



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

MANHATTAN NATIONAL LIFE INSURANCE COMPANY

NAIC Group Code 0435 0084 NAIC Company Code 67083 Employer's ID Number 45-0252531
(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 12/20/1956 Commenced Business 01/04/1957

Statutory Home Office 301 East Fourth Street, Cincinnati, OH, US 45202
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 301 East Fourth Street
(Street and Number)

Cincinnati, OH, US 45202 513-357-3300
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address Post Office Box 5420, Cincinnati, OH, US 45201
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 301 East Fourth Street
(Street and Number)

Cincinnati, OH, US 45202 513-357-3300
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Website Address www.massmutual.com

Statutory Statement Contact Robert Mayhew Earle II, 513-412-1735
(Name) (Area Code) (Telephone Number)

rearle@gaig.com, 513-412-1673
(E-mail Address) (FAX Number)

OFFICERS

President Mark Francis Muething Treasurer Christopher Patrick Miliano
Secretary John Paul Gruber Appointed Actuary Dominic Joseph Mosler

OTHER

Adrienne Susan Baglier Michael Robert Fanning # Brian Patrick Sponaugle

DIRECTORS OR TRUSTEES

Dominic Lusean Blue # Elizabeth Ward Chicares # Susan Marie Cicco #
Geoffrey James Craddock # Roger William Crandall # Michael Robert Fanning #
Paul Anthony Lapiana # Mark Francis Muething Michael James O'Connor #
Eric William Partlan # Gareth Fielding Ross # Arthur William Wallace III #

State of Ohio SS
County of Hamilton

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.

Mark Francis Muething
President

John Paul Gruber
Secretary

Christopher Patrick Miliano
Treasurer

Subscribed and sworn to before me this _____ day of _____ February 2022

- 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.....

OFFICERS AND DIRECTORS WHO DID NOT OCCUPY THE INDICATED POSITION IN THE PREVIOUS ANNUAL STATEMENT



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE MANHATTAN NATIONAL LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Alabama

DURING THE YEAR 2021

NAIC Group Code 0435

LIFE INSURANCE

NAIC Company Code 67083

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	49,486				49,486
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	49,486	0	0	0	49,486
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	10,000				10,000
10. Matured endowments					0
11. Annuity benefits	392				392
12. Surrender values and withdrawals for life contracts	6,500				6,500
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	16,892	0	0	0	16,892
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	1	10,000	0	0	0	0	0	0	1	10,000
17. Incurred during current year	2	200,000							2	200,000
Settled during current year:										
18.1 By payment in full	1	10,000							1	10,000
18.2 By payment on compromised claims									0	0
18.3 Totals paid	1	10,000	0	0	0	0	0	0	1	10,000
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	1	10,000	0	0	0	0	0	0	1	10,000
19. Unpaid Dec. 31, current year (16+17-18.6)	2	200,000	0	0	0	0	0	0	2	200,000
POLICY EXHIBIT										
20. In force December 31, prior year	42	2,532,157	0 (a)	0	0	0	0	0	42	2,532,157
21. Issued during year									0	0
22. Other changes to in force (Net)	(2)	(84,482)							(2)	(84,482)
23. In force December 31 of current year	40	2,447,675	0 (a)	0	0	0	0	0	40	2,447,675

(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 MANHATTAN NATIONAL LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Alaska

DURING THE YEAR 2021

NAIC Group Code 0435

LIFE INSURANCE

NAIC Company Code 67083

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 MANHATTAN NATIONAL LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Arizona

DURING THE YEAR 2021

NAIC Group Code 0435

LIFE INSURANCE

NAIC Company Code 67083

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 MANHATTAN NATIONAL LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Arkansas

DURING THE YEAR 2021

NAIC Group Code 0435

LIFE INSURANCE

NAIC Company Code 67083

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	106,432				106,432
2. Annuity considerations	500				500
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	106,932	0	0	0	106,932
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	9				9
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)	9	0	0	0	9
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)	9	0	0	0	9
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	118,914				118,914
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts	23,609				23,609
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	142,523	0	0	0	142,523
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	4	118,914							4	118,914
Settled during current year:										
18.1 By payment in full	4	118,914							4	118,914
18.2 By payment on compromised claims									0	0
18.3 Totals paid	4	118,914	0	0	0	0	0	0	4	118,914
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	4	118,914	0	0	0	0	0	0	4	118,914
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	91	6,501,267	0 (a)	0	0	0	0	0	91	6,501,267
21. Issued during year									0	0
22. Other changes to in force (Net)	(9)	(214,475)							(9)	(214,475)
23. In force December 31 of current year	82	6,286,792	0 (a)	0	0	0	0	0	82	6,286,792

(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 MANHATTAN NATIONAL LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF California

DURING THE YEAR 2021

NAIC Group Code 0435

LIFE INSURANCE

NAIC Company Code 67083

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 MANHATTAN NATIONAL LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Colorado

DURING THE YEAR 2021

NAIC Group Code 0435

LIFE INSURANCE

NAIC Company Code 67083

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	146,974				146,974
2. Annuity considerations	300				300
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	147,274	0	0	0	147,274
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	119				119
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)	119	0	0	0	119
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)	119	0	0	0	119
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	160,000				160,000
10. Matured endowments					0
11. Annuity benefits	2,205				2,205
12. Surrender values and withdrawals for life contracts	(50,673)				(50,673)
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	111,532	0	0	0	111,532
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	160,000							3	160,000
Settled during current year:										
18.1 By payment in full	3	160,000							3	160,000
18.2 By payment on compromised claims									0	0
18.3 Totals paid	3	160,000	0	0	0	0	0	0	3	160,000
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	3	160,000	0	0	0	0	0	0	3	160,000
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	166	10,796,897	0 (a)	0	0	0	0	0	166	10,796,897
21. Issued during year									0	0
22. Other changes to in force (Net)	(9)	(855,634)							(9)	(855,634)
23. In force December 31 of current year	157	9,941,263	0 (a)	0	0	0	0	0	157	9,941,263

(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 MANHATTAN NATIONAL LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Connecticut

DURING THE YEAR 2021

NAIC Group Code 0435

LIFE INSURANCE

NAIC Company Code 67083

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 MANHATTAN NATIONAL LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Delaware

DURING THE YEAR 2021

NAIC Group Code 0435

LIFE INSURANCE

NAIC Company Code 67083

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 MANHATTAN NATIONAL LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF District of Columbia

DURING THE YEAR 2021

NAIC Group Code 0435

LIFE INSURANCE

NAIC Company Code 67083

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	7,893				7,893
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	7,893	0	0	0	7,893
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	10,000				10,000
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts	3,000				3,000
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	13,000	0	0	0	13,000
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	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year	1	10,000							1	10,000
Settled during current year:										
18.1 By payment in full	1	10,000							1	10,000
18.2 By payment on compromised claims									0	0
18.3 Totals paid	1	10,000	0	0	0	0	0	0	1	10,000
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	1	10,000	0	0	0	0	0	0	1	10,000
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	14	493,545	0	0	0	0	0	0	14	493,545
21. Issued during year									0	0
22. Other changes to in force (Net)	(2)	(59,697)							(2)	(59,697)
23. In force December 31 of current year	12	433,848	0	0	0	0	0	0	12	433,848

(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 MANHATTAN NATIONAL LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Florida

DURING THE YEAR 2021

NAIC Group Code 0435

LIFE INSURANCE

NAIC Company Code 67083

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 MANHATTAN NATIONAL LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Georgia

DURING THE YEAR 2021

NAIC Group Code 0435

LIFE INSURANCE

NAIC Company Code 67083

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	376,058				376,058
2. Annuity considerations	2,500				2,500
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	378,558	0	0	0	378,558
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	48				48
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	48	0	0	0	48
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	0	0	0	48
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	254,170				254,170
10. Matured endowments	384				384
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts	75,195				75,195
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	329,749	0	0	0	329,749
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	8	150,280	0	0	0	0	0	0	8	150,280
17. Incurred during current year	14	234,314							14	234,314
Settled during current year:										
18.1 By payment in full	15	254,554							15	254,554
18.2 By payment on compromised claims									0	0
18.3 Totals paid	15	254,554	0	0	0	0	0	0	15	254,554
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	15	254,554	0	0	0	0	0	0	15	254,554
19. Unpaid Dec. 31, current year (16+17-18.6)	7	130,040	0	0	0	0	0	0	7	130,040
POLICY EXHIBIT										
20. In force December 31, prior year	449	27,026,195	0	0	0	0	0	0	449	27,026,195
21. Issued during year									0	0
22. Other changes to in force (Net)	(22)	(1,673,843)							(22)	(1,673,843)
23. In force December 31 of current year	427	25,352,352	0	0	0	0	0	0	427	25,352,352

(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)	1,085	1,086			
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	1,085	1,086	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,085	1,086	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 MANHATTAN NATIONAL LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Hawaii

DURING THE YEAR 2021

NAIC Group Code 0435

LIFE INSURANCE

NAIC Company Code 67083

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 and number of persons insured under indemnity only products



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE MANHATTAN NATIONAL LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Idaho

DURING THE YEAR 2021

NAIC Group Code 0435

LIFE INSURANCE

NAIC Company Code 67083

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 MANHATTAN NATIONAL LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Illinois

DURING THE YEAR 2021

NAIC Group Code 0435

LIFE INSURANCE

NAIC Company Code 67083

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	319,252				319,252
2. Annuity considerations	10,082				10,082
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	329,334	0	0	0	329,334
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	53				53
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	9				9
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	62	0	0	0	62
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)	62	0	0	0	62
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	477,632				477,632
10. Matured endowments					0
11. Annuity benefits	213,129				213,129
12. Surrender values and withdrawals for life contracts	75,995				75,995
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	766,756	0	0	0	766,756
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	.1	10,000	.0	.0	.0	0	.0	.0	.1	10,000
17. Incurred during current year	.6	487,632							.6	487,632
Settled during current year:										
18.1 By payment in full	.5	477,632							.5	477,632
18.2 By payment on compromised claims									.0	0
18.3 Totals paid	.5	477,632	.0	.0	.0	0	.0	.0	.5	477,632
18.4 Reduction by compromise									.0	0
18.5 Amount rejected									.0	0
18.6 Total settlements	.5	477,632	.0	.0	.0	0	.0	.0	.5	477,632
19. Unpaid Dec. 31, current year (16+17-18.6)	2	20,000	0	0	0	0	0	0	2	20,000
POLICY EXHIBIT										
20. In force December 31, prior year	603	29,006,550	0 (a)	0	0	0	0	0	603	29,006,550
21. Issued during year									.0	0
22. Other changes to in force (Net)	(25)	(2,262,205)							(25)	(2,262,205)
23. In force December 31 of current year	578	26,744,345	0 (a)	0	0	0	0	0	578	26,744,345

(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 MANHATTAN NATIONAL LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Indiana

DURING THE YEAR 2021

NAIC Group Code 0435

LIFE INSURANCE

NAIC Company Code 67083

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	455,296				455,296
2. Annuity considerations	1,920				1,920
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	457,215	0	0	0	457,215
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	4				4
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	4	0	0	0	4
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)	4	0	0	0	4
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	382,830				382,830
10. Matured endowments	3,000				3,000
11. Annuity benefits	196,235				196,235
12. Surrender values and withdrawals for life contracts	54,677				54,677
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	636,742	0	0	0	636,742
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	2	80,000	0	0	0	0	0	0	2	80,000
17. Incurred during current year	7	342,830							7	342,830
Settled during current year:										
18.1 By payment in full	7	385,830							7	385,830
18.2 By payment on compromised claims									0	0
18.3 Totals paid	7	385,830	0	0	0	0	0	0	7	385,830
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	7	385,830	0	0	0	0	0	0	7	385,830
19. Unpaid Dec. 31, current year (16+17-18.6)	2	37,000	0	0	0	0	0	0	2	37,000
POLICY EXHIBIT										
20. In force December 31, prior year	593	34,542,970	0 (a)	0	0	0	0	0	593	34,542,970
21. Issued during year									0	0
22. Other changes to in force (Net)	(33)	(3,206,801)							(33)	(3,206,801)
23. In force December 31 of current year	560	31,336,169	0 (a)	0	0	0	0	0	560	31,336,169

(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)	370	386			
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)	370	386	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	370	386	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 MANHATTAN NATIONAL LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Iowa

DURING THE YEAR 2021

NAIC Group Code 0435

LIFE INSURANCE

NAIC Company Code 67083

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	123,829				123,829
2. Annuity considerations	5,870				5,870
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	129,699	0	0	0	129,699
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	441				441
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	154				154
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	594	0	0	0	594
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)	594	0	0	0	594
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	158,346				158,346
10. Matured endowments					0
11. Annuity benefits	2,736				2,736
12. Surrender values and withdrawals for life contracts	73,143				73,143
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	234,226	0	0	0	234,226
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	.1	5,000	.0	.0	.0	.0	.0	.0	.1	5,000
17. Incurred during current year	.6	153,346							.6	153,346
Settled during current year:										
18.1 By payment in full	.7	158,346							.7	158,346
18.2 By payment on compromised claims									.0	.0
18.3 Totals paid	.7	158,346	.0	.0	.0	.0	.0	.0	.7	158,346
18.4 Reduction by compromise									.0	.0
18.5 Amount rejected									.0	.0
18.6 Total settlements	.7	158,346	.0	.0	.0	.0	.0	.0	.7	158,346
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	203	13,172,745	0	0	0	0	0	0	203	13,172,745
21. Issued during year									.0	.0
22. Other changes to in force (Net)	(14)	(636,179)							(14)	(636,179)
23. In force December 31 of current year	189	12,536,566	0	0	0	0	0	0	189	12,536,566

(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)	1,426	1,487			
25.2 Guaranteed renewable (b)	336	336			
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	1,762	1,823	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,762	1,823	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 _____



6 7 0 8 3 2 0 2 1 4 3 0 1 7 1 0 0

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE MANHATTAN NATIONAL LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Kansas

DURING THE YEAR 2021

NAIC Group Code 0435

LIFE INSURANCE

NAIC Company Code 67083

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 MANHATTAN NATIONAL LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Kentucky

DURING THE YEAR 2021

NAIC Group Code 0435

LIFE INSURANCE

NAIC Company Code 67083

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1		2		3		4		5	
	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
1. Life insurance	144,519									144,519
2. Annuity considerations										0
3. Deposit-type contract funds			XXX				XXX			0
4. Other considerations										0
5. Totals (Sum of Lines 1 to 4)	144,519		0		0		0		0	144,519
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	10									10
6.4 Other										0
6.5 Totals (Sum of Lines 6.1 to 6.4)	10		0		0		0		0	10
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	0
8. Grand Totals (Lines 6.5 plus 7.4)	10		0		0		0		0	10
DIRECT CLAIMS AND BENEFITS PAID										
9. Death benefits										0
10. Matured endowments										0
11. Annuity benefits	9,533									9,533
12. Surrender values and withdrawals for life contracts	1,113									1,113
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0		0		0		0		0	0
14. All other benefits, except accident and health										0
15. Totals	10,647		0		0		0		0	10,647
DETAILS OF WRITE-INS										
1301.										
1302.										
1303.										
1398. Summary of Line 13 from overflow page	0		0		0		0		0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0		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	106	10,603,289	0 (a)	0	0	0	0	0	106	10,603,289
21. Issued during year									0	0
22. Other changes to in force (Net)	(8)	(825,113)							(8)	(825,113)
23. In force December 31 of current year	98	9,778,176	0 (a)	0	0	0	0	0	98	9,778,176

(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 MANHATTAN NATIONAL LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Louisiana

DURING THE YEAR 2021

NAIC Group Code 0435

LIFE INSURANCE

NAIC Company Code 67083

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 MANHATTAN NATIONAL LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Maine

DURING THE YEAR 2021

NAIC Group Code 0435

LIFE INSURANCE

NAIC Company Code 67083

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 MANHATTAN NATIONAL LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Maryland

DURING THE YEAR 2021

NAIC Group Code 0435

LIFE INSURANCE

NAIC Company Code 67083

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	396,892				396,892
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	396,892	0	0	0	396,892
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	3				3
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)	3	0	0	0	3
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)	3	0	0	0	3
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	860,187				860,187
10. Matured endowments					0
11. Annuity benefits	12,140				12,140
12. Surrender values and withdrawals for life contracts	75,320				75,320
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	947,646	0	0	0	947,646
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	2	350,187	0	0	0	0	0	0	2	350,187
17. Incurred during current year	12	510,000							12	510,000
Settled during current year:										
18.1 By payment in full	14	860,187							14	860,187
18.2 By payment on compromised claims									0	0
18.3 Totals paid	14	860,187	0	0	0	0	0	0	14	860,187
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	14	860,187	0	0	0	0	0	0	14	860,187
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	315	32,271,103	0 (a)	0	0	0	0	0	315	32,271,103
21. Issued during year									0	0
22. Other changes to in force (Net)	(30)	(4,887,246)							(30)	(4,887,246)
23. In force December 31 of current year	285	27,383,857	0 (a)	0	0	0	0	0	285	27,383,857

(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 MANHATTAN NATIONAL LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Massachusetts

DURING THE YEAR 2021

NAIC Group Code 0435

LIFE INSURANCE

NAIC Company Code 67083

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1		2		3		4		5	
	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
1. Life insurance	266,164								266,164	
2. Annuity considerations									0	
3. Deposit-type contract funds			XXX				XXX		0	
4. Other considerations									0	
5. Totals (Sum of Lines 1 to 4)	266,164		0		0		0		266,164	
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	140,223								140,223	
10. Matured endowments									0	
11. Annuity benefits	3,518								3,518	
12. Surrender values and withdrawals for life contracts	285,315								285,315	
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	429,056		0		0		0		429,056	
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	5	45,224	0	0	0	0	0	0	5	45,224
17. Incurred during current year	9	155,030							9	155,030
Settled during current year:										
18.1 By payment in full	10	140,223							10	140,223
18.2 By payment on compromised claims									0	0
18.3 Totals paid	10	140,223	0	0	0	0	0	0	10	140,223
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	10	140,223	0	0	0	0	0	0	10	140,223
19. Unpaid Dec. 31, current year (16+17-18.6)	4	60,031	0	0	0	0	0	0	4	60,031
POLICY EXHIBIT										
20. In force December 31, prior year	316	31,091,908	0 (a)	0	0	0	0	0	316	31,091,908
21. Issued during year									0	0
22. Other changes to in force (Net)	(30)	(2,830,624)							(30)	(2,830,624)
23. In force December 31 of current year	286	28,261,284	0 (a)	0	0	0	0	0	286	28,261,284

(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 MANHATTAN NATIONAL LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Michigan

DURING THE YEAR 2021

NAIC Group Code 0435

LIFE INSURANCE

NAIC Company Code 67083

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	508,145				508,145
2. Annuity considerations	18,948				18,948
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	527,093	0	0	0	527,093
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	42				42
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	42	0	0	0	42
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)	42	0	0	0	42
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	620,297				620,297
10. Matured endowments					0
11. Annuity benefits	1,896				1,896
12. Surrender values and withdrawals for life contracts	107,014				107,014
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	729,207	0	0	0	729,207
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	14	43,472	0	0	0	0	0	0	14	43,472
17. Incurred during current year	61	912,861							61	912,861
Settled during current year:										
18.1 By payment in full	61	620,297							61	620,297
18.2 By payment on compromised claims									0	0
18.3 Totals paid	61	620,297	0	0	0	0	0	0	61	620,297
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	61	620,297	0	0	0	0	0	0	61	620,297
19. Unpaid Dec. 31, current year (16+17-18.6)	14	336,036	0	0	0	0	0	0	14	336,036
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	1,260	45,592,196	0	(a) 0	0	0	0	0	1,260	45,592,196
21. Issued during year									0	0
22. Other changes to in force (Net)	(80)	(1,501,668)							(80)	(1,501,668)
23. In force December 31 of current year	1,180	44,090,528	0	(a) 0	0	0	0	0	1,180	44,090,528

(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)	544	567			
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)	544	567	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	544	567	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 MANHATTAN NATIONAL LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Minnesota

DURING THE YEAR 2021

NAIC Group Code 0435

LIFE INSURANCE

NAIC Company Code 67083

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	636,222				636,222
2. Annuity considerations	9,000				9,000
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	645,222	0	0	0	645,222
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	1,211				1,211
6.2 Applied to pay renewal premiums	42				42
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	160				160
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	1,412	0	0	0	1,412
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)	1,412	0	0	0	1,412
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	289,023				289,023
10. Matured endowments					0
11. Annuity benefits	139,012				139,012
12. Surrender values and withdrawals for life contracts	102,556				102,556
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	530,591	0	0	0	530,591
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	4	40,000	0	0	0	0	0	0	4	40,000
17. Incurred during current year	11	400,023							11	400,023
Settled during current year:										
18.1 By payment in full	13	289,023							13	289,023
18.2 By payment on compromised claims									0	0
18.3 Totals paid	13	289,023	0	0	0	0	0	0	13	289,023
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	13	289,023	0	0	0	0	0	0	13	289,023
19. Unpaid Dec. 31, current year (16+17-18.6)	2	151,000	0	0	0	0	0	0	2	151,000
POLICY EXHIBIT										
20. In force December 31, prior year	763	46,713,460	0 (a)	0	0	0	0	0	763	46,713,460
21. Issued during year									0	0
22. Other changes to in force (Net)	(54)	(3,308,620)							(54)	(3,308,620)
23. In force December 31 of current year	709	43,404,840	0 (a)	0	0	0	0	0	709	43,404,840

(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 MANHATTAN NATIONAL LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Mississippi

DURING THE YEAR 2021

NAIC Group Code 0435

LIFE INSURANCE

NAIC Company Code 67083

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 MANHATTAN NATIONAL LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Missouri

DURING THE YEAR 2021

NAIC Group Code 0435

LIFE INSURANCE

NAIC Company Code 67083

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	361,438				361,438
2. Annuity considerations	7,328				7,328
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	368,766	0	0	0	368,766
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	41				41
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)	41	0	0	0	41
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)	41	0	0	0	41
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	767,033				767,033
10. Matured endowments					0
11. Annuity benefits	5,530				5,530
12. Surrender values and withdrawals for life contracts	87,000				87,000
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	859,563	0	0	0	859,563
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	2	22,728	0	0	0	0	0	0	2	22,728
17. Incurred during current year	8	767,878							8	767,878
Settled during current year:										
18.1 By payment in full	7	767,033							7	767,033
18.2 By payment on compromised claims									0	0
18.3 Totals paid	7	767,033	0	0	0	0	0	0	7	767,033
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	7	767,033	0	0	0	0	0	0	7	767,033
19. Unpaid Dec. 31, current year (16+17-18.6)	3	23,573	0	0	0	0	0	0	3	23,573
POLICY EXHIBIT										
20. In force December 31, prior year	484	31,001,203	0 (a)	0	0	0	0	0	484	31,001,203
21. Issued during year									0	0
22. Other changes to in force (Net)	(18)	(1,814,209)							(18)	(1,814,209)
23. In force December 31 of current year	466	29,186,994	0 (a)	0	0	0	0	0	466	29,186,994

(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)	605	631			
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)	605	631	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	605	631	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 MANHATTAN NATIONAL LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Montana

DURING THE YEAR 2021

NAIC Group Code 0435

LIFE INSURANCE

NAIC Company Code 67083

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	10,848				10,848
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	10,848	0	0	0	10,848
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	4				4
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	51				51
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	55	0	0	0	55
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)	55	0	0	0	55
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	7,000				7,000
10. Matured endowments					0
11. Annuity benefits	1,624				1,624
12. Surrender values and withdrawals for life contracts	1,436				1,436
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	10,060	0	0	0	10,060
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	2	7,000	0	0	0	0	0	0	2	7,000
17. Incurred during current year	1	100,000							1	100,000
Settled during current year:										
18.1 By payment in full	2	7,000							2	7,000
18.2 By payment on compromised claims									0	0
18.3 Totals paid	2	7,000	0	0	0	0	0	0	2	7,000
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	2	7,000	0	0	0	0	0	0	2	7,000
19. Unpaid Dec. 31, current year (16+17-18.6)	1	100,000	0	0	0	0	0	0	1	100,000
POLICY EXHIBIT										
20. In force December 31, prior year	30	1,295,479	0 (a)	0	0	0	0	0	30	1,295,479
21. Issued during year									0	0
22. Other changes to in force (Net)	(4)	(37,837)							(4)	(37,837)
23. In force December 31 of current year	26	1,257,642	0 (a)	0	0	0	0	0	26	1,257,642

