEMENT FOR THE YEAR 2021 OF THE Loyal American Life Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2021
 (To Be Filed by March 1)

FOR THE STATE OF New Mexico.....
 NAIC Group Code 0901 NAIC Company Code 65722
 ADDRESS (City, State and Zip Code) Cleveland , OH 44114
 Person Completing This Exhibit Mohammed Umar Gilani
 Title Appointed Actuary Telephone Number 512-807-4966

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2018				Policies Issued in 2019; 2020; 2021			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	L-6201-NM	I	NO	0034000	10/07/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	13,780	5,680	41.2	3				
YES	L-6202-NM	J	NO	0034000	10/07/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	233,967	159,744	68.3	51				
YES	LOYAL-MS-AA-F-NM	F	NO	0034000	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	194,747	153,811	79.0	52				
YES	LOYAL-MS-AA-G-NM	G	NO	0034000	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	39,120	24,596	62.9	12				
YES	LOYAL-MS-AA-N-NM	N	NO	0034000	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	14,652	2,833	19.3	6				
0199999. Total Experience on Individual Policies										496,266	346,664	69.9	124				
0299999. Total Experience on Group Policies																	

GENERAL INTERROGATORIES

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

360.NM



SUPPLEMENT FOR THE YEAR 2021 OF THE Loyal American Life Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2021
 (To Be Filed by March 1)

FOR THE STATE OF North Carolina.....
 NAIC Group Code 0901 NAIC Company Code 65722
 ADDRESS (City, State and Zip Code) Cleveland , OH 44114
 Person Completing This Exhibit Mohammed Umar Gilani
 Title Appointed Actuary Telephone Number 512-807-4966

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2018				Policies Issued in 2019; 2020; 2021			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	L-5233-NC	D	NO	0034000	08/16/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	4,377	2,817	64.4	1				
YES	L-5234-NC	F	NO	0034000	08/16/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	134,463	94,654	70.4	23				
YES	L-5235-NC	G	NO	0034000	08/16/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	5,992	1,223	20.4	1				
YES	L-6200-NC	H	NO	0034000	09/30/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	4,852	9,044	186.4	1				
YES	L-6201-NC	I	NO	0034000	09/30/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	21,068	5,809	27.6	5				
YES	L-6202-NC	J	NO	0034060	09/30/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	765,374	532,287	69.5	146				
YES	LOYAL-MS-AA-A-NC	A	NO	0034060	06/01/2010			01/31/2017	Modernized Medicare Supplement Insurance Plan	954	1,552	162.7					
YES	LOYAL-MS-AA-B-NC	B	NO	0034000	07/02/2010			01/31/2017	Modernized Medicare Supplement Insurance Plan	2,952	1,635	55.4	1				
YES	LOYAL-MS-AA-C-NC	C	NO	0034060	07/02/2010			01/31/2017	Modernized Medicare Supplement Insurance Plan	32,748	21,417	65.4	7				
YES	LOYAL-MS-AA-D-NC	D	NO	0034000	07/02/2010			01/31/2017	Modernized Medicare Supplement Insurance Plan	21,399	31,321	146.4	6				
YES	LOYAL-MS-AA-F-NC	F	NO	0034000	06/01/2010			01/31/2017	Modernized Medicare Supplement Insurance Plan	1,441,900	1,034,835	71.8	338				
YES	LOYAL-MS-AA-G-NC	G	NO	0034000	06/01/2010			01/31/2017	Modernized Medicare Supplement Insurance Plan	303,505	224,371	73.9	90				
YES	LOYAL-MS-AA-N-NC	N	NO	0034000	06/01/2010			01/31/2017	Modernized Medicare Supplement Insurance Plan	184,352	92,996	50.4	71				
0199999. Total Experience on Individual Policies										2,923,936	2,053,961	70.2	690				
0299999. Total Experience on Group Policies																	

360.NC



SUPPLEMENT FOR THE YEAR 2021 OF THE Loyal American Life Insurance Company

GENERAL INTERROGATORIES

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



SUPPLEMENT FOR THE YEAR 2021 OF THE Loyal American Life Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2021
 (To Be Filed by March 1)

FOR THE STATE OF North Dakota.....
 NAIC Group Code 0901..... NAIC Company Code 65722.....
 ADDRESS (City, State and Zip Code) Cleveland, OH 44114.....
 Person Completing This Exhibit Mohammed Umar Gilani.....
 Title Appointed Actuary..... Telephone Number 512-807-4966.....

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2018				Policies Issued in 2019; 2020; 2021			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	17 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	L-6202-ND	J	NO	0034000	10/21/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	7,989	20,990	262.7	2				
YES	LOYAL-MS-AA-F-ND	F	NO	0034000	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	40,527	37,111	91.6	11				
YES	LOYAL-MS-AA-G-ND	G	NO	0034000	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	8,839	17,359	196.4	3				
0199999. Total Experience on Individual Policies										57,355	75,460	131.6	16				
0299999. Total Experience on Group Policies																	

GENERAL INTERROGATORIES

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

360.ND



SUPPLEMENT FOR THE YEAR 2021 OF THE Loyal American Life Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2021
 (To Be Filed by March 1)

FOR THE STATE OF Ohio.....
 NAIC Group Code 0901..... NAIC Company Code 65722.....
 ADDRESS (City, State and Zip Code) Cleveland, OH 44114.....
 Person Completing This Exhibit Mohammed Umar Gilani.....
 Title Appointed Actuary..... Telephone Number 512-807-4966.....

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2018				Policies Issued in 2019; 2020; 2021			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	L-5230-OH	A	NO	0034000	08/10/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	3,893	22,791	585.4	1				
YES	L-5232-OH	C	NO	0034000	08/10/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	21,886	8,546	39.0	4				
YES	L-5233-OH	D	NO	0034000	08/10/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	9,641	1,616	16.8	2				
YES	L-5234-OH	F	NO	0034000	08/10/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	137,802	93,841	68.1	26				
YES	L-5235-OH	G	NO	0034000	08/10/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	24,298	10,224	42.1	5				
YES	L-6201-OH	I	NO	0034060	09/05/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	5,313	1,282	24.1	1				
YES	L-6202-OH	J	NO	0034060	09/05/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	531,979	280,939	52.8	100				
YES	LOYAL-MS-AA-C-OH	C	NO	0034000	06/01/2010			08/09/2017	Modernized Medicare Supplement Insurance Plan	122,199	113,137	92.6	26				
YES	LOYAL-MS-AA-D-OH	D	NO	0034000	07/12/2010			08/09/2017	Modernized Medicare Supplement Insurance Plan	10,865	2,763	25.4	2				
YES	LOYAL-MS-AA-F-OH	F	NO	0034000	06/01/2010			08/09/2017	Modernized Medicare Supplement Insurance Plan	1,297,752	785,051	60.5	286				
YES	LOYAL-MS-AA-G-OH	G	NO	0034000	06/01/2010			08/09/2017	Modernized Medicare Supplement Insurance Plan	292,877	145,025	49.5	77				
YES	LOYAL-MS-AA-N-OH	N	NO	0034000	06/01/2010			08/09/2017	Modernized Medicare Supplement Insurance Plan	347,066	234,260	67.5	120				
0199999. Total Experience on Individual Policies										2,805,571	1,699,475	60.6	650				
0299999. Total Experience on Group Policies																	

