



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

Provident American Life and Health Insurance Company

NAIC Group Code 0901 0901 NAIC Company Code 67903 Employer's ID Number 23-1335885
(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 04/06/1949 Commenced Business 09/30/1949

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

Main Administrative Office 11200 Lakeline Blvd Ste 100
(Street and Number)
Austin, TX, US 78717, 512-451-2224
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

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

Primary Location of Books and Records 11200 Lakeline Blvd Ste 100
(Street and Number)
Austin, TX, US 78717, 512-451-2224
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Website Address CignaSupplementalBenefits.com

Statutory Statement Contact Renee Wilkins Feldman, 512-531-1465
(Name) (Area Code) (Telephone Number)
CSBFinRpt@cigna.com, 512-467-1399
(E-mail Address) (FAX Number)

OFFICERS

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

OTHER

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

DIRECTORS OR TRUSTEES

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

State of Pennsylvania SS
County of Philadelphia

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

Stephen Burnett Jones
President

Byron Keith Buescher
Treasurer and Chief Accounting Officer

Jill Mary Stadelman
Secretary

Subscribed and sworn to before me this _____ day of _____

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



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Provident American Life and Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Alabama

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 67903

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance			16,235		16,235
2. Annuity considerations					
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)			16,235		16,235
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals					
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims										
18.3 Totals paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements										
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year			(a)		2	380,000			2	380,000
21. Issued during year										
22. Other changes to in force (Net)					(2)	(380,000)			(2)	(380,000)
23. In force December 31 of current year			(a)							

(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)					
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 products0 and number of persons
 insured under indemnity only products0 .



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ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Provident American Life and Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Alaska

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 67903

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS, DIRECT CLAIMS AND BENEFITS PAID, DETAILS OF WRITE-INS.

Table with 10 columns: 1 No. of Pols. & Certifs., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No. of Pols. & Certifs., 8 Amount, 9 No. of Pols. & Certifs., 10 Amount. Rows include: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, POLICY EXHIBIT.

(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



6 7 9 0 3 2 0 2 1 4 3 0 0 3 1 0 0

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Provident American Life and Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Arizona

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 67903

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 Provident American Life and Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Arkansas

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 67903

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

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

(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)	11,892	11,778		10,030	10,230
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)	11,892	11,778		10,030	10,230
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	11,892	11,778		10,030	10,230

(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 Provident American Life and Health Insurance Company

DIRECT BUSINESS IN THE STATE OF California

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 67903

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	2,586				2,586
2. Annuity considerations					
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	2,586				2,586
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals					
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims										
18.3 Totals paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements										
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	1	25,000	(a)						1	25,000
21. Issued during year										
22. Other changes to in force (Net)	3	25,000							3	25,000
23. In force December 31 of current year	4	50,000	(a)						4	50,000

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)		11,015		18,536	18,061
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)		11,015		18,536	18,061
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)		11,015		18,536	18,061

(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 Provident American Life and Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Colorado

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 67903

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	719				719
2. Annuity considerations					
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	719				719
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals					
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

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

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	44,958	44,388		29,945	29,811
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)	44,958	44,388		29,945	29,811
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	44,958	44,388		29,945	29,811

(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 Provident American Life and Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Connecticut

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 67903

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 Provident American Life and Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Delaware

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 67903

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

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

(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)					
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 products0 and number of persons insured under indemnity only products0 .



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Provident American Life and Health Insurance Company

DIRECT BUSINESS IN THE STATE OF District of Columbia

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 67903

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 (1-5), DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS (6.1-6.5, 7.1-7.4, 8), DIRECT CLAIMS AND BENEFITS PAID (9-15), and DETAILS OF WRITE-INS (1301-1399).

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 (16-19), POLICY EXHIBIT (20-23).

(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



6 7 9 0 3 2 0 2 1 4 3 0 1 0 1 0 0

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Provident American Life and Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Florida

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 67903

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 Provident American Life and Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Georgia

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 67903

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

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims										
18.3 Totals paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements										
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year			(a)							
21. Issued during year										
22. Other changes to in force (Net)	.1	107							.1	107
23. In force December 31 of current year	1	107	(a)						1	107

(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)		29,675	29,382	15,062	14,637
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)		29,675	29,382	15,062	14,637
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)		29,675	29,382	15,062	14,637

(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 Provident American Life and Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Hawaii

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 67903

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 Provident American Life and Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Idaho

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 67903

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



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ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Provident American Life and Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Illinois

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 67903

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Provident American Life and Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Indiana

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 67903

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	1,781				1,781
2. Annuity considerations					
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	1,781				1,781
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals					
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

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

(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)		31,788		42,409	42,111
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)		31,788		42,409	42,111
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)		31,788		42,409	42,111

(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 Provident American Life and Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Iowa

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 67903

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

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims										
18.3 Totals paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements										
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	7	55,000	(a)						7	55,000
21. Issued during year										
22. Other changes to in force (Net)	(1)	(3,000)							(1)	(3,000)
23. In force December 31 of current year	6	52,000	(a)						6	52,000

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	202,474	204,519		228,207	228,313
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)	202,474	204,519		228,207	228,313
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	202,474	204,519		228,207	228,313

(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 Provident American Life and Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Kansas

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 67903

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 Provident American Life and Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Kentucky

