

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE ENCOVA LIFE INSURANCE COMPANY



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
ENCOVA LIFE INSURANCE COMPANY

NAIC Group Code 0291 0291 NAIC Company Code 66311 Employer's ID Number 31-0717055
(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 10/27/1965 Commenced Business 01/24/1967

Statutory Home Office 471 East Broad Street Columbus, OH, US 43215
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 471 East Broad Street
(Street and Number)
Columbus, OH, US 43215
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address 471 East Broad Street Columbus, OH, US 43215
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 471 East Broad Street
(Street and Number)
Columbus, OH, US 43215
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Website Address ENCOVA.COM

Statutory Statement Contact Amy E. Kuhlman 614-225-8285
(Name) (Area Code) (Telephone Number)
accounting@encova.com 614-225-8330
(E-mail Address) (FAX Number)

OFFICERS

Chief Executive Officer Thomas Joseph Obrokta Jr Treasurer James Christopher Howat
Secretary Marchelle Elaine Moore President Michael Joseph Agan

OTHER

Gregory Arthur Burton, Executive Chair

DIRECTORS OR TRUSTEES

Michael Joseph Agan Jeffrey Leigh Benintendi Grady Brendan Campbell
James Christopher Howat Thomas Joseph Obrokta Jr Matthew Carl Wilcox

State of Ohio SS
County of Franklin

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.

Thomas Joseph Obrokta Jr.
Chief Executive Officer

Marchelle Elaine Moore
Secretary

James Christopher Howat
Treasurer

Subscribed and sworn to before me this
10th day of February 2022

Deborah Dailey
Deborah Dailey

- 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.....



Deborah Dailey
Notary Public, State of Ohio
My Commission Expires 11-26-22



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE ENCOVA LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Alabama

DURING THE YEAR 2021

NAIC Group Code 0291

LIFE INSURANCE

NAIC Company Code 66311

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	57,863				57,863
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	57,863	0	0	0	57,863
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	198				198
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	198	0	0	0	198
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	198	0	0	0	198
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	117,908				117,908
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts	8,067				8,067
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	125,975	0	0	0	125,975
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

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	10,000	.0	0	.0	0	.0	0	.1	10,000
17. Incurred during current year	10	135,110							10	135,110
Settled during current year:										
18.1 By payment in full	9	117,908							9	117,908
18.2 By payment on compromised claims									.0	0
18.3 Totals paid	9	117,908	.0	0	.0	0	.0	0	9	117,908
18.4 Reduction by compromise									.0	0
18.5 Amount rejected									.0	0
18.6 Total settlements	9	117,908	.0	0	.0	0	.0	0	9	117,908
19. Unpaid Dec. 31, current year (16+17-18.6)	2	27,202	0	0	0	0	0	0	2	27,202
POLICY EXHIBIT										
20. In force December 31, prior year	117	7,637,858	0 (a)	0	0	0	0	0	117	7,637,858
21. Issued during year	5	85,000							5	85,000
22. Other changes to in force (Net)	2	476,076							2	476,076
23. In force December 31 of current year	124	8,198,934	0 (a)	0	0	0	0	0	124	8,198,934

(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)					
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)	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	0	0	0	0	0

(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 ENCOVA LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Alaska

DURING THE YEAR 2021

NAIC Group Code 0291

LIFE INSURANCE

NAIC Company Code 66311

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 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 ENCOVA LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Arizona

DURING THE YEAR 2021

NAIC Group Code 0291

LIFE INSURANCE

NAIC Company Code 66311

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 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 ENCOVA LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Arkansas

DURING THE YEAR 2021

NAIC Group Code 0291

LIFE INSURANCE

NAIC Company Code 66311

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 ENCOVA LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF California

DURING THE YEAR 2021

NAIC Group Code 0291

LIFE INSURANCE

NAIC Company Code 66311

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 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 ENCOVA LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Colorado

DURING THE YEAR 2021

NAIC Group Code 0291

LIFE INSURANCE

NAIC Company Code 66311

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 ENCOVA LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Connecticut

DURING THE YEAR 2021

NAIC Group Code 0291

LIFE INSURANCE

NAIC Company Code 66311

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 sub-categories.

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



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE ENCOVA LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Delaware

DURING THE YEAR 2021

NAIC Group Code 0291

LIFE INSURANCE

NAIC Company Code 66311

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1		2		3		4		5	
	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
1. Life insurance	20,463								20,463	
2. Annuity considerations									0	
3. Deposit-type contract funds			XXX				XXX		0	
4. Other considerations									0	
5. Totals (Sum of Lines 1 to 4)	20,463		0		0		0		20,463	
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS										
Life insurance:										
6.1 Paid in cash or left on deposit									0	
6.2 Applied to pay renewal premiums	60								60	
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	274								274	
6.4 Other									0	
6.5 Totals (Sum of Lines 6.1 to 6.4)	334		0		0		0		334	
Annuities:										
7.1 Paid in cash or left on deposit									0	
7.2 Applied to provide paid-up annuities									0	
7.3 Other									0	
7.4 Totals (Sum of Lines 7.1 to 7.3)	0		0		0		0		0	
8. Grand Totals (Lines 6.5 plus 7.4)	334		0		0		0		334	
DIRECT CLAIMS AND BENEFITS PAID										
9. Death benefits									0	
10. Matured endowments									0	
11. Annuity benefits	5,929								5,929	
12. Surrender values and withdrawals for life contracts	567								567	
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0		0		0		0		0	
14. All other benefits, except accident and health									0	
15. Totals	6,496		0		0		0		6,496	
DETAILS OF WRITE-INS										
1301.									0	
1302.									0	
1303.									0	
1398. Summary of Line 13 from overflow page	0		0		0		0		0	
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0		0		0		0		0	

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	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year	1	45,000							1	45,000
Settled during current year:										
18.1 By payment in full									0	0
18.2 By payment on compromised claims									0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (16+17-18.6)	1	45,000	0	0	0	0	0	0	1	45,000
POLICY EXHIBIT										
20. In force December 31, prior year	42	2,729,585	0 (a)	0	0	0	0	0	42	2,729,585
21. Issued during year	1	20,000							1	20,000
22. Other changes to in force (Net)		(95,936)							0	(95,936)
23. In force December 31 of current year	43	2,653,649	0 (a)	0	0	0	0	0	43	2,653,649

(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)					
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)	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	0	0	0	0	0

(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 ENCOVA LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF District of Columbia

DURING THE YEAR 2021

NAIC Group Code 0291

LIFE INSURANCE

NAIC Company Code 66311

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	3,523				3,523
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	3,523	0	0	0	3,523
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	13				13
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	13	0	0	0	13
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	13	0	0	0	13
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					0
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts	38				38
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	38	0	0	0	38
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

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	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full										0
18.2 By payment on compromised claims										0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise										0
18.5 Amount rejected										0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	12	2,244,979	0 (a)	0	0	0	0	0	12	2,244,979
21. Issued during year									0	0
22. Other changes to in force (Net)	(2)	(2,024,939)							(2)	(2,024,939)
23. In force December 31 of current year	10	220,040	0 (a)	0	0	0	0	0	10	220,040

(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)					
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)	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	0	0	0	0	0

(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 ENCOVA LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Florida

DURING THE YEAR 2021

NAIC Group Code 0291

LIFE INSURANCE

NAIC Company Code 66311

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) 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 ENCOVA LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Georgia

DURING THE YEAR 2021

NAIC Group Code 0291

LIFE INSURANCE

NAIC Company Code 66311

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	1,142,257				1,142,257
2. Annuity considerations	19,560				19,560
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	1,161,817	0	0	0	1,161,817
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	158				158
6.2 Applied to pay renewal premiums	832				832
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	9,133				9,133
6.4 Other	46				46
6.5 Totals (Sum of Lines 6.1 to 6.4)	10,169	0	0	0	10,169
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	10,169	0	0	0	10,169
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	835,340				835,340
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts	274,240				274,240
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	1,109,580	0	0	0	1,109,580
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

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	19	101,423	0	0	0	0	0	0	19	101,423
17. Incurred during current year	45	774,474							45	774,474
Settled during current year:										
18.1 By payment in full	60	835,340							60	835,340
18.2 By payment on compromised claims									0	0
18.3 Totals paid	60	835,340	0	0	0	0	0	0	60	835,340
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	60	835,340	0	0	0	0	0	0	60	835,340
19. Unpaid Dec. 31, current year (16+17-18.6)	4	40,557	0	0	0	0	0	0	4	40,557
POLICY EXHIBIT										
20. In force December 31, prior year	1,975	78,934,001	0	0	0				1,975	78,934,001
21. Issued during year	66	3,789,158							66	3,789,158
22. Other changes to in force (Net)	(82)	(2,986,546)							(82)	(2,986,546)
23. In force December 31 of current year	1,959	79,736,613	0	0	0				1,959	79,736,613

(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)					
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)	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	0	0	0	0	0

(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 ENCOVA LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Hawaii

DURING THE YEAR 2021

NAIC Group Code 0291

LIFE INSURANCE

NAIC Company Code 66311

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	7,376				7,376
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	7,376	0	0	0	7,376
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					0
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	0	0	0	0	0
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

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	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full									0	0
18.2 By payment on compromised claims									0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	6	484,500	0 (a)	0	0	0	0	0	6	484,500
21. Issued during year									0	0
22. Other changes to in force (Net)	1	510,500							1	510,500
23. In force December 31 of current year	7	995,000	0 (a)	0	0	0	0	0	7	995,000

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

ACCIDENT AND HEALTH INSURANCE

	1	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)					
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)	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	0	0	0	0	0

(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 ENCOVA LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Idaho

DURING THE YEAR 2021

NAIC Group Code 0291

LIFE INSURANCE

NAIC Company Code 66311

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 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 ENCOVA LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Illinois

DURING THE YEAR 2021

NAIC Group Code 0291

LIFE INSURANCE

NAIC Company Code 66311

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 sub-categories.

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



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE ENCOVA LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Indiana

DURING THE YEAR 2021

NAIC Group Code 0291

LIFE INSURANCE

NAIC Company Code 66311

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	3,080,305				3,080,305
2. Annuity considerations	855,375				855,375
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	3,935,680	0	0	0	3,935,680
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	2,585				2,585
6.2 Applied to pay renewal premiums	4,689				4,689
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	41,194				41,194
6.4 Other	197				197
6.5 Totals (Sum of Lines 6.1 to 6.4)	48,665	0	0	0	48,665
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	48,665	0	0	0	48,665
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	2,905,997				2,905,997
10. Matured endowments					0
11. Annuity benefits	1,060,705				1,060,705
12. Surrender values and withdrawals for life contracts	2,105,015				2,105,015
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health	2,547				2,547
15. Totals	6,074,264	0	0	0	6,074,264
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

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	56	661,050	0	0	0	0	0	0	56	661,050
17. Incurred during current year	130	2,869,249							130	2,869,249
Settled during current year:										
18.1 By payment in full	154	2,905,997							154	2,905,997
18.2 By payment on compromised claims									0	0
18.3 Totals paid	154	2,905,997	0	0	0	0	0	0	154	2,905,997
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	154	2,905,997	0	0	0	0	0	0	154	2,905,997
19. Unpaid Dec. 31, current year (16+17-18.6)	32	624,302	0	0	0	0	0	0	32	624,302
POLICY EXHIBIT										
20. In force December 31, prior year	5,870	463,354,690	0	(a) 0	0	0	0	0	5,870	463,354,690
21. Issued during year	109	20,895,720							109	20,895,720
22. Other changes to in force (Net)	(344)	(26,233,247)							(344)	(26,233,247)
23. In force December 31 of current year	5,635	458,017,163	0	(a) 0	0	0	0	0	5,635	458,017,163

(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)					
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)	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	0	0	0	0	0

(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 ENCOVA LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Iowa

DURING THE YEAR 2021

NAIC Group Code 0291

LIFE INSURANCE

NAIC Company Code 66311

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 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 ENCOVA LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Kansas

DURING THE YEAR 2021

NAIC Group Code 0291

LIFE INSURANCE

NAIC Company Code 66311

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 ENCOVA LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Kentucky

DURING THE YEAR 2021

NAIC Group Code 0291

LIFE INSURANCE

NAIC Company Code 66311

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) 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 ENCOVA LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Louisiana

DURING THE YEAR 2021

NAIC Group Code 0291

LIFE INSURANCE

NAIC Company Code 66311

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 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 ENCOVA LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Maine

DURING THE YEAR 2021

NAIC Group Code 0291

LIFE INSURANCE

NAIC Company Code 66311

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 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 ENCOVA LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Maryland

DURING THE YEAR 2021

NAIC Group Code 0291

LIFE INSURANCE

NAIC Company Code 66311

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: 1-2 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 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 ENCOVA LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Massachusetts

DURING THE YEAR 2021

NAIC Group Code 0291

LIFE INSURANCE

NAIC Company Code 66311

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 Pol. & Certifs., 2 Amount, 3 No. of Ind. Pol. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No. of Pol. & Certifs., 8 Amount, 9 No. of Pol. & 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 ENCOVA LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Michigan

DURING THE YEAR 2021

NAIC Group Code 0291

LIFE INSURANCE

NAIC Company Code 66311

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	3,891,673				3,891,673
2. Annuity considerations	278,691				278,691
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	4,170,364	0	0	0	4,170,364
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	.61				.61
6.2 Applied to pay renewal premiums	5,808				5,808
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	10,381				10,381
6.4 Other	265				265
6.5 Totals (Sum of Lines 6.1 to 6.4)	16,515	0	0	0	16,515
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	16,515	0	0	0	16,515
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	2,299,465				2,299,465
10. Matured endowments	2,033				2,033
11. Annuity benefits	42,332				42,332
12. Surrender values and withdrawals for life contracts	636,738				636,738
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health	926				926
15. Totals	2,981,494	0	0	0	2,981,494
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