360.OH



SUPPLEMENT FOR THE YEAR 2021 OF THE Loyal American Life Insurance Company

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 - 2.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717
 - 2.2 Contact Person and Phone Number: David Brosig 1-866-459-4272

3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - 3.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717
 - 3.2 Contact Person and Phone Number: David Brosig 1-866-459-4272

4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2021 OF THE Loyal American Life Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2021
 (To Be Filed by March 1)

FOR THE STATE OF Oklahoma.....
 NAIC Group Code 0901..... NAIC Company Code 65722.....
 ADDRESS (City, State and Zip Code) Cleveland, OH 44114.....
 Person Completing This Exhibit Mohammed Umar Gilani.....
 Title Appointed Actuary..... Telephone Number 512-807-4966.....

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2018				Policies Issued in 2019; 2020; 2021			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	L-5234-OK	F	NO	0034000	08/18/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	114,311	101,021	88.4	21				
YES	L-5235-OK	G	NO	0034000	08/18/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	21,205	15,087	71.1	5				
YES	L-6200-OK	H	NO	0034060	08/28/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	12,305	3,263	26.5	3				
YES	L-6202-OK	J	NO	0034060	08/28/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	418,515	294,662	70.4	82				
YES	LOYAL-MS-AA-A-OK	A	NO	0034060	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	11,833	12,163	102.8	4				
YES	LOYAL-MS-AA-F-OK	F	NO	0034000	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	305,286	216,690	71.0	68				
YES	LOYAL-MS-AA-G-OK	G	NO	0034000	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	34,261	14,195	41.4	10				
YES	LOYAL-MS-AA-N-OK	N	NO	0034000	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	42,293	29,965	70.9	16				
0199999. Total Experience on Individual Policies										960,009	687,046	71.6	209				
0299999. Total Experience on Group Policies																	

GENERAL INTERROGATORIES

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

360.OK



SUPPLEMENT FOR THE YEAR 2021 OF THE Loyal American Life Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2021
 (To Be Filed by March 1)

FOR THE STATE OF Oregon.....
 NAIC Group Code 0901..... NAIC Company Code 65722.....
 ADDRESS (City, State and Zip Code) Cleveland, OH 44114.....
 Person Completing This Exhibit Mohammed Umar Gilani.....
 Title Appointed Actuary..... Telephone Number 512-807-4966.....

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2018				Policies Issued in 2019; 2020; 2021			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	17 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	L-5230-OR	A	NO	0034060	09/08/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	3,095	55	1.8	1				
YES	L-5234-OR	F	NO	0034060	09/08/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	23,613	10,895	46.1	6				
YES	L-5235-OR	G	NO	0034060	09/08/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	6,058	10,548	174.1	2				
YES	L-6200-OR	H	NO	0034060	10/13/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	3,785	783	20.7	1				
YES	L-6202-OR	J	NO	0034060	10/13/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	330,381	204,581	61.9	69				
YES	LOYAL-MS-AA-A-OR	A	NO	0034060	06/01/2010				Modernized Medicare Supplement Insurance Plan	915	180	19.7		2,736	1,761	64.4	1
YES	LOYAL-MS-AA-B-OR	B	NO	0034060	06/10/2010				Modernized Medicare Supplement Insurance Plan	(302)							
YES	LOYAL-MS-AA-C-OR	C	NO	0034060	06/10/2010				Modernized Medicare Supplement Insurance Plan	16,400	7,846	47.8	4	17,458	15,011	86.0	5
YES	LOYAL-MS-AA-D-OR	D	NO	0034060	06/10/2010				Modernized Medicare Supplement Insurance Plan	23,164	23,123	99.8	7	6,469	8,901	137.6	2
YES	LOYAL-MS-AA-F-OR	F	NO	0034060	06/01/2010				Modernized Medicare Supplement Insurance Plan	3,658,123	3,065,179	83.8	1,114	1,383,391	916,361	66.2	441
YES	LOYAL-MS-AA-G-OR	G	NO	0034060	06/01/2010				Modernized Medicare Supplement Insurance Plan	5,796,192	4,840,267	83.5	2,234	9,914,491	8,203,410	82.7	3,895
YES	LOYAL-MS-AA-N-OR	N	NO	0034060	06/01/2010				Modernized Medicare Supplement Insurance Plan	1,203,214	1,146,315	95.3	472	1,094,961	996,250	91.0	448
0199999. Total Experience on Individual Policies										11,064,638	9,309,772	84.1	3,910	12,419,506	10,141,694	81.7	4,792
0299999. Total Experience on Group Policies																	

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SUPPLEMENT FOR THE YEAR 2021 OF THE Loyal American Life Insurance Company

GENERAL INTERROGATORIES

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



SUPPLEMENT FOR THE YEAR 2021 OF THE Loyal American Life Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2021
 (To Be Filed by March 1)

FOR THE STATE OF Pennsylvania.....
 NAIC Group Code 0901..... NAIC Company Code 65722.....
 ADDRESS (City, State and Zip Code) Cleveland, OH 44114.....
 Person Completing This Exhibit Mohammed Umar Gilani.....
 Title Appointed Actuary..... Telephone Number 512-807-4966.....