(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 MANHATTAN NATIONAL LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Nebraska

DURING THE YEAR 2021

NAIC Group Code 0435

LIFE INSURANCE

NAIC Company Code 67083

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	60,326				60,326
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	60,326	0	0	0	60,326
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	4				4
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	4				4
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	8	0	0	0	8
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)	8	0	0	0	8
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	5,000				5,000
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	5,000	0	0	0	5,000
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	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year	2	15,000							2	15,000
Settled during current year:										
18.1 By payment in full	1	5,000							1	5,000
18.2 By payment on compromised claims									0	0
18.3 Totals paid	1	5,000	0	0	0	0	0	0	1	5,000
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	1	5,000	0	0	0	0	0	0	1	5,000
19. Unpaid Dec. 31, current year (16+17-18.6)	1	10,000	0	0	0	0	0	0	1	10,000
POLICY EXHIBIT										
20. In force December 31, prior year	47	3,778,810	0 (a)	0	0	0	0	0	47	3,778,810
21. Issued during year									0	0
22. Other changes to in force (Net)	(4)	(316,605)							(4)	(316,605)
23. In force December 31 of current year	43	3,462,205	0 (a)	0	0	0	0	0	43	3,462,205

(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 MANHATTAN NATIONAL LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Nevada

DURING THE YEAR 2021

NAIC Group Code 0435

LIFE INSURANCE

NAIC Company Code 67083

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 MANHATTAN NATIONAL LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF New Hampshire

DURING THE YEAR 2021

NAIC Group Code 0435

LIFE INSURANCE

NAIC Company Code 67083

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	62,478				62,478
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	62,478	0	0	0	62,478
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	100,000				100,000
10. Matured endowments					0
11. Annuity benefits	6,898				6,898
12. Surrender values and withdrawals for life contracts	2,362				2,362
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	109,259	0	0	0	109,259
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	100,822							3	100,822
Settled during current year:										
18.1 By payment in full	1	100,000							1	100,000
18.2 By payment on compromised claims									0	0
18.3 Totals paid	1	100,000	0	0	0	0	0	0	1	100,000
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	1	100,000	0	0	0	0	0	0	1	100,000
19. Unpaid Dec. 31, current year (16+17-18.6)	2	822	0	0	0	0	0	0	2	822
POLICY EXHIBIT										
20. In force December 31, prior year	67	7,142,783	0 (a)	0	0	0	0	0	67	7,142,783
21. Issued during year									0	0
22. Other changes to in force (Net)	(6)	(710,108)							(6)	(710,108)
23. In force December 31 of current year	61	6,432,675	0 (a)	0	0	0	0	0	61	6,432,675

(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 MANHATTAN NATIONAL LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF New Jersey

DURING THE YEAR 2021

NAIC Group Code 0435

LIFE INSURANCE

NAIC Company Code 67083

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	377,523				377,523
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	377,523	0	0	0	377,523
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					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	660,394				660,394
10. Matured endowments					0
11. Annuity benefits	7,757				7,757
12. Surrender values and withdrawals for life contracts	426,440				426,440
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	1,094,591	0	0	0	1,094,591
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	2	294	0	0	0	0	0	0	2	294
17. Incurred during current year	9	665,416							9	665,416
Settled during current year:										
18.1 By payment in full	8	660,394							8	660,394
18.2 By payment on compromised claims									0	0
18.3 Totals paid	8	660,394	0	0	0	0	0	0	8	660,394
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	8	660,394	0	0	0	0	0	0	8	660,394
19. Unpaid Dec. 31, current year (16+17-18.6)	3	5,316	0	0	0	0	0	0	3	5,316
POLICY EXHIBIT										
20. In force December 31, prior year	328	28,673,176	0	0	0				328	28,673,176
21. Issued during year									0	0
22. Other changes to in force (Net)	(30)	(2,782,790)							(30)	(2,782,790)
23. In force December 31 of current year	298	25,890,386	0	0	0				298	25,890,386

(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 MANHATTAN NATIONAL LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF New Mexico

DURING THE YEAR 2021

NAIC Group Code 0435

LIFE INSURANCE

NAIC Company Code 67083

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 MANHATTAN NATIONAL LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF New York

DURING THE YEAR 2021

NAIC Group Code 0435

LIFE INSURANCE

NAIC Company Code 67083

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	139,767				139,767
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	139,767	0	0	0	139,767
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	42				42
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	12				12
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	54	0	0	0	54
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)	54	0	0	0	54
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	65,210				65,210
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	65,210	0	0	0	65,210
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	.1	353	.0	.0	.0	.0	.0	.0	.1	353
17. Incurred during current year	.3	65,210							.3	65,210
Settled during current year:										
18.1 By payment in full	.3	65,210							.3	65,210
18.2 By payment on compromised claims									.0	.0
18.3 Totals paid	.3	65,210	.0	.0	.0	.0	.0	.0	.3	65,210
18.4 Reduction by compromise									.0	.0
18.5 Amount rejected									.0	.0
18.6 Total settlements	.3	65,210	.0	.0	.0	.0	.0	.0	.3	65,210
19. Unpaid Dec. 31, current year (16+17-18.6)	1	353	0	0	0	0	0	0	1	353
POLICY EXHIBIT										
20. In force December 31, prior year	64	7,202,581	.0 (a)	.0	.0	.0	.0	.0	64	7,202,581
21. Issued during year									.0	.0
22. Other changes to in force (Net)	(5)	(503,375)							(5)	(503,375)
23. In force December 31 of current year	59	6,699,206	0 (a)	0	0	0	0	0	59	6,699,206

(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 MANHATTAN NATIONAL LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF North Carolina

DURING THE YEAR 2021

NAIC Group Code 0435

LIFE INSURANCE

NAIC Company Code 67083

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 MANHATTAN NATIONAL LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF North Dakota

DURING THE YEAR 2021

NAIC Group Code 0435

LIFE INSURANCE

NAIC Company Code 67083

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	112,986				112,986
2. Annuity considerations	200				200
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	113,186	0	0	0	113,186
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	44,590				44,590
6.2 Applied to pay renewal premiums	1,605				1,605
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	348				348
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	46,543	0	0	0	46,543
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)	46,543	0	0	0	46,543
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	368,359				368,359
10. Matured endowments					0
11. Annuity benefits	380				380
12. Surrender values and withdrawals for life contracts	58,151				58,151
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	426,890	0	0	0	426,890
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	8	29,761	0	0	0	0	0	0	8	29,761
17. Incurred during current year	17	354,916							17	354,916
Settled during current year:										
18.1 By payment in full	19	368,359							19	368,359
18.2 By payment on compromised claims									0	0
18.3 Totals paid	19	368,359	0	0	0	0	0	0	19	368,359
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	19	368,359	0	0	0	0	0	0	19	368,359
19. Unpaid Dec. 31, current year (16+17-18.6)	6	16,318	0	0	0	0	0	0	6	16,318
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	696	13,666,976	0 (a)	0	0	0	0	0	696	13,666,976
21. Issued during year									0	0
22. Other changes to in force (Net)	(34)	(720,615)							(34)	(720,615)
23. In force December 31 of current year	662	12,946,361	0 (a)	0	0	0	0	0	662	12,946,361

(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 MANHATTAN NATIONAL LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Ohio

DURING THE YEAR 2021

NAIC Group Code 0435

LIFE INSURANCE

NAIC Company Code 67083

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE MANHATTAN NATIONAL LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Oklahoma

DURING THE YEAR 2021

NAIC Group Code 0435

LIFE INSURANCE

NAIC Company Code 67083

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 MANHATTAN NATIONAL LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Oregon

DURING THE YEAR 2021

NAIC Group Code 0435

LIFE INSURANCE

NAIC Company Code 67083

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	81,786				81,786
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	81,786	0	0	0	81,786
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	79				79
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	50				50
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	129	0	0	0	129
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)	129	0	0	0	129
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	101,020				101,020
10. Matured endowments					0
11. Annuity benefits	9,596				9,596
12. Surrender values and withdrawals for life contracts	4,738				4,738
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	115,354	0	0	0	115,354
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	2	1,120	0	0	0	0	0	0	2	1,120
17. Incurred during current year	2	101,000							2	101,000
Settled during current year:										
18.1 By payment in full	3	101,020							3	101,020
18.2 By payment on compromised claims									0	0
18.3 Totals paid	3	101,020	0	0	0	0	0	0	3	101,020
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	3	101,020	0	0	0	0	0	0	3	101,020
19. Unpaid Dec. 31, current year (16+17-18.6)	1	1,100	0	0	0	0	0	0	1	1,100
POLICY EXHIBIT						No. of Policies				
20. In force December 31, prior year	89	5,949,786	0 (a)	0	0	0	0	0	89	5,949,786
21. Issued during year									0	0
22. Other changes to in force (Net)	(6)	(473,804)							(6)	(473,804)
23. In force December 31 of current year	83	5,475,982	0 (a)	0	0	0	0	0	83	5,475,982

(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 MANHATTAN NATIONAL LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Pennsylvania

DURING THE YEAR 2021

NAIC Group Code 0435

LIFE INSURANCE

NAIC Company Code 67083

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	372,159				372,159
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	372,159	0	0	0	372,159
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	189,575				189,575
10. Matured endowments					0
11. Annuity benefits	236,113				236,113
12. Surrender values and withdrawals for life contracts	10,701				10,701
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	436,388	0	0	0	436,388
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	4	74,633	0	0	0	0	0	0	4	74,633
17. Incurred during current year	5	175,000							5	175,000
Settled during current year:										
18.1 By payment in full	7	189,575							7	189,575
18.2 By payment on compromised claims									0	0
18.3 Totals paid	7	189,575	0	0	0	0	0	0	7	189,575
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	7	189,575	0	0	0	0	0	0	7	189,575
19. Unpaid Dec. 31, current year (16+17-18.6)	2	60,058	0	0	0	0	0	0	2	60,058
POLICY EXHIBIT										
20. In force December 31, prior year	316	29,614,602	0	0	0	0	0	0	316	29,614,602
21. Issued during year									0	0
22. Other changes to in force (Net)	(20)	(1,972,937)							(20)	(1,972,937)
23. In force December 31 of current year	296	27,641,665	0	0	0	0	0	0	296	27,641,665

(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)		432	432		
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)		432	432	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)		432	432	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 MANHATTAN NATIONAL LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Rhode Island

DURING THE YEAR 2021

NAIC Group Code 0435

LIFE INSURANCE

NAIC Company Code 67083

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 MANHATTAN NATIONAL LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF South Carolina

DURING THE YEAR 2021

NAIC Group Code 0435

LIFE INSURANCE

NAIC Company Code 67083

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1		2		3		4		5	
	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
1. Life insurance		233,095								233,095
2. Annuity considerations		560								560
3. Deposit-type contract funds			XXX				XXX			0
4. Other considerations										0
5. Totals (Sum of Lines 1 to 4)		233,655	0	0	0	0	0	0		233,655
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	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	0	0		0
8. Grand Totals (Lines 6.5 plus 7.4)		0	0	0	0	0	0	0		0
DIRECT CLAIMS AND BENEFITS PAID										
9. Death benefits		133,412								133,412
10. Matured endowments										0
11. Annuity benefits		7,090								7,090
12. Surrender values and withdrawals for life contracts		26,560								26,560
13. Aggregate write-ins for miscellaneous direct claims and benefits paid		0	0	0	0	0	0	0		0
14. All other benefits, except accident and health										0
15. Totals		167,061	0	0	0	0	0	0		167,061
DETAILS OF WRITE-INS										
1301.										
1302.										
1303.										
1398. Summary of Line 13 from overflow page		0	0	0	0	0	0	0		0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)		0	0	0	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	2	11,000	0	0	0	0	0	0	2	11,000
17. Incurred during current year	7	142,660							7	142,660
Settled during current year:										
18.1 By payment in full	6	133,412							6	133,412
18.2 By payment on compromised claims									0	0
18.3 Totals paid	6	133,412	0	0	0	0	0	0	6	133,412
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	6	133,412	0	0	0	0	0	0	6	133,412
19. Unpaid Dec. 31, current year (16+17-18.6)	3	20,248	0	0	0	0	0	0	3	20,248
POLICY EXHIBIT										
20. In force December 31, prior year	242	17,851,719	0 (a)	0	0	0	0	0	242	17,851,719
21. Issued during year									0	0
22. Other changes to in force (Net)	(15)	(848,140)							(15)	(848,140)
23. In force December 31 of current year	227	17,003,579	0 (a)	0	0	0	0	0	227	17,003,579

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
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 MANHATTAN NATIONAL LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF South Dakota

DURING THE YEAR 2021

NAIC Group Code 0435

LIFE INSURANCE

NAIC Company Code 67083

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 MANHATTAN NATIONAL LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Tennessee

DURING THE YEAR 2021

NAIC Group Code 0435

LIFE INSURANCE

NAIC Company Code 67083

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	316,813				316,813
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	316,813	0	0	0	316,813
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	555,000				555,000
10. Matured endowments					0
11. Annuity benefits	13,028				13,028
12. Surrender values and withdrawals for life contracts	65,733				65,733
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	633,761	0	0	0	633,761
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	7,355	0	0	0	0	0	0	1	7,355
17. Incurred during current year	6	555,000							6	555,000
Settled during current year:										
18.1 By payment in full	6	555,000							6	555,000
18.2 By payment on compromised claims									0	0
18.3 Totals paid	6	555,000	0	0	0	0	0	0	6	555,000
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	6	555,000	0	0	0	0	0	0	6	555,000
19. Unpaid Dec. 31, current year (16+17-18.6)	1	7,355	0	0	0	0	0	0	1	7,355
POLICY EXHIBIT										
20. In force December 31, prior year	210	21,933,721	0 (a)	0	0	0	0	0	210	21,933,721
21. Issued during year									0	0
22. Other changes to in force (Net)	(17)	(2,465,021)							(17)	(2,465,021)
23. In force December 31 of current year	193	19,468,700	0 (a)	0	0	0	0	0	193	19,468,700

(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)		700			
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)		700	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)		700	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 MANHATTAN NATIONAL LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Texas

DURING THE YEAR 2021

NAIC Group Code 0435

LIFE INSURANCE

NAIC Company Code 67083

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	855,171				855,171
2. Annuity considerations	600				600
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	855,771	0	0	0	855,771
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	2,234				2,234
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	33				33
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	2,267	0	0	0	2,267
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)	2,267	0	0	0	2,267
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	1,184,793				1,184,793
10. Matured endowments					0
11. Annuity benefits	85,414				85,414
12. Surrender values and withdrawals for life contracts	72,860				72,860
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	1,343,066	0	0	0	1,343,066
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	36,682	0	0	0	0	0	0	3	36,682
17. Incurred during current year	26	1,502,305							26	1,502,305
Settled during current year:										
18.1 By payment in full	23	1,184,793							23	1,184,793
18.2 By payment on compromised claims									0	0
18.3 Totals paid	23	1,184,793	0	0	0	0	0	0	23	1,184,793
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	23	1,184,793	0	0	0	0	0	0	23	1,184,793
19. Unpaid Dec. 31, current year (16+17-18.6)	6	354,194	0	0	0	0	0	0	6	354,194
POLICY EXHIBIT										
20. In force December 31, prior year	675	61,751,622	0	0	0	0	0	0	675	61,751,622
21. Issued during year									0	0
22. Other changes to in force (Net)	(52)	(5,575,776)							(52)	(5,575,776)
23. In force December 31 of current year	623	56,175,846	0	0	0	0	0	0	623	56,175,846

(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)		269			
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)		269	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)		269	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 MANHATTAN NATIONAL LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Utah

DURING THE YEAR 2021

NAIC Group Code 0435

LIFE INSURANCE

NAIC Company Code 67083

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	52,391				52,391
2. Annuity considerations	142				142
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	52,533	0	0	0	52,533
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	26				26
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)	26	0	0	0	26
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)	26	0	0	0	26
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	5,000				5,000
10. Matured endowments					0
11. Annuity benefits	4,836				4,836
12. Surrender values and withdrawals for life contracts	13,242				13,242
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	23,078	0	0	0	23,078
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	2	10,000							2	10,000
Settled during current year:										
18.1 By payment in full	1	5,000							1	5,000
18.2 By payment on compromised claims									0	0
18.3 Totals paid	1	5,000	0	0	0	0	0	0	1	5,000
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	1	5,000	0	0	0	0	0	0	1	5,000
19. Unpaid Dec. 31, current year (16+17-18.6)	1	5,000	0	0	0	0	0	0	1	5,000
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	44	3,931,510	0 (a)	0	0	0	0	0	44	3,931,510
21. Issued during year									0	0
22. Other changes to in force (Net)	(3)	133,316							(3)	133,316
23. In force December 31 of current year	41	4,064,826	0 (a)	0	0	0	0	0	41	4,064,826

(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 MANHATTAN NATIONAL LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Vermont

DURING THE YEAR 2021

NAIC Group Code 0435

LIFE INSURANCE

NAIC Company Code 67083

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 MANHATTAN NATIONAL LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Virginia

DURING THE YEAR 2021

NAIC Group Code 0435

LIFE INSURANCE

NAIC Company Code 67083

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	235,449				235,449
2. Annuity considerations	4,240				4,240
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	239,689	0	0	0	239,689
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	4				4
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	4				4
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	9	0	0	0	9
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)	9	0	0	0	9
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	1,123,000				1,123,000
10. Matured endowments	4,500				4,500
11. Annuity benefits	.86				.86
12. Surrender values and withdrawals for life contracts	21,408				21,408
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	1,148,993	0	0	0	1,148,993
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	2	2,586	0	0	0	0	0	0	2	2,586
17. Incurred during current year	17	1,185,823							17	1,185,823
Settled during current year:										
18.1 By payment in full	12	1,127,500							12	1,127,500
18.2 By payment on compromised claims									0	0
18.3 Totals paid	12	1,127,500	0	0	0	0	0	0	12	1,127,500
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	12	1,127,500	0	0	0	0	0	0	12	1,127,500
19. Unpaid Dec. 31, current year (16+17-18.6)	7	60,909	0	0	0	0	0	0	7	60,909
POLICY EXHIBIT										
20. In force December 31, prior year	275	18,834,539	0	0	0				275	18,834,539
21. Issued during year									0	0
22. Other changes to in force (Net)	(28)	(2,643,777)							(28)	(2,643,777)
23. In force December 31 of current year	247	16,190,762	0	0	0				247	16,190,762

(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 MANHATTAN NATIONAL LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Washington

DURING THE YEAR 2021

NAIC Group Code 0435

LIFE INSURANCE

NAIC Company Code 67083

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 MANHATTAN NATIONAL LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF West Virginia

DURING THE YEAR 2021

NAIC Group Code 0435

LIFE INSURANCE

NAIC Company Code 67083

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	30,694				30,694
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	30,694	0	0	0	30,694
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	10,000				10,000
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts	4,565				4,565
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	14,565	0	0	0	14,565
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	.1	5,000	.0	.0	.0	.0	.0	.0	.1	5,000
17. Incurred during current year	.2	20,000							.2	20,000
Settled during current year:										
18.1 By payment in full	.1	10,000							.1	10,000
18.2 By payment on compromised claims									.0	.0
18.3 Totals paid	.1	10,000	.0	.0	.0	.0	.0	.0	.1	10,000
18.4 Reduction by compromise									.0	.0
18.5 Amount rejected									.0	.0
18.6 Total settlements	.1	10,000	.0	.0	.0	.0	.0	.0	.1	10,000
19. Unpaid Dec. 31, current year (16+17-18.6)	.2	15,000	.0	.0	.0	.0	.0	.0	.2	15,000
POLICY EXHIBIT										
20. In force December 31, prior year	27	1,955,741	.0	.0	.0	.0	.0	.0	27	1,955,741
21. Issued during year									.0	.0
22. Other changes to in force (Net)	(1)	82,294							(1)	82,294
23. In force December 31 of current year	26	2,038,035	.0	.0	.0	.0	.0	.0	26	2,038,035

(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 MANHATTAN NATIONAL LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Wisconsin

DURING THE YEAR 2021

NAIC Group Code 0435

LIFE INSURANCE

NAIC Company Code 67083

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	1,202,794				1,202,794
2. Annuity considerations	50,218				50,218
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	1,253,012	0	0	0	1,253,012
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	68				68
6.2 Applied to pay renewal premiums	108				108
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	18				18
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	194	0	0	0	194
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)	194	0	0	0	194
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	940,377				940,377
10. Matured endowments	10,511				10,511
11. Annuity benefits	190,265				190,265
12. Surrender values and withdrawals for life contracts	421,944				421,944
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	1,563,097	0	0	0	1,563,097
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	7	208,556	0	0	0	0	0	0	7	208,556
17. Incurred during current year	30	822,333							30	822,333
Settled during current year:										
18.1 By payment in full	34	950,888							34	950,888
18.2 By payment on compromised claims									0	0
18.3 Totals paid	34	950,888	0	0	0	0	0	0	34	950,888
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	34	950,888	0	0	0	0	0	0	34	950,888
19. Unpaid Dec. 31, current year (16+17-18.6)	3	80,001	0	0	0	0	0	0	3	80,001
POLICY EXHIBIT										
20. In force December 31, prior year	2,319	122,762,004	0 (a)	0	0	0	0	0	2,319	122,762,004
21. Issued during year									0	0
22. Other changes to in force (Net)	(123)	(7,367,666)							(123)	(7,367,666)
23. In force December 31 of current year	2,196	115,394,338	0 (a)	0	0	0	0	0	2,196	115,394,338

(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)	2,347	2,447			
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)	2,347	2,447	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	2,347	2,447	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 MANHATTAN NATIONAL LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Wyoming

DURING THE YEAR 2021

NAIC Group Code 0435

LIFE INSURANCE

NAIC Company Code 67083

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 MANHATTAN NATIONAL LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF American Samoa

DURING THE YEAR 2021

NAIC Group Code 0435

LIFE INSURANCE

NAIC Company Code 67083

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 MANHATTAN NATIONAL LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Guam

DURING THE YEAR 2021

NAIC Group Code 0435

LIFE INSURANCE

NAIC Company Code 67083

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance					0
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	0	0	0	0	0
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					No. of Policies					
20. In force December 31, prior year	0	0	0	(a) 0	0	0	0	0	0	0
21. Issued during year										0
22. Other changes to in force (Net)										0
23. In force December 31 of current year	0	0	0	(a) 0	0	0	0	0	0	0

(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 MANHATTAN NATIONAL LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Puerto Rico

DURING THE YEAR 2021

NAIC Group Code 0435

LIFE INSURANCE

NAIC Company Code 67083

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance					0
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	0	0	0	0	0
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 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
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	0	0	0	(a) 0	0	0	0	0	0	0
21. Issued during year										0
22. Other changes to in force (Net)										0
23. In force December 31 of current year	0	0	0	(a) 0	0	0	0	0	0	0

(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 MANHATTAN NATIONAL LIFE INSURANCE COMPANY

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

DURING THE YEAR 2021

NAIC Group Code 0435

LIFE INSURANCE

NAIC Company Code 67083

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 MANHATTAN NATIONAL LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Northern Mariana Islands

DURING THE YEAR 2021

NAIC Group Code 0435

LIFE INSURANCE

NAIC Company Code 67083

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1		2		3		4		5	
	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
1. Life insurance										0
2. Annuity considerations										0
3. Deposit-type contract funds			XXX				XXX			0
4. Other considerations										0
5. Totals (Sum of Lines 1 to 4)	0		0		0		0		0	0
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	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	0
8. Grand Totals (Lines 6.5 plus 7.4)	0		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	0
14. All other benefits, except accident and health										0
15. Totals	0		0		0		0		0	0
DETAILS OF WRITE-INS										
1301.										0
1302.										0
1303.										0
1398. Summary of Line 13 from overflow page	0		0		0		0		0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0		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
17. Incurred during current year									0	0
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										
20. In force December 31, prior year				(a)	No. of Policies				0	0
21. Issued during year									0	0
22. Other changes to in force (Net)									0	0
23. In force December 31 of current year	0	0	0	(a)	0	0	0	0	0	0

(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 MANHATTAN NATIONAL LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Canada

DURING THE YEAR 2021

NAIC Group Code 0435

LIFE INSURANCE

NAIC Company Code 67083

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	980				980
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	980	0	0	0	980
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 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
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	0	0	0	(a) 0	0	0	0	0	0	0
21. Issued during year										0
22. Other changes to in force (Net)										0
23. In force December 31 of current year	0	0	0	(a) 0	0	0	0	0	0	0

(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 MANHATTAN NATIONAL LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Other Aliens

DURING THE YEAR 2021

NAIC Group Code 0435

LIFE INSURANCE

NAIC Company Code 67083

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 Maturesd Endowments Incurred and Policy Exhibit.