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	155	543,185	0	0	0	0	0	0	155	543,185
17. Incurred during current year	268	2,492,673							268	2,492,673
Settled during current year:										
18.1 By payment in full	306	2,301,498							306	2,301,498
18.2 By payment on compromised claims									0	0
18.3 Totals paid	306	2,301,498	0	0	0	0	0	0	306	2,301,498
18.4 Reduction by compromise									0	0
18.5 Amount rejected	1	10,000							1	10,000
18.6 Total settlements	307	2,311,498	0	0	0	0	0	0	307	2,311,498
19. Unpaid Dec. 31, current year (16+17-18.6)	116	724,360	0	0	0	0	0	0	116	724,360
POLICY EXHIBIT										
20. In force December 31, prior year	7,975	263,301,124	0	(a) 0	0	0	0	0	7,975	263,301,124
21. Issued during year	177	7,704,070							177	7,704,070
22. Other changes to in force (Net)	(566)	(12,052,335)							(566)	(12,052,335)
23. In force December 31 of current year	7,586	258,952,859	0	(a) 0	0	0	0	0	7,586	258,952,859

(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)					
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)	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	0	0	0	0	0

(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 ENCOVA LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Minnesota

DURING THE YEAR 2021

NAIC Group Code 0291

LIFE INSURANCE

NAIC Company Code 66311

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 ENCOVA LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Mississippi

DURING THE YEAR 2021

NAIC Group Code 0291

LIFE INSURANCE

NAIC Company Code 66311

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	38,582				38,582
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	38,582	0	0	0	38,582
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	770				770
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	770	0	0	0	770
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	770	0	0	0	770
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	23,000				23,000
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	23,000	0	0	0	23,000
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

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	3	5,937	0	0	0	0	0	0	3	5,937
17. Incurred during current year	2	20,000							2	20,000
Settled during current year:										
18.1 By payment in full	3	23,000							3	23,000
18.2 By payment on compromised claims									0	0
18.3 Totals paid	3	23,000	0	0	0	0	0	0	3	23,000
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	3	23,000	0	0	0	0	0	0	3	23,000
19. Unpaid Dec. 31, current year (16+17-18.6)	2	2,937	0	0	0	0	0	0	2	2,937
POLICY EXHIBIT						No. of Policies				
20. In force December 31, prior year	97	5,081,196	0	0	0	0	0	0	97	5,081,196
21. Issued during year									0	0
22. Other changes to in force (Net)	(7)	(805,056)							(7)	(805,056)
23. In force December 31 of current year	90	4,276,140	0	0	0	0	0	0	90	4,276,140

(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)					
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)	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	0	0	0	0	0

(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 ENCOVA LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Missouri

DURING THE YEAR 2021

NAIC Group Code 0291

LIFE INSURANCE

NAIC Company Code 66311

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 (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 ENCOVA LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Montana

DURING THE YEAR 2021

NAIC Group Code 0291

LIFE INSURANCE

NAIC Company Code 66311

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 sub-categories.

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



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE ENCOVA LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Nebraska

DURING THE YEAR 2021

NAIC Group Code 0291

LIFE INSURANCE

NAIC Company Code 66311

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 ENCOVA LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Nevada

DURING THE YEAR 2021

NAIC Group Code 0291

LIFE INSURANCE

NAIC Company Code 66311

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 ENCOVA LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF New Hampshire

DURING THE YEAR 2021

NAIC Group Code 0291

LIFE INSURANCE

NAIC Company Code 66311

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) 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 ENCOVA LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF New Jersey

DURING THE YEAR 2021

NAIC Group Code 0291

LIFE INSURANCE

NAIC Company Code 66311

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	45,502				45,502
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	45,502	0	0	0	45,502
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	1,836				1,836
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	1,836	0	0	0	1,836
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	1,836	0	0	0	1,836
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	35,000				35,000
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health	556				556
15. Totals	35,556	0	0	0	35,556
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

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	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year	3	35,072							3	35,072
Settled during current year:										
18.1 By payment in full	2	35,000							2	35,000
18.2 By payment on compromised claims									0	0
18.3 Totals paid	2	35,000	0	0	0	0	0	0	2	35,000
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	2	35,000	0	0	0	0	0	0	2	35,000
19. Unpaid Dec. 31, current year (16+17-18.6)	1	72	0	0	0	0	0	0	1	72
POLICY EXHIBIT										
20. In force December 31, prior year	72	2,992,917	0 (a)	0	0	0	0	0	72	2,992,917
21. Issued during year	2	525,000							2	525,000
22. Other changes to in force (Net)	3	(24,396)							3	(24,396)
23. In force December 31 of current year	77	3,493,521	0 (a)	0	0	0	0	0	77	3,493,521

(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)					
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)	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	0	0	0	0	0

(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 ENCOVA LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF New Mexico

DURING THE YEAR 2021

NAIC Group Code 0291

LIFE INSURANCE

NAIC Company Code 66311

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 ENCOVA LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF New York

DURING THE YEAR 2021

NAIC Group Code 0291

LIFE INSURANCE

NAIC Company Code 66311

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: 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 ENCOVA LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF North Carolina

DURING THE YEAR 2021

NAIC Group Code 0291

LIFE INSURANCE

NAIC Company Code 66311

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 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 ENCOVA LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF North Dakota

DURING THE YEAR 2021

NAIC Group Code 0291

LIFE INSURANCE

NAIC Company Code 66311

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 sub-categories.

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



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE ENCOVA LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Ohio

DURING THE YEAR 2021

NAIC Group Code 0291

LIFE INSURANCE

NAIC Company Code 66311

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 ENCOVA LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Oklahoma

DURING THE YEAR 2021

NAIC Group Code 0291

LIFE INSURANCE

NAIC Company Code 66311

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 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 ENCOVA LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Oregon

DURING THE YEAR 2021

NAIC Group Code 0291

LIFE INSURANCE

NAIC Company Code 66311

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 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 ENCOVA LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Pennsylvania

DURING THE YEAR 2021

NAIC Group Code 0291

LIFE INSURANCE

NAIC Company Code 66311

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 ENCOVA LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Rhode Island

DURING THE YEAR 2021

NAIC Group Code 0291

LIFE INSURANCE

NAIC Company Code 66311

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 sub-categories.

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



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE ENCOVA LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF South Carolina

DURING THE YEAR 2021

NAIC Group Code 0291

LIFE INSURANCE

NAIC Company Code 66311

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) 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 ENCOVA LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF South Dakota

DURING THE YEAR 2021

NAIC Group Code 0291

LIFE INSURANCE

NAIC Company Code 66311

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 sub-categories.

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



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE ENCOVA LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Tennessee

DURING THE YEAR 2021

NAIC Group Code 0291

LIFE INSURANCE

NAIC Company Code 66311

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	1,390,153				1,390,153
2. Annuity considerations	1,200				1,200
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	1,391,353	0	0	0	1,391,353
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	30				30
6.2 Applied to pay renewal premiums	265				265
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	4,631				4,631
6.4 Other	247				247
6.5 Totals (Sum of Lines 6.1 to 6.4)	5,173	0	0	0	5,173
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	5,173	0	0	0	5,173
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	1,123,814				1,123,814
10. Matured endowments					0
11. Annuity benefits	3,708				3,708
12. Surrender values and withdrawals for life contracts	128,612				128,612
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health	9,921				9,921
15. Totals	1,266,055	0	0	0	1,266,055
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

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	61	206,295	0	0	0	0	0	0	61	206,295
17. Incurred during current year	93	1,142,567							93	1,142,567
Settled during current year:										
18.1 By payment in full	117	1,123,814							117	1,123,814
18.2 By payment on compromised claims									0	0
18.3 Totals paid	117	1,123,814	0	0	0	0	0	0	117	1,123,814
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	117	1,123,814	0	0	0	0	0	0	117	1,123,814
19. Unpaid Dec. 31, current year (16+17-18.6)	37	225,048	0	0	0	0	0	0	37	225,048
POLICY EXHIBIT										
20. In force December 31, prior year	2,985	117,475,712	0	(a) 0	0	0	0	0	2,985	117,475,712
21. Issued during year	176	28,484,947							176	28,484,947
22. Other changes to in force (Net)	(185)	(2,415,275)							(185)	(2,415,275)
23. In force December 31 of current year	2,976	143,545,384	0	(a) 0	0	0	0	0	2,976	143,545,384

(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)					
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)	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	0	0	0	0	0

(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 ENCOVA LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Texas

DURING THE YEAR 2021

NAIC Group Code 0291

LIFE INSURANCE

NAIC Company Code 66311

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 ENCOVA LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Utah

DURING THE YEAR 2021

NAIC Group Code 0291

LIFE INSURANCE

NAIC Company Code 66311

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 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 ENCOVA LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Vermont

DURING THE YEAR 2021

NAIC Group Code 0291

LIFE INSURANCE

NAIC Company Code 66311

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) 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 ENCOVA LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Virginia

DURING THE YEAR 2021

NAIC Group Code 0291

LIFE INSURANCE

NAIC Company Code 66311

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	502,769				502,769
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	502,769	0	0	0	502,769
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	34				34
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	6,198				6,198
6.4 Other	43				43
6.5 Totals (Sum of Lines 6.1 to 6.4)	6,275	0	0	0	6,275
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	6,275	0	0	0	6,275
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	268,251				268,251
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts	43,895				43,895
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health	3,547				3,547
15. Totals	315,693	0	0	0	315,693
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

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	5	72,464	0	0	0	0	0	0	5	72,464
17. Incurred during current year	18	196,369							18	196,369
Settled during current year:										
18.1 By payment in full	21	268,251							21	268,251
18.2 By payment on compromised claims									0	0
18.3 Totals paid	21	268,251	0	0	0	0	0	0	21	268,251
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	21	268,251	0	0	0	0	0	0	21	268,251
19. Unpaid Dec. 31, current year (16+17-18.6)	2	582	0	0	0	0	0	0	2	582
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	865	41,369,710	0 (a)	0	0	0	0	0	865	41,369,710
21. Issued during year	38	4,299,072							38	4,299,072
22. Other changes to in force (Net)	(56)	(2,690,134)							(56)	(2,690,134)
23. In force December 31 of current year	847	42,978,648	0 (a)	0	0	0	0	0	847	42,978,648

(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)					
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)	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	0	0	0	0	0

(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 ENCOVA LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Washington

DURING THE YEAR 2021

NAIC Group Code 0291

LIFE INSURANCE

NAIC Company Code 66311

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 ENCOVA LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF West Virginia

DURING THE YEAR 2021

NAIC Group Code 0291

LIFE INSURANCE

NAIC Company Code 66311

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) 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 ENCOVA LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Wisconsin

DURING THE YEAR 2021

NAIC Group Code 0291

LIFE INSURANCE

NAIC Company Code 66311

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	1,358,380				1,358,380
2. Annuity considerations	112,025				112,025
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	1,470,405	0	0	0	1,470,405
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	716				716
6.2 Applied to pay renewal premiums	1,664				1,664
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	26,675				26,675
6.4 Other	1,030				1,030
6.5 Totals (Sum of Lines 6.1 to 6.4)	30,085	0	0	0	30,085
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	30,085	0	0	0	30,085
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	1,869,067				1,869,067
10. Matured endowments					0
11. Annuity benefits	5,010				5,010
12. Surrender values and withdrawals for life contracts	215,635				215,635
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health	765				765
15. Totals	2,090,477	0	0	0	2,090,477
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

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	16	115,235	0	0	0	0	0	0	16	115,235
17. Incurred during current year	41	1,864,856							41	1,864,856
Settled during current year:										
18.1 By payment in full	44	1,869,067							44	1,869,067
18.2 By payment on compromised claims									0	0
18.3 Totals paid	44	1,869,067	0	0	0	0	0	0	44	1,869,067
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	44	1,869,067	0	0	0	0	0	0	44	1,869,067
19. Unpaid Dec. 31, current year (16+17-18.6)	13	111,024	0	0	0	0	0	0	13	111,024
POLICY EXHIBIT						No. of Policies				
20. In force December 31, prior year	2,129	207,455,228	0	(a) 0	0	0	0	0	2,129	207,455,228
21. Issued during year	58	19,373,096							58	19,373,096
22. Other changes to in force (Net)	(111)	(10,738,960)							(111)	(10,738,960)
23. In force December 31 of current year	2,076	216,089,364	0	(a) 0	0	0	0	0	2,076	216,089,364

(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)					
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)	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	0	0	0	0	0

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



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE ENCOVA LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Wyoming

DURING THE YEAR 2021

NAIC Group Code 0291

LIFE INSURANCE

NAIC Company Code 66311

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 ENCOVA LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Puerto Rico

DURING THE YEAR 2021

NAIC Group Code 0291

LIFE INSURANCE

NAIC Company Code 66311

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 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 ENCOVA LIFE INSURANCE COMPANY

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

DURING THE YEAR 2021

NAIC Group Code 0291

LIFE INSURANCE

NAIC Company Code 66311

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1		2		3		4		5	
	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
1. Life insurance		373								373
2. Annuity considerations										0
3. Deposit-type contract funds			XXX				XXX			0
4. Other considerations										0
5. Totals (Sum of Lines 1 to 4)		373		0		0		0		373
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS										
Life insurance:										
6.1 Paid in cash or left on deposit										0
6.2 Applied to pay renewal premiums										0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period										0
6.4 Other										0
6.5 Totals (Sum of Lines 6.1 to 6.4)		0		0		0		0		0
Annuities:										
7.1 Paid in cash or left on deposit										0
7.2 Applied to provide paid-up annuities										0
7.3 Other										0
7.4 Totals (Sum of Lines 7.1 to 7.3)		0		0		0		0		0
8. Grand Totals (Lines 6.5 plus 7.4)		0		0		0		0		0
DIRECT CLAIMS AND BENEFITS PAID										
9. Death benefits										0
10. Matured endowments										0
11. Annuity benefits										0
12. Surrender values and withdrawals for life contracts										0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid		0		0		0		0		0
14. All other benefits, except accident and health										0
15. Totals		0		0		0		0		0
DETAILS OF WRITE-INS										
1301.										
1302.										
1303.										
1398. Summary of Line 13 from overflow page		0		0		0		0		0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)		0		0		0		0		0