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2018				Policies Issued in 2019; 2020; 2021			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	17 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	L-5232-PA	C	NO	0034060	12/02/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	6,923	7,323	105.8	2				
YES	L-5233-PA	D	NO	0034060	12/02/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	35,153	29,223	83.1	8				
YES	L-5234-PA	F	NO	0034060	12/02/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	94,927	60,287	63.5	27				
YES	L-5235-PA	G	NO	0034060	12/02/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	12,110	9,064	74.8	4				
YES	LOYAL-MS-AA-D-PA	D	NO	0034060	06/10/2010			09/30/2016	Modernized Medicare Supplement Insurance Plan	8,898	5,897	66.3	3				
YES	LOYAL-MS-AA-F-PA	F	NO	0034060	06/01/2010			09/30/2016	Modernized Medicare Supplement Insurance Plan	1,544,457	899,710	58.3	397				
YES	LOYAL-MS-AA-G-PA	G	NO	0034060	06/01/2010			09/30/2016	Modernized Medicare Supplement Insurance Plan	330,342	224,894	68.1	93				
YES	LOYAL-MS-AA-N-PA	N	NO	0034060	06/01/2010			09/30/2016	Modernized Medicare Supplement Insurance Plan	689,372	523,466	75.9	250				
0199999. Total Experience on Individual Policies										2,722,182	1,759,864	64.6	784				
0299999. Total Experience on Group Policies																	

GENERAL INTERROGATORIES

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

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SUPPLEMENT FOR THE YEAR 2021 OF THE Loyal American Life Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2021
 (To Be Filed by March 1)

FOR THE STATE OF Rhode Island.....
 NAIC Group Code 0901 NAIC Company Code 65722
 ADDRESS (City, State and Zip Code) Cleveland , OH 44114
 Person Completing This Exhibit
 Title Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2018			Policies Issued in 2019; 2020; 2021				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives

GENERAL INTERROGATORIES

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



SUPPLEMENT FOR THE YEAR 2021 OF THE Loyal American Life Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2021
 (To Be Filed by March 1)

FOR THE STATE OF South Carolina.....
 NAIC Group Code 0901..... NAIC Company Code 65722.....
 ADDRESS (City, State and Zip Code) Cleveland, OH 44114.....
 Person Completing This Exhibit Mohammed Umar Gilani.....
 Title Appointed Actuary..... Telephone Number 512-807-4966.....

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2018				Policies Issued in 2019; 2020; 2021			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	17 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	L-5234-SC	F	NO	0034000	12/29/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	135,403	112,760	83.3	36				
YES	L-5235-SC	G	NO	0034000	12/29/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	26,433	43,433	164.3	5				
YES	L-6200-SC	H	NO	0034000	09/24/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	12,477	5,409	43.4	4				
YES	L-6201-SC	J	NO	0034000	09/24/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	43,274	28,660	66.2	12				
YES	L-6202-SC	J	NO	0034000	09/24/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	1,129,775	763,563	67.6	288				
YES	LOYAL-MS-AA-C-SC	C	NO	0034000	08/25/2010			09/30/2016	Modernized Medicare Supplement Insurance Plan	13,538	7,849	58.0	4				
YES	LOYAL-MS-AA-D-SC	D	NO	0034000	08/25/2010			09/30/2016	Modernized Medicare Supplement Insurance Plan	10,204	3,146	30.8	3				
YES	LOYAL-MS-AA-F-SC	F	NO	0034000	06/01/2010			09/30/2016	Modernized Medicare Supplement Insurance Plan	2,200,439	1,491,718	67.8	552				
YES	LOYAL-MS-AA-G-SC	G	NO	0034000	06/01/2010			09/30/2016	Modernized Medicare Supplement Insurance Plan	508,876	355,840	69.9	145				
YES	LOYAL-MS-AA-N-SC	N	NO	0034000	06/01/2010			09/30/2016	Modernized Medicare Supplement Insurance Plan	234,496	138,742	59.2	89				
0199999. Total Experience on Individual Policies										4,314,915	2,951,120	68.4	1,138				
0299999. Total Experience on Group Policies																	

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SUPPLEMENT FOR THE YEAR 2021 OF THE Loyal American Life Insurance Company

GENERAL INTERROGATORIES

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



SUPPLEMENT FOR THE YEAR 2021 OF THE Loyal American Life Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2021
 (To Be Filed by March 1)

FOR THE STATE OF South Dakota
 NAIC Group Code 0901 NAIC Company Code 65722
 ADDRESS (City, State and Zip Code) Cleveland, OH 44114
 Person Completing This Exhibit Mohammed Umar Gilani
 Title Appointed Actuary Telephone Number 512-807-4966

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2018				Policies Issued in 2019; 2020; 2021			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	L-6202-SD	J	NO	0034060	08/01/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	314,648	186,998	59.4	68				
YES	LOYAL-MS-AA-A-SD	A	NO	0034060	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	3,497	85	2.4	1				
YES	LOYAL-MS-AA-F-SD	F	NO	0034060	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	223,794	190,435	85.1	58				
YES	LOYAL-MS-AA-G-SD	G	NO	0034060	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	22,802	24,654	108.1	6				
YES	LOYAL-MS-AA-N-SD	N	NO	0034060	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	2,494	147	5.9	1				
0199999. Total Experience on Individual Policies										567,235	402,319	70.9	134				
0299999. Total Experience on Group Policies																	

GENERAL INTERROGATORIES

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

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SUPPLEMENT FOR THE YEAR 2021 OF THE Loyal American Life Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2021
 (To Be Filed by March 1)

FOR THE STATE OF Tennessee.....
 NAIC Group Code 0901..... NAIC Company Code 65722.....
 ADDRESS (City, State and Zip Code) Cleveland, OH 44114.....
 Person Completing This Exhibit Mohammed Umar Gilani.....
 Title Appointed Actuary..... Telephone Number 512-807-4966.....

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2018				Policies Issued in 2019; 2020; 2021			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	17 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	L-5234-TN	F	NO	0034000	09/15/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	96,185	57,718	60.0	19				
YES	L-5235-TN	G	NO	0034000	09/15/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	24,715	6,614	26.8	5				
YES	LOYAL-MS-AA-B-TN	B	NO	0034060	07/30/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	19,584	11,998	61.3	5				
YES	LOYAL-MS-AA-C-TN	C	NO	0034060	07/30/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	8,379	10,441	124.6	2				
YES	LOYAL-MS-AA-D-TN	D	NO	0034060	07/30/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	24,086	22,977	95.4	5				
YES	LOYAL-MS-AA-F-TN	F	NO	0034060	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	5,805,826	3,783,696	65.2	1,451				
YES	LOYAL-MS-AA-G-TN	G	NO	0034060	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	659,950	446,222	67.6	196				
YES	LOYAL-MS-AA-N-TN	N	NO	0034060	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	886,439	706,284	79.7	353				
0199999. Total Experience on Individual Policies										7,525,164	5,045,950	67.1	2,036				
0299999. Total Experience on Group Policies																	

GENERAL INTERROGATORIES

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



SUPPLEMENT FOR THE YEAR 2021 OF THE Loyal American Life Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2021
 (To Be Filed by March 1)

FOR THE STATE OF Texas.....
 NAIC Group Code 0901..... NAIC Company Code 65722.....
 ADDRESS (City, State and Zip Code) Cleveland, OH 44114.....
 Person Completing This Exhibit Mohammed Umar Gilani.....
 Title Appointed Actuary..... Telephone Number 512-807-4966.....