(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

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 MANHATTAN NATIONAL LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Grand Total

DURING THE YEAR 2021

NAIC Group Code 0435

LIFE INSURANCE

NAIC Company Code 67083

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	12,368,095	0	0	0	12,368,095
2. Annuity considerations	121,111	0	0	0	121,111
3. Deposit-type contract funds	0	XXX	0	XXX	0
4. Other considerations	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4)	12,489,206	0	0	0	12,489,206
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	55,632	0	0	0	55,632
6.2 Applied to pay renewal premiums	2,314	0	0	0	2,314
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	1,277	0	0	0	1,277
6.4 Other	0	0	0	0	0
6.5 Totals (Sum of Lines 6.1 to 6.4)	59,223	0	0	0	59,223
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)	59,223	0	0	0	59,223
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	14,822,731	0	0	0	14,822,731
10. Matured endowments	22,995	0	0	0	22,995
11. Annuity benefits	2,339,285	0	0	0	2,339,285
12. Surrender values and withdrawals for life contracts	2,488,773	0	0	0	2,488,773
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	0	0	0	0
15. Totals	19,673,784	0	0	0	19,673,784
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	113	1,957,613	0	0	0	0	0	0	113	1,957,613
17. Incurred during current year	423	16,749,571	0	0	0	0	0	0	423	16,749,571
Settled during current year:										
18.1 By payment in full	415	14,845,726	0	0	0	0	0	0	415	14,845,726
18.2 By payment on compromised claims	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	415	14,845,726	0	0	0	0	0	0	415	14,845,726
18.4 Reduction by compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements	415	14,845,726	0	0	0	0	0	0	415	14,845,726
19. Unpaid Dec. 31, current year (16+17-18.6)	121	3,861,458	0	0	0	0	0	0	121	3,861,458
POLICY EXHIBIT										
20. In force December 31, prior year	14,716	1,008,895,298	0	(a) 0	0	0	0	0	14,716	1,008,895,298
21. Issued during year	0	0	0	0	0	0	0	0	0	0
22. Other changes to in force (Net)	(988)	(78,244,269)	0	0	0	0	0	0	(988)	(78,244,269)
23. In force December 31 of current year	13,728	930,651,029	0	(a) 0	0	0	0	0	13,728	930,651,029

(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)	0	0	0	0	0
24.1 Federal Employees Health Benefits Plan premium (b)	0	0	0	0	0
24.2 Credit (Group and Individual)	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b)	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b)	5,292	5,518	0	0	0
25.2 Guaranteed renewable (b)	71,321	71,337	0	141,741	18,073
25.3 Non-renewable for stated reasons only (b)	0	0	0	0	0
25.4 Other accident only	0	0	0	0	0
25.5 All other (b)	0	0	0	0	0
25.6 Totals (sum of Lines 25.1 to 25.5)	76,613	76,855	0	141,741	18,073
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	76,613	76,855	0	141,741	18,073

(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 MANHATTAN NATIONAL LIFE INSURANCE COMPANY
FORM FOR CALCULATING THE INTEREST MAINTENANCE RESERVE**

INTEREST MAINTENANCE RESERVE

	1 Amount
1. Reserve as of December 31, Prior Year	3,642,902
2. Current year's realized pre-tax capital gains/(losses) of \$734 transferred into the reserve net of taxes of \$155	579
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)	3,643,481
5. Current year's amortization released to Summary of Operations (Amortization, Line 1, Column 4)	355,947
6. Reserve as of December 31, current year (Line 4 minus Line 5)	3,287,535

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	355,867	79	0	355,947
2. 2022	344,619	163	0	344,782
3. 2023	331,433	145	0	331,578
4. 2024	317,267	106	0	317,373
5. 2025	308,994	64	0	309,058
6. 2026	296,048	21	0	296,069
7. 2027	277,349	0	0	277,349
8. 2028	247,459	0	0	247,459
9. 2029	217,262	0	0	217,262
10. 2030	183,619	0	0	183,619
11. 2031	153,131	0	0	153,131
12. 2032	121,869	0	0	121,869
13. 2033	100,732	0	0	100,732
14. 2034	79,867	0	0	79,867
15. 2035	62,829	0	0	62,829
16. 2036	47,815	0	0	47,815
17. 2037	34,541	0	0	34,541
18. 2038	22,913	0	0	22,913
19. 2039	16,336	0	0	16,336
20. 2040	17,067	0	0	17,067
21. 2041	17,445	0	0	17,445
22. 2042	18,580	0	0	18,580
23. 2043	18,976	0	0	18,976
24. 2044	17,909	0	0	17,909
25. 2045	14,279	0	0	14,279
26. 2046	10,264	0	0	10,264
27. 2047	6,232	0	0	6,232
28. 2048	2,199	0	0	2,199
29. 2049	0	0	0	0
30. 2050	0	0	0	0
31. 2051 and Later	0	0	0	0
32. Total (Lines 1 to 31)	3,642,902	579	0	3,643,481

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE MANHATTAN NATIONAL 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	288,326	0	288,326	0	0	0	288,326
2. Realized capital gains/(losses) net of taxes - General Account	(2,677)		(2,677)			0	(2,677)
3. Realized capital gains/(losses) net of taxes - Separate Accounts			0			0	0
4. Unrealized capital gains/(losses) net of deferred taxes - General Account	(3,136)		(3,136)			0	(3,136)
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	240,698	0	240,698	0	0	0	240,698
8. Accumulated balances (Lines 1 through 5 - 6 + 7)	523,210	0	523,210	0	0	0	523,210
9. Maximum reserve	1,044,983	0	1,044,983	0	0	0	1,044,983
10. Reserve objective	644,605	0	644,605	0	0	0	644,605
11. 20% of (Line 10 - Line 8)	24,279	0	24,279	0	0	0	24,279
12. Balance before transfers (Lines 8 + 11)	547,489	0	547,489	0	0	0	547,489
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)	547,489	0	547,489	0	0	0	547,489

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	5,742,858	XXX	XXX	5,742,858	0.0000	0	0.0000	0	0.0000	0
2.1	1	NAIC Designation Category 1.A	3,889,035	XXX	XXX	3,889,035	0.0005	1,945	0.0016	6,222	0.0033	12,834
2.2	1	NAIC Designation Category 1.B	4,085,084	XXX	XXX	4,085,084	0.0005	2,043	0.0016	6,536	0.0033	13,481
2.3	1	NAIC Designation Category 1.C	3,528,775	XXX	XXX	3,528,775	0.0005	1,764	0.0016	5,646	0.0033	11,645
2.4	1	NAIC Designation Category 1.D	7,323,378	XXX	XXX	7,323,378	0.0005	3,662	0.0016	11,717	0.0033	24,167
2.5	1	NAIC Designation Category 1.E	5,618,396	XXX	XXX	5,618,396	0.0005	2,809	0.0016	8,989	0.0033	18,541
2.6	1	NAIC Designation Category 1.F	14,830,572	XXX	XXX	14,830,572	0.0005	7,415	0.0016	23,729	0.0033	48,941
2.7	1	NAIC Designation Category 1.G	12,216,367	XXX	XXX	12,216,367	0.0005	6,108	0.0016	19,546	0.0033	40,314
2.8		Subtotal NAIC 1 (2.1+2.2+2.3+2.4+2.5+2.6+2.7)	51,491,607	XXX	XXX	51,491,607	XXX	25,746	XXX	82,387	XXX	169,922
3.1	2	NAIC Designation Category 2.A	13,907,899	XXX	XXX	13,907,899	0.0021	29,207	0.0064	89,011	0.0106	147,424
3.2	2	NAIC Designation Category 2.B	20,592,435	XXX	XXX	20,592,435	0.0021	43,244	0.0064	131,792	0.0106	218,280
3.3	2	NAIC Designation Category 2.C	8,982,844	XXX	XXX	8,982,844	0.0021	18,864	0.0064	57,490	0.0106	95,218
3.4		Subtotal NAIC 2 (3.1+3.2+3.3)	43,483,178	XXX	XXX	43,483,178	XXX	91,315	XXX	278,292	XXX	460,922
4.1	3	NAIC Designation Category 3.A	1,151,979	XXX	XXX	1,151,979	0.0099	11,405	0.0263	30,297	0.0376	43,314
4.2	3	NAIC Designation Category 3.B	0	XXX	XXX	0	0.0099	0	0.0263	0	0.0376	0
4.3	3	NAIC Designation Category 3.C	778,861	XXX	XXX	778,861	0.0099	7,711	0.0263	20,484	0.0376	29,285
4.4		Subtotal NAIC 3 (4.1+4.2+4.3)	1,930,840	XXX	XXX	1,930,840	XXX	19,115	XXX	50,781	XXX	72,600
5.1	4	NAIC Designation Category 4.A	3,450,033	XXX	XXX	3,450,033	0.0245	84,526	0.0572	197,342	0.0817	281,868
5.2	4	NAIC Designation Category 4.B	0	XXX	XXX	0	0.0245	0	0.0572	0	0.0817	0
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)	3,450,033	XXX	XXX	3,450,033	XXX	84,526	XXX	197,342	XXX	281,868
6.1	5	NAIC Designation Category 5.A	0	XXX	XXX	0	0.0630	0	0.1128	0	0.1880	0
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	317,401	XXX	XXX	317,401	0.0630	19,996	0.1128	35,803	0.1880	59,671
6.4		Subtotal NAIC 5 (6.1+6.2+6.3)	317,401	XXX	XXX	317,401	XXX	19,996	XXX	35,803	XXX	59,671
7.	6	NAIC 6	0	XXX	XXX	0	0.0000	0	0.2370	0	0.2370	0
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)	106,415,916	XXX	XXX	106,415,916	XXX	240,698	XXX	644,605	XXX	1,044,983
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)	106,415,916	XXX	XXX	106,415,916	XXX	240,698	XXX	644,605	XXX	1,044,983

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 - Equity Component

NONE

Asset Valuation Reserve - Replications (Synthetic) Assets

NONE

Schedule F - Claims

NONE

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE MANHATTAN NATIONAL LIFE INSURANCE COMPANY

SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT

	Total		Group Accident and Health		Credit Accident and Health (Group and Individual)		Collectively Renewable		Other Individual Contracts									
	1 Amount	2 %	3 Amount	4 %	5 Amount	6 %	7 Amount	8 %	Non-Cancelable		Guaranteed Renewable		Non-Renewable for Stated Reasons Only		Other Accident Only		All Other	
									9 Amount	10 %	11 Amount	12 %	13 Amount	14 %	15 Amount	16 %	17 Amount	18 %
PART 1. - ANALYSIS OF UNDERWRITING OPERATIONS																		
1. Premiums written	5,612	XXX		XXX		XXX		XXX	4,265	XXX	1,347	XXX		XXX		XXX		XXX
2. Premiums earned	6,034	XXX		XXX		XXX		XXX	4,687	XXX	1,347	XXX		XXX		XXX		XXX
3. Incurred claims	(12,000)	(198.9)	0	0.0	0	0.0	0	0.0	(12,000)	(256.0)	0	0.0	0	0.0	0	0.0	0	0.0
4. Cost containment expenses	0	0.0		0.0		0.0		0.0	0	0.0		0.0		0.0		0.0		0.0
5. Incurred claims and cost containment expenses (Lines 3 and 4)	(12,000)	(198.9)	0	0.0	0	0.0	0	0.0	(12,000)	(256.0)	0	0.0	0	0.0	0	0.0	0	0.0
6. Increase in contract reserves	(2,593)	(43.0)	0	0.0	0	0.0	0	0.0	(2,593)	(55.3)	0	0.0	0	0.0	0	0.0	0	0.0
7. Commissions (a)	(15,208)	(252.0)		0.0		0.0		0.0		0.0	(15,208)	(1,129.0)		0.0		0.0		0.0
8. Other general insurance expenses	0	0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0
9. Taxes, licenses and fees	0	0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0
10. Total other expenses incurred	(15,208)	(252.0)	0	0.0	0	0.0	0	0.0	0	0.0	(15,208)	(1,129.0)	0	0.0	0	0.0	0	0.0
11. Aggregate write-ins for deductions	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
12. Gain from underwriting before dividends or refunds	35,835	593.9	0	0.0	0	0.0	0	0.0	19,280	411.4	16,555	1,229.0	0	0.0	0	0.0	0	0.0
13. Dividends or refunds	0	0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0
14. Gain from underwriting after dividends or refunds	35,835	593.9	0	0.0	0	0.0	0	0.0	19,280	411.4	16,555	1,229.0	0	0.0	0	0.0	0	0.0
DETAILS OF WRITE-INS																		
1101.																		
1102.																		
1103.																		
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
1199. Totals (Lines 1101 thru 1103 plus 1198)(Line 11 above)	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

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

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE MANHATTAN NATIONAL LIFE INSURANCE COMPANY

SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT (Continued)

	1	2	3	4	Other Individual Contracts				
					5	6	7	8	9
	Total	Group Accident and Health	Credit Accident and Health (Group and Individual)	Collectively Renewable	Non-Cancelable	Guaranteed Renewable	Non-Renewable for Stated Reasons Only	Other Accident Only	All Other
PART 2. - RESERVES AND LIABILITIES									
A. Premium Reserves:									
1. Unearned premiums	75				36	39			
2. Advance premiums	0								
3. Reserve for rate credits	0								
4. Total premium reserves, current year	75	0	0	0	36	39	0	0	0
5. Total premium reserves, prior year	497	0	0	0	458	39	0	0	0
6. Increase in total premium reserves	(422)	0	0	0	(422)	0	0	0	0
B. Contract Reserves:									
1. Additional reserves (a)	5,536				5,536				
2. Reserve for future contingent benefits	0								
3. Total contract reserves, current year	5,536	0	0	0	5,536	0	0	0	0
4. Total contract reserves, prior year	8,129	0	0	0	8,129	0	0	0	0
5. Increase in contract reserves	(2,593)	0	0	0	(2,593)	0	0	0	0
C. Claim Reserves and Liabilities:									
1. Total current year	72,000	0	0	0	72,000	0	0	0	0
2. Total prior year	84,000	0	0	0	84,000	0	0	0	0
3. Increase	(12,000)	0	0	0	(12,000)	0	0	0	0

PART 3. - TEST OF PRIOR YEAR'S CLAIM RESERVES AND LIABILITIES									
1. Claims paid during the year:									
1.1 On claims incurred prior to current year	0								
1.2 On claims incurred during current year	0								
2. Claim reserves and liabilities, December 31, current year:									
2.1 On claims incurred prior to current year	72,000				72,000				
2.2 On claims incurred during current year	0								
3. Test:									
3.1 Lines 1.1 and 2.1	72,000	0	0	0	72,000	0	0	0	0
3.2 Claim reserves and liabilities, December 31, prior year	84,000	0	0	0	84,000	0	0	0	0
3.3 Line 3.1 minus Line 3.2	(12,000)	0	0	0	(12,000)	0	0	0	0

PART 4. - REINSURANCE									
A. Reinsurance Assumed:									
1. Premiums written	0								
2. Premiums earned	0								
3. Incurred claims	0								
4. Commissions	0	0	0						
B. Reinsurance Ceded:									
1. Premiums written	70,893				1,028	69,865			
2. Premiums earned	70,741				860	69,881			
3. Incurred claims	30,073					30,073			
4. Commissions	15,238	0	0			15,238			

(a) Includes \$ premium deficiency reserve.

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE MANHATTAN NATIONAL LIFE INSURANCE COMPANY
SCHEDULE H - PART 5 - HEALTH CLAIMS

	1 Medical	2 Dental	3 Other	4 Total
A. Direct:				
1. Incurred Claims			18,073	18,073
2. Beginning Claim Reserves and Liabilities	0	0	636,852	636,852
3. Ending Claim Reserves and Liabilities			513,184	513,184
4. Claims Paid	0	0	141,741	141,741
B. Assumed Reinsurance:				
5. Incurred Claims				0
6. Beginning Claim Reserves and Liabilities	0	0	0	0
7. Ending Claim Reserves and Liabilities				0
8. Claims Paid	0	0	0	0
C. Ceded Reinsurance:				
9. Incurred Claims			30,073	30,073
10. Beginning Claim Reserves and Liabilities	0	0	552,852	552,852
11. Ending Claim Reserves and Liabilities			441,184	441,184
12. Claims Paid	0	0	141,741	141,741
D. Net:				
13. Incurred Claims	0	0	(12,000)	(12,000)
14. Beginning Claim Reserves and Liabilities	0	0	84,000	84,000
15. Ending Claim Reserves and Liabilities	0	0	72,000	72,000
16. Claims Paid	0	0	0	0
E. Net Incurred Claims and Cost Containment Expenses:				
17. Incurred Claims and Cost Containment Expenses		0	(12,000)	(12,000)
18. Beginning Reserves and Liabilities	0	0	84,000	84,000
19. Ending Reserves and Liabilities			72,000	72,000
20. Paid Claims and Cost Containment Expenses	0	0	0	0

Schedule S - Part 1 - Section 1

N O N E

Schedule S - Part 1 - Section 2

N O N E

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE MANHATTAN NATIONAL 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
68276	48-1024691	06/01/1990	Employers Reassurance Corporation	KS		125,000
65870	13-1004640	12/01/1988	Manhattan Life Insurance Company	NY		150,000
66346	58-0828824	04/01/1991	Munich American Reassurance Company	GA	7,699	30,838
88099	75-1608507	01/01/1977	Optimum Re Insurance Company	TX		110,000
67105	41-0451140	04/01/1991	Reliastar Life Insurance Company	MN	7,699	30,838
64688	75-6020048	09/15/1992	SCOR Global Life Americas Reinsurance Company	DE	270,000	
82627	06-0839705	01/01/1980	Swiss Re Life and Health of America Inc	MO	4,000	50,000
82627	06-0839705	01/01/1981	Swiss Re Life and Health of America Inc	MO		5,000
82627	06-0839705	04/01/1990	Swiss Re Life and Health of America Inc	MO		125,000
82627	06-0839705	07/01/1983	Swiss Re Life and Health of America Inc	MO	150,000	
82627	06-0839705	07/01/1989	Swiss Re Life and Health of America Inc	MO	124,310	
82627	06-0839705	10/01/1981	Swiss Re Life and Health of America Inc	MO		135,000
82627	06-0839705	11/01/1981	Swiss Re Life and Health of America Inc	MO		36,150
0899999. Life and Annuity - U.S. Non-Affiliates					563,708	797,826
1099999. Total Life and Annuity - Non-Affiliates					563,708	797,826
1199999. Total Life and Annuity					563,708	797,826
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
86258	13-2572994	01/01/1997	General Re Life Corporation	CT		163,045
1999999. Accident and Health - U.S. Non-Affiliates					0	163,045
2199999. Total Accident and Health - Non-Affiliates					0	163,045
2299999. Total Accident and Health					0	163,045
2399999. Total U.S. (Sum of 0399999, 0899999, 1499999 and 1999999)					563,708	960,871
2499999. Total Non-U.S. (Sum of 0699999, 0999999, 1799999 and 2099999)					0	0
9999999 Totals - Life, Annuity and Accident and Health					563,708	960,871