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	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full										0
18.2 By payment on compromised claims										0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise										0
18.5 Amount rejected										0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT										
20. In force December 31, prior year	1	5,000	0	(a) 0	0	0	0	0	1	5,000
21. Issued during year									0	0
22. Other changes to in force (Net)									0	0
23. In force December 31 of current year	1	5,000	0	(a) 0	0	0	0	0	1	5,000

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

ACCIDENT AND HEALTH INSURANCE

	1	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)					
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)		0		0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)		0		0	0

(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 ENCOVA LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Canada

DURING THE YEAR 2021

NAIC Group Code 0291

LIFE INSURANCE

NAIC Company Code 66311

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	2,344				2,344
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	2,344	0	0	0	2,344
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	207				207
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	207	0	0	0	207
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	207	0	0	0	207
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					0
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	0	0	0	0	0
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

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	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full									0	0
18.2 By payment on compromised claims									0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	8	195,298	0 (a)	0	0	0	0	0	8	195,298
21. Issued during year									0	0
22. Other changes to in force (Net)	5	434,023							5	434,023
23. In force December 31 of current year	13	629,321	0 (a)	0	0	0	0	0	13	629,321

(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)					
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)	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	0	0	0	0	0

(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 ENCOVA LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Other Aliens

DURING THE YEAR 2021

NAIC Group Code 0291

LIFE INSURANCE

NAIC Company Code 66311

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: 1-2 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 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 ENCOVA LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Grand Total

DURING THE YEAR 2021

NAIC Group Code 0291

LIFE INSURANCE

NAIC Company Code 66311

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	48,144,438	0	703,862	0	48,848,300
2. Annuity considerations	6,669,509	0	0	0	6,669,509
3. Deposit-type contract funds	16,605	XXX	0	XXX	16,605
4. Other considerations	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4)	54,830,552	0	703,862	0	55,534,414
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	19,608	0	0	0	19,608
6.2 Applied to pay renewal premiums	144,894	0	0	0	144,894
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	1,011,572	0	0	0	1,011,572
6.4 Other	10,486	0	0	0	10,486
6.5 Totals (Sum of Lines 6.1 to 6.4)	1,186,560	0	0	0	1,186,560
Annuities:					
7.1 Paid in cash or left on deposit	0	0	0	0	0
7.2 Applied to provide paid-up annuities	0	0	0	0	0
7.3 Other	0	0	0	0	0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	1,186,560	0	0	0	1,186,560
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	33,961,325	0	783,000	0	34,744,325
10. Matured endowments	8,752	0	0	0	8,752
11. Annuity benefits	6,944,797	0	0	0	6,944,797
12. Surrender values and withdrawals for life contracts	19,321,890	0	0	0	19,321,890
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health	146,155	0	7,668	0	153,823
15. Totals	60,382,919	0	790,668	0	61,173,587
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

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	803	5,696,418	0	0	2	303,000	0	0	805	5,999,418
17. Incurred during current year	1,967	37,497,781	0	0	9	773,000	0	0	1,976	38,270,781
Settled during current year:										
18.1 By payment in full	2,202	33,970,077	0	0	10	1,061,000	0	0	2,212	35,031,077
18.2 By payment on compromised claims	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	2,202	33,970,077	0	0	10	1,061,000	0	0	2,212	35,031,077
18.4 Reduction by compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	3	42,000	0	0	0	0	0	0	3	42,000
18.6 Total settlements	2,205	34,012,077	0	0	10	1,061,000	0	0	2,215	35,073,077
19. Unpaid Dec. 31, current year (16+17-18.6)	565	9,182,122	0	0	1	15,000	0	0	566	9,197,122
POLICY EXHIBIT						No. of Policies				
20. In force December 31, prior year	82,796	6,532,118,627	0	(a) 0	3	282,410,735	0	0	82,799	6,814,529,362
21. Issued during year	2,546	412,769,458	0	0	0	0	0	0	2,546	412,769,458
22. Other changes to in force (Net)	(4,931)	(379,713,063)	0	0	0	(2,858,000)	0	0	(4,931)	(382,571,063)
23. In force December 31 of current year	80,411	6,565,175,022	0	(a) 0	3	279,552,735	0	0	80,414	6,844,727,757

(a) Includes Individual Credit Life Insurance prior year \$ 0 , current year \$ 0
 Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ 0 , current year \$ 0
 Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ 0 , current year \$ 0

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)					
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 ENCOVA LIFE INSURANCE COMPANY
FORM FOR CALCULATING THE INTEREST MAINTENANCE RESERVE

INTEREST MAINTENANCE RESERVE

	1 Amount
1. Reserve as of December 31, Prior Year	4,894,024
2. Current year's realized pre-tax capital gains/(losses) of \$ 1,633,782 transferred into the reserve net of taxes of \$ 343,094	1,290,688
3. Adjustment for current year's liability gains/(losses) released from the reserve	0
4. Balance before reduction for amount transferred to Summary of Operations (Line 1 + Line 2 + Line 3)	6,184,712
5. Current year's amortization released to Summary of Operations (Amortization, Line 1, Column 4)	582,455
6. Reserve as of December 31, current year (Line 4 minus Line 5)	5,602,257

AMORTIZATION

Year of Amortization	1 Reserve as of December 31, Prior Year	2 Current Year's Realized Capital Gains/(Losses) Transferred into the Reserve Net of Taxes	3 Adjustment for Current Year's Liability Gains/(Losses) Released From the Reserve	4 Balance Before Reduction for Current Year's Amortization (Cols. 1 + 2 + 3)
1. 2021	371,189	211,266	0	582,455
2. 2022	256,228	197,560	0	453,788
3. 2023	228,218	152,283	0	380,501
4. 2024	205,180	134,217	0	339,397
5. 2025	191,894	114,371	0	306,265
6. 2026	220,624	94,120	0	314,744
7. 2027	241,361	77,765	0	319,126
8. 2028	257,054	64,013	0	321,067
9. 2029	252,205	49,777	0	301,982
10. 2030	234,413	35,005	0	269,418
11. 2031	221,713	20,233	0	241,946
12. 2032	209,751	12,720	0	222,471
13. 2033	208,740	13,151	0	221,891
14. 2034	210,411	13,581	0	223,992
15. 2035	200,476	13,936	0	214,412
16. 2036	194,580	14,443	0	209,023
17. 2037	188,188	13,455	0	201,643
18. 2038	183,072	11,403	0	194,475
19. 2039	174,528	9,174	0	183,702
20. 2040	156,521	6,844	0	163,365
21. 2041	135,086	4,361	0	139,447
22. 2042	107,610	3,275	0	110,885
23. 2043	90,735	3,357	0	94,092
24. 2044	69,319	3,515	0	72,834
25. 2045	42,814	3,520	0	46,334
26. 2046	31,342	3,756	0	35,098
27. 2047	10,773	3,375	0	14,148
28. 2048	0	2,685	0	2,685
29. 2049	0	1,918	0	1,918
30. 2050	0	1,227	0	1,227
31. 2051 and Later		384	0	384
32. Total (Lines 1 to 31)	4,894,025	1,290,688	0	6,184,713

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE ENCOVA 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	3,223,617	0	3,223,617	0	152,721	152,721	3,376,338
2. Realized capital gains/(losses) net of taxes - General Account	5,204		5,204			0	5,204
3. Realized capital gains/(losses) net of taxes - Separate Accounts			0			0	0
4. Unrealized capital gains/(losses) net of deferred taxes - General Account			0		(143,660)	(143,660)	(143,660)
5. Unrealized capital gains/(losses) net of deferred taxes - Separate Accounts			0			0	0
6. Capital gains credited/(losses charged) to contract benefits, payments or reserves			0			0	0
7. Basic contribution	952,691	0	952,691	0	130,029	130,029	1,082,720
8. Accumulated balances (Lines 1 through 5 - 6 + 7)	4,181,512	0	4,181,512	0	139,090	139,090	4,320,602
9. Maximum reserve	4,358,477	0	4,358,477	0	484,359	484,359	4,842,836
10. Reserve objective	2,710,483	0	2,710,483	0	370,584	370,584	3,081,067
11. 20% of (Line 10 - Line 8)	(294,206)	0	(294,206)	0	46,299	46,299	(247,907)
12. Balance before transfers (Lines 8 + 11)	3,887,306	0	3,887,306	0	185,389	185,389	4,072,695
13. Transfers			0			0	0
14. Voluntary contribution			0			0	0
15. Adjustment down to maximum/up to zero			0			0	0
16. Reserve as of December 31, current year (Lines 12 + 13 + 14 + 15)	3,887,306	0	3,887,306	0	185,389	185,389	4,072,695

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE ENCOVA LIFE INSURANCE COMPANY

**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	1,644,576	XXX	XXX	1,644,576	0.0000	0	0.0000	0	0.0000	0
2.1	1	NAIC Designation Category 1.A	54,392,634	XXX	XXX	54,392,634	0.0005	27,196	0.0016	87,028	0.0033	179,496
2.2	1	NAIC Designation Category 1.B	22,568,190	XXX	XXX	22,568,190	0.0005	11,284	0.0016	36,109	0.0033	74,475
2.3	1	NAIC Designation Category 1.C	57,861,007	XXX	XXX	57,861,007	0.0005	28,931	0.0016	92,578	0.0033	190,941
2.4	1	NAIC Designation Category 1.D	68,846,655	XXX	XXX	68,846,655	0.0005	34,423	0.0016	110,155	0.0033	227,194
2.5	1	NAIC Designation Category 1.E	46,860,224	XXX	XXX	46,860,224	0.0005	23,430	0.0016	74,976	0.0033	154,639
2.6	1	NAIC Designation Category 1.F	40,834,010	XXX	XXX	40,834,010	0.0005	20,417	0.0016	65,334	0.0033	134,752
2.7	1	NAIC Designation Category 1.G	69,049,190	XXX	XXX	69,049,190	0.0005	34,525	0.0016	110,479	0.0033	227,862
2.8		Subtotal NAIC 1 (2.1+2.2+2.3+2.4+2.5+2.6+2.7)	360,411,910	XXX	XXX	360,411,910	XXX	180,206	XXX	576,659	XXX	1,189,359
3.1	2	NAIC Designation Category 2.A	52,857,836	XXX	XXX	52,857,836	0.0021	111,001	0.0064	338,290	0.0106	560,293
3.2	2	NAIC Designation Category 2.B	30,863,495	XXX	XXX	30,863,495	0.0021	64,813	0.0064	197,526	0.0106	327,153
3.3	2	NAIC Designation Category 2.C	12,477,188	XXX	XXX	12,477,188	0.0021	26,202	0.0064	79,854	0.0106	132,258
3.4		Subtotal NAIC 2 (3.1+3.2+3.3)	96,198,519	XXX	XXX	96,198,519	XXX	202,017	XXX	615,671	XXX	1,019,704
4.1	3	NAIC Designation Category 3.A	17,699,930	XXX	XXX	17,699,930	0.0099	175,229	0.0263	465,508	0.0376	665,517
4.2	3	NAIC Designation Category 3.B	10,195,107	XXX	XXX	10,195,107	0.0099	100,932	0.0263	268,131	0.0376	383,336
4.3	3	NAIC Designation Category 3.C	11,166,247	XXX	XXX	11,166,247	0.0099	110,546	0.0263	293,672	0.0376	419,851
4.4		Subtotal NAIC 3 (4.1+4.2+4.3)	39,061,284	XXX	XXX	39,061,284	XXX	386,707	XXX	1,027,312	XXX	1,468,704
5.1	4	NAIC Designation Category 4.A	2,803,871	XXX	XXX	2,803,871	0.0245	68,695	0.0572	160,381	0.0817	229,076
5.2	4	NAIC Designation Category 4.B	3,409,502	XXX	XXX	3,409,502	0.0245	83,533	0.0572	195,024	0.0817	278,556
5.3	4	NAIC Designation Category 4.C	0	XXX	XXX	0	0.0245	0	0.0572	0	0.0817	0
5.4		Subtotal NAIC 4 (5.1+5.2+5.3)	6,213,373	XXX	XXX	6,213,373	XXX	152,228	XXX	355,405	XXX	507,633
6.1	5	NAIC Designation Category 5.A	500,529	XXX	XXX	500,529	0.0630	31,533	0.1128	56,460	0.1880	94,099
6.2	5	NAIC Designation Category 5.B	0	XXX	XXX	0	0.0630	0	0.1128	0	0.1880	0
6.3	5	NAIC Designation Category 5.C	0	XXX	XXX	0	0.0630	0	0.1128	0	0.1880	0
6.4		Subtotal NAIC 5 (6.1+6.2+6.3)	500,529	XXX	XXX	500,529	XXX	31,533	XXX	56,460	XXX	94,099
7.	6	NAIC 6	333,237	XXX	XXX	333,237	0.0000	0	0.2370	78,977	0.2370	78,977
8.		Total Unrated Multi-class Securities Acquired by Conversion	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
9.		Total Long-Term Bonds (1+2.8+3.4+4.4+5.4+6.4+7+8)	504,363,427	XXX	XXX	504,363,427	XXX	952,691	XXX	2,710,483	XXX	4,358,477
PREFERRED STOCKS												
10.	1	Highest Quality	0	XXX	XXX	0	0.0005	0	0.0016	0	0.0033	0
11.	2	High Quality	0	XXX	XXX	0	0.0021	0	0.0064	0	0.0106	0
12.	3	Medium Quality	0	XXX	XXX	0	0.0099	0	0.0263	0	0.0376	0
13.	4	Low Quality	0	XXX	XXX	0	0.0245	0	0.0572	0	0.0817	0
14.	5	Lower Quality	0	XXX	XXX	0	0.0630	0	0.1128	0	0.1880	0
15.	6	In or Near Default	0	XXX	XXX	0	0.0000	0	0.2370	0	0.2370	0
16.		Affiliated Life with AVR	0	XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
17.		Total Preferred Stocks (Sum of Lines 10 through 16)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0