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 67903

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	8,282				8,282
2. Annuity considerations					
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	8,282				8,282
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	17,081				17,081
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts	4,603				4,603
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals	21,685				21,685
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pol. & Certifs.	Amount	No. of Ind. Pol. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pol. & Certifs.	Amount	No. of Pol. & Certifs.	Amount
16. Unpaid December 31, prior year	.1	7,000							.1	7,000
17. Incurred during current year	.1	10,000							.1	10,000
Settled during current year:										
18.1 By payment in full	.2	17,000							.2	17,000
18.2 By payment on compromised claims										
18.3 Totals paid	.2	17,000							.2	17,000
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	.2	17,000							.2	17,000
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT						No. of Policies				
20. In force December 31, prior year	16	140,763	(a)						16	140,763
21. Issued during year										
22. Other changes to in force (Net)	(4)	(5,107)							(4)	(5,107)
23. In force December 31 of current year	12	135,656	(a)						12	135,656

(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)	54,417	54,129		20,115	20,918
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)	54,417	54,129		20,115	20,918
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	54,417	54,129		20,115	20,918

(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 Provident American Life and Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Louisiana

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 67903

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	2,424				2,424
2. Annuity considerations					
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	2,424				2,424
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals					
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims										
18.3 Totals paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements										
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	6	42,312	(a)						6	42,312
21. Issued during year										
22. Other changes to in force (Net)	1	5,000							1	5,000
23. In force December 31 of current year	7	47,312	(a)						7	47,312

(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)	45,734	44,871		48,581	48,548
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)	45,734	44,871		48,581	48,548
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	45,734	44,871		48,581	48,548

(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 Provident American Life and Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Maine

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 67903

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS, DIRECT CLAIMS AND BENEFITS PAID, and DETAILS OF WRITE-INS.

Table with 10 columns: 1-2 Ordinary (No. of Pols. & Certifs., Amount), 3-4 Credit Life (No. of Ind. Pols. & Gr. Certifs., Amount), 5-6 Group (No. of Certifs., Amount), 7-8 Industrial (No. of Pols. & Certifs., Amount), 9-10 Total (No. of Pols. & Certifs., Amount). Rows include: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, 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



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ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Provident American Life and Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Maryland

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 67903

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 Provident American Life and Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Massachusetts

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 67903

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

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

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)		3,000			
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)		3,000			
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)		3,000			

(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 .



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ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Provident American Life and Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Michigan

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 67903

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 Provident American Life and Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Minnesota

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 67903

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	417				417
2. Annuity considerations					
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	417				417
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals					
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

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

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)		5,651		8,755	8,855
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)		5,651		8,755	8,855
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)		5,651		8,755	8,855

(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 Provident American Life and Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Mississippi

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 67903

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	10,524				10,524
2. Annuity considerations					
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	10,524				10,524
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	20,093				20,093
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals	20,093				20,093
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pol. & Certifs.	Amount	No. of Ind. Pol. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pol. & Certifs.	Amount	No. of Pol. & Certifs.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year	2	20,000							2	20,000
Settled during current year:										
18.1 By payment in full	2	20,000							2	20,000
18.2 By payment on compromised claims										
18.3 Totals paid	2	20,000							2	20,000
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	2	20,000							2	20,000
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT						No. of Policies				
20. In force December 31, prior year	21	143,730	(a)						21	143,730
21. Issued during year										
22. Other changes to in force (Net)	(2)	(20,000)							(2)	(20,000)
23. In force December 31 of current year	19	123,730	(a)						19	123,730

(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)		116,212	116,290	95,202	94,980
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)		116,212	116,290	95,202	94,980
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)		116,212	116,290	95,202	94,980

(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 Provident American Life and Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Missouri

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 67903

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 Maturity and Endowment 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 Provident American Life and Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Montana

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 67903

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Provident American Life and Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Nebraska

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 67903

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	2,304				2,304
2. Annuity considerations					
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	2,304				2,304
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	5,041				5,041
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals	5,041				5,041
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	.1	5,000							.1	5,000
17. Incurred during current year Settled during current year:										
18.1 By payment in full	.1	5,000							.1	5,000
18.2 By payment on compromised claims										
18.3 Totals paid	.1	5,000							.1	5,000
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	.1	5,000							.1	5,000
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT						No. of Policies				
20. In force December 31, prior year	.5	47,500	(a)						.5	47,500
21. Issued during year										
22. Other changes to in force (Net)	(1)	(5,000)							(1)	(5,000)
23. In force December 31 of current year	4	42,500	(a)						4	42,500

(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)		55,554	60,589	44,136	43,372
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)		55,554	60,589	44,136	43,372
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)		55,554	60,589	44,136	43,372

(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 Provident American Life and Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Nevada

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 67903

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 Provident American Life and Health Insurance Company

DIRECT BUSINESS IN THE STATE OF New Hampshire

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 67903

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



6 7 9 0 3 2 0 2 1 4 3 0 3 1 1 0 0

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Provident American Life and Health Insurance Company

DIRECT BUSINESS IN THE STATE OF New Jersey

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 67903

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 Provident American Life and Health Insurance Company

DIRECT BUSINESS IN THE STATE OF New Mexico

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 67903

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	(16)				(16)
2. Annuity considerations					
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	(16)				(16)
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	2,514				2,514
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals	2,514				2,514
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

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

(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)	8,844	8,856		658	521
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	8,844	8,856		658	521
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	8,844	8,856		658	521

(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 Provident American Life and Health Insurance Company

DIRECT BUSINESS IN THE STATE OF New York

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 67903

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS, DIRECT CLAIMS AND BENEFITS PAID, DETAILS OF WRITE-INS.