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE MANHATTAN NATIONAL 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
68276	48-1024691	11/01/1979	Employers Reassurance Corporation	KS	CO/I	OL	2,736,901	3,564	1,421	76,520	0	0	0	0	
68276	48-1024691	07/01/1989	Employers Reassurance Corporation	KS	YRT/I	OL	347,351	4,181	13,960	17,536	0	0	0	0	
68276	48-1024691	01/01/1990	Employers Reassurance Corporation	KS	YRT/I	OL	200,000	1,441	1,441	9,196	0	0	0	0	
68276	48-1024691	06/01/1990	Employers Reassurance Corporation	KS	CO/I	OL	2,690,553	41,331	44,646	50,554	0	0	0	0	
68276	48-1024691	06/01/1990	Employers Reassurance Corporation	KS	YRT/I	OL	345,247	9,033	8,251	17,268	0	0	0	0	
68276	48-1024691	06/01/1990	Employers Reassurance Corporation	KS	YRT/I	OL	41,509	78	72	759	0	0	0	0	
68276	48-1024691	11/01/1993	Employers Reassurance Corporation	KS	OTH/I	OL		71,267	69,256	0	0	0	0	0	
68276	48-1024691	02/01/1996	Employers Reassurance Corporation	KS	CO/I	OL	6,696,000	56,945	54,287	70,277	0	0	0	0	
68276	48-1024691	02/01/1996	Employers Reassurance Corporation	KS	CO/I	OL	3,491,750	23,412	23,789	45,901	0	0	0	0	
86258	13-2572994	10/01/1972	General Re Life Corporation	CT	YRT/I	OL	21,515	1,098	954	2,206	0	0	0	0	
88340	59-2859797	07/01/1995	Hannover Life Reassurance Company of America	FL	YRT/I	OL	3,153,695	22,947	20,714	24,076	0	0	0	0	
88340	59-2859797	07/01/1995	Hannover Life Reassurance Company of America	FL	YRT/I	OL	3,479,250	23,384	23,377	33,410	0	0	0	0	
88340	59-2859797	11/01/1996	Hannover Life Reassurance Company of America	FL	YRT/I	OL	1,296,818	6,003	7,996	9,774	0	0	0	0	
88340	59-2859797	11/01/1996	Hannover Life Reassurance Company of America	FL	YRT/I	OL	41,508	78	804	0	0	0	0	0	
88340	59-2859797	07/01/2019	Hannover Life Reassurance Company of America	FL	COFI/I	OL	345,064,332	53,926,968	55,211,165	4,658,549	0	0	0	51,205,243	
65676	35-0472300	08/01/1979	Lincoln National Life Insurance Company	IN	YRT/I	OL	19,830	387	338	231	0	0	0	0	
65676	35-0472300	06/01/1990	Lincoln National Life Insurance Company	IN	CO/I	OL	1,546,333	26,068	24,167	30,360	0	0	0	0	
65676	35-0472300	06/01/1991	Lincoln National Life Insurance Company	IN	YRT/I	OL	49,841	501	700	1,023	0	0	0	0	
65676	35-0472300	03/01/1993	Lincoln National Life Insurance Company	IN	YRT/I	OL	403,228	2,607	2,403	2,818	0	0	0	0	
66346	58-0828824	04/01/1991	Munich American Reassurance Company	GA	CO/I	OL	1,637,122	1,509,990	1,657,247	0	0	0	0	0	
88099	75-1608507	01/01/1969	Optimum Re Insurance Company	TX	YRT/I	OL	35,930	552	514	1,014	0	0	0	0	
88099	75-1608507	01/01/1981	Optimum Re Insurance Company	TX	CO/I	OL	65,000	11,475	10,945	5,464	0	0	0	0	
88099	75-1608507	03/01/1982	Optimum Re Insurance Company	TX	YRT/I	OL	9,572	32	30	182	0	0	0	0	
88099	75-1608507	04/01/1987	Optimum Re Insurance Company	TX	CO/I	OL	2,850,293	101,817	94,068	109,785	0	0	0	0	
88099	75-1608507	07/01/1989	Optimum Re Insurance Company	TX	YRT/I	OL	983,928	22,243	20,435	18,552	0	0	0	0	
88099	75-1608507	07/04/1989	Optimum Re Insurance Company	TX	CO/I	OL	2,587,849	1,017	948	24,081	0	0	0	0	
88099	75-1608507	10/01/1991	Optimum Re Insurance Company	TX	CO/I	OL	12,339,000	123,739	113,563	98,553	0	0	0	0	
67105	41-0451140	04/01/1991	Reliastar Life Insurance Company	MN	CO/I	OL	1,637,122	1,509,990	1,657,247	0	0	0	0	0	
93572	43-1235868	11/01/1985	RGA Reinsurance Company	MO	CO/I	OL	4,486,504	17,874	13,295	48,985	0	0	0	0	
93572	43-1235868	01/01/1992	RGA Reinsurance Company	MO	YRT/I	OL	13,828,000	135,847	143,563	91,148	0	0	0	0	
87572	23-2038295	12/01/1980	Scottish Re (US) Inc	DE	CO/I	OL	25,000		9,877	979	0	0	0	0	
68713	84-0499703	09/01/1986	Security Life of Denver Insurance Company	CO	YRT/I	OL	7,414,241			185,947	0	0	0	0	
68713	84-0499703	09/01/1986	Security Life of Denver Insurance Company	CO	YRT/I	OL	204,125			32,467	0	0	0	0	
68713	84-0499703	04/01/1988	Security Life of Denver Insurance Company	CO	YRT/I	OL	4,040,000	9,050	9,630	62,596	0	0	0	0	
68713	84-0499703	01/01/1992	Security Life of Denver Insurance Company	CO	YRT/I	OL	725,000	4,708	4,234	5,548	0	0	0	0	
68713	84-0499703	11/01/1993	Security Life of Denver Insurance Company	CO	YRT/I	OL	6,778,500	57,755	55,096	58,860	0	0	0	0	
68713	84-0499703	01/01/1996	Security Life of Denver Insurance Company	CO	YRT/I	OL	7,720,250	50,643	48,878	69,571	0	0	0	0	
68713	84-0499703	01/01/1996	Security Life of Denver Insurance Company	CO	OTH/I	OL		135,623	147,750	0	0	0	0	0	
68713	84-0499703	05/01/1996	Security Life of Denver Insurance Company	CO	YRT/I	OL	41,508	78	72	760	0	0	0	0	
68713	84-0499703	11/01/1996	Security Life of Denver Insurance Company	CO	YRT/I	OL	641,431	2,999	3,996	4,780	0	0	0	0	
82627	06-0839705	01/01/1967	Swiss Re Life & Health of America Inc	MO	OTH/I	OL		148,566	130,626	0	0	0	0	0	
82627	06-0839705	01/01/1967	Swiss Re Life & Health of America Inc	MO	YRT/I	OL	78,497	286	255	301	0	0	0	0	
82627	06-0839705	01/01/1967	Swiss Re Life & Health of America Inc	MO	YRT/I	OL	14,453,825	216,182	196,739	27,953	0	0	0	0	
82627	06-0839705	01/01/1980	Swiss Re Life & Health of America Inc	MO	CO/I	OL	50,000	3,105	2,869	2,192	0	0	0	0	
82627	06-0839705	01/01/1980	Swiss Re Life & Health of America Inc	MO	YRT/I	OL			400	523	0	0	0	0	
82627	06-0839705	01/01/1981	Swiss Re Life & Health of America Inc	MO	CO/I	OL	2,055,580	38,264	39,733	58,275	0	0	0	0	
82627	06-0839705	01/01/1981	Swiss Re Life & Health of America Inc	MO	YRT/I	OL	122,500	1,397	1,278	2,596	0	0	0	0	
82627	06-0839705	08/01/1981	Swiss Re Life & Health of America Inc	MO	YRT/I	OL	25,000	823	1,750	(424)	0	0	0	0	
82627	06-0839705	10/01/1981	Swiss Re Life & Health of America Inc	MO	CO/I	OL	2,385,000	1,152,210	1,144,819	36,312	0	0	0	0	
82627	06-0839705	11/01/1981	Swiss Re Life & Health of America Inc	MO	YRT/I	OL	5,400,848	23,831	22,821	256,231	0	0	0	0	
82627	06-0839705	01/01/1983	Swiss Re Life & Health of America Inc	MO	CO/I	OL	2,814,397	1,624	1,549	38,459	0	0	0	0	
82627	06-0839705	07/01/1983	Swiss Re Life & Health of America Inc	MO	CO/I	OL	400,000	195,942	254,537	11,148	0	0	0	0	
82627	06-0839705	07/01/1983	Swiss Re Life & Health of America Inc	MO	YRT/I	OL	34,260	33	309	116	0	0	0	0	

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE MANHATTAN NATIONAL 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		
82627	06-0839705	03/01/1986	Swiss Re Life & Health of America Inc	MO	CO/I	OL	2,623,211	33,248	39,775	45,752	0	0	0	0
82627	06-0839705	02/01/1987	Swiss Re Life & Health of America Inc	MO	CO/I	OL	1,962,070	492	447	11,321	0	0	0	0
82627	06-0839705	07/01/1989	Swiss Re Life & Health of America Inc	MO	YRT/I	OL	1,550,000	6,789	7,271	33,134	0	0	0	0
82627	06-0839705	07/01/1989	Swiss Re Life & Health of America Inc	MO	YRT/I	OL	5,535,614	118,217	136,080	197,384	0	0	0	0
82627	06-0839705	04/01/1990	Swiss Re Life & Health of America Inc	MO	CO/I	OL	3,690,553	52,161	54,417	66,874	0	0	0	0
82627	06-0839705	05/14/1990	Swiss Re Life & Health of America Inc	MO	YRT/I	OL	236,280	8,787	8,022	12,557	0	0	0	0
82627	06-0839705	03/01/1993	Swiss Re Life & Health of America Inc	MO	YRT/I	OL	403,228	2,607	2,403	3,318	0	0	0	0
82627	06-0839705	11/01/1993	Swiss Re Life & Health of America Inc	MO	CO/I	OL	4,828,500	43,148	41,499	61,106	0	0	0	0
82627	06-0839705	01/01/1996	Swiss Re Life & Health of America Inc	MO	YRT/I	OL	3,491,750	23,412	23,788	35,306	0	0	0	0
82627	06-0839705	01/01/1996	Swiss Re Life & Health of America Inc	MO	YRT/I	OL	41,508	78	72	987	0	0	0	0
65870	13-1004640	01/01/1979	Manhattan Life Insurance Company	NY	CO/I	OL	49,000	1,490	1,371	1,679	0	0	0	0
65870	13-1004640	12/01/1988	Manhattan Life Insurance Company	NY	YRT/I	OL	4,146,363	6,471	6,471	134,702	0	0	0	0
65870	13-1004640	12/01/1988	Manhattan Life Insurance Company	NY	YRT/I	OL	2,368,839			39,125	0	0	0	0
65870	13-1004640	12/01/1988	Manhattan Life Insurance Company	NY	YRT/I	OL	223,974			5,510	0	0	0	0
65870	13-1004640	12/01/1988	Manhattan Life Insurance Company	NY	OTH/I	OL		182,597	176,637		0	0	0	0
97071	13-3126819	12/01/1979	SCOR Global Life USA Reinsurance Company	DE	YRT/I	OL				3	0	0	0	0
64688	75-6020048	01/01/1981	SCOR Global Life Americas Reinsurance Company	DE	CO/I	OL	50,000	2,644	2,432	4,367	0	0	0	0
64688	75-6020048	02/01/1988	SCOR Global Life Americas Reinsurance Company	DE	YRT/I	OL	1,413,637	2,025	938	39,675	0	0	0	0
64688	75-6020048	02/01/1988	SCOR Global Life Americas Reinsurance Company	DE	OTH/I	OL		42,856	41,802		0	0	0	0
64688	75-6020048	11/01/1981	SCOR Global Life Americas Reinsurance Company	DE	YRT/I	OL	1,094,500	2,464	2,764	17,409	0	0	0	0
64688	75-6020048	09/01/1991	SCOR Global Life Americas Reinsurance Company	DE	CO/I	OL	86,763	59	59	429	0	0	0	0
64688	75-6020048	09/15/1992	SCOR Global Life Americas Reinsurance Company	DE	CO/I	OL	7,614,000	62,995	61,488	48,591	0	0	0	0
0899999. General Account - Authorized U.S. Non-Affiliates							508,905,733	60,291,528	61,905,821	7,063,442	0	0	0	51,205,243
1099999. Total General Account - Authorized Non-Affiliates							508,905,733	60,291,528	61,905,821	7,063,442	0	0	0	51,205,243
1199999. Total General Account Authorized							508,905,733	60,291,528	61,905,821	7,063,442	0	0	0	51,205,243
1499999. Total General Account - Unauthorized U.S. Affiliates							0	0	0	0	0	0	0	0
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							508,905,733	60,291,528	61,905,821	7,063,442	0	0	0	51,205,243
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

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE MANHATTAN NATIONAL 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			
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)								508,905,733	60,291,528	61,905,821	7,063,442	0	0	0	51,205,243
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								508,905,733	60,291,528	61,905,821	7,063,442	0	0	0	51,205,243

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE MANHATTAN NATIONAL LIFE INSURANCE COMPANY

SCHEDULE S - PART 3 - SECTION 2

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domi- ciliary Juris- diction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Premiums	9 Unearned Premiums (Estimated)	10 Reserve Credit Taken Other than for Unearned Premiums	Outstanding Surplus Relief		13 Modified Coinsurance Reserve	14 Funds Withheld Under Coinsurance
										11 Current Year	12 Prior Year		
0399999			Total General Account - Authorized U.S. Affiliates				0	0	0	0	0	0	0
0699999			Total General Account - Authorized Non-U.S. Affiliates				0	0	0	0	0	0	0
0799999			Total General Account - Authorized Affiliates				0	0	0	0	0	0	0
97071	13-3126819	12/01/1979	SCOR Global Life USA Reinsurance Company	DE	OTH/I	LTDI	599	452	2,126				
86258	13-2572994	01/01/1997	General Re Life Corporation	CT	QA/I	LTC	70,294	180	3,078,687				
0899999			General Account - Authorized U.S. Non-Affiliates				70,893	632	3,080,813	0	0	0	0
1099999			Total General Account - Authorized Non-Affiliates				70,893	632	3,080,813	0	0	0	0
1199999			Total General Account Authorized				70,893	632	3,080,813	0	0	0	0
1499999			Total General Account - Unauthorized U.S. Affiliates				0	0	0	0	0	0	0
1799999			Total General Account - Unauthorized Non-U.S. Affiliates				0	0	0	0	0	0	0
1899999			Total General Account - Unauthorized Affiliates				0	0	0	0	0	0	0
2199999			Total General Account - Unauthorized Non-Affiliates				0	0	0	0	0	0	0
2299999			Total General Account Unauthorized				0	0	0	0	0	0	0
2599999			Total General Account - Certified U.S. Affiliates				0	0	0	0	0	0	0
2899999			Total General Account - Certified Non-U.S. Affiliates				0	0	0	0	0	0	0
2999999			Total General Account - Certified Affiliates				0	0	0	0	0	0	0
3299999			Total General Account - Certified Non-Affiliates				0	0	0	0	0	0	0
3399999			Total General Account Certified				0	0	0	0	0	0	0
3699999			Total General Account - Reciprocal Jurisdiction U.S. Affiliates				0	0	0	0	0	0	0
3999999			Total General Account - Reciprocal Jurisdiction Non-U.S. Affiliates				0	0	0	0	0	0	0
4099999			Total General Account - Reciprocal Jurisdiction Affiliates				0	0	0	0	0	0	0
4399999			Total General Account - Reciprocal Jurisdiction Non-Affiliates				0	0	0	0	0	0	0
4499999			Total General Account Reciprocal Jurisdiction				0	0	0	0	0	0	0
4599999			Total General Account Authorized, Unauthorized, Reciprocal Jurisdiction and Certified				70,893	632	3,080,813	0	0	0	0
4899999			Total Separate Accounts - Authorized U.S. Affiliates				0	0	0	0	0	0	0
5199999			Total Separate Accounts - Authorized Non-U.S. Affiliates				0	0	0	0	0	0	0
5299999			Total Separate Accounts - Authorized Affiliates				0	0	0	0	0	0	0
5599999			Total Separate Accounts - Authorized Non-Affiliates				0	0	0	0	0	0	0
5699999			Total Separate Accounts Authorized				0	0	0	0	0	0	0
5999999			Total Separate Accounts - Unauthorized U.S. Affiliates				0	0	0	0	0	0	0
6299999			Total Separate Accounts - Unauthorized Non-U.S. Affiliates				0	0	0	0	0	0	0
6399999			Total Separate Accounts - Unauthorized Affiliates				0	0	0	0	0	0	0
6699999			Total Separate Accounts - Unauthorized Non-Affiliates				0	0	0	0	0	0	0
6799999			Total Separate Accounts Unauthorized				0	0	0	0	0	0	0
7099999			Total Separate Accounts - Certified U.S. Affiliates				0	0	0	0	0	0	0
7399999			Total Separate Accounts - Certified Non-U.S. Affiliates				0	0	0	0	0	0	0
7499999			Total Separate Accounts - Certified Affiliates				0	0	0	0	0	0	0
7799999			Total Separate Accounts - Certified Non-Affiliates				0	0	0	0	0	0	0
7899999			Total Separate Accounts Certified				0	0	0	0	0	0	0
8199999			Total Separate Accounts - Reciprocal Jurisdiction U.S. Affiliates				0	0	0	0	0	0	0
8499999			Total Separate Accounts - Reciprocal Jurisdiction Non-U.S. Affiliates				0	0	0	0	0	0	0
8599999			Total Separate Accounts - Reciprocal Jurisdiction Affiliates				0	0	0	0	0	0	0
8899999			Total Separate Accounts - Reciprocal Jurisdiction Non-Affiliates				0	0	0	0	0	0	0
8999999			Total Separate Accounts Reciprocal Jurisdiction				0	0	0	0	0	0	0
9099999			Total Separate Accounts Authorized, Unauthorized, Reciprocal Jurisdiction and Certified				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)				70,893	632	3,080,813	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
9999999			Totals				70,893	632	3,080,813	0	0	0	0

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 MANHATTAN NATIONAL LIFE INSURANCE COMPANY

SCHEDULE S - PART 6

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

	1 2021	2 2020	3 2019	4 2018	5 2017
A. OPERATIONS ITEMS					
1. Premiums and annuity considerations for life and accident and health contracts	7,134	7,169	7,891	8,662	(43,974)
2. Commissions and reinsurance expense allowances	516	546	512	634	1,152
3. Contract claims	9,790	11,322	14,286	15,216	28,140
4. Surrender benefits and withdrawals for life contracts	1,170	1,428	1,760	1,682	3,889
5. Dividends to policyholders and refunds to members	18	19	22	21	42
6. Reserve adjustments on reinsurance ceded	0	0	0	0	0
7. Increase in aggregate reserve for life and accident and health contracts	1,853	246	3,447	3,356	70,531
B. BALANCE SHEET ITEMS					
8. Premiums and annuity considerations for life and accident and health contracts deferred and uncollected	0	0	0	0	0
9. Aggregate reserves for life and accident and health contracts	63,373	65,226	65,472	68,918	72,274
10. Liability for deposit-type contracts					
11. Contract claims unpaid	961	443	234	1,121	448
12. Amounts recoverable on reinsurance	564	526	1,202	686	1,673
13. Experience rating refunds due or unpaid					
14. Policyholders' dividends and refunds to members (not included in Line 10)					
15. Commissions and reinsurance expense allowances due					
16. Unauthorized reinsurance offset	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	58,580	126,979
19. Letters of credit (L)	0	0	0	875	3,500
20. Trust agreements (T)	0	0	0	0	0
21. Other (O)	0	0	0	6	25
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 MANHATTAN NATIONAL 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)	134,120,460		134,120,460
2. Reinsurance (Line 16)	563,707	(563,707)	0
3. Premiums and considerations (Line 15)	3,502,197	0	3,502,197
4. Net credit for ceded reinsurance	XXX	13,349,297	13,349,297
5. All other admitted assets (balance)	3,063,371		3,063,371
6. Total assets excluding Separate Accounts (Line 26)	141,249,735	12,785,590	154,035,325
7. Separate Account assets (Line 27)			0
8. Total assets (Line 28)	141,249,735	12,785,590	154,035,325
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
9. Contract reserves (Lines 1 and 2)	62,764,876	63,372,971	126,137,847
10. Liability for deposit-type contracts (Line 3)	1,433,526		1,433,526
11. Claim reserves (Line 4)	5,232,757	960,870	6,193,627
12. Policyholder dividends/member refunds/reserves (Lines 5 through 7)	9,000		9,000
13. Premium & annuity considerations received in advance (Line 8)	61,082		61,082
14. Other contract liabilities (Line 9)	3,328,996		3,328,996
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)	55,326,840	(51,548,251)	3,778,589
20. Total liabilities excluding Separate Accounts (Line 26)	128,157,077	12,785,590	140,942,667
21. Separate Account liabilities (Line 27)			0
22. Total liabilities (Line 28)	128,157,077	12,785,590	140,942,667
23. Capital & surplus (Line 38)	13,092,658	XXX	13,092,658
24. Total liabilities, capital & surplus (Line 39)	141,249,735	12,785,590	154,035,325
NET CREDIT FOR CEDED REINSURANCE			
25. Contract reserves	63,372,971		
26. Claim reserves	960,870		
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	563,707		
32. Other ceded reinsurance recoverables	0		
33. Total ceded reinsurance recoverables	64,897,548		
34. Premiums and considerations	0		
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	51,548,251		
40. Total ceded reinsurance payable/offsets	51,548,251		
41. Total net credit for ceded reinsurance	13,349,297		

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	49,486	.0			.0	49,486
2. Alaska	AK	13,266	.0			.0	13,266
3. Arizona	AZ	134,653	.0			.0	134,653
4. Arkansas	AR	106,432	500			.0	106,932
5. California	CA	1,518,680	1,796			.0	1,520,477
6. Colorado	CO	146,974	300			.0	147,274
7. Connecticut	CT	139,290	.0			.0	139,290
8. Delaware	DE	45,816	.0			.0	45,816
9. District of Columbia	DC	7,893	.0			.0	7,893
10. Florida	FL	664,586	726	255	66,932	.0	732,499
11. Georgia	GA	376,058	2,500		1,085	.0	379,643
12. Hawaii	HI	64,936	.0			.0	64,936
13. Idaho	ID	24,924	.0			.0	24,924
14. Illinois	IL	319,252	10,082			.0	329,334
15. Indiana	IN	455,296	1,920	370		.0	457,585
16. Iowa	IA	123,829	5,870	1,426	336	.0	131,461
17. Kansas	KS	132,838	4,171			.0	137,010
18. Kentucky	KY	144,519	.0			.0	144,519
19. Louisiana	LA	212,020	.0			.0	212,020
20. Maine	ME	64,187	.0			.0	64,187
21. Maryland	MD	396,892	.0			.0	396,892
22. Massachusetts	MA	266,164	.0			.0	266,164
23. Michigan	MI	508,145	18,948	544		.0	527,637
24. Minnesota	MN	636,222	9,000			.0	645,222
25. Mississippi	MS	127,324	840			.0	128,164
26. Missouri	MO	361,438	7,328	605		.0	369,371
27. Montana	MT	10,848	.0			.0	10,848
28. Nebraska	NE	60,326	.0			.0	60,326
29. Nevada	NV	111,973	.0			.0	111,973
30. New Hampshire	NH	62,478	.0			.0	62,478
31. New Jersey	NJ	377,523	.0			.0	377,523
32. New Mexico	NM	34,903	.0		1,053	.0	35,956
33. New York	NY	139,767	.0			.0	139,767
34. North Carolina	NC	253,468	600			.0	254,068
35. North Dakota	ND	112,986	200			.0	113,186
36. Ohio	OH	439,472	370		259	.0	440,100
37. Oklahoma	OK	119,795	.0			.0	119,795
38. Oregon	OR	81,786	.0			.0	81,786
39. Pennsylvania	PA	372,159	.0		432	.0	372,591
40. Rhode Island	RI	12,431	.0			.0	12,431
41. South Carolina	SC	233,095	560			.0	233,655
42. South Dakota	SD	21,571	200			.0	21,771
43. Tennessee	TN	316,813	.0		700	.0	317,513
44. Texas	TX	855,171	600		269	.0	856,040
45. Utah	UT	52,391	142			.0	52,533
46. Vermont	VT	17,715	.0			.0	17,715
47. Virginia	VA	235,449	4,240			.0	239,689
48. Washington	WA	134,236	.0			.0	134,236
49. West Virginia	WV	30,694	.0			.0	30,694
50. Wisconsin	WI	1,202,794	50,218	2,347		.0	1,255,359
51. Wyoming	WY	19,481	.0			.0	19,481
52. American Samoa	AS	.0	.0			.0	.0
53. Guam	GU	.0	.0			.0	.0
54. Puerto Rico	PR	.0	.0			.0	.0
55. U.S. Virgin Islands	VI	.0	.0			.0	.0
56. Northern Mariana Islands	MP	.0	.0			.0	.0
57. Canada	CAN	980	.0			.0	980
58. Aggregate Other Alien	OT	16,670	.0			.0	16,670
59. Total		12,368,095	121,111	5,547	71,066	0	12,565,819

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE MANHATTAN NATIONAL LIFE INSURANCE COMPANY

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
.0435	Massachusetts Mut Life Ins Co	65935	04-1590850	3848388			Massachusetts Mutual Life Insurance Company (MMLIC)	MA	UIP	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MMLIC		
.0435	Massachusetts Mut Life Ins Co	93432	06-1041383				C.M. Life Insurance Company	CT	IA	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MMLIC		
.0435	Massachusetts Mut Life Ins Co	70416	43-0581430				MML Bay State Life Insurance Company	CT	IA	C.M. Life Insurance Company	OWNERSHIP	100.000	MMLIC		
.0000	0000		06-1041383				CML Mezzanine Investor III, LLC	DE	NIA	C.M. Life Insurance Company	OWNERSHIP	100.000	MMLIC		
.0000	0000						CML Special Situations Investor LLC	DE	NIA	C.M. Life Insurance Company	OWNERSHIP	100.000	MMLIC		
.0000	0000						CML Global Capabilities LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	OWNERSHIP	100.000	MMLIC		
.0000	0000						MM Global Capabilities I LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	OWNERSHIP	100.000	MMLIC		
.0000	0000						MassMutual Global Business Services India LLP	IND	NIA	MM Global Capabilities I LLC	OWNERSHIP	100.000	MMLIC		
.0000	0000						MM Global Capabilities (Netherlands) B.V.	NLD	NIA	MM Global Capabilities I LLC	OWNERSHIP	100.000	MMLIC		
.0000	0000						MassMutual Global Business Services Romania S.R.L.	ROU	NIA	MM Global Capabilities (Netherlands) B.V.	OWNERSHIP	100.000	MMLIC		
.0000	0000						MM Global Capabilities II LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	OWNERSHIP	100.000	MMLIC		
.0000	0000						MM Global Capabilities III LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	OWNERSHIP	100.000	MMLIC		
.0000	0000						MM/Barings Multifamily TEBS 2020 LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	OWNERSHIP	100.000	MMLIC		
.0000	0000						MML Special Situations Investor LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	OWNERSHIP	100.000	MMLIC		
.0000	0000		47-5322979				Timberland Forest Holding LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	OWNERSHIP	100.000	MMLIC		
.0000	0000		47-5322979				Timberland Forest Holding LLC	DE	NIA	C.M. Life Insurance Company	INFLUENCE		MMLIC		
.0000	0000		47-5322979				Timberland Forest Holding LLC	DE	NIA	Wood Creek Capital Management LLC	MANAGEMENT		MMLIC		
.0000	0000						Lyme Adirondack Forest Company, LLC	DE	NIA	Timberland Forest Holding LLC	OWNERSHIP	100.000	MMLIC		
.0000	0000						Lyme Adirondack Timberlands I, LLC	DE	NIA	Lyme Adirondack Forest Company, LLC	OWNERSHIP	100.000	MMLIC		
.0000	0000						Lyme Adirondack Timberlands II, LLC	DE	NIA	Lyme Adirondack Forest Company, LLC	OWNERSHIP	100.000	MMLIC		
.0000	0000		04-1590850				Berkshire Way LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	OWNERSHIP	100.000	MMLIC		
.0000	0000		04-1590850				MSP-SC, LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	OWNERSHIP	100.000	MMLIC		
.0000	0000						EM Opportunities LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	OWNERSHIP	100.000	MMLIC		
.0000	0000						MassMutual MCAM Insurance Company, Inc.	VT	NIA	Massachusetts Mutual Life Insurance Company	OWNERSHIP	100.000	MMLIC		
.0000	0000		04-1590850				Insurance Road LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	OWNERSHIP	100.000	MMLIC		
.0000	0000		04-1590850				MassMutual Trad Private Equity LLC	DE	NIA	Insurance Road LLC	OWNERSHIP	100.000	MMLIC		
.0000	0000		04-1590850				MassMutual Intellectual Property LLC	DE	NIA	Insurance Road LLC	OWNERSHIP	100.000	MMLIC		
.0000	0000						Trad Investments I LLC	DE	NIA	Insurance Road LLC	OWNERSHIP	100.000	MMLIC		
.0000	0000		04-1590850				MassMutual Private Equity Funds LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	OWNERSHIP	100.000	MMLIC		
.0000	0000		04-1590850				MassMutual Private Equity Funds Subsidiary LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	OWNERSHIP	100.000	MMLIC		
.0000	0000						ITPSHolding LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	OWNERSHIP	100.000	MMLIC		
.0000	0000						HITPS LLC	DE	NIA	ITPS Holding LLC	OWNERSHIP	100.000	MMLIC		
.0000	0000						JFIN Parent LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	OWNERSHIP	100.000	MMLIC		
.0000	0000		27-0105644				Jefferies Finance LLC	DE	NIA	JFIN Parent LLC	OWNERSHIP	50.000	MMLIC		1