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	0.0000	0	0.0000	0	0.0000	0
19.1	1	NAIC Designation Category 1.A		XXX	XXX	0	0.0005	0	0.0016	0	0.0033	0
19.2	1	NAIC Designation Category 1.B		XXX	XXX	0	0.0005	0	0.0016	0	0.0033	0
19.3	1	NAIC Designation Category 1.C		XXX	XXX	0	0.0005	0	0.0016	0	0.0033	0
19.4	1	NAIC Designation Category 1.D		XXX	XXX	0	0.0005	0	0.0016	0	0.0033	0
19.5	1	NAIC Designation Category 1.E		XXX	XXX	0	0.0005	0	0.0016	0	0.0033	0
19.6	1	NAIC Designation Category 1.F		XXX	XXX	0	0.0005	0	0.0016	0	0.0033	0
19.7	1	NAIC Designation Category 1.G		XXX	XXX	0	0.0005	0	0.0016	0	0.0033	0
19.8		Subtotal NAIC 1 (19.1+19.2+19.3+19.4+19.5+19.6+19.7)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
20.1	2	NAIC Designation Category 2.A		XXX	XXX	0	0.0021	0	0.0064	0	0.0106	0
20.2	2	NAIC Designation Category 2.B		XXX	XXX	0	0.0021	0	0.0064	0	0.0106	0
20.3	2	NAIC Designation Category 2.C		XXX	XXX	0	0.0021	0	0.0064	0	0.0106	0
20.4		Subtotal NAIC 2 (20.1+20.2+20.3)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
21.1	3	NAIC Designation Category 3.A		XXX	XXX	0	0.0099	0	0.0263	0	0.0376	0
21.2	3	NAIC Designation Category 3.B		XXX	XXX	0	0.0099	0	0.0263	0	0.0376	0
21.3	3	NAIC Designation Category 3.C		XXX	XXX	0	0.0099	0	0.0263	0	0.0376	0
21.4		Subtotal NAIC 3 (21.1+21.2+21.3)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
22.1	4	NAIC Designation Category 4.A		XXX	XXX	0	0.0245	0	0.0572	0	0.0817	0
22.2	4	NAIC Designation Category 4.B		XXX	XXX	0	0.0245	0	0.0572	0	0.0817	0
22.3	4	NAIC Designation Category 4.C		XXX	XXX	0	0.0245	0	0.0572	0	0.0817	0
22.4		Subtotal NAIC 4 (22.1+22.2+22.3)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
23.1	5	NAIC Designation Category 5.A		XXX	XXX	0	0.0630	0	0.1128	0	0.1880	0
23.2	5	NAIC Designation Category 5.B		XXX	XXX	0	0.0630	0	0.1128	0	0.1880	0
23.3	5	NAIC Designation Category 5.C		XXX	XXX	0	0.0630	0	0.1128	0	0.1880	0
23.4		Subtotal NAIC 5 (23.1+23.2+23.3)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
24.	6	NAIC 6		XXX	XXX	0	0.0000	0	0.2370	0	0.2370	0
25.		Total Short-Term Bonds (18+19.8+20.4+21.4+22.4+23.4+24)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
DERIVATIVE INSTRUMENTS												
26.		Exchange Traded		XXX	XXX	0	0.0005	0	0.0016	0	0.0033	0
27.	1	Highest Quality		XXX	XXX	0	0.0005	0	0.0016	0	0.0033	0
28.	2	High Quality		XXX	XXX	0	0.0021	0	0.0064	0	0.0106	0
29.	3	Medium Quality		XXX	XXX	0	0.0099	0	0.0263	0	0.0376	0
30.	4	Low Quality		XXX	XXX	0	0.0245	0	0.0572	0	0.0817	0
31.	5	Lower Quality		XXX	XXX	0	0.0630	0	0.1128	0	0.1880	0
32.	6	In or Near Default		XXX	XXX	0	0.0000	0	0.2370	0	0.2370	0
33.		Total Derivative Instruments	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
34.		Total (Lines 9 + 17 + 25 + 33)	504,363,427	XXX	XXX	504,363,427	XXX	952,691	XXX	2,710,483	XXX	4,358,477

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	0.0011	0	0.0057	0	0.0074	0
36.		Farm Mortgages - CM2 - High Quality			XXX	0	0.0040	0	0.0114	0	0.0149	0
37.		Farm Mortgages - CM3 - Medium Quality			XXX	0	0.0069	0	0.0200	0	0.0257	0
38.		Farm Mortgages - CM4 - Low Medium Quality			XXX	0	0.0120	0	0.0343	0	0.0428	0
39.		Farm Mortgages - CM5 - Low Quality			XXX	0	0.0183	0	0.0486	0	0.0628	0
40.		Residential Mortgages - Insured or Guaranteed			XXX	0	0.0003	0	0.0007	0	0.0011	0
41.		Residential Mortgages - All Other			XXX	0	0.0015	0	0.0034	0	0.0046	0
42.		Commercial Mortgages - Insured or Guaranteed			XXX	0	0.0003	0	0.0007	0	0.0011	0
43.		Commercial Mortgages - All Other - CM1 - Highest Quality			XXX	0	0.0011	0	0.0057	0	0.0074	0
44.		Commercial Mortgages - All Other - CM2 - High Quality			XXX	0	0.0040	0	0.0114	0	0.0149	0
45.		Commercial Mortgages - All Other - CM3 - Medium Quality			XXX	0	0.0069	0	0.0200	0	0.0257	0
46.		Commercial Mortgages - All Other - CM4 - Low Medium Quality			XXX	0	0.0120	0	0.0343	0	0.0428	0
47.		Commercial Mortgages - All Other - CM5 - Low Quality			XXX	0	0.0183	0	0.0486	0	0.0628	0
Overdue, Not in Process:												
48.		Farm Mortgages			XXX	0	0.0480	0	0.0868	0	0.1371	0
49.		Residential Mortgages - Insured or Guaranteed			XXX	0	0.0006	0	0.0014	0	0.0023	0
50.		Residential Mortgages - All Other			XXX	0	0.0029	0	0.0066	0	0.0103	0
51.		Commercial Mortgages - Insured or Guaranteed			XXX	0	0.0006	0	0.0014	0	0.0023	0
52.		Commercial Mortgages - All Other			XXX	0	0.0480	0	0.0868	0	0.1371	0
In Process of Foreclosure:												
53.		Farm Mortgages			XXX	0	0.0000	0	0.1942	0	0.1942	0
54.		Residential Mortgages - Insured or Guaranteed			XXX	0	0.0000	0	0.0046	0	0.0046	0
55.		Residential Mortgages - All Other			XXX	0	0.0000	0	0.0149	0	0.0149	0
56.		Commercial Mortgages - Insured or Guaranteed			XXX	0	0.0000	0	0.0046	0	0.0046	0
57.		Commercial Mortgages - All Other			XXX	0	0.0000	0	0.1942	0	0.1942	0
58.		Total Schedule B Mortgages (Sum of Lines 35 through 57)	0	0	XXX	0	XXX	0	XXX	0	XXX	0
59.		Schedule DA Mortgages			XXX	0	0.0034	0	0.0114	0	0.0149	0
60.		Total Mortgage Loans on Real Estate (Lines 58 + 59)	0	0	XXX	0	XXX	0	XXX	0	XXX	0

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	0.0000	0	0.1580 (a)	0	0.1580 (a)	0
2.		Unaffiliated - Private		XXX	XXX	0	0.0000	0	0.1945	0	0.1945	0
3.		Federal Home Loan Bank		XXX	XXX	0	0.0000	0	0.0061	0	0.0097	0
4.		Affiliated - Life with AVR		XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
Affiliated - Investment Subsidiary:												
5.		Fixed Income - Exempt Obligations				0	XXX		XXX		XXX	
6.		Fixed Income - Highest Quality				0	XXX		XXX		XXX	
7.		Fixed Income - High Quality				0	XXX		XXX		XXX	
8.		Fixed Income - Medium Quality				0	XXX		XXX		XXX	
9.		Fixed Income - Low Quality				0	XXX		XXX		XXX	
10.		Fixed Income - Lower Quality				0	XXX		XXX		XXX	
11.		Fixed Income - In/Near Default				0	XXX		XXX		XXX	
12.		Unaffiliated Common Stock - Public				0	0.0000	0	0.1580 (a)	0	0.1580 (a)	0
13.		Unaffiliated Common Stock - Private				0	0.0000	0	0.1945	0	0.1945	0
14.		Real Estate				0	(b)	0	(b)	0	(b)	0
15.		Affiliated - Certain Other (See SVO Purposes and Procedures Manual)		XXX	XXX	0	0.0000	0	0.1580	0	0.1580	0
16.		Affiliated - All Other		XXX	XXX	0	0.0000	0	0.1945	0	0.1945	0
17.		Total Common Stock (Sum of Lines 1 through 16)	0	0	0	0	XXX	0	XXX	0	XXX	0
REAL ESTATE												
18.		Home Office Property (General Account only)				0	0.0000	0	0.0912	0	0.0912	0
19.		Investment Properties				0	0.0000	0	0.0912	0	0.0912	0
20.		Properties Acquired in Satisfaction of Debt				0	0.0000	0	0.1337	0	0.1337	0
21.		Total Real Estate (Sum of Lines 18 through 20)	0	0	0	0	XXX	0	XXX	0	XXX	0
OTHER INVESTED ASSETS												
INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF BONDS												
22.		Exempt Obligations		XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
23.	1	Highest Quality		XXX	XXX	0	0.0005	0	0.0016	0	0.0033	0
24.	2	High Quality		XXX	XXX	0	0.0021	0	0.0064	0	0.0106	0
25.	3	Medium Quality		XXX	XXX	0	0.0099	0	0.0263	0	0.0376	0
26.	4	Low Quality		XXX	XXX	0	0.0245	0	0.0572	0	0.0817	0
27.	5	Lower Quality		XXX	XXX	0	0.0630	0	0.1128	0	0.1880	0
28.	6	In or Near Default		XXX	XXX	0	0.0000	0	0.2370	0	0.2370	0
29.		Total with Bond Characteristics (Sum of Lines 22 through 28)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0

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	0.0005	0	0.0016	0	0.0033	0
31.	2	High Quality		XXX	XXX	0	0.0021	0	0.0064	0	0.0106	0
32.	3	Medium Quality		XXX	XXX	0	0.0099	0	0.0263	0	0.0376	0
33.	4	Low Quality		XXX	XXX	0	0.0245	0	0.0572	0	0.0817	0
34.	5	Lower Quality		XXX	XXX	0	0.0630	0	0.1128	0	0.1880	0
35.	6	In or Near Default		XXX	XXX	0	0.0000	0	0.2370	0	0.2370	0
36.		Affiliated Life with AVR		XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
37.		Total with Preferred Stock Characteristics (Sum of Lines 30 through 36)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF MORTGAGE LOANS												
In Good Standing Affiliated:												
38.		Mortgages - CM1 - Highest Quality			XXX	0	0.0011	0	0.0057	0	0.0074	0
39.		Mortgages - CM2 - High Quality			XXX	0	0.0040	0	0.0114	0	0.0149	0
40.		Mortgages - CM3 - Medium Quality			XXX	0	0.0069	0	0.0200	0	0.0257	0
41.		Mortgages - CM4 - Low Medium Quality			XXX	0	0.0120	0	0.0343	0	0.0428	0
42.		Mortgages - CM5 - Low Quality			XXX	0	0.0183	0	0.0486	0	0.0628	0
43.		Residential Mortgages - Insured or Guaranteed			XXX	0	0.0003	0	0.0007	0	0.0011	0
44.		Residential Mortgages - All Other		XXX	XXX	0	0.0015	0	0.0034	0	0.0046	0
45.		Commercial Mortgages - Insured or Guaranteed			XXX	0	0.0003	0	0.0007	0	0.0011	0
Overdue, Not in Process Affiliated:												
46.		Farm Mortgages			XXX	0	0.0480	0	0.0868	0	0.1371	0
47.		Residential Mortgages - Insured or Guaranteed			XXX	0	0.0006	0	0.0014	0	0.0023	0
48.		Residential Mortgages - All Other			XXX	0	0.0029	0	0.0066	0	0.0103	0
49.		Commercial Mortgages - Insured or Guaranteed			XXX	0	0.0006	0	0.0014	0	0.0023	0
50.		Commercial Mortgages - All Other			XXX	0	0.0480	0	0.0868	0	0.1371	0
In Process of Foreclosure Affiliated:												
51.		Farm Mortgages			XXX	0	0.0000	0	0.1942	0	0.1942	0
52.		Residential Mortgages - Insured or Guaranteed			XXX	0	0.0000	0	0.0046	0	0.0046	0
53.		Residential Mortgages - All Other			XXX	0	0.0000	0	0.0149	0	0.0149	0
54.		Commercial Mortgages - Insured or Guaranteed			XXX	0	0.0000	0	0.0046	0	0.0046	0
55.		Commercial Mortgages - All Other			XXX	0	0.0000	0	0.1942	0	0.1942	0
56.		Total Affiliated (Sum of Lines 38 through 55)	0	0	XXX	0	XXX	0	XXX	0	XXX	0
57.		Unaffiliated - In Good Standing With Covenants			XXX	0	(c)	0	(c)	0	(c)	0
58.		Unaffiliated - In Good Standing Defeased With Government Securities			XXX	0	0.0011	0	0.0057	0	0.0074	0
59.		Unaffiliated - In Good Standing Primarily Senior	32,507,325		XXX	32,507,325	0.0040	130,029	0.0114	370,584	0.0149	484,359
60.		Unaffiliated - In Good Standing All Other			XXX	0	0.0069	0	0.0200	0	0.0257	0
61.		Unaffiliated - Overdue, Not in Process			XXX	0	0.0480	0	0.0868	0	0.1371	0
62.		Unaffiliated - In Process of Foreclosure			XXX	0	0.0000	0	0.1942	0	0.1942	0
63.		Total Unaffiliated (Sum of Lines 57 through 62)	32,507,325	0	XXX	32,507,325	XXX	130,029	XXX	370,584	XXX	484,359
64.		Total with Mortgage Loan Characteristics (Lines 56 + 63)	32,507,325	0	XXX	32,507,325	XXX	130,029	XXX	370,584	XXX	484,359