Table with 10 columns: 1 No. of Pols. & Certifs., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No. of Pols. & Certifs., 8 Amount, 9 No. of Pols. & Certifs., 10 Amount. Rows include: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, POLICY EXHIBIT.

(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 Provident American Life and Health Insurance Company

DIRECT BUSINESS IN THE STATE OF North Carolina

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 67903

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	4,122				4,122
2. Annuity considerations					
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	4,122				4,122
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts	1,998				1,998
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals	1,998				1,998
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims										
18.3 Totals paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements										
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	3	45,000	(a)						3	45,000
21. Issued during year										
22. Other changes to in force (Net)										
23. In force December 31 of current year	3	45,000	(a)						3	45,000

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	4,924	4,907		4,871	5,328
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	4,924	4,907		4,871	5,328
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	4,924	4,907		4,871	5,328

(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 Provident American Life and Health Insurance Company

DIRECT BUSINESS IN THE STATE OF North Dakota

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 67903

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 (1-5), DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS (6.1-6.5, 7.1-7.4, 8), DIRECT CLAIMS AND BENEFITS PAID (9-15), and DETAILS OF WRITE-INS (1301-1399).

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 (16-19) and POLICY EXHIBIT (20-23).

(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 Provident American Life and Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Ohio

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 67903

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 Maturity and Endowment 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 Provident American Life and Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Oklahoma

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 67903

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	20,569				20,569
2. Annuity considerations					
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	20,569				20,569
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	36,692				36,692
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts	5,292				5,292
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals	41,984				41,984
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year	7	54,000							7	54,000
Settled during current year:										
18.1 By payment in full	4	36,500							4	36,500
18.2 By payment on compromised claims										
18.3 Totals paid	4	36,500							4	36,500
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	4	36,500							4	36,500
19. Unpaid Dec. 31, current year (16+17-18.6)	3	17,500							3	17,500
POLICY EXHIBIT										
20. In force December 31, prior year	31	251,682	(a)		No. of Policies				31	251,682
21. Issued during year										
22. Other changes to in force (Net)	(5)	(41,500)							(5)	(41,500)
23. In force December 31 of current year	26	210,182	(a)						26	210,182

(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)	176,223	176,470		101,540	102,320
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)	176,223	176,470		101,540	102,320
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	176,223	176,470		101,540	102,320

(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 Provident American Life and Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Oregon

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 67903

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	16,035				16,035
2. Annuity considerations					
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	16,035				16,035
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	24,152				24,152
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals	24,152				24,152
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pol. & Certifs.	Amount	No. of Ind. Pol. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pol. & Certifs.	Amount	No. of Pol. & Certifs.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year	3	24,000							3	24,000
Settled during current year:										
18.1 By payment in full	3	24,000							3	24,000
18.2 By payment on compromised claims										
18.3 Totals paid	3	24,000							3	24,000
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	3	24,000							3	24,000
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT						No. of Policies				
20. In force December 31, prior year	37	244,999	(a)						37	244,999
21. Issued during year										
22. Other changes to in force (Net)	(5)	(44,000)							(5)	(44,000)
23. In force December 31 of current year	32	200,999	(a)						32	200,999

(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)	214,279	217,316		87,168	88,376
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)	214,279	217,316		87,168	88,376
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	214,279	217,316		87,168	88,376

(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 Provident American Life and Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Pennsylvania

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 67903

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	2,248		12,263		14,512
2. Annuity considerations					
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	2,248		12,263		14,512
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals					
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims										
18.3 Totals paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements										
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	5	25,000	(a)		40	1,669,500			45	1,694,500
21. Issued during year										
22. Other changes to in force (Net)	(1)	(5,000)			(40)	(1,669,500)			(41)	(1,674,500)
23. In force December 31 of current year	4	20,000	(a)						4	20,000

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)		21,760		1,896	2,198
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)		21,760		1,896	2,198
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)		21,760		1,896	2,198

(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 Provident American Life and Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Rhode Island

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 67903

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

Table with 10 columns: 1-2 Ordinary (No. of Pols. & Certifs., Amount), 3-4 Credit Life (No. of Ind. Pols. & Gr. Certifs., Amount), 5-6 Group (No. of Certifs., Amount), 7-8 Industrial (No. of Pols. & Certifs., Amount), 9-10 Total (No. of Pols. & Certifs., Amount). Rows include 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 Provident American Life and Health Insurance Company

DIRECT BUSINESS IN THE STATE OF South Carolina

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 67903

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	53,059				53,059
2. Annuity considerations					
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	53,059				53,059
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	129,088				129,088
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts	5,090				5,090
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals	134,178				134,178
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	2	20,000							2	20,000
17. Incurred during current year	11	111,000							11	111,000
Settled during current year:										
18.1 By payment in full	12	128,500							12	128,500
18.2 By payment on compromised claims										
18.3 Totals paid	12	128,500							12	128,500
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	12	128,500							12	128,500
19. Unpaid Dec. 31, current year (16+17-18.6)	1	2,500							1	2,500
POLICY EXHIBIT						No. of Policies				
20. In force December 31, prior year	89	947,000	(a)						89	947,000
21. Issued during year										
22. Other changes to in force (Net)	(13)	(143,500)							(13)	(143,500)
23. In force December 31 of current year	76	803,500	(a)						76	803,500

(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)	383,201	379,193		221,863	223,126
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)	383,201	379,193		221,863	223,126
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	383,201	379,193		221,863	223,126

(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 .