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2018				Policies Issued in 2019; 2020; 2021			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	17 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	L-5232-TX	C	NO	0034000	10/19/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	11,019	9,166	83.2	1				
YES	L-5233-TX	D	NO	0034000	10/19/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	6,617	14,879	224.9	1				
YES	L-5234-TX	F	NO	0034000	10/19/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	993,679	717,004	72.2	172				
YES	L-5235-TX	G	NO	0034000	10/19/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	99,975	43,984	44.0	19				
YES	L-5332-TX	D	YES	0034000	02/14/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	1,311	939	71.6					
YES	L-5333-TX	F	YES	0034000	02/14/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	3,903	227	5.8	1				
YES	L-5334-TX	G	YES	0034000	02/14/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	6,198	7,761	125.2	3				
YES	L-6200-TX	H	NO	0034000	09/03/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	379,773	278,780	73.4	81				
YES	L-6201-TX	I	NO	0034000	09/03/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	652,530	446,714	68.5	142				
YES	L-6202-TX	J	NO	0034000	09/03/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	3,176,375	2,288,192	72.0	570				
YES	LOYAL-MS-AA-A-TX	A	NO	0034060	06/01/2010				Modernized Medicare Supplement Insurance Plan	87,612	95,009	108.4	20				
YES	LOYAL-MS-AA-B-TX	B	NO	0034000	08/05/2010				Modernized Medicare Supplement Insurance Plan	9	(234)	(2,600.0)					
YES	LOYAL-MS-AA-C-TX	C	NO	0034000	08/05/2010				Modernized Medicare Supplement Insurance Plan	8,378	228	2.7	2				
YES	LOYAL-MS-AA-D-TX	D	NO	0034000	08/05/2010				Modernized Medicare Supplement Insurance Plan	19,773	32,599	164.9	5				

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SUPPLEMENT FOR THE YEAR 2021 OF THE Loyal American Life Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2021
 (To Be Filed by March 1)

FOR THE STATE OF Texas.....
 NAIC Group Code 0901..... NAIC Company Code 65722.....
 ADDRESS (City, State and Zip Code) Cleveland, OH 44114.....
 Person Completing This Exhibit Mohammed Umar Gilani.....
 Title Appointed Actuary..... Telephone Number 512-807-4966.....

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2018				Policies Issued in 2019; 2020; 2021			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	17 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	LOYAL-MS-AA-F-TX	F	NO	0034000	06/01/2010				Modernized Medicare Supplement Insurance Plan	3,121,620	2,338,358	74.9	696	9,282	1,378	14.8	2
YES	LOYAL-MS-AA-G-TX	G	NO	0034000	06/01/2010				Modernized Medicare Supplement Insurance Plan	1,671,933	1,488,014	89.0	520	41,996	36,154	86.1	17
YES	LOYAL-MS-AA-N-TX	N	NO	0034000	06/01/2010				Modernized Medicare Supplement Insurance Plan	1,148,904	1,048,280	91.2	442	5,261	1,437	27.3	3
0199999. Total Experience on Individual Policies										11,389,609	8,809,900	77.4	2,675	56,539	38,969	68.9	22
0299999. Total Experience on Group Policies																	

GENERAL INTERROGATORIES

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



SUPPLEMENT FOR THE YEAR 2021 OF THE Loyal American Life Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2021
 (To Be Filed by March 1)

FOR THE STATE OF Utah.....
 NAIC Group Code 0901..... NAIC Company Code 65722.....
 ADDRESS (City, State and Zip Code) Cleveland, OH 44114.....
 Person Completing This Exhibit.....
 Title..... Telephone Number.....

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2018				Policies Issued in 2019; 2020; 2021			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	17 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	L-6202-UT	J	NO	0034000	10/04/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	150,448	90,756	60.3	32				
YES	LOYAL-MS-AA-F-UT	F	NO	0034000	06/01/2010			01/02/2017	Modernized Medicare Supplement Insurance Plan	189,696	122,636	64.6	44				
YES	LOYAL-MS-AA-G-UT	G	NO	0034000	06/01/2010			01/02/2017	Modernized Medicare Supplement Insurance Plan	44,982	33,735	75.0	15				
YES	LOYAL-MS-AA-N-UT	N	NO	0034000	06/01/2010			01/02/2017	Modernized Medicare Supplement Insurance Plan	130,224	79,565	61.1	53				
0199999. Total Experience on Individual Policies										515,350	326,692	63.4	144				
0299999. Total Experience on Group Policies																	

GENERAL INTERROGATORIES

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

360.UT



SUPPLEMENT FOR THE YEAR 2021 OF THE Loyal American Life Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2021
 (To Be Filed by March 1)

FOR THE STATE OF Vermont.....
 NAIC Group Code 0901..... NAIC Company Code 65722.....
 ADDRESS (City, State and Zip Code) Cleveland, OH 44114.....
 Person Completing This Exhibit Mohammed Umar Gilani.....
 Title Appointed Actuary..... Telephone Number 512-807-4966.....

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2018				Policies Issued in 2019; 2020; 2021			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	17 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	LOYAL-MS-CR-F-VT	F	NO	0034060	06/18/2013				Modernized Medicare Supplement Insurance Plan	1,010,606	733,355	72.6	345	451,028	505,171	112.0	159
YES	LOYAL-MS-CR-G-VT	G	NO	0034060	06/18/2013				Modernized Medicare Supplement Insurance Plan	527,275	411,776	78.1	207	628,782	430,310	68.4	277
YES	LOYAL-MS-CR-N-VT	N	NO	0034060	06/18/2013				Modernized Medicare Supplement Insurance Plan	273,873	170,340	62.2	155	353,915	224,113	63.3	223
YES	LOYAL-MSD-CR-F-VT	F	NO	0204060	07/25/2013				Modernized Medicare Supplement Insurance Plan	38,336	34,445	89.9	13	7,081	5,265	74.4	2
YES	LOYAL-MSD-CR-G-VT	G	NO	0204060	07/25/2013				Modernized Medicare Supplement Insurance Plan	83,543	54,938	65.8	35	74,037	39,189	52.9	29
YES	LOYAL-MSD-CR-N-VT	N	NO	0204060	07/25/2013				Modernized Medicare Supplement Insurance Plan	35,162	10,335	29.4	20	36,557	20,836	57.0	21
0199999. Total Experience on Individual Policies										1,968,795	1,415,189	71.9	775	1,551,400	1,224,884	79.0	711
0299999. Total Experience on Group Policies																	