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE MANHATTAN NATIONAL 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)	*
.0000	0000		86-2294635				Glidpath Holdings Inc.	DE	UIP	Massachusetts Mutual Life Insurance Company	OWNERSHIP	100.000	MLLIC		
.0000	Massachusetts Mut Life Ins Co	63312	13-1935920				Great American Life Insurance Company	OH	UIP	Glidpath Holdings Inc.	OWNERSHIP	100.000	MLLIC		
.0000	0000		31-1422717				AAG Insurance Agency, LLC	KY	NIA	Great American Life Insurance Company	OWNERSHIP	100.000	MLLIC		
.0000	Massachusetts Mut Life Ins Co	93661	31-1021738				Annuity Investors Life Insurance Company	OH	IA	Great American Life Insurance Company	OWNERSHIP	100.000	MLLIC		
.0000	0000		31-1395344				Great American Advisors, LLC	OH	NIA	Great American Life Insurance Company	OWNERSHIP	100.000	MLLIC		
.0000	0000		26-3260520				Manhattan National Holding LLC	OH	UDP	Great American Life Insurance Company	OWNERSHIP	100.000	MLLIC		
.0000	Massachusetts Mut Life Ins Co	67083	45-0252531				Manhattan National Life Insurance Company	OH	RE	Manhattan National Holding LLC	OWNERSHIP	100.000	MLLIC		
.0000	0000						MassMutual Mortgage Lending LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	OWNERSHIP	100.000	MLLIC		
.0000	0000						JFIN GP Adviser LLC	DE	NIA	Jefferies Finance LLC	OWNERSHIP	100.000	MLLIC		
.0000	0000						JFIN Fund III LLC	DE	NIA	Jefferies Finance LLC	OWNERSHIP	100.000	MLLIC		
.0000	0000						Jefferies Credit Partners LLC	DE	NIA	Jefferies Finance LLC	OWNERSHIP	100.000	MLLIC		
.0000	0000						Apex Credit Partners LLC	DE	NIA	Jefferies Credit Partners LLC	OWNERSHIP	100.000	MLLIC		
.0000	0000						JFAM GP LLC	DE	NIA	Jefferies Credit Partners LLC	OWNERSHIP	100.000	MLLIC		
.0000	0000				2881445		JFAM GP LP	DE	NIA	Jefferies Credit Partners LLC	OWNERSHIP	100.000	MLLIC		
.0000	0000						Jefferies Direct Lending Fund C LP	DE	NIA	Jefferies Credit Partners LLC	OWNERSHIP	100.000	MLLIC		
.0000	0000						Jefferies DLF C Holdings LLC	DE	NIA	JFAM GP LP	OWNERSHIP	100.000	MLLIC		
.0000	0000						Jefferies Direct Lending Fund C SPE LLC	DE	NIA	Jefferies DLF C Holdings LLC	OWNERSHIP	100.000	MLLIC		
.0000	0000						Jefferies Senior Lending LLC	DE	NIA	Jefferies Finance LLC	OWNERSHIP	100.000	MLLIC		
.0000	0000						JFIN Revolver Holdings LLC	DE	NIA	Jefferies Finance LLC	OWNERSHIP	100.000	MLLIC		
.0000	0000				2392316		JFIN Revolver Holdings II LLC	DE	NIA	Jefferies Finance LLC	OWNERSHIP	100.000	MLLIC		
.0000	0000						JFIN Co-Issuer Corporation	DE	NIA	Jefferies Finance LLC	OWNERSHIP	100.000	MLLIC		
.0000	0000						JFIN Europe GP, S.a.r.l.	LUX	NIA	Jefferies Finance LLC	OWNERSHIP	100.000	MLLIC		
.0000	0000						Jefferies Finance Europe, S.L.P.	LUX	NIA	JFIN Europe GP, S.a.r.l.	OWNERSHIP	100.000	MLLIC		
.0000	0000						Jefferies Finance Europe, SCSp	LUX	NIA	JFIN Europe GP, S.a.r.l.	OWNERSHIP	100.000	MLLIC		
.0000	0000						Jefferies Finance Business Credit LLC	DE	NIA	Jefferies Finance LLC	OWNERSHIP	100.000	MLLIC		
.0000	0000						JFIN Business Credit Fund I LLC	DE	NIA	Jefferies Finance Business Credit LLC	OWNERSHIP	100.000	MLLIC		
.0000	0000						JFIN Funding 2021 LLC	DE	NIA	Jefferies Finance LLC	OWNERSHIP	100.000	MLLIC		
.0000	0000						JFIN High Yield Investments LLC	DE	NIA	Jefferies Finance LLC	OWNERSHIP	100.000	MLLIC		
.0000	0000						JFIN LC Fund LLC	DE	NIA	Jefferies Finance LLC	OWNERSHIP	100.000	MLLIC		
.0000	0000						JFIN Revolver CLO 2017 Ltd.	CYM	NIA	Jefferies Finance LLC	OWNERSHIP	100.000	MLLIC		
.0000	0000						JFIN Revolver CLO 2017-II Ltd.	CYM	NIA	Jefferies Finance LLC	OWNERSHIP	100.000	MLLIC		
.0000	0000						JFIN Revolver CLO 2017-III Ltd.	CYM	NIA	Jefferies Finance LLC	OWNERSHIP	100.000	MLLIC		
.0000	0000						JFIN Revolver CLO 2018 Ltd.	CYM	NIA	Jefferies Finance LLC	OWNERSHIP	100.000	MLLIC		
.0000	0000						JFIN Revolver CLO 2019 Ltd.	CYM	NIA	Jefferies Finance LLC	OWNERSHIP	100.000	MLLIC		
.0000	0000						JFIN Revolver CLO 2019-II Ltd.	CYM	NIA	Jefferies Finance LLC	OWNERSHIP	100.000	MLLIC		
.0000	0000						JFIN Revolver CLO 2020 Ltd.	CYM	NIA	Jefferies Finance LLC	OWNERSHIP	100.000	MLLIC		
.0000	0000						JFIN Revolver CLO 2021-II Ltd.	CYM	NIA	Jefferies Finance LLC	OWNERSHIP	100.000	MLLIC		
.0000	0000						JFIN Revolver CLO 2021-V Ltd.	CYM	NIA	Jefferies Finance LLC	OWNERSHIP	100.000	MLLIC		
.0000	0000						JFIN Revolver Fund, L.P.	DE	NIA	Jefferies Finance LLC	OWNERSHIP	90.000	MLLIC		
.0000	0000						JFIN Revolver Funding 2021 Ltd.	DE	NIA	Jefferies Finance LLC	OWNERSHIP	100.000	MLLIC		
.0000	0000						JFIN Revolver Funding 2021 III Ltd.	DE	NIA	Jefferies Finance LLC	OWNERSHIP	100.000	MLLIC		
.0000	0000						JFIN Revolver Funding 2021 IV Ltd.	DE	NIA	Jefferies Finance LLC	OWNERSHIP	100.000	MLLIC		
.0000	0000						Apex Credit Holdings LLC	DE	NIA	JFIN Parent LLC	OWNERSHIP	100.000	MLLIC		
.0000	0000						JFIN CLO 2012 Ltd.	CYM	NIA	Apex Credit Partners LLC	OWNERSHIP	100.000	MLLIC		
.0000	0000						JFIN CLO 2013 Ltd.	CYM	NIA	Apex Credit Partners LLC	OWNERSHIP	100.000	MLLIC		
.0000	0000						JFIN CLO 2014 Ltd.	CYM	NIA	Apex Credit Partners LLC	OWNERSHIP	100.000	MLLIC		
.0000	0000						JFIN CLO 2014-II Ltd.	CYM	NIA	Apex Credit Partners LLC	OWNERSHIP	100.000	MLLIC		
.0000	0000						JFIN CLO 2015 Ltd.	CYM	NIA	Apex Credit Partners LLC	OWNERSHIP	100.000	MLLIC		
.0000	0000						JFIN CLO 2015-II Ltd.	CYM	NIA	Apex Credit Partners LLC	OWNERSHIP	85.000	MLLIC		
.0000	0000						JFIN CLO 2016 Ltd.	CYM	NIA	Apex Credit Partners LLC	OWNERSHIP	100.000	MLLIC		
.0000	0000						JFIN CLO 2017 Ltd.	CYM	NIA	Apex Credit Partners LLC	OWNERSHIP	100.000	MLLIC		
.0000	0000						JFIN CLO 2017-II Ltd.	CYM	NIA	Apex Credit Partners LLC	OWNERSHIP	100.000	MLLIC		

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PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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.0000	0000		04-1590850				MM Copper Hill Road LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	OWNERSHIP	100.000	MMLIC		
.0000	0000						MM Direct Private Investments Holding LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	OWNERSHIP	100.000	MMLIC		
.0000	0000						MM Direct Private Investments UK Limited	GBR	NIA	MM Direct Private Investments Holding LLC	OWNERSHIP	100.000	MMLIC		
.0000	0000						MM Investment Holding	CYM	NIA	Massachusetts Mutual Life Insurance Company	OWNERSHIP	100.000	MMLIC		
.0000	0000		26-0073611				MassMutual Asset Finance LLC	DE	NIA	MM Investment Holding	OWNERSHIP	99.600	MMLIC		
.0000	0000		26-0073611				MassMutual Asset Finance LLC	DE	NIA	C.M. Life Insurance Company	OWNERSHIP	0.400	MMLIC		
.0000	0000		90-1005837				MMAF Equipment Finance LLC 2013-A	DE	NIA	MassMutual Asset Finance LLC	OWNERSHIP	100.000	MMLIC		
.0000	0000		36-4785301				MMAF Equipment Finance LLC 2014-A	DE	NIA	MassMutual Asset Finance LLC	OWNERSHIP	100.000	MMLIC		
.0000	0000		38-3969560				MMAF Equipment Finance LLC 2015-A	DE	NIA	MassMutual Asset Finance LLC	OWNERSHIP	100.000	MMLIC		
.0000	0000		32-0489588				MMAF Equipment Finance LLC 2016-A	DE	NIA	MassMutual Asset Finance LLC	OWNERSHIP	100.000	MMLIC		
.0000	0000		35-2590691				MMAF Equipment Finance LLC 2017-A	DE	NIA	MassMutual Asset Finance LLC	OWNERSHIP	100.000	MMLIC		
.0000	0000		32-0546197				MMAF Equipment Finance LLC 2017-B	DE	NIA	MassMutual Asset Finance LLC	OWNERSHIP	100.000	MMLIC		
.0000	0000		82-5335801				MMAF Equipment Finance LLC 2018-A	DE	NIA	MassMutual Asset Finance LLC	OWNERSHIP	100.000	MMLIC		
.0000	0000		83-3722640				MMAF Equipment Finance LLC 2019-A	DE	NIA	MassMutual Asset Finance LLC	OWNERSHIP	100.000	MMLIC		
.0000	0000						MMAF Equipment Finance LLC 2019-B	DE	NIA	MassMutual Asset Finance LLC	OWNERSHIP	100.000	MMLIC		
.0000	0000						MMAF Equipment Finance LLC 2021-A	DE	NIA	MassMutual Asset Finance LLC	OWNERSHIP	100.000	MMLIC		
.0000	0000						Rozier LLC	DE	NIA	MassMutual Asset Finance LLC	OWNERSHIP	100.000	MMLIC		
.0000	0000		04-2443240				MML Management Corporation	MA	NIA	MM Investment Holding	OWNERSHIP	100.000	MMLIC		
.0000	0000		04-3548444				MassMutual International Holding MSC, Inc.	MA	NIA	MML Management Corporation	OWNERSHIP	100.000	MMLIC		
.0000	0000		04-3341767				MassMutual Holding MSC, Inc.	MA	NIA	MML Management Corporation	OWNERSHIP	100.000	MMLIC		
.0000	0000						MML CM LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	OWNERSHIP	100.000	MMLIC		
.0000	0000						Blueprint Income LLC	NY	NIA	MML CM LLC	OWNERSHIP	100.000	MMLIC		
.0000	0000						Flourish Digital Assets LLC	DE	NIA	MML CM LLC	OWNERSHIP	100.000	MMLIC		
.0000	0000						Flourish Financial LLC	DE	NIA	MML CM LLC	OWNERSHIP	100.000	MMLIC		
.0000	0000						Flourish Technologies LLC	DE	NIA	MML CM LLC	OWNERSHIP	100.000	MMLIC		
.0000	0000		04-3356880				MML Distributors LLC	MA	NIA	Massachusetts Mutual Life Insurance Company	OWNERSHIP	99.000	MMLIC		
.0000	0000		04-3356880				MML Distributors LLC	MA	NIA	MassMutual Holding LLC	OWNERSHIP	1.000	MMLIC		
.0000	0000						MML Investment Advisers, LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	OWNERSHIP	100.000	MMLIC		
.0000	0000		46-3238013				MML Strategic Distributors, LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	OWNERSHIP	100.000	MMLIC		
.0000	0000		06-1563535	2881445			The MassMutual Trust Company, FSB	CT	NIA	Massachusetts Mutual Life Insurance Company	OWNERSHIP	100.000	MMLIC		
.0000	0000		04-1590850				MML Private Placement Investment Company I, LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	OWNERSHIP	100.000	MMLIC		
.0000	0000		04-1590850				MML Private Equity Fund Investor LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	OWNERSHIP	100.000	MMLIC		
.0000	0000		04-1590850				MML Private Equity Fund Investor LLC	DE	NIA	Baring Asset Management Limited	MANAGEMENT		MMLIC		
.0000	0000		04-1590850				MM Private Equity Intercontinental LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	OWNERSHIP	100.000	MMLIC		
.0000	0000		45-2738137				Pioneers Gate LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	OWNERSHIP	100.000	MMLIC		
.0000	0000		04-2854319	2392316			MassMutual Holding LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	OWNERSHIP	100.000	MMLIC		
.0000	0000		06-1597528				MassMutual Assignment Company	NC	NIA	MassMutual Holding LLC	OWNERSHIP	100.000	MMLIC		
.0000	0000		37-1732913				Fern Street LLC	DE	NIA	MassMutual Holding LLC	OWNERSHIP	100.000	MMLIC		
.0000	0000						Steeper Street LLC	DE	NIA	MassMutual Holding LLC	OWNERSHIP	100.000	MMLIC		
.0000	0000		46-2252944				Haven Life Insurance Agency, LLC	DE	NIA	MassMutual Holding LLC	OWNERSHIP	100.000	MMLIC		
.0000	0000		04-1590850				MassMutual Capital Partners LLC	DE	NIA	MassMutual Holding LLC	OWNERSHIP	100.000	MMLIC		

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PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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.0000	.0000						MassMutual Ventures Holding LLC	DE	NIA	MassMutual Holding LLC	OWNERSHIP	100.000	MMLIC		
.0000	.0000						Athens Fund Management LLC	DE	NIA	MassMutual Ventures Holding LLC	OWNERSHIP	100.000	MMLIC		
.0000	.0000						Crane Venture Partners LLP	GBR	NIA	MassMutual Ventures Holding LLC	OWNERSHIP	33.000	MMLIC		
.0000	.0000						MassMutual Ventures Management LLC	DE	NIA	MassMutual Ventures Holding LLC	OWNERSHIP	100.000	MMLIC		
.0000	.0000						MassMutual Ventures SEA Management Private Limited	DE	NIA	MassMutual Ventures Management LLC	OWNERSHIP	100.000	MMLIC		
.0000	.0000						MassMutual Ventures Southeast Asia I LLC	DE	NIA	MassMutual Ventures Holding LLC	OWNERSHIP	100.000	MMLIC		
.0000	.0000						MassMutual Ventures Southeast Asia II LLC	DE	NIA	MassMutual Ventures Holding LLC	OWNERSHIP	100.000	MMLIC		
.0000	.0000						MassMutual Ventures UK LLC	DE	NIA	MassMutual Ventures Holding LLC	OWNERSHIP	100.000	MMLIC		
.0000	.0000		47-1296410				MassMutual Ventures US I LLC	DE	NIA	MassMutual Ventures Holding LLC	OWNERSHIP	100.000	MMLIC		
.0000	.0000						MassMutual Ventures US II LLC	DE	NIA	MassMutual Ventures Holding LLC	OWNERSHIP	100.000	MMLIC		
.0000	.0000						MassMutual Ventures US III LLC	DE	NIA	MassMutual Ventures Holding LLC	OWNERSHIP	100.000	MMLIC		
.0000	.0000						MassMutual Ventures US IV LLC	DE	NIA	MassMutual Ventures Holding LLC	OWNERSHIP	100.000	MMLIC		
.0000	.0000						Open Alternatives LLC	DE	NIA	MassMutual Ventures Holding LLC	OWNERSHIP	100.000	MMLIC		
.0000	.0000		04-1590850		3456895		MM Rothesay Holdco US LLC	DE	NIA	MassMutual Holding LLC	OWNERSHIP	100.000	MMLIC		
.0000	.0000						Rothesay Limited	GBR	NIA	MM Rothesay Holdco US LLC	OWNERSHIP	48.900	MMLIC		
.0000	.0000						Rothesay Life Plc	GBR	NIA	Rothesay Limited	OWNERSHIP	100.000	MMLIC		
.0000	.0000						Rothesay MA No.1 Limited	GBR	NIA	Rothesay Life PLC	OWNERSHIP	100.000	MMLIC		
.0000	.0000						Rothesay MA No.2 Limited	GBR	NIA	Rothesay Life PLC	OWNERSHIP	100.000	MMLIC		
.0000	.0000						Rothesay MA No.3 Limited	GBR	NIA	Rothesay Life PLC	OWNERSHIP	100.000	MMLIC		
.0000	.0000						Rothesay MA No.4 Limited	GBR	NIA	Rothesay Life PLC	OWNERSHIP	100.000	MMLIC		
.0000	.0000						LT Mortgage Finance Limited	GBR	NIA	Rothesay Life PLC	OWNERSHIP	100.000	MMLIC		
.0000	.0000						Rothesay Property Partnership 1 LLP	GBR	NIA	Rothesay Life PLC	OWNERSHIP	100.000	MMLIC		
.0000	.0000						Rothesay Foundation	GBR	NIA	Rothesay Limited	OWNERSHIP	100.000	MMLIC		
.0000	.0000						Rothesay Pensions Management Limited	GBR	NIA	Rothesay Limited	OWNERSHIP	100.000	MMLIC		
.0000	.0000						Rothesay Asset Management UK Limited	GBR	NIA	Rothesay Limited	OWNERSHIP	100.000	MMLIC		
.0000	.0000						Rothesay Asset Management Australia Pty Ltd	AUS	NIA	Rothesay Asset Management UK Limited	OWNERSHIP	100.000	MMLIC		
.0000	.0000						Rothesay Asset Management US LLC	DE	NIA	Rothesay Asset Management UK Limited	OWNERSHIP	100.000	MMLIC		
.0000	.0000						MM Catalyst Fund LLC	DE	NIA	MassMutual Holding LLC	OWNERSHIP	100.000	MMLIC		
.0000	.0000		47-1466022				LifeScore Labs, LLC	MA	NIA	MassMutual Holding LLC	OWNERSHIP	100.000	MMLIC		
.0000	.0000		04-1590850				MML Investors Services, LLC	MA	NIA	MassMutual Holding LLC	OWNERSHIP	100.000	MMLIC		
.0000	.0000		04-1590850				MML Insurance Agency, LLC	MA	NIA	MML Investors Services, LLC	OWNERSHIP	100.000	MMLIC		
.0000	.0000		41-2011634				MMLISI Financial Alliances, LLC	DE	NIA	MML Investors Services, LLC	OWNERSHIP	100.000	MMLIC		
.0000	.0000		45-4000072				MM Asset Management Holding LLC	DE	NIA	MassMutual Holding LLC	OWNERSHIP	100.000	MMLIC		
.0000	.0000		51-0504477				Barings LLC	DE	NIA	MassMutual Asset Management Holding LLC	OWNERSHIP	100.000	MMLIC		
.0000	.0000		98-0524271				Baring Asset Management (Asia) Holdings Limited	HKG	NIA	Barings LLC	OWNERSHIP	100.000	MMLIC		
.0000	.0000		98-0457465				Baring International Fund Managers (Bermuda) Limited	BMU	NIA	Baring Asset Management (Asia) Holdings Limited	OWNERSHIP	100.000	MMLIC		
.0000	.0000		98-0457463				Baring Asset Management (Asia) Limited	HKG	NIA	Baring Asset Management (Asia) Holdings Limited	OWNERSHIP	100.000	MMLIC		
.0000	.0000						Baring Asset Management Korea Limited	KOR	NIA	Baring Asset Management (Asia) Limited	OWNERSHIP	100.000	MMLIC		
.0000	.0000						Barings Investment Management (Shanghai) Limited	HKG	NIA	Baring Asset Management (Asia) Limited	OWNERSHIP	100.000	MMLIC		
.0000	.0000						Barings Overseas Investment Fund Management (Shanghai) Limited	HKG	NIA	Barings Investment Management (Shanghai) Limited	OWNERSHIP	100.000	MMLIC		
.0000	.0000		98-0457707				Baring SICE (Taiwan) Limited	TWN	NIA	Baring Asset Management (Asia) Holdings Limited	OWNERSHIP	100.000	MMLIC		
.0000	.0000						Barings Singapore Pte. Ltd.	SGP	NIA	Baring Asset Management (Asia) Holdings Limited	OWNERSHIP	100.000	MMLIC		
.0000	.0000		98-0236449				Barings Japan Limited	JPN	NIA	Baring Asset Management (Asia) Holdings Limited	OWNERSHIP	100.000	MMLIC		
.0000	.0000						Barings Australia Holding Company Pty Ltd	AUS	NIA	Baring Asset Management (Asia) Holdings Limited	OWNERSHIP	100.000	MMLIC		