6 7 9 0 3 2 0 2 1 4 3 0 4 2 1 0 0

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Provident American Life and Health Insurance Company

DIRECT BUSINESS IN THE STATE OF South Dakota

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 67903

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 Provident American Life and Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Tennessee

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 67903

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 Provident American Life and Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Texas

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 67903

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	220,547				220,547
2. Annuity considerations					
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	220,547				220,547
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	367,601				367,601
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts	48,098				48,098
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals	415,698				415,698
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pol. & Certifs.	Amount	No. of Ind. Pol. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pol. & Certifs.	Amount	No. of Pol. & Certifs.	Amount
16. Unpaid December 31, prior year	10	88,500							10	88,500
17. Incurred during current year	44	321,000							44	321,000
Settled during current year:										
18.1 By payment in full	46	362,000							46	362,000
18.2 By payment on compromised claims										
18.3 Totals paid	46	362,000							46	362,000
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	46	362,000							46	362,000
19. Unpaid Dec. 31, current year (16+17-18.6)	8	47,500							8	47,500
POLICY EXHIBIT						No. of Policies				
20. In force December 31, prior year	511	3,362,180	(a)						511	3,362,180
21. Issued during year										
22. Other changes to in force (Net)	(66)	(542,000)							(66)	(542,000)
23. In force December 31 of current year	445	2,820,180	(a)						445	2,820,180

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	2,502,690	2,518,916		1,609,259	1,600,498
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)	2,502,690	2,518,916		1,609,259	1,600,498
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	2,502,690	2,518,916		1,609,259	1,600,498

(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 Provident American Life and Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Utah

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 67903

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	8,279				8,279
2. Annuity considerations					
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	8,279				8,279
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	15,052				15,052
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals	15,052				15,052
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pol. & Certifs.	Amount	No. of Ind. Pol. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pol. & Certifs.	Amount	No. of Pol. & Certifs.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year	1	15,000							1	15,000
Settled during current year:										
18.1 By payment in full	1	15,000							1	15,000
18.2 By payment on compromised claims										
18.3 Totals paid	1	15,000							1	15,000
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	1	15,000							1	15,000
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT						No. of Policies				
20. In force December 31, prior year	11	121,000	(a)						11	121,000
21. Issued during year										
22. Other changes to in force (Net)	(1)	(15,000)							(1)	(15,000)
23. In force December 31 of current year	10	106,000	(a)						10	106,000

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	16,809	16,670		3,174	3,469
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)	16,809	16,670		3,174	3,469
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	16,809	16,670		3,174	3,469

(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 Provident American Life and Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Vermont

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 67903

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 (1-5), DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS (6.1-6.5, 7.1-7.4, 8), DIRECT CLAIMS AND BENEFITS PAID (9-15), and DETAILS OF WRITE-INS (1301-1399).

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 (16-19) and POLICY EXHIBIT (20-23).

(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 Provident American Life and Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Virginia

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 67903

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	1,137				1,137
2. Annuity considerations					
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	1,137				1,137
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts	2,025				2,025
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals	2,025				2,025
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

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

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	14,313	14,285		6,356	6,593
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)	14,313	14,285		6,356	6,593
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	14,313	14,285		6,356	6,593

(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 Provident American Life and Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Washington

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 67903

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	312				312
2. Annuity considerations					
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	312				312
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals					
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

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

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)		28,947	28,538	24,787	25,145
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)		28,947	28,538	24,787	25,145
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)		28,947	28,538	24,787	25,145

(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 Provident American Life and Health Insurance Company

DIRECT BUSINESS IN THE STATE OF West Virginia

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 67903

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	4,270				4,270
2. Annuity considerations					
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	4,270				4,270
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	15,058				15,058
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals	15,058				15,058
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year	3	15,000							3	15,000
Settled during current year:										
18.1 By payment in full	3	15,000							3	15,000
18.2 By payment on compromised claims										
18.3 Totals paid	3	15,000							3	15,000
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	3	15,000							3	15,000
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT						No. of Policies				
20. In force December 31, prior year	8	75,000	(a)		1	32,500			9	107,500
21. Issued during year										
22. Other changes to in force (Net)	(3)	(15,000)			(1)	(32,500)			(4)	(47,500)
23. In force December 31 of current year	5	60,000	(a)						5	60,000

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	32,241	32,146		12,487	13,069
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)	32,241	32,146		12,487	13,069
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	32,241	32,146		12,487	13,069

(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 Provident American Life and Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Wisconsin

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 67903

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 Provident American Life and Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Wyoming

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 67903

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS, DIRECT CLAIMS AND BENEFITS PAID, DETAILS OF WRITE-INS.

Table with 10 columns: 1 No. of Pols. & Certifs., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No. of Pols. & Certifs., 8 Amount, 9 No. of Pols. & Certifs., 10 Amount. Rows include: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, POLICY EXHIBIT.

(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



6 7 9 0 3 2 0 2 1 4 3 0 5 2 1 0 0

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Provident American Life and Health Insurance Company

DIRECT BUSINESS IN THE STATE OF American Samoa

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 67903

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 Provident American Life and Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Guam

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 67903

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS, DIRECT CLAIMS AND BENEFITS PAID, and DETAILS OF WRITE-INS.