GENERAL INTERROGATORIES

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

360.VT



SUPPLEMENT FOR THE YEAR 2021 OF THE Loyal American Life Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2021
 (To Be Filed by March 1)

FOR THE STATE OF Virginia.....
 NAIC Group Code 0901..... NAIC Company Code 65722.....
 ADDRESS (City, State and Zip Code) Cleveland, OH 44114.....
 Person Completing This Exhibit Mohammed Umar Gilani.....
 Title Appointed Actuary..... Telephone Number 512-807-4966.....

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2018				Policies Issued in 2019; 2020; 2021			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	17 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	LOYAL-MS-AA-F-VA	F	NO	0034000	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	595,943	447,456	75.1	160				
YES	LOYAL-MS-AA-G-VA	G	NO	0034000	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	184,449	138,943	75.3	60				
YES	LOYAL-MS-AA-N-VA	N	NO	0034000	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	17,880	13,964	78.1	7				
0199999. Total Experience on Individual Policies										798,272	600,363	75.2	227				
0299999. Total Experience on Group Policies																	

GENERAL INTERROGATORIES

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



SUPPLEMENT FOR THE YEAR 2021 OF THE Loyal American Life Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2021
 (To Be Filed by March 1)

FOR THE STATE OF Washington.....
 NAIC Group Code 0901..... NAIC Company Code 65722.....
 ADDRESS (City, State and Zip Code) Cleveland, OH 44114.....
 Person Completing This Exhibit Mohammed Umar Gilani.....
 Title Appointed Actuary..... Telephone Number 512-807-4966.....

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2018				Policies Issued in 2019; 2020; 2021			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	17 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	LOYAL-MS-CR-F-WA	F	NO	0034000	06/20/2013				Modernized Medicare Supplement Insurance Plan	987,857	691,302	70.0	273	217,063	187,366	86.3	58
YES	LOYAL-MS-CR-G-WA	G	NO	0034000	06/20/2013				Modernized Medicare Supplement Insurance Plan	11,385,790	9,329,621	81.9	3,882	7,126,279	5,180,961	72.7	2,538
YES	LOYAL-MS-CR-N-WA	N	NO	0034000	06/20/2013				Modernized Medicare Supplement Insurance Plan	4,209,510	3,646,677	86.6	2,234	6,637,140	5,446,490	82.1	3,858
YES	LOYAL-MSD-CR-A-WA	A	NO	0204000	08/21/2013				Modernized Medicare Supplement Insurance Plan					2,369	1,424	60.1	1
YES	LOYAL-MSD-CR-F-WA	F	NO	0204000	08/21/2013				Modernized Medicare Supplement Insurance Plan	335,988	262,347	78.1	91	183,816	128,928	70.1	55
YES	LOYAL-MSD-CR-G-WA	G	NO	0204000	08/21/2013				Modernized Medicare Supplement Insurance Plan	2,269,175	1,929,522	85.0	821	1,162,510	809,508	69.6	444
YES	LOYAL-MSD-CR-N-WA	N	NO	0204000	08/21/2013				Modernized Medicare Supplement Insurance Plan	571,075	623,108	109.1	308	645,862	439,617	68.1	375
0199999. Total Experience on Individual Policies										19,759,395	16,482,577	83.4	7,609	15,975,039	12,194,294	76.3	7,329
0299999. Total Experience on Group Policies																	

GENERAL INTERROGATORIES

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

360.WA



SUPPLEMENT FOR THE YEAR 2021 OF THE Loyal American Life Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2021
 (To Be Filed by March 1)

FOR THE STATE OF West Virginia.....
 NAIC Group Code 0901..... NAIC Company Code 65722.....
 ADDRESS (City, State and Zip Code) Cleveland, OH 44114.....
 Person Completing This Exhibit Mohammed Umar Gilani.....
 Title Appointed Actuary..... Telephone Number 512-807-4966.....

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2018				Policies Issued in 2019; 2020; 2021			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	L-5232-WV	C	NO	0034000	08/25/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	4,882	3,142	64.4	1				
YES	L-5234-WV	F	NO	0034000	08/25/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	9,145	10,905	119.2	2				
YES	L-5235-WV	G	NO	0034000	08/25/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	(325)							
YES	L-6202-WV	J	NO	0034060	09/24/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	118,138	88,215	74.7	26				
YES	LOYAL-MS-AA-D-WV	D	NO	0034000	06/23/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	3,550	191	5.4	1				
YES	LOYAL-MS-AA-F-WV	F	NO	0034000	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	243,109	141,723	58.3	61				
YES	LOYAL-MS-AA-G-WV	G	NO	0034000	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	37,973	44,813	118.0	11				
YES	LOYAL-MS-AA-N-WV	N	NO	0034000	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	84,383	46,216	54.8	32				
0199999. Total Experience on Individual Policies										500,855	335,205	66.9	134				
0299999. Total Experience on Group Policies																	

GENERAL INTERROGATORIES

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

360.WV



SUPPLEMENT FOR THE YEAR 2021 OF THE Loyal American Life Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2021
 (To Be Filed by March 1)

FOR THE STATE OF Wisconsin.....
 NAIC Group Code 0901..... NAIC Company Code 65722.....
 ADDRESS (City, State and Zip Code) Cleveland, OH 44114.....
 Person Completing This Exhibit Mohammed Umar Gilani.....
 Title Appointed Actuary..... Telephone Number 512-807-4966.....

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2018				Policies Issued in 2019; 2020; 2021			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	L-5220-WI	0	NO	0034060	04/23/2004			05/31/2010	Senior Class Medicare Supplement Insurance Plan	66,527	25,608	38.5	11				
YES	LOYAL-MS-WI	0	NO	0034060	06/01/2010			09/30/2016	Modernized Medicare Supplement Insurance Plan	127,101	146,675	115.4	33				
0199999. Total Experience on Individual Policies										193,628	172,283	89.0	44				
0299999. Total Experience on Group Policies																	

GENERAL INTERROGATORIES

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



SUPPLEMENT FOR THE YEAR 2021 OF THE Loyal American Life Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2021
 (To Be Filed by March 1)

FOR THE STATE OF Wyoming.....
 NAIC Group Code 0901..... NAIC Company Code 65722.....
 ADDRESS (City, State and Zip Code) Cleveland, OH 44114.....
 Person Completing This Exhibit Mohammed Umar Gilani.....
 Title Appointed Actuary..... Telephone Number 512-807-4966.....