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.0000	0000		98-0457456				Barings Australia Pty Ltd	AUS	NIA	Baring Australia Holding Company Pty Ltd.	OWNERSHIP	100.000	MMLIC		
.0000	0000		80-0875475				Barings Finance LLC	DE	NIA	Barings LLC	OWNERSHIP	100.000	MMLIC		
.0000	0000						BCF Europe Funding Limited	IRL	NIA	Barings Finance LLC	OWNERSHIP	100.000	MMLIC		
.0000	0000						BCF Senior Funding I LLC	DE	NIA	Barings Finance LLC	OWNERSHIP	100.000	MMLIC		
.0000	0000						BCF Senior Funding I Designated Activity Company	IRL	NIA	Barings Finance LLC	OWNERSHIP	100.000	MMLIC		
.0000	0000		04-3238351				Barings Securities LLC	DE	NIA	Barings LLC	OWNERSHIP	100.000	MMLIC		
.0000	0000		98-0437588				Barings Guernsey Limited	GGY	NIA	Barings LLC	OWNERSHIP	100.000	MMLIC		
.0000	0000						Barings Europe Limited	GBR	NIA	Barings Guernsey Limited	OWNERSHIP	100.000	MMLIC		
.0000	0000						Barings Asset Management Spain SL	ESP	NIA	Barings Europe Limited	OWNERSHIP	100.000	MMLIC		
.0000	0000						Barings Italy S.r.l.	ITA	NIA	Barings Europe Limited	OWNERSHIP	100.000	MMLIC		
.0000	0000						Barings Sweden AB	SWE	NIA	Barings Europe Limited	OWNERSHIP	100.000	MMLIC		
.0000	0000						Barings Netherlands B.V.	NLD	NIA	Barings Europe Limited	OWNERSHIP	100.000	MMLIC		
.0000	0000						Barings Real Estate UK Holdings Limited	DE	NIA	Barings Europe Limited	OWNERSHIP	100.000	MMLIC		
.0000	0000		98-0654401				Barings Real Estate Advisers (Continental Europe) Limited	GBR	NIA	Barings Real Estate UK Holdings Limited	OWNERSHIP	100.000	MMLIC		
.0000	0000		98-1194368				Barings Real Estate GmbH	DEU	NIA	Barings Real Estate UK Holdings Limited	OWNERSHIP	100.000	MMLIC		
.0000	0000		98-0241935				Barings Asset Management Limited	GBR	NIA	Barings Europe Limited	OWNERSHIP	100.000	MMLIC		
.0000	0000						Barings European Direct Lending 1 GP LLP	GBR	NIA	Baring Asset Management Limited	OWNERSHIP	100.000	MMLIC		
.0000	0000		98-1012393				Barings Global Advisors Limited	GBR	NIA	Baring Asset Management Limited	OWNERSHIP	100.000	MMLIC		
.0000	0000		98-0457328				Baring International Investment Limited	GBR	NIA	Baring Asset Management Limited	OWNERSHIP	100.000	MMLIC		
.0000	0000		98-0457587				Baring International Investment Management Holdings	GBR	NIA	Baring Asset Management Limited	OWNERSHIP	100.000	MMLIC		
.0000	0000		98-0457576				Baring Asset Management UK Holdings Limited	GBR	NIA	Baring International Investment Management Holdings	OWNERSHIP	100.000	MMLIC		
.0000	0000		98-0524272				Baring International Fund Managers (Ireland) Limited	IRL	NIA	Baring Asset Management UK Holdings Limited	OWNERSHIP	100.000	MMLIC		
.0000	0000						Baring Asset Management Switzerland Srl	CHE	NIA	Baring Asset Management UK Holdings Limited	OWNERSHIP	100.000	MMLIC		
.0000	0000		98-0497550				Baring France SAS	FRA	NIA	Baring Asset Management UK Holdings Limited	OWNERSHIP	100.000	MMLIC		
.0000	0000		98-0457586				Baring Fund Managers Limited	GBR	NIA	Baring Asset Management Limited	OWNERSHIP	100.000	MMLIC		
.0000	0000						BCGSS 2 GP LLP	GBR	NIA	Baring Fund Managers Limited	OWNERSHIP	100.000	MMLIC		
.0000	0000		98-0457578				Baring Investment Services Limited	GBR	NIA	Baring Asset Management Limited	OWNERSHIP	100.000	MMLIC		
.0000	0000						Barings Core Fund Feeder 1 GP S.à.r.l.	LUX	NIA	Barings Europe Limited	OWNERSHIP	100.000	MMLIC		
.0000	0000						Barings BME GP S.à.r.l.	GBR	NIA	Barings Europe Limited	OWNERSHIP	100.000	MMLIC		
.0000	0000						Barings GPC GP S.à.r.l.	LUX	NIA	Barings Europe Limited	OWNERSHIP	100.000	MMLIC		
.0000	0000						Barings European Core Property Fund GP Sarl	GBR	NIA	Barings Europe Limited	OWNERSHIP	100.000	MMLIC		
.0000	0000						Barings Investment Fund (LUX) GP S.à.r.l.	LUX	NIA	Barings Europe Limited	OWNERSHIP	100.000	MMLIC		
.0000	0000						Barings Umbrella Fund (LUX) GP S.à.r.l.	LUX	NIA	Barings Europe Limited	OWNERSHIP	100.000	MMLIC		
.0000	0000						GPLF4(S) GP S.à.r.l.	LUX	NIA	Barings Europe Limited	OWNERSHIP	100.000	MMLIC		
.0000	0000						PREIF Holdings Limited Partnership	GBR	NIA	Barings Europe Limited	OWNERSHIP	100.000	MMLIC		
.0000	0000		98-0432153				Barings (U.K.) Limited	GBR	NIA	Barings Guernsey Limited	OWNERSHIP	100.000	MMLIC		
.0000	0000						BMC Holdings DE LLC	DE	NIA	Barings LLC	OWNERSHIP	100.000	MMLIC		
.0000	0000		04-3238351	3456895			Barings Real Estate Advisers Inc.	CA	NIA	Barings LLC	OWNERSHIP	100.000	MMLIC		
.0000	0000		81-4258759				CRA Aircraft Holding LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership/Influence	40.000	MMLIC		
.0000	0000		81-4258759				CRA Aircraft Holding LLC	DE	NIA	Barings LLC	INFLUENCE		MMLIC		
.0000	0000		83-0560183				Aland Royalty Holdings LP	DE	NIA	Company	OWNERSHIP	26.700	MMLIC		
.0000	0000		83-0560183				Aland Royalty Holdings LP	DE	NIA	Barings LLC	MANAGEMENT		MMLIC		
.0000	0000		82-2932156				GASL Holdings LLC	DE	NIA	Company	OWNERSHIP	11.300	MMLIC		
.0000	0000		82-2932156				GASL Holdings LLC	DE	NIA	Barings LLC	BOARD		MMLIC		

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PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
0000	0000		46-2344300				Intermodal Holdings II LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	OWNERSHIP	18.000	MMLIC		
0000	0000		46-2344300				Intermodal Holdings II LLC	DE	NIA	Barings LLC	MANAGEMENT		MMLIC		
0000	0000						Novation Companies, Inc.	MD	NIA	Massachusetts Mutual Life Insurance Company	OWNERSHIP	16.500	MMLIC		
0000	0000						Novation Companies, Inc.	MD	NIA	Barings LLC	INFLUENCE		MMLIC		
0000	0000		46-5460309				Red Lake Ventures, LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership/Influence	31.500	MMLIC		
0000	0000		46-5460309				Red Lake Ventures, LLC	DE	NIA	Barings LLC	INFLUENCE		MMLIC		
0000	0000		81-4065378				Remington L & W Holdings LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership/Influence	19.900	MMLIC		
0000	0000		81-4065378				Remington L & W Holdings LLC	DE	NIA	Barings LLC	INFLUENCE		MMLIC		
0000	0000						Tamiami Citrus, LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	OWNERSHIP	15.700	MMLIC		
0000	0000						Tamiami Citrus, LLC	DE	NIA	Barings LLC	Management/Board		MMLIC		
0000	0000						Teaktree Acquisition, LLC	DE	NIA	MassMutual Holding LLC	Ownership/Influence	14.700	MMLIC		
0000	0000						Teaktree Acquisition, LLC	DE	NIA	Barings LLC	INFLUENCE		MMLIC		
0000	0000						Techquity, LP	DE	NIA	Massachusetts Mutual Life Insurance Company	OWNERSHIP	15.600	MMLIC		
0000	0000						Techquity, LP	DE	NIA	Barings LLC	INFLUENCE		MMLIC		
0000	0000		46-0687392				Validus Holdings Company LLC	DE	NIA	Barings LLC	OWNERSHIP	40.400	MMLIC		
0000	0000						Validus Pharmaceuticals LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership/Influence	70.000	MMLIC		
0000	0000						Validus Pharmaceuticals LLC	DE	NIA	Barings LLC	BOARD		MMLIC		
0000	0000						VGS Acquisition Holding, LLC	DE	NIA	MassMutual Holding LLC	Ownership/Influence	33.300	MMLIC		
0000	0000						VGS Acquisition Holding, LLC	DE	NIA	Barings LLC	MANAGEMENT		MMLIC		
0000	0000						Aland Royalty GP, LLC	DE	NIA	Barings LLC	OWNERSHIP	100.000	MMLIC		
0000	0000						Alaska Future Fund GP, LLC	DE	NIA	Barings LLC	OWNERSHIP	100.000	MMLIC		
0000	0000						BAI GP, LLC	DE	NIA	Barings LLC	OWNERSHIP	100.000	MMLIC		
0000	0000						BAI Funds SLP, LLC	DE	NIA	Barings LLC	OWNERSHIP	100.000	MMLIC		
0000	0000						Barings Asset-Based Income Fund (US) GP, LLC	DE	NIA	Barings LLC	OWNERSHIP	100.000	MMLIC		
0000	0000						Barings CMS Fund GP, LLC	DE	NIA	Barings LLC	OWNERSHIP	100.000	MMLIC		
0000	0000						Barings Hotel Opportunity Venture I GP, LLC	DE	NIA	Barings LLC	OWNERSHIP	100.000	MMLIC		
0000	0000						Barings Investment Series LLC	DE	NIA	Barings LLC	OWNERSHIP	100.000	MMLIC		
0000	0000						Barings Emerging Generation Fund GP, LLC	DE	NIA	Barings LLC	OWNERSHIP	100.000	MMLIC		
0000	0000						Barings ERS PE Emerging Manager III GP, LLC	DE	NIA	Barings LLC	OWNERSHIP	100.000	MMLIC		
0000	0000						Barings Global Investment Funds (U.S.) Management LLC	DE	NIA	Barings LLC	OWNERSHIP	100.000	MMLIC		
0000	0000		04-1590850				Barings CLO Investment Partners GP, LLC	DE	NIA	Barings LLC	OWNERSHIP	100.000	MMLIC		
0000	0000						Barings Core Property Fund GP LLC	DE	NIA	Barings LLC	OWNERSHIP	100.000	MMLIC		
0000	0000						Barings Direct Lending GP Ltd.	CYM	NIA	Barings LLC	OWNERSHIP	100.000	MMLIC		
0000	0000		84-3784245				Barings Emerging Generation Fund LP	DE	NIA	Massachusetts Mutual Life Insurance Company	OWNERSHIP	59.100	MMLIC		
0000	0000		84-3784245				Barings Emerging Generation Fund LP	DE	NIA	Barings LLC	MANAGEMENT		MMLIC		
0000	0000						Barings Global Energy Infrastructure Advisors, LLC	DE	NIA	Barings LLC	OWNERSHIP	100.000	MMLIC		
0000	0000						Barings North American Private Loan Fund Management, LLC	DE	NIA	Barings LLC	OWNERSHIP	100.000	MMLIC		
0000	0000						Barings North American Private Loan Fund Management II, LLC	DE	NIA	Barings LLC	OWNERSHIP	100.000	MMLIC		
0000	0000						Barings Global Real Assets Fund GP, LLC	DE	NIA	Barings LLC	OWNERSHIP	100.000	MMLIC		
0000	0000						Barings GPSF	DE	NIA	Barings LLC	OWNERSHIP	100.000	MMLIC		
0000	0000		84-5063008				Barings Small Business Fund LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	OWNERSHIP	73.500	MMLIC		

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0000	0000		84-5063008				Barings Small Business Fund LLC	DE	NIA	Barings LLC	MANAGEMENT				
0000	0000		98-0536233				Benton Street Advisors, Inc.	CVI	NIA	Barings LLC	OWNERSHIP	100.000	MLLIC		
0000	0000						BHOVI Incentive LLC	DE	NIA	Barings LLC	OWNERSHIP	100.000	MLLIC		
0000	0000						BIG Real Estate Fund GP LLC	DE	NIA	Barings LLC	OWNERSHIP	100.000	MLLIC		
0000	0000						BRECS VII GP LLC	DE	NIA	Barings LLC	OWNERSHIP	100.000	MLLIC		
0000	0000						BREDIF GP LLC	DE	NIA	Barings LLC	OWNERSHIP	100.000	MLLIC		
0000	0000						CHY Venture GP LLC	DE	NIA	Barings LLC	OWNERSHIP	100.000	MLLIC		
0000	0000						CREX X GP LLC	DE	NIA	Barings LLC	OWNERSHIP	100.000	MLLIC		
0000	0000		04-1590850				Great Lakes III GP, LLC	DE	NIA	Barings LLC	OWNERSHIP	100.000	MLLIC		
0000	0000						Lake Jackson LLC	DE	NIA	Barings LLC	OWNERSHIP	100.000	MLLIC		
0000	0000		04-1590850				Loan Strategies Management LLC	DE	NIA	Barings LLC	OWNERSHIP	100.000	MLLIC		
0000	0000		41-2280126				Mezzco III LLC	DE	NIA	Barings LLC	OWNERSHIP	99.300	MLLIC		
0000	0000		80-0920285				Mezzco IV LLC	DE	NIA	Barings LLC	OWNERSHIP	99.300	MLLIC		
0000	0000						Mezzco Australia II LLC	DE	NIA	Barings LLC	OWNERSHIP	100.000	MLLIC		
0000	0000						RECSA-NY GP LLC	DE	NIA	Barings LLC	OWNERSHIP	100.000	MLLIC		
0000	0000		04-1590850				SBNP SIA II LLC	DE	NIA	Barings LLC	OWNERSHIP	100.000	MLLIC		
0000	0000						SBNP SIA III LLC	DE	NIA	Barings LLC	OWNERSHIP	100.000	MLLIC		
0000	0000		04-1590850				Somerset Special Opportunities Management LLC	DE	NIA	Barings LLC	OWNERSHIP	100.000	MLLIC		
0000	0000						Amherst Long Term Holdings, LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	OWNERSHIP	24.500	MLLIC		
0000	0000		04-3313782				MassMutual International LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	OWNERSHIP	100.000	MLLIC		
0000	0000						MassMutual Solutions LLC	DE	NIA	MassMutual International LLC	OWNERSHIP	100.000	MLLIC		
0000	0000						Haven Technologies Asia Limited	HKG	NIA	MassMutual Solutions LLC	OWNERSHIP	100.000	MLLIC		
0000	0000						Yunfeng Financial Group Limited	HKG	NIA	MassMutual International LLC	OWNERSHIP	24.900	MLLIC		
0000	0000						MassMutual Asia Limited (SPV)	HKG	NIA	MassMutual International LLC	OWNERSHIP	100.000	MLLIC		
0000	0000		04-1590850				MML Mezzanine Investor II, LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	OWNERSHIP	100.000	MLLIC		
0000	0000		04-1590850				MML Mezzanine Investor III, LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	OWNERSHIP	11.100	MLLIC		
0000	0000		27-3576835				MassMutual External Benefits Group LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	OWNERSHIP	100.000	MLLIC		
0000	0000		04-1590850				100 w. 3rd Street LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	OWNERSHIP	100.000	MLLIC		
0000	0000		04-1590850				2160 Grand Manager LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	OWNERSHIP	5.000	MLLIC		
0000	0000		82-2432216				300 South Tryon Hotel LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	OWNERSHIP	100.000	MLLIC		
0000	0000		04-1590850				300 South Tryon LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	OWNERSHIP	100.000	MLLIC		
0000	0000						Almack Mezzanine Fund II Unleveraged LP	GBR	NIA	Massachusetts Mutual Life Insurance Company	Ownership/Influence	72.900	MLLIC		
0000	0000						Barings Affordable Housing Mortgage Fund I LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	OWNERSHIP	100.000	MLLIC		
0000	0000						Barings Affordable Housing Mortgage Fund I LLC	DE	NIA	Barings LLC	MANAGEMENT		MLLIC		
0000	0000		61-1902329				Barings Affordable Housing Mortgage Fund II LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	OWNERSHIP	100.000	MLLIC		
0000	0000		61-1902329				Barings Affordable Housing Mortgage Fund II LLC	DE	NIA	Barings LLC	MANAGEMENT		MLLIC		
0000	0000		85-3036663				Barings Affordable Housing Mortgage Fund III LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	OWNERSHIP	100.000	MLLIC		

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.0000	0000		85-3036663				Barings Affordable Housing Mortgage Fund III LLC	DE	NIA	Barings LLC	MANAGEMENT		MMLIC		
.0000	0000		36-4868350				Barings Asset-Based Income Fund (US) LP	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership/Influence	11.200	MMLIC		
.0000	0000		36-4868350				Barings Asset-Based Income Fund (US) LP	DE	NIA	C.M. Life Insurance Company	Ownership/Influence	1.100	MMLIC		
.0000	0000		36-4868350				Barings Asset-Based Income Fund (US) LP	DE	NIA	Barings LLC	MANAGEMENT		MMLIC		
.0000	0000						Barings Emerging Markets Corporate Bond Fund	IRL	NIA	Massachusetts Mutual Life Insurance Company	Ownership/Influence	48.700	MMLIC		
.0000	0000						Barings Emerging Markets Corporate Bond Fund	IRL	NIA	Barings LLC	OWNERSHIP	15.200	MMLIC		
.0000	0000						Barings European Real Estate Debt Income Fund	LUX	NIA	Massachusetts Mutual Life Insurance Company	Ownership/Influence	94.800	MMLIC		
.0000	0000						Barings European Real Estate Debt Income Fund	LUX	NIA	Barings LLC	INFLUENCE		MMLIC		
.0000	0000		98-1206017				Babson Capital Global Special Situation Credit Fund 2	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership/Influence	25.500	MMLIC		
.0000	0000		98-1206017				Babson Capital Global Special Situation Credit Fund 2	DE	NIA	C.M. Life Insurance Company	OWNERSHIP	1.600	MMLIC		
.0000	0000		98-1206017				Babson Capital Global Special Situation Credit Fund 2	DE	NIA	Barings LLC	MANAGEMENT		MMLIC		
.0000	0000		37-1506417				Babson Capital Loan Strategies Fund, L.P.	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership/Influence	75.700	MMLIC		
.0000	0000		37-1506417				Babson Capital Loan Strategies Fund, L.P.	DE	NIA	C.M. Life Insurance Company	OWNERSHIP	3.800	MMLIC		
.0000	0000		37-1506417				Babson Capital Loan Strategies Fund, L.P.	DE	NIA	Barings LLC	MANAGEMENT		MMLIC		
.0000	0000						Barings US High Yield Bond Fund	IRL	NIA	Massachusetts Mutual Life Insurance Company	Ownership/Influence	53.900	MMLIC		
.0000	0000						Barings US High Yield Bond Fund	IRL	NIA	Barings LLC	MANAGEMENT		MMLIC		
.0000	0000						Babson CLO Ltd. 2013-I	CYM	NIA	Barings LLC	INFLUENCE		MMLIC		3
.0000	0000						Babson CLO Ltd. 2014-I	CYM	NIA	Barings LLC	INFLUENCE		MMLIC		2
.0000	0000						Babson CLO Ltd. 2015-I	CYM	NIA	Barings LLC	INFLUENCE		MMLIC		4
.0000	0000						Babson CLO Ltd. 2015-II	CYM	NIA	Barings LLC	INFLUENCE		MMLIC		5
.0000	0000						Babson CLO Ltd. 2016-I	CYM	NIA	Barings LLC	INFLUENCE		MMLIC		
.0000	0000						Babson CLO Ltd. 2016-II	CYM	NIA	Barings LLC	INFLUENCE		MMLIC		
.0000	0000						Barings CLO Ltd. 2017-I	CYM	NIA	Barings LLC	INFLUENCE		MMLIC		
.0000	0000						Barings CLO 2018-III	CYM	NIA	Barings LLC	INFLUENCE		MMLIC		
.0000	0000						Barings CLO 2018-IV	CYM	NIA	Barings LLC	INFLUENCE		MMLIC		
.0000	0000		98-1473665				Barings CLO 2019-II	CYM	NIA	Barings LLC	INFLUENCE		MMLIC		
.0000	0000						Barings CLO 2019-III	CYM	NIA	Barings LLC	INFLUENCE		MMLIC		
.0000	0000						Barings CLO 2019-IV	CYM	NIA	Barings LLC	INFLUENCE		MMLIC		
.0000	0000						Barings CLO 2020-I	CYM	NIA	Barings LLC	INFLUENCE		MMLIC		
.0000	0000						Barings CLO 2020-II	CYM	NIA	Barings LLC	INFLUENCE		MMLIC		
.0000	0000						Barings CLO 2020-III	CYM	NIA	Barings LLC	INFLUENCE		MMLIC		
.0000	0000						Barings CLO 2020-IV	CYM	NIA	Barings LLC	INFLUENCE		MMLIC		
.0000	0000						Barings CLO 2021-I	CYM	NIA	Barings LLC	INFLUENCE		MMLIC		
.0000	0000						Barings CLO 2021-II	CYM	NIA	Barings LLC	INFLUENCE		MMLIC		
.0000	0000					0001597511	Barson Euro CLO 2014-I BV	NLD	NIA	Barings LLC	INFLUENCE		MMLIC		
.0000	0000					0001597511	Barson Euro CLO 2014-II BV	NLD	NIA	Barings LLC	INFLUENCE		MMLIC		
.0000	0000					0001597511	Barson Euro CLO 2015-I BV	NLD	NIA	Barings LLC	INFLUENCE		MMLIC		
.0000	0000		36-037260H				Barings Euro CLO 2019-I BV	IRL	NIA	Barings LLC	INFLUENCE		MMLIC		
.0000	0000		00-3750378				Barings Euro CLO 2019-II BV	IRL	NIA	Barings LLC	INFLUENCE		MMLIC		
.0000	0000						Barings Euro CLO 2020-I DAC	IRL	NIA	Barings LLC	INFLUENCE		MMLIC		
.0000	0000		37-15576VH				Barings Euro CLO 2021-I DAC	IRL	NIA	Barings LLC	INFLUENCE		MMLIC		
.0000	0000						Barings Euro CLO 2021-II DAC	IRL	NIA	Barings LLC	INFLUENCE		MMLIC		