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	0.0000	0	0.1580 (a)	0	0.1580 (a)	0
66.		Unaffiliated Private		XXX	XXX	0	0.0000	0	0.1945	0	0.1945	0
67.		Affiliated Life with AVR		XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
68.		Affiliated Certain Other (See SVO Purposes & Procedures Manual)		XXX	XXX	0	0.0000	0	0.1580	0	0.1580	0
69.		Affiliated Other - All Other		XXX	XXX	0	0.0000	0	0.1945	0	0.1945	0
70.		Total with Common Stock Characteristics (Sum of Lines 65 through 69)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF REAL ESTATE												
71.		Home Office Property (General Account only)				0	0.0000	0	0.0912	0	0.0912	0
72.		Investment Properties				0	0.0000	0	0.0912	0	0.0912	0
73.		Properties Acquired in Satisfaction of Debt				0	0.0000	0	0.1337	0	0.1337	0
74.		Total with Real Estate Characteristics (Sum of Lines 71 through 73)	0	0	0	0	XXX	0	XXX	0	XXX	0
LOW INCOME HOUSING TAX CREDIT INVESTMENTS												
75.		Guaranteed Federal Low Income Housing Tax Credit	0			0	0.0003	0	0.0006	0	0.0010	0
76.		Non-guaranteed Federal Low Income Housing Tax Credit	0			0	0.0063	0	0.0120	0	0.0190	0
77.		Guaranteed State Low Income Housing Tax Credit	0			0	0.0003	0	0.0006	0	0.0010	0
78.		Non-guaranteed State Low Income Housing Tax Credit	0			0	0.0063	0	0.0120	0	0.0190	0
79.		All Other Low Income Housing Tax Credit	0			0	0.0273	0	0.0600	0	0.0975	0
80.		Total LIHTC (Sum of Lines 75 through 79)	0	0	0	0	XXX	0	XXX	0	XXX	0
ALL OTHER INVESTMENTS												
81.		NAIC 1 Working Capital Finance Investments		XXX		0	0.0000	0	0.0042	0	0.0042	0
82.		NAIC 2 Working Capital Finance Investments		XXX		0	0.0000	0	0.0137	0	0.0137	0
83.		Other Invested Assets - Schedule BA		XXX		0	0.0000	0	0.1580	0	0.1580	0
84.		Other Short-Term Invested Assets - Schedule DA		XXX		0	0.0000	0	0.1580	0	0.1580	0
85.		Total All Other (Sum of Lines 81, 82, 83 and 84)	0	XXX	0	0	XXX	0	XXX	0	XXX	0
86.		Total Other Invested Assets - Schedules BA & DA (Sum of Lines 29, 37, 64, 70, 74, 80 and 85)	32,507,325	0	0	32,507,325	XXX	130,029	XXX	370,584	XXX	484,359

(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

BASIC CONTRIBUTION, RESERVE OBJECTIVE AND MAXIMUM RESERVE CALCULATIONS REPLICATIONS (SYNTHETIC) ASSETS

1 RSAT Number	2 Type	3 CUSIP	4 Description of Asset(s)	5 NAIC Designation or Other Description of Asset	6 Value of Asset	7 AVR Basic Contribution	8 AVR Reserve Objective	9 AVR Maximum Reserve
NONE								
0599999 - Total								

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE ENCOVA LIFE INSURANCE COMPANY

SCHEDULE F

Showing all claims for death losses and all other contract claims resisted or compromised during the year, and all claims for death losses and all other contract claims resisted December 31 of current year

1	2	3	4	5	6	7	8
Contract Numbers	Claim Numbers	State of Residence of Claimant	Year of Claim for Death or Disability	Amount Claimed	Amount Paid During the Year	Amount Resisted Dec. 31 of Current Year	Why Compromised or Resisted
9109028390	19000000212	OH	2019	7,000			Death Not Accidental
9142858310	20749C	PA	2017	25,000			Death Not Accidental
9147355480	200000000399	MI	2000	10,000	372		Material misrepresentation; refunded premium + applicable interest
0199999. Death Claims - Ordinary				42,000	372	0	XXX
0599999. Death Claims - Disposed Of				42,000	372	0	XXX
1099999. Additional Accidental Death Benefits Claims - Disposed Of				0	0	0	XXX
1599999. Disability Benefits Claims - Disposed Of				0	0	0	XXX
2099999. Matured Endowments Claims - Disposed Of				0	0	0	XXX
2599999. Annuities with Life Contingency Claims - Disposed Of				0	0	0	XXX
2699999. Claims Disposed of During Current Year				42,000	372	0	XXX
3199999. Death Claims - Resisted				0	0	0	XXX
3699999. Additional Accidental Death Benefits Claims - Resisted				0	0	0	XXX
4199999. Disability Benefits Claims - Resisted				0	0	0	XXX
4699999. Matured Endowments Claims - Resisted				0	0	0	XXX
5199999. Annuities with Life Contingencies Claims - Resisted				0	0	0	XXX
5299999. Claims Resisted During Current Year				0	0	0	XXX
5399999 - Totals				42,000	372	0	XXX

Schedule H - Part 1 - Analysis of Underwriting Operations

N O N E

Schedule H - Part 2 - Reserves and Liabilities

N O N E

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

N O N E

Schedule H - Part 4 - Reinsurance

N O N E

Schedule H - Part 5 - Health Claims

N O N E

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE ENCOVA LIFE INSURANCE COMPANY

SCHEDULE S - PART 1 - SECTION 1

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsured	5 Domiciliary Jurisdiction	6 Type of Reinsurance Assumed	7 Type of Business Assumed	8 Amount of In Force at End of Year	9 Reserve	10 Premiums	11 Reinsurance Payable on Paid and Unpaid Losses	12 Modified Coinsurance Reserve	13 Funds Withheld Under Coinsurance
0399999. Total General Account - U.S. Affiliates							0	0	0	0	0	0
0699999. Total General Account - Non-U.S. Affiliates							0	0	0	0	0	0
0799999. Total General Account - Affiliates							0	0	0	0	0	0
65056	38-1659835	10/02/1996	Jackson National Life Insurance Company	MI	YRT/I	OL	25,000	2,746	0	0	0	0
65056	38-1659835	10/02/1996	Jackson National Life Insurance Company	MI	CO/G	DIS	15,500	0	0	0	0	0
0899999. General Account - U.S. Non-Affiliates							40,500	2,746	0	0	0	0
1099999. Total General Account - Non-Affiliates							40,500	2,746	0	0	0	0
1199999. Total General Account							40,500	2,746	0	0	0	0
1499999. Total Separate Accounts - U.S. Affiliates							0	0	0	0	0	0
1799999. Total Separate Accounts - Non-U.S. Affiliates							0	0	0	0	0	0
1899999. Total Separate Accounts - Affiliates							0	0	0	0	0	0
2199999. Total Separate Accounts - Non-Affiliates							0	0	0	0	0	0
2299999. Total Separate Accounts							0	0	0	0	0	0
2399999. Total U.S. (Sum of 0399999, 0899999, 1499999 and 1999999)							40,500	2,746	0	0	0	0
2499999. Total Non-U.S. (Sum of 0699999, 0999999, 1799999 and 2099999)							0	0	0	0	0	0
9999999 - Totals							40,500	2,746	0	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE ENCOVA 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
NONE												
9999999 - Totals												

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE ENCOVA LIFE INSURANCE COMPANY

SCHEDULE S - PART 2

Reinsurance Recoverable on Paid and Unpaid Losses Listed by Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Paid Losses	7 Unpaid Losses
0399999. Total Life and Annuity - U.S. Affiliates					0	0
0699999. Total Life and Annuity - Non-U.S. Affiliates					0	0
0799999. Total Life and Annuity - Affiliates					0	0
86231	39-0989781	05/01/2003	Transamerica Life Ins Co	IA		67,500
86231	39-0989781	05/01/2003	Transamerica Life Ins Co	IA	67,500	135,000
86231	39-0989781	05/01/2003	Transamerica Life Ins Co	IA	45,000	
86231	39-0989781	05/01/2003	Transamerica Life Ins Co	IA		19,763
86231	39-0989781	06/01/2007	Transamerica Life Ins Co	IA	112,500	
86231	39-0989781	06/01/2007	Transamerica Life Ins Co	IA	472,500	675,000
86231	39-0989781	06/01/2007	Transamerica Life Ins Co	IA	90,000	
86231	39-0989781	06/01/2007	Transamerica Life Ins Co	IA	34,428	
86231	39-0989781	06/01/2007	Transamerica Life Ins Co	IA	21,788	
86231	39-0989781	06/01/2007	Transamerica Life Ins Co	IA	84,605	
60895	35-0145825	08/13/1984	American United Life Ins Co	IN		175,000
82627	06-0839705	01/01/1987	Swiss Re Life & Health Am	MO	296,000	15,000
82627	06-0839705	06/15/2000	Swiss Re Life & Health Am	MO	108,250	290,540
82627	06-0839705	04/15/1994	Swiss Re Life & Health Am	MO		190,171
82627	06-0839705	04/15/1994	Swiss Re Life & Health Am	MO	3,890	
82627	06-0839705	03/15/1996	Swiss Re Life & Health Am	MO		175,000
82627	06-0839705	11/01/1999	Swiss Re Life & Health Am	MO		50,000
82627	06-0839705	11/01/1999	Swiss Re Life & Health Am	MO		4,515
66346	58-0828824	05/01/2003	Munich Am Reassurance Co	GA	22,500	135,000
66346	58-0828824	03/01/2005	Munich Am Reassurance Co	GA	121,092	
66346	58-0828824	04/01/2006	Munich Am Reassurance Co	GA	126,403	128,851
66346	58-0828824	05/01/2003	Munich Am Reassurance Co	GA		19,763
66346	58-0828824	11/01/1999	Munich Am Reassurance Co	GA		50,000
87572	23-2038295	07/01/2005	Scottish RE (U.S), INC	DE		36,450
87572	23-2038295	07/01/2005	Scottish RE (U.S), INC	DE	85,050	
87572	23-2038295	07/01/2005	Scottish RE (U.S), INC	DE	24,300	
66133	41-1760577	07/01/2005	Wilton Reassurance Company	MN		31,050
66133	41-1760577	07/01/2005	Wilton Reassurance Company	MN	20,700	
93572	43-1235868	07/01/2011	RGA Reinsurance Co	MO	47,750	205,681
93572	43-1235868	07/01/2011	RGA Reinsurance Co	MO	2,500	17,500
93572	43-1235868	05/01/2012	RGA Reinsurance Co	MO		14,400
93572	43-1235868	11/02/2013	RGA Reinsurance Co	MO		369,810
93572	43-1235868	02/21/2017	RGA Reinsurance Co	MO		128,000
93572	43-1235868	02/21/2017	RGA Reinsurance Co	MO		80,000
93572	43-1235868	02/21/2017	RGA Reinsurance Co	MO		18,500
64688	75-6020048	09/02/2012	SCOR Global Life Americas	DE	90,000	
64688	75-6020048	09/02/2012	SCOR Global Life Americas	DE	175,500	
64688	75-6020048	09/02/2012	SCOR Global Life Americas	DE		81,000
64688	75-6020048	09/02/2012	SCOR Global Life Americas	DE	108,000	
64688	75-6020048	09/02/2012	SCOR Global Life Americas	DE		21,600
64688	75-6020048	09/02/2012	SCOR Global Life Americas	DE	24,802	
64688	75-6020048	12/15/2015	SCOR Global Life Americas	DE		49,802
64688	75-6020048	12/15/2015	SCOR Global Life Americas	DE		119,000
64688	75-6020048	02/21/2017	SCOR Global Life Americas	DE		192,000
64688	75-6020048	02/21/2017	SCOR Global Life Americas	DE		120,000
64688	75-6020048	01/01/2020	SCOR Global Life Americas	DE	45,000	2,500
64688	75-6020048	01/01/2020	SCOR Global Life Americas	DE		3,125
82627	06-0839705	01/01/1986	Swiss Re Life & Health Am	MO		29,573
0899999. Life and Annuity - U.S. Non-Affiliates					2,230,057	3,651,094
1099999. Total Life and Annuity - Non-Affiliates					2,230,057	3,651,094
1199999. Total Life and Annuity					2,230,057	3,651,094
1499999. Total Accident and Health - U.S. Affiliates					0	0
1799999. Total Accident and Health - Non-U.S. Affiliates					0	0
1899999. Total Accident and Health - Affiliates					0	0
2199999. Total Accident and Health - Non-Affiliates					0	0
2299999. Total Accident and Health					0	0
2399999. Total U.S. (Sum of 0399999, 0899999, 1499999 and 1999999)					2,230,057	3,651,094
2499999. Total Non-U.S. (Sum of 0699999, 0999999, 1799999 and 2099999)					0	0
9999999 Totals - Life, Annuity and Accident and Health					2,230,057	3,651,094