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2018				Policies Issued in 2019; 2020; 2021			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	17 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	L-6202-WY	J	NO	0034060	08/27/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	103,535	47,066	45.5	21				
YES	LOYAL-MS-AA-F-WY	F	NO	0034000	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	83,970	43,242	51.5	21				
YES	LOYAL-MS-AA-G-WY	G	NO	0034000	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	12,500	3,524	28.2	4				
YES	LOYAL-MS-AA-N-WY	N	NO	0034000	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	32,638	49,588	151.9	13				
0199999. Total Experience on Individual Policies										232,643	143,420	61.6	59				
0299999. Total Experience on Group Policies																	

GENERAL INTERROGATORIES

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

360.WY



SUPPLEMENT FOR THE YEAR 2021 OF THE Loyal American Life Insurance Company

VM-20 RESERVES SUPPLEMENT – PART 1A

Life Insurance Reserves Valued According to VM-20 by Product Type
 For The Year Ended December 31, 2021
 (To Be Filed by March 1)

NAIC Group Code 0901

NAIC Company Code 65722

	Prior Year	Current Year	
	1 Reported Reserve	2 Reported Reserve	3 Due and Deferred Premium Asset
1. Post-Reinsurance-Ceded Reserve			
1.1. Term Life Insurance.....			
1.2. Universal Life With Secondary Guarantee			
1.3. Non-Participating Whole Life			
1.4. Participating Whole Life			
1.5. Universal Life Without Secondary Guarantee			
1.6. Variable Universal Life Without Secondary Guarantee			
1.7. Variable Life Without Secondary Guarantee			
1.8. Indexed Life Without Secondary Guarantee			
1.9. Aggregate Write-Ins for Other Products			
2. Total Post-Reinsurance-Ceded Reserve (Sum of Lines 1.1 through 1.9)			XXX
3. Pre-Reinsurance-Ceded Reserve			
3.1. Term Life Insurance.....			
3.2. Universal Life With Secondary Guarantee			
3.3. Non-Participating Whole Life			
3.4. Participating Whole Life			
3.5. Universal Life Without Secondary Guarantee			
3.6. Variable Universal Life Without Secondary Guarantee			
3.7. Variable Life Without Secondary Guarantee			
3.8. Indexed Life Without Secondary Guarantee			
3.9. Aggregate Write-Ins for Other Products			
4. Total Pre-Reinsurance-Ceded Reserve (Sum of Lines 3.1 through 3.9)			XXX
5. Total Reserves Ceded (Line 4 minus Line 2)			XXX
DETAILS OF WRITE-INS			
1.901.			
1.902.			
1.903.			
1.998. Summary of remaining write-ins for Line 1.9 from overflow page			
1.999. Totals (Lines 1.901 thru 1.903 plus 1.998) (Line 1.9 above)			
3.901.			
3.902.			
3.903.			
3.998. Summary of remaining write-ins for Line 3.9 from overflow page			
3.999. Totals (Lines 3.901 thru 3.903 plus 3.998) (Line 3.9 above)			

456-1

SUPPLEMENT FOR THE YEAR 2021 OF THE Loyal American Life Insurance Company

VM-20 RESERVES SUPPLEMENT – PART 1B

Life Insurance Reserves Valued According to VM-20 by Product Type
 For The Year Ended December 31, 2021
 (To Be Filed by March 1)
 (\$000 Omitted for Face Amounts)

	Current Year											
	SECTION A					SECTION B				SECTION C		
	1 Net Premium Reserve	2 Deterministic Reserve	3 Stochastic Reserve	4 Number of Policies	5 Face Amount	6 Net Premium Reserve	7 Deterministic Reserve	8 Number of Policies	9 Face Amount	10 Net Premium Reserve	11 Number of Policies	12 Face Amount
1. Post-Reinsurance-Ceded Reserve												
1.1. Term Life Insurance				.XXX	XXX			.XXX	.XXX	XXX	.XXX	XXX
1.2. Universal Life With Secondary Guarantee				.XXX	XXX			.XXX	.XXX		.XXX	XXX
1.3. Non-Participating Whole Life				.XXX	XXX			.XXX	.XXX		.XXX	XXX
1.4. Participating Whole Life				.XXX	XXX			.XXX	.XXX		.XXX	XXX
1.5. Universal Life Without Secondary Guarantee				.XXX	XXX			.XXX	.XXX		.XXX	XXX
1.6. Variable Universal Life Without Secondary Guarantee				.XXX	XXX			.XXX	.XXX		.XXX	XXX
1.7. Variable Life Without Secondary Guarantee				.XXX	XXX			.XXX	.XXX		.XXX	XXX
1.8. Indexed Life Without Secondary Guarantee				.XXX	XXX			.XXX	.XXX		.XXX	XXX
1.9. Aggregate Write-Ins for Other Products				.XXX	XXX			.XXX	.XXX		.XXX	XXX
2. Total Post-Reinsurance-Ceded Reserve (Sum of Lines 1.1 through 1.9)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
3. Pre-Reinsurance-Ceded Reserve										XXX		
3.1. Term Life Insurance												
3.2. Universal Life With Secondary Guarantee												
3.3. Non-Participating Whole Life												
3.4. Participating Whole Life												
3.5. Universal Life Without Secondary Guarantee												
3.6. Variable Universal Life Without Secondary Guarantee												
3.7. Variable Life Without Secondary Guarantee												
3.8. Indexed Life Without Secondary Guarantee												
3.9. Aggregate Write-Ins for Other Products												
4. Total Pre-Reinsurance-Ceded Reserve (Sum of Lines 3.1 through 3.9)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
5. Total Reserves Ceded (Line 4 minus Line 2)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
DETAILS OF WRITE-INS												
1.901.				.XXX	XXX			.XXX	.XXX		.XXX	XXX
1.902.				.XXX	XXX			.XXX	.XXX		.XXX	XXX
1.903.				.XXX	XXX			.XXX	.XXX		.XXX	XXX
1.998. Summary of remaining write-ins for Line 1.9 from overflow page				.XXX	XXX			.XXX	.XXX		.XXX	XXX
1.999. Totals (Lines 1.901 thru 1.903 plus 1.998) (Line 1.9 above)				.XXX	XXX			.XXX	.XXX		.XXX	XXX
3.901.												
3.902.												
3.903.												
3.998. Summary of remaining write-ins for Line 3.9 from overflow page												
3.999. Totals (Lines 3.901 thru 3.903 plus 3.998) (Line 3.9 above)												