Table with 10 columns: 1-2 Ordinary (No. of Pols. & Certifs., Amount), 3-4 Credit Life (No. of Ind. Pols. & Gr. Certifs., Amount), 5-6 Group (No. of Certifs., Amount), 7-8 Industrial (No. of Pols. & Certifs., Amount), 9-10 Total (No. of Pols. & Certifs., Amount). Rows include: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, and POLICY EXHIBIT.

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

ACCIDENT AND HEALTH INSURANCE

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

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



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Provident American Life and Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Puerto Rico

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 67903

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 Provident American Life and Health Insurance Company

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

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 67903

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS, DIRECT CLAIMS AND BENEFITS PAID, and DETAILS OF WRITE-INS.

Table with 10 columns: 1-2 Ordinary (No. of Pols. & Certifs., Amount), 3-4 Credit Life (No. of Ind. Pols. & Gr. Certifs., Amount), 5-6 Group (No. of Certifs., Amount), 7-8 Industrial (No. of Pols. & Certifs., Amount), 9-10 Total (No. of Pols. & Certifs., Amount). Rows include: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED and POLICY EXHIBIT.

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

ACCIDENT AND HEALTH INSURANCE

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

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



6 7 9 0 3 2 0 2 1 4 3 0 5 6 1 0 0

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Provident American Life and Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Northern Mariana Islands

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 67903

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 Provident American Life and Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Canada

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 67903

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 (1-5), DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS (6.1-6.5, 7.1-7.4, 8), DIRECT CLAIMS AND BENEFITS PAID (9-15), and DETAILS OF WRITE-INS (1301-1399).

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 (16-19), POLICY EXHIBIT (20-23).

(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 Provident American Life and Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Grand Total

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 67903

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	395,757		28,499		424,256
2. Annuity considerations					
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	395,757		28,499		424,256
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	654,736				654,736
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts	79,052				79,052
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals	733,789				733,789
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pol. & Certifs.	Amount	No. of Ind. Pol. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pol. & Certifs.	Amount	No. of Pol. & Certifs.	Amount
16. Unpaid December 31, prior year	16	127,000							16	127,000
17. Incurred during current year	78	603,000							78	603,000
Settled during current year:										
18.1 By payment in full	80	647,500							80	647,500
18.2 By payment on compromised claims										
18.3 Totals paid	80	647,500							80	647,500
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	80	647,500							80	647,500
19. Unpaid Dec. 31, current year (16+17-18.6)	14	82,500							14	82,500
POLICY EXHIBIT										
20. In force December 31, prior year	827	6,053,118	(a)		44	2,162,000			871	8,215,118
21. Issued during year										
22. Other changes to in force (Net)	(104)	(832,500)			(44)	(2,162,000)			(148)	(2,994,500)
23. In force December 31 of current year	723	5,220,618	(a)						723	5,220,618

(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)	4,420,318	4,460,452		2,850,689	2,843,272
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	4,420,318	4,460,452		2,850,689	2,843,272
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	4,420,318	4,460,452		2,850,689	2,843,272

(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 Provident American Life and Health Insurance Company
FORM FOR CALCULATING THE INTEREST MAINTENANCE RESERVE

INTEREST MAINTENANCE RESERVE

	1 Amount
1. Reserve as of December 31, Prior Year(93,925)
2. Current year's realized pre-tax capital gains/(losses) of \$ transferred into the reserve net of taxes of \$
3. Adjustment for current year's liability gains/(losses) released from the reserve
4. Balance before reduction for amount transferred to Summary of Operations (Line 1 + Line 2 + Line 3)(93,925)
5. Current year's amortization released to Summary of Operations (Amortization, Line 1, Column 4)16,872
6. Reserve as of December 31, current year (Line 4 minus Line 5)	(110,797)

AMORTIZATION

	1	2	3	4
Year of Amortization	Reserve as of December 31, Prior Year	Current Year's Realized Capital Gains/(Losses) Transferred into the Reserve Net of Taxes	Adjustment for Current Year's Liability Gains/(Losses) Released From the Reserve	Balance Before Reduction for Current Year's Amortization (Cols. 1 + 2 + 3)
1. 2021	16,872			16,872
2. 2022	6,611			6,611
3. 2023	(686)			(686)
4. 2024	(3,726)			(3,726)
5. 2025	(5,597)			(5,597)
6. 2026	(7,316)			(7,316)
7. 2027	(9,132)			(9,132)
8. 2028	(10,417)			(10,417)
9. 2029	(10,818)			(10,818)
10. 2030	(11,419)			(11,419)
11. 2031	(12,020)			(12,020)
12. 2032	(12,621)			(12,621)
13. 2033	(11,820)			(11,820)
14. 2034	(9,416)			(9,416)
15. 2035	(6,811)			(6,811)
16. 2036	(4,207)			(4,207)
17. 2037	(1,402)			(1,402)
18. 2038				
19. 2039				
20. 2040				
21. 2041				
22. 2042				
23. 2043				
24. 2044				
25. 2045				
26. 2046				
27. 2047				
28. 2048				
29. 2049				
30. 2050				
31. 2051 and Later				
32. Total (Lines 1 to 31)	(93,925)			(93,925)