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE ENCOVA 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								0	0	0	0	0	0	0	0
0699999. Total General Account - Authorized Non-U.S. Affiliates								0	0	0	0	0	0	0	0
0799999. Total General Account - Authorized Affiliates								0	0	0	0	0	0	0	0
60895	35-0145825	08/13/1984	AMERICAN UNITED LIFE INSURANCE COMPANY	IN	CO/I	OL	5,809,303	44,810	43,332	60,594					
60895	35-0145825	08/13/1984	AMERICAN UNITED LIFE INSURANCE COMPANY	IN	CO/I	DIS	20,000	372	351	0					
66346	58-0828824	11/01/1999	MUNICH AMERICAN REASSURANCE COMPANY	GA	CO/I	XXXL	74,267,491	478,890	855,695	157,719					
66346	58-0828824	01/01/2002	MUNICH AMERICAN REASSURANCE COMPANY	GA	YRT/I	OL	1,133,566	3,337	3,581	3,912					
66346	58-0828824	05/01/2003	MUNICH AMERICAN REASSURANCE COMPANY	GA	CO/I	XXXL	196,445,915	6,645,301	7,205,684	329,854					
66346	58-0828824	05/01/2003	MUNICH AMERICAN REASSURANCE COMPANY	GA	CO/I	DIS	24,846,115	57,106	58,976	5,642					
66346	58-0828824	03/01/2005	MUNICH AMERICAN REASSURANCE COMPANY	GA	YRT/I	OL	25,646,396	12,235	11,667	647,682					
66346	58-0828824	04/01/2006	MUNICH AMERICAN REASSURANCE COMPANY	GA	YRT/I	OL	149,881,560	495,078	474,939	657,238					
66346	58-0828824	04/01/2006	MUNICH AMERICAN REASSURANCE COMPANY	GA	CO/I	DIS	538,753	6,086	5,727	0					
66346	58-0828824	01/01/2008	MUNICH AMERICAN REASSURANCE COMPANY	GA	YRT/I	OL	60,784,891	180,720	172,713	170,433					
86231	39-0989781	05/01/1972	TRANSAMERICA LIFE INSURANCE COMPANY	IA	YRT/I	OL	9,740	134	142	0					
86231	39-0989781	10/01/1984	TRANSAMERICA LIFE INSURANCE COMPANY	IA	LIFE	YRT/I	455,602	945	1,105	3,526					
86231	39-0989781	10/01/1984	TRANSAMERICA LIFE INSURANCE COMPANY	IA	CO/I	OL	4,160,347	26,080	26,944	42,655					
86231	39-0989781	01/01/1986	TRANSAMERICA LIFE INSURANCE COMPANY	IA	YRT/I	OL	11,046,140	5,757	5,604	292,522					
86231	39-0989781	05/01/2003	TRANSAMERICA LIFE INSURANCE COMPANY	IA	CO/I	XXXL	454,322,832	13,734,882	14,723,456	733,290					
86231	39-0989781	05/01/2003	TRANSAMERICA LIFE INSURANCE COMPANY	IA	CO/I	DIS	62,098,205	146,328	151,237	14,172					
86231	39-0989781	06/01/2007	TRANSAMERICA LIFE INSURANCE COMPANY	IA	CO/I	XXXL	1,041,521,977	29,677,014	29,719,339	2,235,291					
86231	39-0989781	06/01/2007	TRANSAMERICA LIFE INSURANCE COMPANY	IA	CO/I	DIS	93,807,250	196,423	197,574	26,560					
82627	06-0839705	01/01/1986	SWISS RE LIFE & HEALTH AMERICA	MO	YRT/I	OL	413,350	308	246	4,546					
82627	06-0839705	01/01/1987	SWISS RE LIFE & HEALTH AMERICA	MO	YRT/G	OL	244,011,735	729,770	636,351	530,795					
82627	06-0839705	01/01/1987	SWISS RE LIFE & HEALTH AMERICA	MO	YRT/I	XXXL	1,535,823	71,791	67,211	69,037					
82627	06-0839705	01/01/1996	SWISS RE LIFE & HEALTH AMERICA	MO	CAT/I	OL	0	0	0	21,637					
82627	06-0839705	04/15/1994	SWISS RE LIFE & HEALTH AMERICA	MO	YRT/I	OL	7,044,912	23,593	23,798	47,290					
82627	06-0839705	03/15/1996	SWISS RE LIFE & HEALTH AMERICA	MO	YRT/I	OL	200,770	2,248	2,757	5,721					
82627	06-0839705	03/15/1996	SWISS RE LIFE & HEALTH AMERICA	MO	CO/I	OL	4,316,720	41,179	38,534	64,603					
82627	06-0839705	11/01/1999	SWISS RE LIFE & HEALTH AMERICA	MO	CO/I	XXXL	72,308,374	517,004	896,449	164,712					
82627	06-0839705	06/15/2000	SWISS RE LIFE & HEALTH AMERICA	MO	CO/I	OL	19,082,454	8,470,955	9,011,866	484,774					
82627	06-0839705	06/15/2000	SWISS RE LIFE & HEALTH AMERICA	MO	CO/I	ADB	66,508,088	68,586	70,974	47,016					
82627	06-0839705	10/01/2004	SWISS RE LIFE & HEALTH AMERICA	MO	CO/I	ADB	45,198,655	61,625	65,994	14,671					
86258	13-2572994	04/01/1994	GENERAL RE LIFE CORP	CT	YRT/I	OL	4,821,029	22,461	22,799	32,275					
88099	75-1608507	06/01/1966	OPTIMUM RE INSURANCE COMPANY	TX	YRT/I	OL	74,889	1,248	1,678	8,321					
88099	75-1608507	06/01/1966	OPTIMUM RE INSURANCE COMPANY	TX	CO/I	DIS	2,000	4	5	0					
88099	75-1608507	06/01/1966	OPTIMUM RE INSURANCE COMPANY	TX	CO/I	ADB	120,563,415	1,509,623	1,542,066	100,169					
88099	75-1608507	09/01/1980	OPTIMUM RE INSURANCE COMPANY	TX	CO/I	OL	49,000	666	610	0					
88099	75-1608507	10/01/1984	OPTIMUM RE INSURANCE COMPANY	TX	CO/I	OL	124,117	2,563	2,416	7,656					
87572	23-2038295	07/01/2005	SCOTTISH RE (U.S), INC.	DE	CO/I	XXXL	112,133,379	3,267,498	3,483,719	199,484					
87572	23-2038295	07/01/2005	SCOTTISH RE (U.S), INC.	DE	CO/I	DIS	14,390,374	33,833	35,972	3,303					
66133	41-1760577	07/01/2005	WILTON REASSURANCE COMPANY	MN	CO/I	XXXL	95,521,027	2,783,424	2,967,612	170,346					
66133	41-1760577	07/01/2005	WILTON REASSURANCE COMPANY	MN	CO/I	DIS	12,258,467	28,821	30,643	2,813					
93572	43-1235868	07/01/2011	RGA REINSURANCE COMPANY	MO	CO/I	OL	35,930,973	6,016,764	5,424,789	1,765,358					
93572	43-1235868	05/01/2012	RGA REINSURANCE COMPANY	MO	CO/I	XXXL	772,874,267	10,443,816	8,143,984	1,954,294					
93572	43-1235868	05/01/2012	RGA REINSURANCE COMPANY	MO	CO/I	DIS	52,868,924	39,849	31,110	15,439					
93572	43-1235868	11/02/2013	RGA REINSURANCE COMPANY	MO	YRT/I	OL	11,775,171	26,215	47,625	159,033					
64688	75-6020048	09/01/2012	SCOR GLOBAL LIFE AMERICAS	DE	CO/I	XXXL	441,222,186	8,934,460	8,217,678	1,241,478					
64688	75-6020048	09/01/2012	SCOR GLOBAL LIFE AMERICAS	DE	CO/I	DIS	48,978,945	58,824	51,918	14,359					
64688	75-6020048	12/15/2015	SCOR GLOBAL LIFE AMERICAS	DE	CO/I	XXXL	30,829,013	205,870	160,812	118,653					
64688	75-6020048	02/21/2017	SCOR GLOBAL LIFE AMERICAS	DE	CO/I	XXXL	709,490,180	7,722,233	5,537,788	1,721,667					
64688	75-6020048	02/21/2017	SCOR GLOBAL LIFE AMERICAS	DE	CO/I	DIS	50,920,133	24,117	15,062	16,312					
64688	75-6020048	01/01/2020	SCOR GLOBAL LIFE AMERICAS	DE	YRT/I	OL	36,466,336	52,299	17,588	36,643					
0899999. General Account - Authorized U.S. Non-Affiliates								5,218,710,789	102,873,142	100,208,120	14,403,495	0	0	0	0
1099999. Total General Account - Authorized Non-Affiliates								5,218,710,789	102,873,142	100,208,120	14,403,495	0	0	0	0
1199999. Total General Account Authorized								5,218,710,789	102,873,142	100,208,120	14,403,495	0	0	0	0
1499999. Total General Account - Unauthorized U.S. Affiliates								0	0	0	0	0	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE ENCOVA 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		
1799999			Total General Account - Unauthorized Non-U.S. Affiliates				0	0	0	0	0	0	0	0
1899999			Total General Account - Unauthorized Affiliates				0	0	0	0	0	0	0	0
2199999			Total General Account - Unauthorized Non-Affiliates				0	0	0	0	0	0	0	0
2299999			Total General Account Unauthorized				0	0	0	0	0	0	0	0
2599999			Total General Account - Certified U.S. Affiliates				0	0	0	0	0	0	0	0
2899999			Total General Account - Certified Non-U.S. Affiliates				0	0	0	0	0	0	0	0
2999999			Total General Account - Certified Affiliates				0	0	0	0	0	0	0	0
3299999			Total General Account - Certified Non-Affiliates				0	0	0	0	0	0	0	0
3399999			Total General Account Certified				0	0	0	0	0	0	0	0
3699999			Total General Account - Reciprocal Jurisdiction U.S. Affiliates				0	0	0	0	0	0	0	0
3999999			Total General Account - Reciprocal Jurisdiction Non-U.S. Affiliates				0	0	0	0	0	0	0	0
4099999			Total General Account - Reciprocal Jurisdiction Affiliates				0	0	0	0	0	0	0	0
4399999			Total General Account - Reciprocal Jurisdiction Non-Affiliates				0	0	0	0	0	0	0	0
4499999			Total General Account Reciprocal Jurisdiction				0	0	0	0	0	0	0	0
4599999			Total General Account Authorized, Unauthorized, Reciprocal Jurisdiction and Certified				5,218,710,789	102,873,142	100,208,120	14,403,495	0	0	0	0
4899999			Total Separate Accounts - Authorized U.S. Affiliates				0	0	0	0	0	0	0	0
5199999			Total Separate Accounts - Authorized Non-U.S. Affiliates				0	0	0	0	0	0	0	0
5299999			Total Separate Accounts - Authorized Affiliates				0	0	0	0	0	0	0	0
5599999			Total Separate Accounts - Authorized Non-Affiliates				0	0	0	0	0	0	0	0
5699999			Total Separate Accounts Authorized				0	0	0	0	0	0	0	0
5999999			Total Separate Accounts - Unauthorized U.S. Affiliates				0	0	0	0	0	0	0	0
6299999			Total Separate Accounts - Unauthorized Non-U.S. Affiliates				0	0	0	0	0	0	0	0
6399999			Total Separate Accounts - Unauthorized Affiliates				0	0	0	0	0	0	0	0
6699999			Total Separate Accounts - Unauthorized Non-Affiliates				0	0	0	0	0	0	0	0
6799999			Total Separate Accounts Unauthorized				0	0	0	0	0	0	0	0
7099999			Total Separate Accounts - Certified U.S. Affiliates				0	0	0	0	0	0	0	0
7399999			Total Separate Accounts - Certified Non-U.S. Affiliates				0	0	0	0	0	0	0	0
7499999			Total Separate Accounts - Certified Affiliates				0	0	0	0	0	0	0	0
7799999			Total Separate Accounts - Certified Non-Affiliates				0	0	0	0	0	0	0	0
7899999			Total Separate Accounts Certified				0	0	0	0	0	0	0	0
8199999			Total Separate Accounts - Reciprocal Jurisdiction U.S. Affiliates				0	0	0	0	0	0	0	0
8499999			Total Separate Accounts - Reciprocal Jurisdiction Non-U.S. Affiliates				0	0	0	0	0	0	0	0
8599999			Total Separate Accounts - Reciprocal Jurisdiction Affiliates				0	0	0	0	0	0	0	0
8899999			Total Separate Accounts - Reciprocal Jurisdiction Non-Affiliates				0	0	0	0	0	0	0	0
8999999			Total Separate Accounts Reciprocal Jurisdiction				0	0	0	0	0	0	0	0
9099999			Total Separate Accounts Authorized, Unauthorized, Reciprocal Jurisdiction and Certified				0	0	0	0	0	0	0	0
9199999			Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3699999, 4199999, 4899999, 5399999, 5999999, 6499999, 7099999, 7599999, 8199999 and 8699999)				5,218,710,789	102,873,142	100,208,120	14,403,495	0	0	0	0
9299999			Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2899999, 3199999, 3999999, 4299999, 5199999, 5499999, 6299999, 6599999, 7399999, 7699999, 8499999 and 8799999)				0	0	0	0	0	0	0	0
9999999			Totals				5,218,710,789	102,873,142	100,208,120	14,403,495	0	0	0	0

Schedule S - Part 3 - Section 2

NONE

Schedule S - Part 4

NONE

Schedule S - Part 4 - Bank Footnote

NONE

Schedule S - Part 5

NONE

Schedule S - Part 5 - Bank Footnote

NONE

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE ENCOVA LIFE INSURANCE COMPANY