456-2

SUPPLEMENT FOR THE YEAR 2021 OF THE Loyal American Life Insurance Company

VM-20 RESERVES SUPPLEMENT – PART 2

Life PBR Exemption
 For The Year Ended December 31, 2021
 (To Be Filed by March 1)

Life PBR Exemption as defined in the NAIC adopted Valuation Manual (VM)	
1. Has the company filed and been granted a Life PBR Exemption from the reserve requirements of VM-20 of the Valuation Manual by their state of domicile?	Yes [] No []
2. If the response to Question 1 is "Yes", then check the source of the granted "Life PBR Exemption" definition? (Check either 2.1, 2.2 or 2.3)	
2.1 NAIC Adopted VM []	
2.2 State Statute (SVL) [] Complete items "a" and "b" as appropriate.	
a. Is the criteria in the State Statute (SVL) different from the NAIC adopted VM?	Yes [] No []
b. If the answer to "a" above is "Yes", provide the criteria the state has used to grant the Life PBR Exemption (e.g., Group/Legal Entity criteria) and the minimum reserve requirements that are required by the state of domicile (if the minimum reserve requirements are the same as the Adopted VM, write SAME AS NAIC VM):	
2.3 State Regulation [] Complete items "a" and "b" as appropriate.	
a. Is the criteria in the State Regulation different from the NAIC adopted VM?	Yes [] No []
b. If the answer to "a" above is "Yes", provide the criteria the state has used to grant the Life PBR Exemption (e.g., Group/Legal Entity criteria) and the minimum reserve requirements that are required by the state of domicile (if the minimum reserve requirements are the same as the Adopted VM, write SAME AS NAIC VM):	

VM-20 RESERVES SUPPLEMENT – PART 3

Other Exclusions from Life PBR
 For The Year Ended December 31, 2021
 (To Be Filed by March 1)

- 1A. Has the company filed and been granted a Single State Exemption from the reserve requirements of VM-20 of the Valuation Manual by their state of domicile? Yes [] No []
- 1B. If the answer to question 1A is "Yes" please discuss any business not covered under the Single State Exemption.

- 2A. If the answer to question 1A is "Yes", does the company have risks for policies issued outside its state of domicile? Yes [] No []
- 2B. If the answer to question 2A is "Yes" please discuss the risks for policies issued outside the state of domicile, how those risks came to be a responsibility of the company, and why the company would still be considered a Single State Company with such risks.

3. Is all of the company's individual ordinary life insurance business excluded from the requirements of VM-20 pursuant to Section II.B of the Valuation Manual? Yes [] No []



SUPPLEMENT FOR THE YEAR 2021 OF THE Loyal American Life Insurance Company

SCHEDULE O SUPPLEMENT

For The Year Ended December 31, 2021
(To Be Filed by March 1)

Of The Loyal American Life Insurance Company
 ADDRESS (City, State and Zip Code) Cleveland, OH 44114
 NAIC Group Code 0901 NAIC Company Code 65722 Employer's Identification Number (FEIN) 63-0343428

SUPPLEMENTAL SCHEDULE O - PART 1

Development of Incurred Losses
(\$000 Omitted)

Section A - Group Accident and Health

Years in Which Losses Were Incurred	Cumulative Net Amounts Paid Policyholders				
	1 2017	2 2018	3 2019	4 2020	5 2021(a)
1. Prior	426	441	494	496	506
2. 2017	1,222	1,696	1,697	1,697	1,697
3. 2018	XXX	1,728	2,100	2,104	2,114
4. 2019	XXX	XXX	956	1,080	1,097
5. 2020	XXX	XXX	XXX	599	767
6. 2021	XXX	XXX	XXX	XXX	320

Section B - Other Accident and Health

1. Prior	31,058	38,722	45,487	51,309	57,086
2. 2017	172,455	196,933	198,854	199,632	200,278
3. 2018	XXX	199,044	227,983	230,233	231,273
4. 2019	XXX	XXX	219,498	247,883	249,489
5. 2020	XXX	XXX	XXX	189,924	216,406
6. 2021	XXX	XXX	XXX	XXX	191,447

Section C - Credit Accident and Health

1. Prior					
2. 2017					
3. 2018	XXX				
4. 2019	XXX				
5. 2020	XXX	XX	XXX		
6. 2021	XXX	XX		XXX	

Section D -

1. Prior					
2. 2017					
3. 2018	XXX				
4. 2019	XXX				
5. 2020	XXX	XX	XXX		
6. 2021	XXX	XX		XXX	

Section E -

1. Prior					
2. 2017					
3. 2018	XXX				
4. 2019	XX				
5. 2020	XXX	XX	XXX		
6. 2021	XXX	XX		XXX	

Section F -

1. Prior					
2. 2017					
3. 2018	XXX				
4. 2019	XX				
5. 2020	XXX	XX	XXX		
6. 2021	XXX	XX		XXX	

Section G -

1. Prior					
2. 2017					
3. 2018	XXX				
4. 2019	XX				
5. 2020	XXX	XX	XXX		
6. 2021	XXX	XX		XXX	

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

SUPPLEMENT FOR THE YEAR 2021 OF THE Loyal American Life Insurance Company
SCHEDULE O SUPPLEMENT

SUPPLEMENTAL SCHEDULE O - PART 2

Development of Incurred Losses
(\$000 Omitted)

Section A - Group Accident and Health

Years in Which Losses Were Incurred	Net Amounts Paid for Cost Containment Expenses				
	1 2017	2 2018	3 2019	4 2020	5 2021
1. Prior					
2. 2017	4				
3. 2018	XXX	3			
4. 2019	XXX	XXX	3		
5. 2020	XXX	XXX	XXX		
6. 2021	XXX	XXX	XXX	XXX	

Section B - Other Accident and Health

1. Prior					
2. 2017	601				
3. 2018	XXX	528			
4. 2019	XXX	XXX	509		
5. 2020	XXX	XXX	XXX	421	
6. 2021	XXX	XXX	XXX	XXX	400