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Provident American Life and Health 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	4,168		4,168				4,168
2. Realized capital gains/(losses) net of taxes - General Account							
3. Realized capital gains/(losses) net of taxes - Separate Accounts							
4. Unrealized capital gains/(losses) net of deferred taxes - General Account							
5. Unrealized capital gains/(losses) net of deferred taxes - Separate Accounts							
6. Capital gains credited/(losses charged) to contract benefits, payments or reserves							
7. Basic contribution							
8. Accumulated balances (Lines 1 through 5 - 6 + 7)	4,168		4,168				4,168
9. Maximum reserve							
10. Reserve objective							
11. 20% of (Line 10 - Line 8)	(834)		(834)				(834)
12. Balance before transfers (Lines 8 + 11)	3,334		3,334				3,334
13. Transfers							
14. Voluntary contribution							
15. Adjustment down to maximum/up to zero	(3,334)		(3,334)				(3,334)
16. Reserve as of December 31, current year (Lines 12 + 13 + 14 + 15)							

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

Line Number	NAIC Designation	Description	1 Book/Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	Basic Contribution		Reserve Objective		Maximum Reserve	
							5 Factor	6 Amount (Cols. 4 x 5)	7 Factor	8 Amount (Cols. 4 x 7)	9 Factor	10 Amount (Cols. 4 x 9)
LONG-TERM BONDS												
1.		Exempt Obligations	3,436,161	XXX	XXX	3,436,161	0.0000		0.0000		0.0000	
2.1	1	NAIC Designation Category 1.A		XXX	XXX		0.0005		0.0016		0.0033	
2.2	1	NAIC Designation Category 1.B		XXX	XXX		0.0005		0.0016		0.0033	
2.3	1	NAIC Designation Category 1.C		XXX	XXX		0.0005		0.0016		0.0033	
2.4	1	NAIC Designation Category 1.D		XXX	XXX		0.0005		0.0016		0.0033	
2.5	1	NAIC Designation Category 1.E		XXX	XXX		0.0005		0.0016		0.0033	
2.6	1	NAIC Designation Category 1.F		XXX	XXX		0.0005		0.0016		0.0033	
2.7	1	NAIC Designation Category 1.G		XXX	XXX		0.0005		0.0016		0.0033	
2.8		Subtotal NAIC 1 (2.1+2.2+2.3+2.4+2.5+2.6+2.7)		XXX	XXX		XXX		XXX		XXX	
3.1	2	NAIC Designation Category 2.A		XXX	XXX		0.0021		0.0064		0.0106	
3.2	2	NAIC Designation Category 2.B		XXX	XXX		0.0021		0.0064		0.0106	
3.3	2	NAIC Designation Category 2.C		XXX	XXX		0.0021		0.0064		0.0106	
3.4		Subtotal NAIC 2 (3.1+3.2+3.3)		XXX	XXX		XXX		XXX		XXX	
4.1	3	NAIC Designation Category 3.A		XXX	XXX		0.0099		0.0263		0.0376	
4.2	3	NAIC Designation Category 3.B		XXX	XXX		0.0099		0.0263		0.0376	
4.3	3	NAIC Designation Category 3.C		XXX	XXX		0.0099		0.0263		0.0376	
4.4		Subtotal NAIC 3 (4.1+4.2+4.3)		XXX	XXX		XXX		XXX		XXX	
5.1	4	NAIC Designation Category 4.A		XXX	XXX		0.0245		0.0572		0.0817	
5.2	4	NAIC Designation Category 4.B		XXX	XXX		0.0245		0.0572		0.0817	
5.3	4	NAIC Designation Category 4.C		XXX	XXX		0.0245		0.0572		0.0817	
5.4		Subtotal NAIC 4 (5.1+5.2+5.3)		XXX	XXX		XXX		XXX		XXX	
6.1	5	NAIC Designation Category 5.A		XXX	XXX		0.0630		0.1128		0.1880	
6.2	5	NAIC Designation Category 5.B		XXX	XXX		0.0630		0.1128		0.1880	
6.3	5	NAIC Designation Category 5.C		XXX	XXX		0.0630		0.1128		0.1880	
6.4		Subtotal NAIC 5 (6.1+6.2+6.3)		XXX	XXX		XXX		XXX		XXX	
7.	6	NAIC 6		XXX	XXX		0.0000		0.2370		0.2370	
8.		Total Unrated Multi-class Securities Acquired by Conversion		XXX	XXX		XXX		XXX		XXX	
9.		Total Long-Term Bonds (1+2.8+3.4+4.4+5.4+6.4+7+8)	3,436,161	XXX	XXX	3,436,161	XXX		XXX		XXX	
PREFERRED STOCKS												
10.	1	Highest Quality		XXX	XXX		0.0005		0.0016		0.0033	
11.	2	High Quality		XXX	XXX		0.0021		0.0064		0.0106	
12.	3	Medium Quality		XXX	XXX		0.0099		0.0263		0.0376	
13.	4	Low Quality		XXX	XXX		0.0245		0.0572		0.0817	
14.	5	Lower Quality		XXX	XXX		0.0630		0.1128		0.1880	
15.	6	In or Near Default		XXX	XXX		0.0000		0.2370		0.2370	
16.		Affiliated Life with AVR		XXX	XXX		0.0000		0.0000		0.0000	
17.		Total Preferred Stocks (Sum of Lines 10 through 16)		XXX	XXX		XXX		XXX		XXX	