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PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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.0000	0000		81-0841854				Barings CLO Investment Partners LP	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership/Influence	99.300	MLLIC		
.0000	0000		81-0841854				Barings CLO Investment Partners LP	DE	NIA	Barings LLC	MANAGEMENT		MLLIC		
.0000	0000						Barings Euro Value Add II (BREEVA II)	LUX	NIA	Massachusetts Mutual Life Insurance Company	Ownership/Influence	62.700	MLLIC		
.0000	0000						Barings Euro Value Add II (BREEVA II)	LUX	NIA	C.M. Life Insurance Company	OWNERSHIP	5.500	MLLIC		
.0000	0000						Barings Euro Value Add II (BREEVA II)	LUX	NIA	Barings LLC	MANAGEMENT		MLLIC		
.0000	0000						Barings Real Estate European Value Add I SCSp	GBR	NIA	Massachusetts Mutual Life Insurance Company	Ownership/Influence	44.600	MLLIC		
.0000	0000						Barings Real Estate European Value Add I SCSp	GBR	NIA	C.M. Life Insurance Company	OWNERSHIP	5.000	MLLIC		
.0000	0000						Barings Real Estate European Value Add I SCSp	GBR	NIA	Barings LLC	MANAGEMENT		MLLIC		
.0000	0000						Barings Real Estate Debt Income Fund LP	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership/Influence	71.800	MLLIC		
.0000	0000		85-3449260				Barings Real Estate Debt Income Fund LP	DE	NIA	C.M. Life Insurance Company	OWNERSHIP		MLLIC		
.0000	0000		85-3449260				Barings Real Estate Debt Income Fund LP	DE	NIA	Barings LLC	MANAGEMENT		MLLIC		
.0000	0000		82-5330194				Barings Global Em. Markets Equity Fund	NC	NIA	Barings LLC	MANAGEMENT		MLLIC		
.0000	0000						Barings Global Energy Infrastructure Fund I LP	CYM	NIA	Massachusetts Mutual Life Insurance Company	Ownership/Influence	99.200	MLLIC		
.0000	0000		98-1332384				Barings Global Energy Infrastructure Fund I LP	CYM	NIA	Baring Asset Management Limited	MANAGEMENT		MLLIC		
.0000	0000						Barings Global Dividends Champion Fund	IRL	NIA	Barings LLC	MANAGEMENT		MLLIC		
.0000	0000						Barings Global Inv. Grade Strat Fund	IRL	NIA	Barings LLC	MANAGEMENT		MLLIC		
.0000	0000						Barings Global Private Loan Fund	LUX	NIA	Massachusetts Mutual Life Insurance Company	Ownership/Influence	8.900	MLLIC		
.0000	0000						Barings Global Private Loan Fund	LUX	NIA	Barings LLC	MANAGEMENT		MLLIC		
.0000	0000						Barings Global Real Assets Fund LP	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership/Influence	42.500	MLLIC		
.0000	0000		82-3867745				Barings Global Real Assets Fund LP	DE	NIA	C.M. Life Insurance Company	OWNERSHIP	7.500	MLLIC		
.0000	0000		82-3867745				Barings Global Real Assets Fund LP	DE	NIA	Barings LLC	MANAGEMENT		MLLIC		
.0000	0000						Barings Global Special Situations Credit Fund 3	IRL	NIA	Massachusetts Mutual Life Insurance Company	Ownership/Influence	16.100	MLLIC		
.0000	0000						Barings Global Special Situations Credit 4 Delaware	DE	NIA	Massachusetts Mutual Life Insurance Company	OWNERSHIP	67.100	MLLIC		
.0000	0000						Barings Global Special Situations Credit 4 Delaware	DE	NIA	C.M. Life Insurance Company	OWNERSHIP	3.500	MLLIC		
.0000	0000						Barings Global Special Situations Credit 4 Delaware	DE	NIA	Barings LLC	MANAGEMENT		MLLIC		
.0000	0000						Barings Global Special Situations Credit 4 LUX	LUX	NIA	Massachusetts Mutual Life Insurance Company	OWNERSHIP	14.400	MLLIC		
.0000	0000						Barings Global Special Situations Credit 4 LUX	LUX	NIA	C.M. Life Insurance Company	OWNERSHIP	0.800	MLLIC		
.0000	0000						Barings Global Special Situations Credit 4 LUX	LUX	NIA	Barings LLC	MANAGEMENT		MLLIC		
.0000	0000						Barings Global Special Situations Credit Fund 3	IRL	NIA	Barings LLC	MANAGEMENT		MLLIC		
.0000	0000		87-0977058				Barings Hotel Opportunity Venture	CT	NIA	Barings LLC	Ownership/Influence	94.500	MLLIC		
.0000	0000		87-0977058				Barings Hotel Opportunity Venture	CT	NIA	Barings LLC	MANAGEMENT		MLLIC		
.0000	0000						Barings Innovations & Growth Real Estate Fund	DE	NIA	Massachusetts Mutual Life Insurance Company	OWNERSHIP	46.500	MLLIC		
.0000	0000		86-3661023				Barings Innovations & Growth Real Estate Fund	DE	NIA	C.M. Life Insurance Company	OWNERSHIP	0.800	MLLIC		
.0000	0000		86-3661023				Barings Middle Market CLO 2017-I Ltd & LLC	CYM	NIA	Barings LLC	INFLUENCE		MLLIC		

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PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
.0000	0000						Barings Middle Market CLO 2018-1	.CYM	NIA	Barings LLC	INFLUENCE		MMLIC		
.0000	0000						Barings Middle Market CLO 2019-1	.CYM	NIA	Barings LLC	INFLUENCE		MMLIC		
.0000	0000		98-1612604				Barings Middle Market CLO Ltd 2021-1	.CYM	NIA	Barings LLC	INFLUENCE		MMLIC		
.0000	0000		38-4010344				Barings North American Private Loan Fund LP	.DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership/Influence	37.400	MMLIC		
.0000	0000		38-4010344				Barings North American Private Loan Fund LP	.DE	NIA	Baring Asset Management Limited	MANAGEMENT		MMLIC		
.0000	0000		98-1332384				Barings RE Credit Strategies VII LP	.DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership/Influence	33.700	MMLIC		
.0000	0000		98-1332384				Barings RE Credit Strategies VII LP	.DE	NIA	Baring Asset Management Limited	MANAGEMENT		MMLIC		
.0000	0000		87-1262754				Barings Transportation Fund LP	.DE	NIA	MassMutual Holding LLC	Ownership/Influence	13.100	MMLIC		
.0000	0000		87-1262754				Barings Transportation Fund LP	.DE	NIA	Massachusetts Mutual Life Insurance Company	OWNERSHIP	9.700	MMLIC		
.0000	0000						Braemar Energy Ventures I, L.P.	.DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership/Influence	74.400	MMLIC		
.0000	0000						Braemar Energy Ventures I, L.P.	.DE	NIA	C.M. Life Insurance Company	OWNERSHIP	1.100	MMLIC		
.0000	0000						Braemar Energy Ventures I, L.P.	.DE	NIA	Barings LLC	MANAGEMENT		MMLIC		
.0000	0000						Barings European Core Property Fund SCSp	.LUX	NIA	MassMutual Holding LLC	Ownership/Influence	9.100	MMLIC		
.0000	0000						Barings European Core Property Fund SCSp	.LUX	NIA	C.M. Life Insurance Company	OWNERSHIP	0.600	MMLIC		
.0000	0000						Barings European Core Property Fund SCSp	.LUX	NIA	Barings Real Estate Advisers LLC	MANAGEMENT		MMLIC		
.0000	0000		46-5001122				Barings European Private Loan Fund III A	.LUX	NIA	Massachusetts Mutual Life Insurance Company	OWNERSHIP	20.000	MMLIC		
.0000	0000		38-4059932				Benchmark 2018-B2 Mortgage Trust	.NY	NIA	Barings LLC	INFLUENCE		MMLIC		
.0000	0000						Benchmark 2018-B4	.NY	NIA	Barings LLC	INFLUENCE		MMLIC		
.0000	0000		38-4096530				Benchmark 2018-B8	.NY	NIA	Barings LLC	INFLUENCE		MMLIC		
.0000	0000		20-5578089				Barings Core Property Fund LP	.DE	NIA	MassMutual Holding LLC	Ownership/Influence	21.000	MMLIC		
.0000	0000		20-5578089				Barings Core Property Fund LP	.DE	NIA	Barings Real Estate Advisers LLC	MANAGEMENT		MMLIC		
.0000	0000		46-5432619				Cornerstone Real Estate Fund X LP	.DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership/Influence	24.500	MMLIC		
.0000	0000		46-5432619				Cornerstone Real Estate Fund X LP	.DE	NIA	C.M. Life Insurance Company	OWNERSHIP	2.700	MMLIC		
.0000	0000		46-5432619				Cornerstone Real Estate Fund X LP	.DE	NIA	Barings Real Estate Advisers LLC	MANAGEMENT		MMLIC		
.0000	0000		35-2531693				Cornerstone Permanent Mortgage Fund III LLC	.MA	NIA	Massachusetts Mutual Life Insurance Company	Ownership/Influence	100.000	MMLIC		
.0000	0000		61-1793735				Cornerstone Permanent Mortgage Fund IV LLC	.MA	NIA	Massachusetts Mutual Life Insurance Company	OWNERSHIP	100.000	MMLIC		
.0000	0000		90-0991195		0001597511		Gateway Mezzanine Partners II LP	.DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership/Influence	32.100	MMLIC		
.0000	0000		90-0991195		0001597511		Gateway Mezzanine Partners II LP	.DE	NIA	C.M. Life Insurance Company	OWNERSHIP	4.800	MMLIC		
.0000	0000		90-0991195		0001597511		Gateway Mezzanine Partners II LP	.DE	NIA	Barings LLC	MANAGEMENT		MMLIC		
.0000	0000		37-1708623				Great Lakes III, L.P.	.DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership/Influence	41.400	MMLIC		
.0000	0000		37-1708623				Great Lakes III, L.P.	.DE	NIA	Barings LLC	MANAGEMENT		MMLIC		
.0000	0000						GIA EU Holdings - Emerson JV Sarl	.LUX	NIA	Massachusetts Mutual Life Insurance Company	Ownership/Influence	40.600	MMLIC		
.0000	0000						GIA EU Holdings - Emerson JV Sarl	.LUX	NIA	Barings LLC	MANAGEMENT		MMLIC		
.0000	0000		38-4041011				JPIMCC Commercial Mortgage Securities Trust 2017-JP7	.NY	NIA	Barings LLC	INFLUENCE		MMLIC		
.0000	0000		38-4032059				JPIMDB Commercial Mortgage Securities Trust 2017-C5	.NY	NIA	Barings LLC	INFLUENCE		MMLIC		
.0000	0000		82-1512591				KKR-MM Vector LP	.DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership/Influence	100.000	MMLIC		
.0000	0000		46-4255307				Marco Hotel LLC	.DE	NIA	Massachusetts Mutual Life Insurance Company	OWNERSHIP	100.000	MMLIC		
.0000	0000		04-1590850				Miami Douglas One GP LLC	.DE	NIA	Massachusetts Mutual Life Insurance Company	INFLUENCE		MMLIC		

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE MANHATTAN NATIONAL LIFE INSURANCE COMPANY

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
0000	0000		04-1590850				Miami Douglas One GP LLC	DE	NIA	C.M. Life Insurance Company	OWNERSHIP	5.500	MLLIC		
0000	0000		04-1590850				Miami Douglas Two GP LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	INFLUENCE		MLLIC		
0000	0000		04-1590850				Miami Douglas Two GP LLC	DE	NIA	C.M. Life Insurance Company	INFLUENCE		MLLIC		
0000	0000		04-1590850				Miami Douglas One LP	DE	NIA	Massachusetts Mutual Life Insurance Company	OWNERSHIP	90.000	MLLIC		
0000	0000		04-1590850				Miami Douglas One LP	DE	NIA	C.M. Life Insurance Company	OWNERSHIP	10.000	MLLIC		
0000	0000		04-1590850				Miami Douglas Two LP	DE	NIA	Massachusetts Mutual Life Insurance Company	OWNERSHIP	90.000	MLLIC		
0000	0000		04-1590850				Miami Douglas Two LP	DE	NIA	C.M. Life Insurance Company	OWNERSHIP	10.000	MLLIC		
0000	0000		04-1590850				Miami Douglas Three MM LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	OWNERSHIP	100.000	MLLIC		
0000	0000		87-4021641				MM BIG Peninsula Co-Invest Member LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	OWNERSHIP	91.500	MLLIC		
0000	0000		87-4021641				MM BIG Peninsula Co-Invest Member LLC	DE	NIA	C.M. Life Insurance Company	OWNERSHIP	2.800	MLLIC		
0000	0000		85-3886824				NYDIG Digital Assets Fund II LP	DE	NIA	Massachusetts Mutual Life Insurance Company	OWNERSHIP	100.000	MLLIC		
0000	0000		45-3623262				HB Naples Golf Owner LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	OWNERSHIP	100.000	MLLIC		
0000	0000						MM CM Holding LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	OWNERSHIP	100.000	MLLIC		
0000	0000		81-3000420				MM Debt Participations LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership/Influence	100.000	MLLIC		
0000	0000		81-3000420				MM Debt Participations LLC	DE	NIA	Barings LLC	MANAGEMENT		MLLIC		
0000	0000		82-4411267				RB Apartments LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	OWNERSHIP	100.000	MLLIC		
0000	0000		75-2901061			0000927972	Reston Arboretum LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	OWNERSHIP	100.000	MLLIC		
0000	0000		20-8856877			0000927972	Somerset Special Opportunities Fund L.P.	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership/Influence	40.100	MLLIC		
0000	0000		20-8856877			0000916053	Somerset Special Opportunities Fund L.P.	DE	NIA	C.M. Life Insurance Company	OWNERSHIP	1.900	MLLIC		
0000	0000		04-1590850			0000916053	SouthPointe Industrial LLC	DE	NIA	Barings LLC	OWNERSHIP	100.000	MLLIC		
0000	0000		35-2553915			0000916053	Ten Fan Pier Boulevard LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	OWNERSHIP	100.000	MLLIC		
0000	0000		41-2280127			0000916053	Tower Square Capital Partners III, L.P.	DE	NIA	Barings LLC	MANAGEMENT		MLLIC		
0000	0000		41-2280127			0000916053	Tower Square Capital Partners III, L.P.	DE	NIA	MassMutual Holding LLC	Ownership/Influence	18.600	MLLIC		
0000	0000		41-2280129			0000916053	Tower Square Capital Partners IIIA, L.P.	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership/Influence	100.000	MLLIC		
0000	0000		41-2280129			0000916053	Tower Square Capital Partners IIIA, L.P.	DE	NIA	Barings LLC	MANAGEMENT		MLLIC		
0000	0000		04-1590850			0000916053	Trailside MM Member LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	OWNERSHIP	59.600	MLLIC		
0000	0000		04-1590850			0000916053	Trailside MM Member LLC	DE	NIA	C.M. Life Insurance Company	OWNERSHIP	7.400	MLLIC		
0000	0000		83-1325764			0000916053	Washington Gateway Two LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	OWNERSHIP	89.300	MLLIC		
0000	0000		83-1325764			0000916053	Washington Gateway Two LLC	DE	NIA	C.M. Life Insurance Company	OWNERSHIP	6.700	MLLIC		
0000	0000		32-0574045			0000916053	Washington Gateway Three LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	OWNERSHIP	83.900	MLLIC		
0000	0000		32-0574045			0000916053	Washington Gateway Three LLC	DE	NIA	C.M. Life Insurance Company	OWNERSHIP	11.400	MLLIC		
0000	0000		04-1590850			0000916053	West 46th Street Hotel LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	OWNERSHIP	100.000	MLLIC		
0000	0000					0000916053	Babson Capital Loan Strategies Master Fund LP	CYV	NIA	Barings LLC	MANAGEMENT		MLLIC		
0000	0000					0000916053	Barings China Aggregate Bond Private Securities Investment Fund	CHN	NIA	Barings LLC	MANAGEMENT		MLLIC		

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SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
0000	0000					0000916053	Barings European Growth Trust Fund	GBR	NIA	Barings LLC	Ownership/Influence	21.400	MMLIC		
0000	0000		47-3790192			0000916053	Barings Global High Yield Fund	MA	NIA	Barings LLC	MANAGEMENT		MMLIC		
0000	0000						CCIC Fund	CHN	NIA	Barings LLC	Ownership/Influence	60.100	MMLIC		
0000	0000		71-1018134				Great Lakes II LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	OWNERSHIP	10.600	MMLIC		
0000	0000		71-1018134				Great Lakes III LLC	DE	NIA	C.M. Life Insurance Company	OWNERSHIP	0.100	MMLIC		
0000	0000		04-1590850				Wood Creek Venture Fund LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	OWNERSHIP	40.000	MMLIC		
0000	0000		36-4823011				50 Liberty LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	OWNERSHIP	65.000	MMLIC		
0000	0000		36-4823011			0000916053	50 Liberty LLC	DE	NIA	C.M. Life Insurance Company	OWNERSHIP	5.800	MMLIC		
0000	0000					0000916053	Barings California Mortgage Fund IV	CA	NIA	Massachusetts Mutual Life Insurance Company	OWNERSHIP	100.000	MMLIC		
0000	0000					0000916053	Barings Umbrella Fund LUX SCSp SICAV RAIF	LUX	NIA	Massachusetts Mutual Life Insurance Company	OWNERSHIP	50.000	MMLIC		
0000	0000					0000916053	Barings Umbrella Fund LUX SCSp SICAV RAIF	LUX	NIA	C.M. Life Insurance Company	OWNERSHIP	2.300	MMLIC		
0000	0000		82-2285211			0000916053	Calgary Railway Holding LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	OWNERSHIP	90.000	MMLIC		
0000	0000		82-2285211			0000916053	Calgary Railway Holding LLC	DE	NIA	C.M. Life Insurance Company	OWNERSHIP	10.000	MMLIC		
0000	0000		82-3307907			0000916053	Cornbrook PRS Holdings LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	OWNERSHIP	100.000	MMLIC		
0000	0000		95-4207717			0000916053	Cornerstone California Mortgage Fund I LLC	CA	NIA	Massachusetts Mutual Life Insurance Company	OWNERSHIP	100.000	MMLIC		
0000	0000		95-4207717			0000916053	Cornerstone California Mortgage Fund II LLC	CA	NIA	Massachusetts Mutual Life Insurance Company	OWNERSHIP	100.000	MMLIC		
0000	0000		95-4207717				Cornerstone California Mortgage Fund III LLC	CA	NIA	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MMLIC		
0000	0000		56-2630592				Cornerstone Fort Pierce Development LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	90.000	MMLIC		
0000	0000		56-2630592				Cornerstone Fort Pierce Development LLC	DE	NIA	C.M. Life Insurance Company	Ownership	5.900	MMLIC		

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ANNUAL STATEMENT FOR THE YEAR 2021 OF THE MANHATTAN NATIONAL LIFE INSURANCE COMPANY

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
.0000	??ADUB?set-f Inome.:?:Ai??MANDNT@?yyyyrC=BCBhgYyyy @n'i ÖGdl??ADUB? Insbe Cmpa:??;Ai??MLIC000A@?yyyyrC=BCB'r yyy y@A'i ÖGngs??ADUB?		45-2632610 45-2632610				Cornerstone Permanent Mortgage Fund Cornerstone Permanent Mortgage Fund	MA MA	NIA NIA	Massachusetts Mutual Life Insurance Company Barings LLC	Ownership Management	100.000	MLLIC MLLIC		
.0000			61-1750537 61-1750537				Cornerstone Permanent Mortgage Fund II Cornerstone Permanent Mortgage Fund II	MA MA	NIA NIA	Massachusetts Mutual Life Insurance Company Barings LLC	Ownership Management	100.000	MLLIC MLLIC		
.0000			61-1793735 81-0890084				Cornerstone Permanent Mortgage Fund IV CREA Madison Member LLC	MA DE	NIA NIA	Massachusetts Mutual Life Insurance Company C.M. Life Insurance Company	Ownership Ownership	100.000 100.000	MLLIC MLLIC		
.0000			20-0348173				CREA/PPC Venture LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	31.300	MLLIC		
.0000			82-2783393				Danville Riverwalk Venture, LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	94.400	MLLIC		
.0000			04-1590850				Euro Real Estate Holdings LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	50.000	MLLIC		
.0000			20-3347091 20-3347091				Fan Pier Development LLC Fan Pier Development LLC	DE DE	NIA NIA	Massachusetts Mutual Life Insurance Company C.M. Life Insurance Company	Ownership Ownership	67.300 5.900	MLLIC MLLIC		
.0000			04-1590850				GIA EU Holdings LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MLLIC		
.0000			81-5360103				Landmark Manchester Holdings LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MLLIC		
.0000			04-1590850				MM Brookhaven Member LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	95.000	MLLIC		
.0000			04-1590850				MM East South Crossing Member LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	95.000	MLLIC		
.0000			04-1590850 04-1590850				MM Horizon Savannah Member LLC MM Horizon Savannah Member LLC	DE DE	NIA NIA	Massachusetts Mutual Life Insurance Company C.M. Life Insurance Company	Ownership Ownership	88.700 3.700	MLLIC MLLIC		
.0000			80-0948028 80-0948028				One Harbor Shore LLC One Harbor Shore LLC	DE DE	NIA NIA	Massachusetts Mutual Life Insurance Company C.M. Life Insurance Company	Ownership Ownership	10.800 6.000	MLLIC MLLIC		
.0000			04-1590850				PACO France Logistics LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MLLIC		
.0000			82-3393166				Portland 400 Sixth Manager LLC Salomon Brothers Commercial Mortgage Trust 2001-MM	DE DE	NIA NIA	Massachusetts Mutual Life Insurance Company Barings Real Estate Advisers LLC	Ownership Influence	5.000	MLLIC		
.0000			27-2977720 27-2977720				Savgrass Village Shopping Center LLC Savgrass Village Shopping Center LLC	DE DE	NIA NIA	Massachusetts Mutual Life Insurance Company C.M. Life Insurance Company	Ownership Ownership	84.200 15.800	MLLIC MLLIC		
.0000							STOA Holding LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	50.000	MLLIC		
.0000			81-5273574				Three PW Office Holding LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	95.100	MLLIC		
.0000			35-2484550 35-2484550				Twenty Two Liberty LLC Twenty Two Liberty LLC	MA MA	NIA NIA	Massachusetts Mutual Life Insurance Company C.M. Life Insurance Company	Ownership Ownership	35.000 35.000	MLLIC MLLIC		
.0000			82-3250684				Unna, Dortmund Holding LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MLLIC		

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ANNUAL STATEMENT FOR THE YEAR 2021 OF THE MANHATTAN NATIONAL LIFE INSURANCE COMPANY

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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.0000			45-5401109				Washington Gateway Apartments Venture LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	90.700	MLLIC		
.0000			45-5401109				Washington Gateway Apartments Venture LLC	DE	NIA	C.M. Life Insurance Company	Ownership	4.800	MLLIC		
.0000			51-0529328		0000927972	00	MassMutual Premier Main Street Fund	MA	NIA	Massachusetts Mutual Life Insurance Company	Ownership	90.200	MLLIC		
.0000			26-3229251		0000927972	00	MassMutual Premier Strategic Emerging Markets Fund	MA	NIA	Massachusetts Mutual Life Insurance Company	Ownership	3.400	MLLIC		
.0000			01-0821120		0000916053	00	MassMutual Select Diversified Value Fund	MA	NIA	Massachusetts Mutual Life Insurance Company	Ownership	0.800	MLLIC		
.0000			04-3512593		0000916053	00	MassMutual Select Fundamental Growth Fund	MA	NIA	Massachusetts Mutual Life Insurance Company	Ownership	2.100	MLLIC		
.0000			42-1710935		0000916053	00	MassMutual Select Mid-Cap Value Fund	MA	NIA	Massachusetts Mutual Life Insurance Company	Ownership	26.000	MLLIC		
.0000			02-0769954		0000916053	00	MassMutual Select Small Capital Value Equity Fund	MA	NIA	Massachusetts Mutual Life Insurance Company	Influence		MLLIC		
.0000			04-3584140		0000916053	00	MassMutual Select Small Company Value Fund	MA	NIA	Massachusetts Mutual Life Insurance Company	Ownership	9.600	MLLIC		
.0000			82-3347422		0000916053	00	MassMutual Select T. Rowe Price Retirement 2005 Fund	MA	NIA	Massachusetts Mutual Life Insurance Company	Ownership	6.100	MLLIC		
.0000			82-3355639		0000916053	00	MassMutual Select T. Rowe Price Retirement 2010 Fund	MA	NIA	Massachusetts Mutual Life Insurance Company	Influence		MLLIC		
.0000			82-3382389		0000916053	00	MassMutual Select T. Rowe Price Retirement 2015 Fund	MA	NIA	Massachusetts Mutual Life Insurance Company	Influence		MLLIC		
.0000			82-3396442		0000916053	00	MassMutual Select T. Rowe Price Retirement 2020 Fund	MA	NIA	Massachusetts Mutual Life Insurance Company	Influence		MLLIC		
.0000			82-3417420		0000916053	00	MassMutual Select T. Rowe Price Retirement 2025 Fund	MA	NIA	Massachusetts Mutual Life Insurance Company	Influence		MLLIC		
.0000			82-3430358		0000916053	00	MassMutual Select T. Rowe Price Retirement 2030 Fund	MA	NIA	Massachusetts Mutual Life Insurance Company	Influence		MLLIC		
.0000			82-3439837		0000916053	00	MassMutual Select T. Rowe Price Retirement 2035 Fund	MA	NIA	Massachusetts Mutual Life Insurance Company	Influence		MLLIC		
.0000			82-3451779		0000916053	00	MassMutual Select T. Rowe Price Retirement 2040 Fund	MA	NIA	Massachusetts Mutual Life Insurance Company	Influence		MLLIC		
.0000			82-3472295		0000916053	00	MassMutual Select T. Rowe Price Retirement 2045 Fund	MA	NIA	Massachusetts Mutual Life Insurance Company	Influence		MLLIC		
.0000			82-3481715		0000916053	00	MassMutual Select T. Rowe Price Retirement 2050 Fund	MA	NIA	Massachusetts Mutual Life Insurance Company	Influence		MLLIC		
.0000			82-3502011		0000916053	00	MassMutual Select T. Rowe Price Retirement 2055 Fund	MA	NIA	Massachusetts Mutual Life Insurance Company	Influence		MLLIC		
.0000			82-3525148		0000916053	00	MassMutual Select T. Rowe Price Retirement 2060 Fund	MA	NIA	Massachusetts Mutual Life Insurance Company	Influence		MLLIC		
.0000			82-3533944		0000916053	00	MassMutual Select T. Rowe Price Retirement Balanced Fund	MA	NIA	Massachusetts Mutual Life Insurance Company	Influence		MLLIC		
.0000			46-4257056				MML Series International Equity Fund	MA	NIA	Massachusetts Mutual Life Insurance Company	Influence		MLLIC		
.0000			47-3517233				MML Series II Asset Momentum Fund	MA	NIA	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MLLIC		
.0000			47-3529636				MML Series II Dynamic Bond Fund	MA	NIA	Massachusetts Mutual Life Insurance Company	Influence		MLLIC		
.0000			47-3544629				MML Series II Equity Rotation Fund	MA	NIA	Massachusetts Mutual Life Insurance Company	Ownership	95.200	MLLIC		
.0000			47-3559064				MML Series II Special Situations Fund	MA	NIA	Massachusetts Mutual Life Insurance Company	Ownership	97.100	MLLIC		