SCHEDULE S - PART 6Five 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	14,403	14,125	14,005	(93,125)	27,995
2. Commissions and reinsurance expense allowances	2,426	2,465	2,785	4,646	6,176
3. Contract claims	13,113	9,289	8,801	15,202	10,243
4. Surrender benefits and withdrawals for life contracts					
5. Dividends to policyholders and refunds to members					
6. Reserve adjustments on reinsurance ceded	0	0	0	0	0
7. Increase in aggregate reserve for life and accident and health contracts	2,665	2,180	3,291	(112,633)	21,106
B. BALANCE SHEET ITEMS					
8. Premiums and annuity considerations for life and accident and health contracts deferred and uncollected	1,373	1,286	1,301	1,226	1,234
9. Aggregate reserves for life and accident and health contracts	102,873	100,208	98,028	94,736	207,370
10. Liability for deposit-type contracts					
11. Contract claims unpaid	3,651	1,949	1,565	1,420	1,622
12. Amounts recoverable on reinsurance	2,230	971	1,171	1,234	1,774
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	229	216	223	230	238
16. Unauthorized reinsurance offset	0	0	0	0	0
17. Offset for reinsurance with Certified Reinsurers		0	0	0	0
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
18. Funds deposited by and withheld from (F)	0	0	0	0	0
19. Letters of credit (L)	0	0	0	0	0
20. Trust agreements (T)	0	0	0	0	0
21. Other (O)	0	0	0	0	0
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
22. Multiple Beneficiary Trust		0	0	0	0
23. Funds deposited by and withheld from (F)		0	0	0	0
24. Letters of credit (L)		0	0	0	0
25. Trust agreements (T)		0	0	0	0
26. Other (O)		0	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE ENCOVA 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)	574,883,601		574,883,601
2. Reinsurance (Line 16)	2,458,733	(2,458,733)	0
3. Premiums and considerations (Line 15)	18,568,061	1,372,822	19,940,883
4. Net credit for ceded reinsurance	XXX	107,610,148	107,610,148
5. All other admitted assets (balance)	11,874,185		11,874,185
6. Total assets excluding Separate Accounts (Line 26)	607,784,580	106,524,237	714,308,817
7. Separate Account assets (Line 27)	0		0
8. Total assets (Line 28)	607,784,580	106,524,237	714,308,817
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
9. Contract reserves (Lines 1 and 2)	505,136,555	102,873,143	608,009,698
10. Liability for deposit-type contracts (Line 3)	669,932		669,932
11. Claim reserves (Line 4)	6,150,197	3,651,094	9,801,291
12. Policyholder dividends/member refunds/reserves (Lines 5 through 7)	1,268,065		1,268,065
13. Premium & annuity considerations received in advance (Line 8)	177,797		177,797
14. Other contract liabilities (Line 9)	5,602,258		5,602,258
15. Reinsurance in unauthorized companies (Line 24.02 minus inset amount)	0	0	0
16. Funds held under reinsurance treaties with unauthorized reinsurers (Line 24.03 minus inset amount)	0		0
17. Reinsurance with Certified Reinsurers (Line 24.02 inset amount)	0		0
18. Funds held under reinsurance treaties with Certified Reinsurers (Line 24.03 inset amount)	0		0
19. All other liabilities (balance)	9,702,742		9,702,742
20. Total liabilities excluding Separate Accounts (Line 26)	528,707,546	106,524,237	635,231,783
21. Separate Account liabilities (Line 27)			0
22. Total liabilities (Line 28)	528,707,546	106,524,237	635,231,783
23. Capital & surplus (Line 38)	79,077,034	XXX	79,077,034
24. Total liabilities, capital & surplus (Line 39)	607,784,580	106,524,237	714,308,817
NET CREDIT FOR CEDED REINSURANCE			
25. Contract reserves	102,873,143		
26. Claim reserves	3,651,094		
27. Policyholder dividends/reserves	0		
28. Premium & annuity considerations received in advance	0		
29. Liability for deposit-type contracts	0		
30. Other contract liabilities	0		
31. Reinsurance ceded assets	2,458,733		
32. Other ceded reinsurance recoverables	0		
33. Total ceded reinsurance recoverables	108,982,970		
34. Premiums and considerations	1,372,822		
35. Reinsurance in unauthorized companies	0		
36. Funds held under reinsurance treaties with unauthorized reinsurers	0		
37. Reinsurance with Certified Reinsurers	0		
38. Funds held under reinsurance treaties with Certified Reinsurers	0		
39. Other ceded reinsurance payables/offsets	0		
40. Total ceded reinsurance payable/offsets	1,372,822		
41. Total net credit for ceded reinsurance	107,610,148		

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE ENCOVA 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	57,863	.0		.0	57,863
2.	Alaska	AK	8,604	.0		.0	8,604
3.	Arizona	AZ	86,244	7,006		.0	93,250
4.	Arkansas	AR	9,698	.0		.0	9,698
5.	California	CA	74,599	6,000		.0	80,599
6.	Colorado	CO	27,422	.0		.0	27,422
7.	Connecticut	CT	11,997	.0		.0	11,997
8.	Delaware	DE	20,463	.0		.0	20,463
9.	District of Columbia	DC	3,523	.0		.0	3,523
10.	Florida	FL	923,970	131,465		.0	1,055,435
11.	Georgia	GA	1,142,257	19,560		.0	1,161,817
12.	Hawaii	HI	7,376	.0		.0	7,376
13.	Idaho	ID	1,059	.0		.0	1,059
14.	Illinois	IL	253,597	600		.0	254,197
15.	Indiana	IN	3,080,305	855,375		.0	3,935,680
16.	Iowa	IA	93,489	.0		.0	93,489
17.	Kansas	KS	9,164	.0		.0	9,164
18.	Kentucky	KY	3,698,905	134,965		.0	3,833,870
19.	Louisiana	LA	14,170	.0		.0	14,170
20.	Maine	ME	4,340	.0		.0	4,340
21.	Maryland	MD	73,721	.0		.0	73,721
22.	Massachusetts	MA	24,671	.0		.0	24,671
23.	Michigan	MI	3,891,673	278,691		.0	4,170,364
24.	Minnesota	MN	185,488	5,000		.0	190,488
25.	Mississippi	MS	38,582	.0		.0	38,582
26.	Missouri	MO	39,642	.0		.0	39,642
27.	Montana	MT	6,801	.0		.0	6,801
28.	Nebraska	NE	33,305	.0		.0	33,305
29.	Nevada	NV	24,173	.0		.0	24,173
30.	New Hampshire	NH	4,059	.0		.0	4,059
31.	New Jersey	NJ	45,502	.0		.0	45,502
32.	New Mexico	NM	13,097	.0		.0	13,097
33.	New York	NY	86,846	.0		.0	86,846
34.	North Carolina	NC	185,729	6,600		7,730	200,059
35.	North Dakota	ND	3,393	.0		.0	3,393
36.	Ohio	OH	20,663,937	3,641,823		8,875	24,314,635
37.	Oklahoma	OK	19,972	.0		.0	19,972
38.	Oregon	OR	8,386	550		.0	8,936
39.	Pennsylvania	PA	7,482,064	1,269,118		.0	8,751,182
40.	Rhode Island	RI	1,439	.0		.0	1,439
41.	South Carolina	SC	570,183	18,228		.0	588,411
42.	South Dakota	SD	1,270	.0		.0	1,270
43.	Tennessee	TN	1,390,153	1,200		.0	1,391,353
44.	Texas	TX	120,057	700		.0	120,757
45.	Utah	UT	3,934	.0		.0	3,934
46.	Vermont	VT	549	.0		.0	549
47.	Virginia	VA	502,769	.0		.0	502,769
48.	Washington	WA	20,345	.0		.0	20,345
49.	West Virginia	WV	2,511,755	180,603		.0	2,692,358
50.	Wisconsin	WI	1,358,380	112,025		.0	1,470,405
51.	Wyoming	WY	3,098	.0		.0	3,098
52.	American Samoa	AS	.0	.0		.0	.0
53.	Guam	GU	.0	.0		.0	.0
54.	Puerto Rico	PR	1,621	.0		.0	1,621
55.	U.S. Virgin Islands	VI	373	.0		.0	373
56.	Northern Mariana Islands	MP	.0	.0		.0	.0
57.	Canada	CAN	2,344	.0		.0	2,344
58.	Aggregate Other Alien	OT	(56)	.0		.0	(56)
59.	Total		48,848,300	6,669,509	0	16,605	55,534,414

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE ENCOVA 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)	*
							Broad Street Brokerage Insurance Agency, LLC								
.0291	Encova Mutual Insurance Group	10204	31-1783451				Consumers Insurance USA, Inc.	OH	NIA	Encova Life Insurance Company	Ownership	100.000	Encova Mutual Insurance Group, Inc.	NO	
			62-1590861				IMARC, LLC	IA	NIA	Motorists Mutual Insurance Company	Ownership	100.000	Encova Mutual Insurance Group, Inc.	NO	
			42-1496478				Iowa American Insurance Company	IA	IA	Iowa Mutual Insurance Company	Ownership	90.000	Encova Mutual Insurance Group, Inc.	NO	
.0291	Encova Mutual Insurance Group	31577	42-1019089				Iowa Mutual Insurance Company	OH	IA	Iowa Mutual Insurance Company	Ownership	100.000	Encova Mutual Insurance Group, Inc.	NO	
.0291	Encova Mutual Insurance Group	14338	42-0333120				Encova Holdings, Inc.	OH	IA	Encova Holdings, Inc.	Ownership	100.000	Encova Mutual Insurance Group, Inc.	NO	
			41-1563134				Motorists Commercial Mutual Insurance Company			Motorists Commercial Mutual Insurance Company					
.0291	Encova Mutual Insurance Group	40932	31-1022150				Encova Insurance Agency, Inc.	MN	NIA	Encova Insurance Agency, Inc.	Ownership	100.000	Encova Mutual Insurance Group, Inc.	NO	
			31-1022150				MICO Insurance Company	OH	IA	Motorists Mutual Insurance Company	Ownership	100.000	Encova Mutual Insurance Group, Inc.	NO	
.0291	Encova Mutual Insurance Group	13331	41-0299900				Motorists Commercial Mutual Insurance Company	OH	UDP	Motorists Mutual Insurance Company	Ownership	100.000	Encova Mutual Insurance Group, Inc.	NO	
			41-0299900				Motorists Commercial Mutual Insurance Company			Motorists Commercial Mutual Insurance Company					
.0291	Encova Mutual Insurance Group	66311	31-0717055				Encova Life Insurance Company	OH	RE	Encova Life Insurance Company	Ownership	100.000	Encova Mutual Insurance Group, Inc.	NO	
.0291	Encova Mutual Insurance Group	14621	31-4259550				Motorists Mutual Insurance Company	OH	UIP	Encova Holdings, Inc.	Ownership	100.000	Encova Mutual Insurance Group, Inc.	NO	
			31-0851906				Encova Service Corporation	OH	NIA	Motorists Mutual Insurance Company	Ownership	100.000	Encova Mutual Insurance Group, Inc.	NO	
.0291	Encova Mutual Insurance Group	23175	02-0178290				Phenix Mutual Fire Insurance Company	OH	IA	Encova Holdings, Inc.	Ownership	100.000	Encova Mutual Insurance Group, Inc.	NO	
.0291	Encova Mutual Insurance Group	19950	39-0739760				Wilson Mutual Insurance Company	OH	IA	Encova Holdings, Inc.	Ownership	100.000	Encova Mutual Insurance Group, Inc.	NO	
			81-4951462				Encova Realty, LLC	OH	NIA	Motorists Mutual Insurance Company	Ownership	100.000	Encova Mutual Insurance Group, Inc.	NO	
			31-1712343				Encova Foundation of Ohio	OH	NIA	Motorists Mutual Insurance Company	Board		Encova Mutual Insurance Group, Inc.	NO	
.0291	Encova Mutual Insurance Group	12372	20-2394166				BrickStreet Mutual Insurance Company	WV	IA	Encova Holdings, Inc.	Ownership	100.000	Encova Mutual Insurance Group, Inc.	NO	
.0291	Encova Mutual Insurance Group	15137	46-1783383				PinnaclePoint Insurance Company	WV	IA	BrickStreet Mutual Insurance Company	Ownership	100.000	Encova Mutual Insurance Group, Inc.	NO	
.0291	Encova Mutual Insurance Group	13045	26-0818900				NorthStone Insurance Company	WV	IA	BrickStreet Mutual Insurance Company	Ownership	100.000	Encova Mutual Insurance Group, Inc.	NO	
.0291	Encova Mutual Insurance Group	15136	46-1795752				SummitPoint Insurance Company	WV	IA	BrickStreet Mutual Insurance Company	Ownership	100.000	Encova Mutual Insurance Group, Inc.	NO	
.0291	Encova Mutual Insurance Group	13016	87-0807723				AlleghenyPoint Insurance Company	WV	IA	BrickStreet Mutual Insurance Company	Ownership	100.000	Encova Mutual Insurance Group, Inc.	NO	
			80-0772825				Encova Foundation of West Virginia, Inc	WV	NIA	BrickStreet Mutual Insurance Company	Board		Encova Mutual Insurance Group, Inc.	NO	
			81-3585592				STCE HTC Federal Investor, LLC	GA	NIA	BrickStreet Mutual Insurance Company	Ownership	99.990	Encova Mutual Insurance Group, Inc.	NO	
			81-5313304				MPC Brickstreet 2017 Historic Fund, LLC	GA	NIA	BrickStreet Mutual Insurance Company	Ownership	99.990	Encova Mutual Insurance Group, Inc.	NO	
			82-4318558				MPC Brickstreet 2018 Historic Fund, LLC	GA	NIA	BrickStreet Mutual Insurance Company	Ownership	99.990	Encova Mutual Insurance Group, Inc.	NO	
			84-1783677				MPC Brickstreet 2019 Historic Fund, LLC	GA	NIA	BrickStreet Mutual Insurance Company	Ownership	99.990	Encova Mutual Insurance Group, Inc.	NO	
			87-2750169				MPC Brickstreet 2022 Historic Fund, LLC	GA	NIA	BrickStreet Mutual Insurance Company	Ownership	99.990	Encova Mutual Insurance Group, Inc.	YES	
			87-2607952				ISG ESG I, LLC	GA	NIA	BrickStreet Mutual Insurance Company	Ownership	50.000	Encova Mutual Insurance Group, Inc.	YES	
			86-1546423				Encova Insurance Service Center, LLC	OH	NIA	Motorists Mutual Insurance Company	Ownership	100.000	Encova Mutual Insurance Group, Inc.	NO	
			86-1371222				Encova Holdings, Inc.	OH	UIP	Encova Mutual Insurance Group, Inc.	Ownership	100.000	Encova Mutual Insurance Group, Inc.	NO	
			86-1286784				Encova Mutual Insurance Group, Inc.	OH	UIP	Encova Mutual Insurance Group, Inc.	Ownership	100.000	Encova Mutual Insurance Group, Inc.	NO	