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

Line Number	NAIC Designation	Description	1 Book/Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	Basic Contribution		Reserve Objective		Maximum Reserve	
							5 Factor	6 Amount (Cols. 4 x 5)	7 Factor	8 Amount (Cols. 4 x 7)	9 Factor	10 Amount (Cols. 4 x 9)
SHORT-TERM BONDS												
18.		Exempt Obligations		XXX	XXX		0.0000		0.0000		0.0000	
19.1	1	NAIC Designation Category 1.A		XXX	XXX		0.0005		0.0016		0.0033	
19.2	1	NAIC Designation Category 1.B		XXX	XXX		0.0005		0.0016		0.0033	
19.3	1	NAIC Designation Category 1.C		XXX	XXX		0.0005		0.0016		0.0033	
19.4	1	NAIC Designation Category 1.D		XXX	XXX		0.0005		0.0016		0.0033	
19.5	1	NAIC Designation Category 1.E		XXX	XXX		0.0005		0.0016		0.0033	
19.6	1	NAIC Designation Category 1.F		XXX	XXX		0.0005		0.0016		0.0033	
19.7	1	NAIC Designation Category 1.G		XXX	XXX		0.0005		0.0016		0.0033	
19.8		Subtotal NAIC 1 (19.1+19.2+19.3+19.4+19.5+19.6+19.7)		XXX	XXX		XXX		XXX		XXX	
20.1	2	NAIC Designation Category 2.A		XXX	XXX		0.0021		0.0064		0.0106	
20.2	2	NAIC Designation Category 2.B		XXX	XXX		0.0021		0.0064		0.0106	
20.3	2	NAIC Designation Category 2.C		XXX	XXX		0.0021		0.0064		0.0106	
20.4		Subtotal NAIC 2 (20.1+20.2+20.3)		XXX	XXX		XXX		XXX		XXX	
21.1	3	NAIC Designation Category 3.A		XXX	XXX		0.0099		0.0263		0.0376	
21.2	3	NAIC Designation Category 3.B		XXX	XXX		0.0099		0.0263		0.0376	
21.3	3	NAIC Designation Category 3.C		XXX	XXX		0.0099		0.0263		0.0376	
21.4		Subtotal NAIC 3 (21.1+21.2+21.3)		XXX	XXX		XXX		XXX		XXX	
22.1	4	NAIC Designation Category 4.A		XXX	XXX		0.0245		0.0572		0.0817	
22.2	4	NAIC Designation Category 4.B		XXX	XXX		0.0245		0.0572		0.0817	
22.3	4	NAIC Designation Category 4.C		XXX	XXX		0.0245		0.0572		0.0817	
22.4		Subtotal NAIC 4 (22.1+22.2+22.3)		XXX	XXX		XXX		XXX		XXX	
23.1	5	NAIC Designation Category 5.A		XXX	XXX		0.0630		0.1128		0.1880	
23.2	5	NAIC Designation Category 5.B		XXX	XXX		0.0630		0.1128		0.1880	
23.3	5	NAIC Designation Category 5.C		XXX	XXX		0.0630		0.1128		0.1880	
23.4		Subtotal NAIC 5 (23.1+23.2+23.3)		XXX	XXX		XXX		XXX		XXX	
24.	6	NAIC 6		XXX	XXX		0.0000		0.2370		0.2370	
25.		Total Short-Term Bonds (18+19.8+20.4+21.4+22.4+23.4+24)		XXX	XXX		XXX		XXX		XXX	
DERIVATIVE INSTRUMENTS												
26.		Exchange Traded		XXX	XXX		0.0005		0.0016		0.0033	
27.	1	Highest Quality		XXX	XXX		0.0005		0.0016		0.0033	
28.	2	High Quality		XXX	XXX		0.0021		0.0064		0.0106	
29.	3	Medium Quality		XXX	XXX		0.0099		0.0263		0.0376	
30.	4	Low Quality		XXX	XXX		0.0245		0.0572		0.0817	
31.	5	Lower Quality		XXX	XXX		0.0630		0.1128		0.1880	
32.	6	In or Near Default		XXX	XXX		0.0000		0.2370		0.2370	
33.		Total Derivative Instruments		XXX	XXX		XXX		XXX		XXX	
34.		Total (Lines 9 + 17 + 25 + 33)	3,436,161	XXX	XXX	3,436,161	XXX		XXX		XXX	