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE MANHATTAN NATIONAL 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 Loca-tion	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)	*
.0000			27-1933389		0000916053	OQ	MassMutual RetireSMART 2035 Fund	MA	NIA	Massachusetts Mutual Life Insurance Company	Ownership	2.500	MLLIC		
.0000			27-1932769		0000916053	OQ	MassMutual RetireSMART 2045 Fund	MA	NIA	Massachusetts Mutual Life Insurance Company	Ownership	6.400	MLLIC		
.0000			46-3289207		0000916053	OQ	MassMutual RetireSMART 2055 Fund	MA	NIA	Massachusetts Mutual Life Insurance Company	Ownership	24.000	MLLIC		
.0000			47-5326235		0000916053	OQ	MassMutual RetireSMART 2060 Fund	MA	NIA	Massachusetts Mutual Life Insurance Company	Ownership	52.600	MLLIC		
.0000			45-1618155		0000916053	OQ	MassMutual 20/80 Allocation Fund	MA	NIA	Massachusetts Mutual Life Insurance Company	Influence		MLLIC		
.0000			45-1618222		0000916053	OQ	MassMutual 80/20 Allocation Fund	MA	NIA	Massachusetts Mutual Life Insurance Company	Influence		MLLIC		
.0000			03-0532464		0000916053	OQ	MassMutual RetireSMART In Retirement Fund	MA	NIA	Massachusetts Mutual Life Insurance Company	Ownership	2.100	MLLIC		
.0000			45-1618262		0000916053	OQ	MassMutual 40/60 Allocation Fund	MA	NIA	Massachusetts Mutual Life Insurance Company	Influence		MLLIC		
.0000			45-1618046		0000916053	OQ	MassMutual 60/40 Allocation Fund	MA	NIA	Massachusetts Mutual Life Insurance Company	Influence		MLLIC		

Asterisk	Explanation
1	Massachusetts Mutual Life Insurance Company owns 14.23% of the affiliated debt of Jefferies Finance LLC
2	Debt investors own .6% and includes only Great Lakes III, L.P.
3	Debt investors own 9.6% and includes only Babson Capital Loan Strategies Fund, L.P.
4	Debt investors own .5% and includes only Great Lakes III, L.P.
5	Debt investors own .2% and includes only Great Lakes III, L.P.

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE MANHATTAN NATIONAL 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)
65935	04-1590850	Massachusetts Mutual Life Insurance Company (MMLIC)	1,477,406,409	(2,744,902,053)	20,000,000						(1,247,495,644)	(98,811,453)
93432	06-1041383	C.M. Life Insurance Company	(141,134,536)	(10,497,636)							(151,632,172)	71,934,015
70416	43-0581430	MML Bay State Life Insurance Company	(27,000,035)								(27,000,035)	10,555,770
	04-1590850	2160 Grand Manager LLC	0	5,384,420							5,384,420	
	83-0560183	Aland Royalty Holdings LP	(402,959)	(259,507)							(662,466)	
	37-1506417	Babson Capital Loan Strategies Fund, L.P.	(1,730,081)	0							(1,730,081)	
		Barings Affordable Housing Mortgage Fund I LLC	(4,281,158)	34,857,993							30,576,835	
	61-1902329	Barings Affordable Housing Mortgage Fund II LLC	(2,314,091)	48,293,619							45,979,528	
	85-3036663	Barings Affordable Housing Mortgage Fund III LLC	(702,122)	4,826,945							4,124,823	
	36-4868350	Barings Asset-Based Income Fund (US) LP	0	14,661,673							14,661,673	
		Barings California Mortgage Fund IV	0	34,484							34,484	
	81-0841854	Barings CLO Investment Partners LP	(11,142,482)	748,242							(10,394,240)	
	84-3784245	Barings Emerging Generation Fund LP	(4,152,235)	10,923,511							6,771,276	
		Barings European Core Property Fund SCSp	(494,634)	(1,565)							(496,199)	
	46-5001122	Barings European Private Loan Fund III A	0	45,276,000							45,276,000	
		Barings European Real Estate Debt Income Fund	(6,233,129)	64,265,365							58,032,236	
	80-0875475	Barings Finance LLC			(20,000,000)						(20,000,000)	
		Barings Global Private Loan Fund	(4,325,754)	(23,357,606)	0						(27,683,360)	
	82-3867745	Barings Global Real Assets Fund LP	0	10,210,705							10,210,705	
		Barings Global Special Situations Credit Fund 3	(21,248,892)	(3,916,604)							(25,165,496)	
		Barings Global Special Situations Credit 4 Delaware	0	13,814,280							13,814,280	
		Barings Global Special Situations Credit 4 LUX	(33,481)	13,682,306							13,648,825	
	87-0977058	Barings Hotel Opportunity Venture	0	7,950,264							7,950,264	
	86-3661023	Barings Innovations & Growth Real Estate Fund	(920,114)	70,439,770							69,519,656	
	38-4010344	Barings North American Private Loan Fund LP	(1,749,937)	(7,626,660)							(9,376,597)	
	98-1332384	Barings RE Credit Strategies VII LP	(9,522,257)	5,607,140							(3,915,117)	
	85-3449260	Barings Real Estate Debt Income Fund LP	(5,625,555)	90,614,931							84,989,376	
		Barings Real Estate European Value Add I SCSp	(24,704,713)	(11,585,861)							(36,290,574)	
	84-5063008	Barings Small Business Fund LLC	0	3,723,213							3,723,213	
	87-1262754	Barings Transportation Fund LP	0	36,369,620							36,369,620	
		Barings Umbrella Fund LUX SCSp SICAV RAIF	0	33,438,743							33,438,743	

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE MANHATTAN NATIONAL 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)
	04-1590850	Berkshire Way LLC	0	550,000							550,000	
		Braemar Energy Ventures I, L.P.	0	122,024							122,024	
	06-1041383	CML Mezzanine Investor III, LLC	(830)	(12,237)							(13,067)	
		CML Special Situations Investor LLC	(106,025)	(104,130)							(210,155)	
	82-3307907	Cornbrook PRS Holdings LLC	0	3,448,455							3,448,455	
	95-4207717	Cornerstone California Mortgage Fund I LLC										
			(3,527,026)	(2,419,174)							(5,946,200)	
	95-4207717	Cornerstone California Mortgage Fund II LLC										
			(2,013,552)	8,925,850							6,912,298	
	95-4207717	Cornerstone California Mortgage Fund III LLC										
			(878,608)	32,872,906							31,994,298	
	56-2630592	Cornerstone Fort Pierce Development LLC	0	149,863							149,863	
	45-2632610	Cornerstone Permanent Mortgage Fund	(5,815,415)	76,662							(5,738,753)	
	61-1750537	Cornerstone Permanent Mortgage Fund II	(4,881,964)	(267,286)							(5,149,250)	
	35-2531693	Cornerstone Permanent Mortgage Fund III LLC										
			(5,439,657)	10,772,814							5,333,157	
	61-1793735	Cornerstone Permanent Mortgage Fund IV LLC										
			(3,707,628)	25,628,631							21,921,003	
	46-5432619	Cornerstone Real Estate Fund X LP	(13,082,537)	(565,017)							(13,647,554)	
	81-0890084	CREA Madison Member LLC	0	(21,600,000)							(21,600,000)	
	20-0348173	CREA/PPC Venture LLC	1,650,000	(1,650,000)							0	
	82-2783393	Danville Riverwalk Venture, LLC	0	650,526							650,526	
		EM Opportunities LLC	0	375,000							375,000	
	04-1590850	Euro Real Estate Holdings LLC	0	10,921,066							10,921,066	
	20-3347091	Fan Pier Development LLC	(260,688)	0							(260,688)	
	90-0991195	Gateway Mezzanine Partners II LP	0	(9,842,702)							(9,842,702)	
	04-1590850	GIA EU Holdings LLC	0	12,702,667							12,702,667	
	71-1018134	Great Lakes II LLC	(850,237)	2,395							(847,842)	
	37-1708623	Great Lakes III, L.P.	(1,362,417)	(1,235,265)							(2,597,682)	
	04-1590850	Insurance Road LLC	(388,769,775)	(22,427,545)							(411,197,320)	
	46-2344300	Intermodal Holdings II LLC	(345,918)	(615,282)							(961,200)	
	82-1512591	KKR-MM Vector LP	(10,596,625)	0							(10,596,625)	
	81-5360103	Landmark Manchester Holdings LLC	0	(17,037,155)							(17,037,155)	
	04-2854319	MassMutual Holding LLC	(544,000,000)	63,226,461							(480,773,539)	
	04-3313782	MassMutual International LLC	0	(186,662,868)							(186,662,868)	
	04-1590850	MassMutual Private Equity Funds LLC	0	75,572,288							75,572,288	
	42-1710935	MassMutual Select Mid-Cap Value Fund	(11,856)	0							(11,856)	
	06-1563535	The MassMutual Trust Company, FSB	(5,000,000)	0							(5,000,000)	
	04-1590850	Miami Douglas Three MM LLC	0	17,714,932							17,714,932	
	04-1590850	Miami Douglas Two GP LLC	0	1,265							1,265	
	04-1590850	Miami Douglas Two LP	0	12,651,363							12,651,363	
		MM/Barings Multifamily TEBS 2020 LLC	0	(188,306)							(188,306)	
	87-4021641	MM BIG Peninsula Co-Invest Member LLC	0	77,104,921							77,104,921	
	04-1590850	MM Brookhaven Member LLC	0	44,893,110							44,893,110	

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE MANHATTAN NATIONAL 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)
		MM CM Holding LLC	0	44,613,283							44,613,283	
	04-1590850	MM Copper Hill Road LLC	0	3,457,471							3,457,471	
	81-3000420	MM Debt Participations LLC	0	110,000							110,000	
	04-1590850	MM East South Crossing Member LLC	0	16,223,209							16,223,209	
		MM Global Capabilities I LLC	0	(224,408)							(224,408)	
		MM Global Capabilities III LLC	0	199,826							199,826	
		MM Global Capabilities II LLC	0	199,711							199,711	
	04-1590850	MM Horizon Savannah Member LLC	0	43,417,838							43,417,838	
		MassMutual MCAM Insurance Company, Inc.		15,000,000							15,000,000	
	04-1590850	MM Rothesay Holdco US LLC		1,884,294,587							1,884,294,587	
		MML Investment Advisers, LLC	(90,695,861)	(6)							(90,695,867)	
	04-1590850	MML Mezzanine Investor II, LLC	0	(828,206)							(828,206)	
	04-1590850	MML Mezzanine Investor III, LLC	(23,358)	(93,913)							(117,271)	
	04-1590850	MML Private Equity Fund Investor LLC	(70,277,135)	60,905,908							(9,371,227)	
	47-3517233	MML Series II Asset Momentum Fund	(13,821,144)								(13,821,144)	
	47-3544629	MML Series II Equity Rotation Fund	(13,915,792)								(13,915,792)	
	47-3559064	MML Series II Special Situations Fund	(9,262,818)								(9,262,818)	
		MML Special Situations Investor LLC	(1,661,064)	(2,352,698)							(4,013,762)	
	04-1590850	New Haven Holdco LLC	0	76,938,243							76,938,243	
	85-3886824	NYDIG Digital Assets Fund II LP	0	2,415,693							2,415,693	
	80-0948028	One Harbor Shore LLC	0	513,000							513,000	
	04-1590850	PACO France Logistiques LLC	0	(545,135)							(545,135)	
	82-3393166	Portland 400 Sixth Manager LLC	0	5,605,000							5,605,000	
	46-5460309	Red Lake Ventures, LLC	0	28,364							28,364	
	81-4065378	Remington L & W Holdings LLC	(497,277)	(1,034,336)							(1,531,613)	
		Rothesay Life Plc									0	16,321,668
	27-2977720	Sawgrass Village Shopping Center LLC	(1,629,133)	(1,345,867)							(2,975,000)	
		STOA Holding LLC	0	(2,279,679)							(2,279,679)	
		Tamiami Citurus, LLC	0	607,107							607,107	
	81-5273574	Three PW Office Holding LLC	0	4,046,308							4,046,308	
	47-5322979	Timberland Forest Holding LLC	0	(477,755)							(477,755)	
	41-2280129	Tower Square Capital Partners IIIA, L.P.	(14,282,993)	3,417,005							(10,865,988)	
	35-2484550	Twenty Two Liberty LLC	(780,000)	0							(780,000)	
	82-3250684	Unna, Dortmund Holding LLC	0	(1,069,321)							(1,069,321)	
	45-5401109	Washington Gateway Apartments Venture LLC		0							0	
			(3,840,910)	0							(3,840,910)	
	32-0574045	Washington Gateway Three LLC	0	1,169,210							1,169,210	
	83-1325764	Washington Gateway Two LLC	0	377,598							377,598	
9999999	Control Totals		1	1	0	0	0	0	XXX	0	2	0

54.2

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?	NO
16. Will the actuarial opinion on Separate Accounts Funding Guaranteed Minimum Benefit be filed with the state of domicile and electronically with the NAIC by March 1?	NO
17. Will the actuarial opinion on Synthetic Guaranteed Investment Contracts be filed with the state of domicile and electronically with the NAIC by March 1?	NO
18. Will the Reasonableness of Assumptions Certification required by Actuarial Guideline XXXV be filed with the state of domicile and electronically with the NAIC by March 1?	NO
19. Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXV be filed with the state of domicile and electronically with the NAIC by March 1?	NO
20. Will the Reasonableness of Assumptions Certification for Implied Guaranteed Rate Method required by Actuarial Guideline XXXVI be filed with the state of domicile and electronically with the NAIC by March 1?	NO
21. Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Average Market Value) be filed with the state of domicile and electronically with the NAIC by March 1?	NO
22. Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Market Value) be filed with the state of domicile and electronically with the NAIC by March 1?	NO
23. Will the C-3 RBC Certifications required under C-3 Phase I be filed with the state of domicile and electronically with the NAIC by March 1?	NO
24. Will the C-3 RBC Certifications required under C-3 Phase II be filed with the state of domicile and electronically with the NAIC by March 1?	NO
25. Will the Actuarial Certifications Related to Annuity Nonforfeiture Ongoing Compliance for Equity Indexed Annuities be filed with the state of domicile and electronically with the NAIC by March 1?	NO

**ANNUAL STATEMENT FOR THE YEAR 2021 OF THE MANHATTAN NATIONAL LIFE INSURANCE COMPANY
SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES**

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

APRIL FILING

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

AUGUST FILING

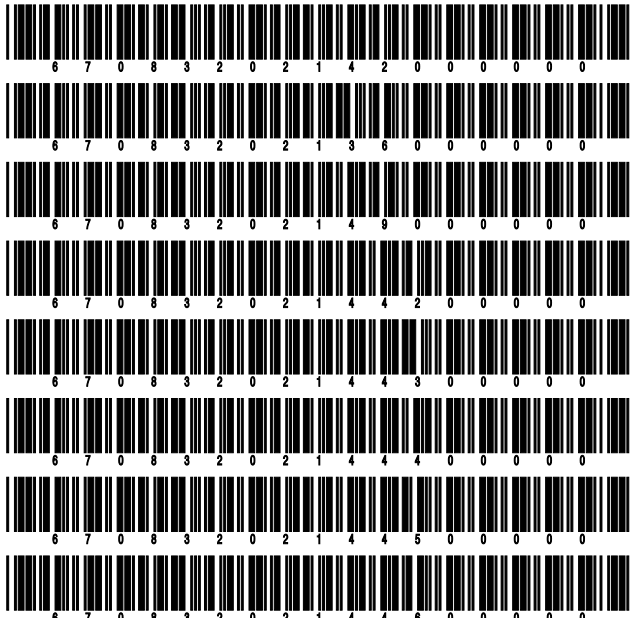
- 48. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1? YES

Explanations:

























- 10. The data for this supplement is not required to be filed.
- 11. The data for this supplement is not required to be filed.
- 12. The data for this supplement is not required to be filed.
- 15. The data for this supplement is not required to be filed.
- 16. The data for this supplement is not required to be filed.
- 17. The data for this supplement is not required to be filed.
- 18. The data for this supplement is not required to be filed.
- 19. The data for this supplement is not required to be filed.
- 20. The data for this supplement is not required to be filed.
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- 33. The data for this supplement is not required to be filed.
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- 42. The data for this supplement is not required to be filed.
- 43. The data for this supplement is not required to be filed.
- 44. The data for this supplement is not required to be filed.
- 45. The data for this supplement is not required to be filed.
- 46. The data for this supplement is not required to be filed.
- 47. The data for this supplement is not required to be filed.

Bar Codes:

- 10. SIS Stockholder Information Supplement [Document Identifier 420]
- 11. Medicare Supplement Insurance Experience Exhibit [Document Identifier 360]
- 12. Trusteed Surplus Statement [Document Identifier 490]
- 15. Actuarial Opinion on X-Factors [Document Identifier 442]
- 16. Actuarial Opinion on Separate Accounts Funding Guaranteed Minimum Benefit [Document Identifier 443]
- 17. Actuarial Opinion on Synthetic Guaranteed Investment Contracts [Document Identifier 444]
- 18. Reasonableness of Assumptions Certification required by Actuarial Guideline XXXV [Document Identifier 445]
- 19. Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXV [Document Identifier 446]



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE MANHATTAN NATIONAL LIFE INSURANCE COMPANY
SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

20. Reasonableness of Assumptions Certification for Implied Guaranteed Rate Method required by Actuarial Guideline XXXVI [Document Identifier 447]	 6 7 0 8 3 2 0 2 1 4 4 7 0 0 0 0 0
21. Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI [Document Identifier 448]	 6 7 0 8 3 2 0 2 1 4 4 8 0 0 0 0 0
22. Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Market Value) [Document Identifier 449]	 6 7 0 8 3 2 0 2 1 4 4 9 0 0 0 0 0
23. C-3 RBC Certifications Required Under C-3 Phase I [Document Identifier 450]	 6 7 0 8 3 2 0 2 1 4 5 0 0 0 0 0 0
24. C-3 RBC Certifications Required Under C-3 Phase II [Document Identifier 451]	 6 7 0 8 3 2 0 2 1 4 5 1 0 0 0 0 0
25. Actuarial Certifications Related to Annuity Nonforfeiture Ongoing Compliance for Equity Indexed Annuities [Document Identifier 452]	 6 7 0 8 3 2 0 2 1 4 5 2 0 0 0 0 0
26. Modified Guaranteed Annuity Model Regulation [Document Identifier 453]	 6 7 0 8 3 2 0 2 1 4 5 3 0 0 0 0 0
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]	 6 7 0 8 3 2 0 2 1 4 5 4 0 0 0 0 0
28. Workers' Compensation Carve-Out Supplement [Document Identifier 495]	 6 7 0 8 3 2 0 2 1 4 9 5 0 0 0 0 0
30. Medicare Part D Coverage Supplement [Document Identifier 365]	 6 7 0 8 3 2 0 2 1 3 6 5 0 0 0 0 0
31. Relief from the five-year rotation requirement for lead audit partner [Document Identifier 224]	 6 7 0 8 3 2 0 2 1 2 2 4 0 0 0 0 0
32. Relief from the one-year cooling off period for independent CPA [Document Identifier 225]	 6 7 0 8 3 2 0 2 1 2 2 5 0 0 0 0 0
33. Relief from the Requirements for Audit Committees [Document Identifier 226]	 6 7 0 8 3 2 0 2 1 2 2 6 0 0 0 0 0
34. VM-20 Reserves Supplement [Document Identifier 456]	 6 7 0 8 3 2 0 2 1 4 5 6 0 0 0 0 0
35. Health Care Receivables Supplement [Document Identifier 470]	 6 7 0 8 3 2 0 2 1 4 7 0 0 0 0 0 0
38. Credit Insurance Experience Exhibit [Document Identifier 230]	 6 7 0 8 3 2 0 2 1 2 3 0 0 0 0 0 0
40. Supplemental Health Care Exhibit (Parts 1, 2 and 3) [Document Identifier 216]	 6 7 0 8 3 2 0 2 1 2 1 6 0 0 0 0 0
41. Supplemental Health Care Exhibit's Expense Allocation Report [Document Identifier 217]	 6 7 0 8 3 2 0 2 1 2 1 7 0 0 0 0 0
42. Actuarial Memorandum Required by Actuarial Guideline XXXVIII 8D [Document Identifier 435]	 6 7 0 8 3 2 0 2 1 4 3 5 0 0 0 0 0
43. Supplemental Term and Universal Life Insurance Reinsurance Exhibit [Document Identifier 345]	 6 7 0 8 3 2 0 2 1 3 4 5 0 0 0 0 0
44. Variable Annuities Supplement [Document Identifier 286]	 6 7 0 8 3 2 0 2 1 2 8 6 0 0 0 0 0
45. Executive Summary of the PBR Actuarial Report [Document Identifier 457]	 6 7 0 8 3 2 0 2 1 4 5 7 0 0 0 0 0
46. Life Summary of the PBR Actuarial Report [Document Identifier 458]	 6 7 0 8 3 2 0 2 1 4 5 8 0 0 0 0 0
47. Variable Annuities Summary of the PBR Actuarial Report [Document Identifier 459]	 6 7 0 8 3 2 0 2 1 4 5 9 0 0 0 0 0

NONE



SUPPLEMENT FOR THE YEAR 2021 OF THE MANHATTAN NATIONAL LIFE INSURANCE COMPANY

SCHEDULE O SUPPLEMENT

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

Of The MANHATTAN NATIONAL LIFE INSURANCE COMPANY
ADDRESS (City, State and Zip Code) Cincinnati, OH 45202
NAIC Group Code 0435 NAIC Company Code 67083 Employer's Identification Number (FEIN) 45-0252531

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 MANHATTAN NATIONAL 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 MANHATTAN NATIONAL 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	Standard Factor	4,664
3. Individual Annuity	Standard Factor	569
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	Standard Factor	72
11. Total		5,305

Health Care Receivables Supplement - Heading Information

N O N E