Asterisk	Explanation
----------	-------------

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE ENCOVA LIFE INSURANCE COMPANY

SCHEDULE Y

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
	41-1563134	Encova Insurance Agency, Inc.	0	0			(581,131)				(581,131)	0
13331	41-0299900	Motorists Commercial Mutual Insurance Co.	0	0			(96,406,425)				(96,406,425)	0
	31-1783451	Broad Street Brokerage Ins. Agency, LLC	0	0			(43,565)				(43,565)	0
10204	62-1590891	Consumers Insurance USA, Inc.	0	0			(139,332)				(139,332)	0
	42-1496478	IMARC, LLC	0	0			0				0	0
31577	42-1019089	Iowa American Insurance Company	0	0			(193,669)				(193,669)	0
14338	42-0333120	Iowa Mutual Insurance Company	0	13,000,000			(5,029,957)				7,970,043	0
40932	31-1022150	WICO Insurance Company	0	20,000,000			(2,151,684)				17,848,316	0
66311	31-0717055	Encova Life Insurance Company	0	0			(1,889,105)				(1,889,105)	0
14621	31-4259550	Motorists Mutual Insurance Company	0	(36,000,000)			67,014,809			30,702,313	61,717,122	0
	31-0851906	Encova Service Corporation	0	0			155,888,018			(22,890,589)	132,997,429	0
23175	02-0178290	Phenix Mutual Fire Insurance Company	0	0			(1,995,955)				(1,995,955)	0
19950	39-0739760	Wilson Mutual Insurance Company	0	3,000,000			(7,815,624)				(4,815,624)	0
	81-4951462	Encova Realty, LLC	0	0			0			(7,811,723)	(7,811,723)	0
12372	20-2394166	BrickStreet Mutual Insurance Company	0	(16,000,000)			(32,972,430)				(48,972,430)	0
15136	46-1795752	SummitPoint Insurance Company	0	0			(9,249,307)				(9,249,307)	0
15137	46-1783383	PinnaclePoint Insurance Company	0	0			(33,646,609)				(33,646,609)	0
13045	26-0818900	NorthStone Insurance Company	0	10,000,000			(26,816,790)				(16,816,790)	0
13016	87-0807723	AlleghenyPoint Insurance Company	0	6,000,000			(3,971,243)				2,028,757	0
9999999	Control Totals		0	0	0	0	0	0	XXX	0	0	0

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?	NO
12. Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC by March 1?	NO
13. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 to Exhibit 5 be filed with the state of domicile and electronically with the NAIC by March 1?	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?	NO
20. Will the Reasonableness of Assumptions Certification for Implied Guaranteed Rate Method required by Actuarial Guideline XXXVI be filed with the state of domicile and electronically with the NAIC by March 1?	NO
21. Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Average Market Value) be filed with the state of domicile and electronically with the NAIC by March 1?	NO
22. Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Market Value) be filed with the state of domicile and electronically with the NAIC by March 1?	NO
23. Will the C-3 RBC Certifications required under C-3 Phase I be filed with the state of domicile and electronically with the NAIC by March 1?	YES
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

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



25. Actuarial Certifications Related to Annuity Nonforfeiture Ongoing Compliance for Equity Indexed Annuities [Document Identifier 452]



26. Modified Guaranteed Annuity Model Regulation [Document Identifier 453]



27. Actuarial Certification regarding the use of 2001 Preferred Class Tables required by the Model Regulation Permitting the Recognition of Preferred Mortality Tables for Use in Determining Minimum Reserve Liabilities [Document Identifier 454]



28. Workers' Compensation Carve-Out Supplement [Document Identifier 495]



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]



35. Health Care Receivables Supplement [Document Identifier 470]



37. Long-Term Care Experience Reporting Forms [Document Identifier 306]



38. Credit Insurance Experience Exhibit [Document Identifier 230]



39. Accident and Health Policy Experience Exhibit [Document Identifier 210]



40. Supplemental Health Care Exhibit (Parts 1, 2 and 3) [Document Identifier 216]



41. Supplemental Health Care Exhibit's Expense Allocation Report [Document Identifier 217]



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]



OVERFLOW PAGE FOR WRITE-INS



SUPPLEMENT FOR THE YEAR 2021 OF THE ENCOVA 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 0291

NAIC Company Code 66311

	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	0	0	0
2. Total Post-Reinsurance-Ceded Reserve (Sum of Lines 1.1 through 1.9)	0	0	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	0	0	0
4. Total Pre-Reinsurance-Ceded Reserve (Sum of Lines 3.1 through 3.9)	0	0	XXX
5. Total Reserves Ceded (Line 4 minus Line 2)	0	0	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	0	0	0
1.999. Totals (Lines 1.901 thru 1.903 plus 1.998) (Line 1.9 above)	0	0	0
3.901.			
3.902.			
3.903.			
3.998. Summary of remaining write-ins for Line 3.9 from overflow page	0	0	0
3.999. Totals (Lines 3.901 thru 3.903 plus 3.998) (Line 3.9 above)	0	0	0

456-1

SUPPLEMENT FOR THE YEAR 2021 OF THE ENCOVA 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	XXX
1.3. Non-Participating Whole Life				.XXX	XXX			.XXX	.XXX	XXX	.XXX	XXX
1.4. Participating Whole Life				.XXX	XXX			.XXX	.XXX	XXX	.XXX	XXX
1.5. Universal Life Without Secondary Guarantee				.XXX	XXX			.XXX	.XXX	XXX	.XXX	XXX
1.6. Variable Universal Life Without Secondary Guarantee				.XXX	XXX			.XXX	.XXX	XXX	.XXX	XXX
1.7. Variable Life Without Secondary Guarantee				.XXX	XXX			.XXX	.XXX	XXX	.XXX	XXX
1.8. Indexed Life Without Secondary Guarantee				.XXX	XXX			.XXX	.XXX	XXX	.XXX	XXX
1.9. Aggregate Write-Ins for Other Products	0	0	0	XXX	XXX	0	0	XXX	XXX	0	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	0	0	0	0	0	0	0	0	0	0	0	0
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	XXX
1.902.				.XXX	XXX			.XXX	.XXX	XXX	.XXX	XXX
1.903.				.XXX	XXX			.XXX	.XXX	XXX	.XXX	XXX
1.998. Summary of remaining write-ins for Line 1.9 from overflow page	0	0	0	.XXX	XXX	0	0	.XXX	.XXX	0	.XXX	XXX
1.999. Totals (Lines 1.901 thru 1.903 plus 1.998) (Line 1.9 above)	0	0	0	XXX	XXX	0	0	XXX	XXX	0	XXX	XXX
3.901.												
3.902.												
3.903.												
3.998. Summary of remaining write-ins for Line 3.9 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0
3.999. Totals (Lines 3.901 thru 3.903 plus 3.998) (Line 3.9 above)	0	0	0	0	0	0	0	0	0	0	0	0

456-2

SUPPLEMENT FOR THE YEAR 2021 OF THE ENCOVA 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 [<input checked="" type="checkbox"/>] No [<input type="checkbox"/>]
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 [<input checked="" type="checkbox"/>]	
2.2 State Statute (SVL) [<input checked="" type="checkbox"/>] Complete items "a" and "b" as appropriate.	
a. Is the criteria in the State Statute (SVL) different from the NAIC adopted VM?	Yes [<input type="checkbox"/>] No [<input checked="" type="checkbox"/>]
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 [<input checked="" type="checkbox"/>] Complete items "a" and "b" as appropriate.	
a. Is the criteria in the State Regulation different from the NAIC adopted VM?	Yes [<input type="checkbox"/>] No [<input checked="" type="checkbox"/>]
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 ENCOVA LIFE INSURANCE COMPANY

SCHEDULE O SUPPLEMENT

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

Of The ENCOVA LIFE INSURANCE COMPANY
ADDRESS (City, State and Zip Code) Columbus, OH 43215
NAIC Group Code 0291 NAIC Company Code 66311 Employer's Identification Number (FEIN) 31-0717055

SUPPLEMENTAL SCHEDULE O - PART 1

Development of Incurred Losses
(\$000 Omitted)

Section A - Group Accident and Health

Table with 5 columns: Years in Which Losses Were Incurred, 1 2017, 2 2018, 3 2019, 4 2020, 5 2021(a). Rows 1-6 showing cumulative net amounts paid.

Section B - Other Accident and Health

Table with 5 columns: Years in Which Losses Were Incurred, 1 2017, 2 2018, 3 2019, 4 2020, 5 2021(a). Rows 1-6 showing cumulative net amounts paid.

Section C - Credit Accident and Health

Table with 5 columns: Years in Which Losses Were Incurred, 1 2017, 2 2018, 3 2019, 4 2020, 5 2021(a). Rows 1-6 showing cumulative net amounts paid.

Section D -

Table with 5 columns: Years in Which Losses Were Incurred, 1 2017, 2 2018, 3 2019, 4 2020, 5 2021(a). Rows 1-6 showing cumulative net amounts paid.

Section E -

Table with 5 columns: Years in Which Losses Were Incurred, 1 2017, 2 2018, 3 2019, 4 2020, 5 2021(a). Rows 1-6 showing cumulative net amounts paid.

Section F -

Table with 5 columns: Years in Which Losses Were Incurred, 1 2017, 2 2018, 3 2019, 4 2020, 5 2021(a). Rows 1-6 showing cumulative net amounts paid.

Section G -

Table with 5 columns: Years in Which Losses Were Incurred, 1 2017, 2 2018, 3 2019, 4 2020, 5 2021(a). Rows 1-6 showing cumulative net amounts paid.

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

SUPPLEMENT FOR THE YEAR 2021 OF THE ENCOVA 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	0	0	0	0	
2. 2017					
3. 2018	XXX				
4. 2019	XXX	XXX			
5. 2020	XXX	XXX	XXX		
6. 2021	XXX	XXX	XXX	XXX	

Section B - Other Accident and Health

1. Prior	0	0	0	0	
2. 2017					
3. 2018	XXX				
4. 2019	XXX	XXX			
5. 2020	XXX	XXX	XXX		
6. 2021	XXX	XXX	XXX	XXX	

Section C - Credit Accident and Health

1. Prior	0	0	0	0	
2. 2017					
3. 2018	XXX				
4. 2019	XXX	XXX			
5. 2020	XXX	XXX	XXX		
6. 2021	XXX	XXX	XXX	XXX	

Section D -

1. Prior	0	0	0	0	
2. 2017					
3. 2018	XXX				
4. 2019	XXX	XXX			
5. 2020	XXX	XXX	XXX		
6. 2021	XXX	XXX	XXX	XXX	

Section E -

1. Prior	0	0	0	0	
2. 2017					
3. 2018	XXX				
4. 2019	XXX	XXX			
5. 2020	XXX	XXX	XXX		
6. 2021	XXX	XXX	XXX	XXX	

Section F -

1. Prior	0	0	0	0	
2. 2017					
3. 2018	XXX				
4. 2019	XXX	XXX			
5. 2020	XXX	XXX	XXX		
6. 2021	XXX	XXX	XXX	XXX	

Section G -

1. Prior	0	0	0	0	
2. 2017					
3. 2018	XXX				
4. 2019	XXX	XXX			
5. 2020	XXX	XXX	XXX		
6. 2021	XXX	XXX	XXX	XXX	

SUPPLEMENT FOR THE YEAR 2021 OF THE ENCOVA 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				XXX	XXX
2. 2018	XXX				XXX
3. 2019	XXX	XXX			
4. 2020	XXX	XXX	XXX		
5. 2021	XXX	XXX	XXX	XXX	

Section B - Other Accident and Health

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

Section C - Credit Accident and Health

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

Section D -

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

Section E -

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

Section F -

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

Section G -

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

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					
2. 2018	XXX				
3. 2019	XXX	XXX			
4. 2020	XXX	XXX	XXX		
5. 2021	XXX	XXX	XXX	XXX	

Section B - Other Accident and Health

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

Section C - Credit Accident and Health

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

Section D -

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

Section E -

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

Section F -

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

Section G -

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

SUPPLEMENTAL SCHEDULE O - PART 5

(\$000 OMITTED)

Reserve and Liability Methodology - Exhibits 6 and 8

Line of Business	1 Methodology	2 Amount
1. Industrial Life		
2. Ordinary Life	Other	6,150
3. Individual Annuity		
4. Supplementary Contracts		
5. Credit Life		
6. Group Life		
7. Group Annuities		
8. Group Accident and Health		
9. Credit Accident and Health		
10. Other Accident and Health		
11. Total		6,150



SUPPLEMENT FOR THE YEAR 2021 OF THE ENCOVA LIFE INSURANCE COMPANY

HEALTH CARE RECEIVABLES SUPPLEMENT

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

Of The ENCOVA LIFE INSURANCE COMPANY
Address (City, State and Zip Code) Columbus , OH 43215
NAIC Group Code 0291 NAIC Company Code 66311 Employer's ID Number 31-0717055

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
0799999 Gross health care receivables						