Section C - Credit Accident and Health

1. Prior					
2. 2017	NONE				
3. 2018	NONE				
4. 2019	NONE				
5. 2020	NONE				
6. 2021	XXX	XXX	XXX	XXX	

Section D -

1. Prior					
2. 2017	NONE				
3. 2018	NONE				
4. 2019	NONE				
5. 2020	NONE				
6. 2021	XXX	XXX	XXX	XXX	

Section E -

1. Prior					
2. 2017	NONE				
3. 2018	NONE				
4. 2019	NONE				
5. 2020	NONE				
6. 2021	XXX	XXX	XXX	XXX	

Section F -

1. Prior					
2. 2017	NONE				
3. 2018	NONE				
4. 2019	NONE				
5. 2020	NONE				
6. 2021	XXX	XXX	XXX	XXX	

Section G -

1. Prior					
2. 2017	NONE				
3. 2018	NONE				
4. 2019	NONE				
5. 2020	NONE				
6. 2021	XXX	XXX	XXX	XXX	

SUPPLEMENT FOR THE YEAR 2021 OF THE Loyal American Life Insurance Company
SCHEDULE O SUPPLEMENT

SUPPLEMENTAL SCHEDULE O - PART 3

**Development of Incurred Losses
(\$000 Omitted)**

Section A - Group Accident and Health

Years in Which Losses Were Incurred	Sum of Net Cumulative Amount Paid Policyholders and Claim Liability and Reserve Outstanding at End of Year				
	1 2017	2 2018	3 2019	4 2020	5 2021
1. 2017	1,759	1,751	1,725	XXX	XXX
2. 2018	XXX	2,356	2,189	2,121	XXX
3. 2019	XXX	XXX	1,367	1,119	1,114
4. 2020	XXX	XXX	XXX	977	806
5. 2021	XXX	XXX	XXX	XXX	699

Section B - Other Accident and Health

1. 2017	207,362	199,951	200,376	XXX	XXX
2. 2018	XXX	239,171	231,529	232,358	XXX
3. 2019	XXX	XXX	260,023	253,124	252,123
4. 2020	XXX	XXX	XXX	231,140	221,420
5. 2021	XXX	XXX	XXX	XXX	237,556

Section C - Credit Accident and Health

1. 2017				XXX	XXX
2. 2018	XXX				XXX
3. 2019	XXX				
4. 2020	XXX	XX	XXX		
5. 2021	XXX	XX	XXX	XXX	

NONE

Section D -

1. 2017				XXX	XXX
2. 2018	XXX				XXX
3. 2019	XXX				
4. 2020	XXX	XX	XXX		
5. 2021	XXX	XX	XXX	XXX	

NONE

Section E -

1. 2017				XXX	XXX
2. 2018	XXX				XXX
3. 2019	XXX				
4. 2020	XXX	XX	XXX		
5. 2021	XXX	XXX	XXX	XXX	

NONE

Section F -

1. 2017				XXX	XXX
2. 2018	XXX				XXX
3. 2019	XXX				
4. 2020	XXX	XX	XXX		
5. 2021	XXX	XX	XXX	XXX	

NONE

Section G -

1. 2017				XXX	XXX
2. 2018	XXX				XXX
3. 2019	XXX				
4. 2020	XX	XX	XXX		
5. 2021	XXX	XX	XXX	XXX	

NONE

SCHEDULE O SUPPLEMENT

SUPPLEMENTAL SCHEDULE O - PART 4

**Development of Incurred Losses
(\$000 Omitted)**

Section A - Group Accident and Health

Years in Which Losses Were Incurred	Sum of Net Cumulative Amount Paid Policyholders, Cost Containment Expenses, and Claim and Cost Containment Liability and Reserve Outstanding at End of Year				
	1 2017	2 2018	3 2019	4 2020	5 2021
1. 2017	1,763	1,751	1,725	1,704	1,697
2. 2018	XXX	2,359	2,189	2,121	2,121
3. 2019	XXX	XXX	1,370	1,119	1,114
4. 2020	XXX	XXX	XXX	977	806
5. 2021	XXX	XXX	XXX	XXX	699

Section B - Other Accident and Health

1. 2017	207,963	199,951	200,376	200,712	200,446
2. 2018	XXX	239,699	231,529	232,358	232,273
3. 2019	XXX	XXX	260,551	253,124	252,123
4. 2020	XXX	XXX	XXX	231,561	221,420
5. 2021	XXX	XXX	XXX	XXX	237,956

Section C - Credit Accident and Health

1. 2017					
2. 2018	XXX				
3. 2019	XXX				
4. 2020	XXX				
5. 2021	XXX	XX	XXX	XXX	

NONE

Section D -

1. 2017					
2. 2018	XXX				
3. 2019	XXX				
4. 2020	XXX				
5. 2021	XXX	XX	XXX	XXX	

NONE

Section E -

1. 2017					
2. 2018	XXX				
3. 2019	XXX				
4. 2020	XXX				
5. 2021	XXX	XX	XXX	XXX	

NONE

Section F -

1. 2017					
2. 2018	XXX				
3. 2019	XXX				
4. 2020	XXX				
5. 2021	XXX	XX	XXX	XXX	

NONE

Section G -

1. 2017					
2. 2018	XXX				
3. 2019	XXX				
4. 2020	XXX				
5. 2021	XXX	XX	XXX	XXX	

NONE

SUPPLEMENTAL SCHEDULE O - PART 5

(\$000 OMITTED)

Reserve and Liability Methodology - Exhibits 6 and 8

Line of Business	1 Methodology	2 Amount
1. Industrial Life	None	
2. Ordinary Life	Standard Factor	426
3. Individual Annuity	None	
4. Supplementary Contracts	None	
5. Credit Life	None	
6. Group Life	None	
7. Group Annuities	None	
8. Group Accident and Health	Development	328
9. Credit Accident and Health	None	
10. Other Accident and Health	Development	60,531
11. Total		61,285



SUPPLEMENT FOR THE YEAR 2021 OF THE Loyal American Life Insurance Company
HEALTH CARE RECEIVABLES SUPPLEMENT

For The Year Ended December 31, 2021
 (To Be Filed by March 1)

Of The Loyal American Life Insurance Company
 Address (City, State and Zip Code) Cleveland , OH 44114
 NAIC Group Code 0901 NAIC Company Code 65722 Employer's ID Number 63-0343428

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
NONE						
0799999 Gross health care receivables						

Health Care Receivables Supplement - Exhibit 3A - Health Care Receivables Collected and Accrued

N O N E