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

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

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

Line Number	NAIC Designation	Description	1 Book/Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	Basic Contribution		Reserve Objective		Maximum Reserve	
							5 Factor	6 Amount (Cols. 4 x 5)	7 Factor	8 Amount (Cols. 4 x 7)	9 Factor	10 Amount (Cols. 4 x 9)
COMMON STOCK												
1.		Unaffiliated - Public		XXX	XXX		0.0000		0.1580 (a)		0.1580 (a)	
2.		Unaffiliated - Private		XXX	XXX		0.0000		0.1945		0.1945	
3.		Federal Home Loan Bank		XXX	XXX		0.0000		0.0061		0.0097	
4.		Affiliated - Life with AVR	3,065,382	XXX	XXX	3,065,382	0.0000		0.0000		0.0000	
Affiliated - Investment Subsidiary:												
5.		Fixed Income - Exempt Obligations					XXX		XXX		XXX	
6.		Fixed Income - Highest Quality					XXX		XXX		XXX	
7.		Fixed Income - High Quality					XXX		XXX		XXX	
8.		Fixed Income - Medium Quality					XXX		XXX		XXX	
9.		Fixed Income - Low Quality					XXX		XXX		XXX	
10.		Fixed Income - Lower Quality					XXX		XXX		XXX	
11.		Fixed Income - In/Near Default					XXX		XXX		XXX	
12.		Unaffiliated Common Stock - Public					0.0000		0.1580 (a)		0.1580 (a)	
13.		Unaffiliated Common Stock - Private					0.0000		0.1945		0.1945	
14.		Real Estate					(b)		(b)		(b)	
15.		Affiliated - Certain Other (See SVO Purposes and Procedures Manual)		XXX	XXX		0.0000		0.1580		0.1580	
16.		Affiliated - All Other		XXX	XXX		0.0000		0.1945		0.1945	
17.		Total Common Stock (Sum of Lines 1 through 16)	3,065,382			3,065,382	XXX		XXX		XXX	
REAL ESTATE												
18.		Home Office Property (General Account only)					0.0000		0.0912		0.0912	
19.		Investment Properties					0.0000		0.0912		0.0912	
20.		Properties Acquired in Satisfaction of Debt					0.0000		0.1337		0.1337	
21.		Total Real Estate (Sum of Lines 18 through 20)					XXX		XXX		XXX	
OTHER INVESTED ASSETS												
INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF BONDS												
22.		Exempt Obligations		XXX	XXX		0.0000		0.0000		0.0000	
23.	1	Highest Quality		XXX	XXX		0.0005		0.0016		0.0033	
24.	2	High Quality		XXX	XXX		0.0021		0.0064		0.0106	
25.	3	Medium Quality		XXX	XXX		0.0099		0.0263		0.0376	
26.	4	Low Quality		XXX	XXX		0.0245		0.0572		0.0817	
27.	5	Lower Quality		XXX	XXX		0.0630		0.1128		0.1880	
28.	6	In or Near Default		XXX	XXX		0.0000		0.2370		0.2370	
29.		Total with Bond Characteristics (Sum of Lines 22 through 28)		XXX	XXX		XXX		XXX		XXX	

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

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

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

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

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

Asset Valuation Reserve - Replications (Synthetic) Assets

N O N E

Schedule F - Claims

N O N E

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Provident American Life and Health 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	4,050,910	XXX		XXX		XXX		XXX		XXX	4,050,910	XXX		XXX		XXX		XXX
2. Premiums earned	4,071,018	XXX		XXX		XXX		XXX		XXX	4,071,018	XXX		XXX		XXX		XXX
3. Incurred claims	2,641,132	64.9									2,641,132	64.9						
4. Cost containment expenses	11,780	0.3									11,780	0.3						
5. Incurred claims and cost containment expenses (Lines 3 and 4)	2,652,912	65.2									2,652,912	65.2						
6. Increase in contract reserves	(6,321)	(0.2)									(6,321)	(0.2)						
7. Commissions (a)	22,981	0.6									22,981	0.6						
8. Other general insurance expenses	242,302	6.0									242,302	6.0						
9. Taxes, licenses and fees	201,789	5.0									201,789	5.0						
10. Total other expenses incurred	467,072	11.5									467,072	11.5						
11. Aggregate write-ins for deductions	1,715	0.0									1,715	0.0						
12. Gain from underwriting before dividends or refunds	955,640	23.5									955,640	23.5						
13. Dividends or refunds																		
14. Gain from underwriting after dividends or refunds	955,640	23.5									955,640	23.5						
DETAILS OF WRITE-INS																		
1101. Increase in Loading	(1,583)	0.0									(1,583)	0.0						
1102. Penalties	3,452	0.1									3,452	0.1						
1103. Express Script Rebates	(154)	0.0									(154)	0.0						
1198. Summary of remaining write-ins for Line 11 from overflow page																		
1199. Totals (Lines 1101 thru 1103 plus 1198)(Line 11 above)	1,715	0.0									1,715	0.0						

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

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Provident American Life and Health Insurance Company

SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT (Continued)

	1 Total	2 Group Accident and Health	3 Credit Accident and Health (Group and Individual)	4 Collectively Renewable	Other Individual Contracts				
					5 Non-Cancelable	6 Guaranteed Renewable	7 Non-Renewable for Stated Reasons Only	8 Other Accident Only	9 All Other
PART 2. - RESERVES AND LIABILITIES									
A. Premium Reserves:									
1. Unearned premiums	265,525					265,525			
2. Advance premiums	29,334					29,334			
3. Reserve for rate credits									
4. Total premium reserves, current year	294,859					294,859			
5. Total premium reserves, prior year	332,789					332,789			
6. Increase in total premium reserves	(37,930)					(37,930)			
B. Contract Reserves:									
1. Additional reserves (a)	15,169					15,169			
2. Reserve for future contingent benefits									
3. Total contract reserves, current year	15,169					15,169			
4. Total contract reserves, prior year	21,490					21,490			
5. Increase in contract reserves	(6,321)					(6,321)			
C. Claim Reserves and Liabilities:									
1. Total current year	288,529					288,529			
2. Total prior year	295,333					295,333			
3. Increase	(6,804)					(6,804)			

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	252,502					252,502			
1.2 On claims incurred during current year	2,395,434					2,395,434			
2. Claim reserves and liabilities, December 31, current year:									
2.1 On claims incurred prior to current year	7					7			
2.2 On claims incurred during current year	288,522					288,522			
3. Test:									
3.1 Lines 1.1 and 2.1	252,509					252,509			
3.2 Claim reserves and liabilities, December 31, prior year	295,333					295,333			
3.3 Line 3.1 minus Line 3.2	(42,824)					(42,824)			

PART 4. - REINSURANCE									
A. Reinsurance Assumed:									
1. Premiums written									
2. Premiums earned									
3. Incurred claims									
4. Commissions									
B. Reinsurance Ceded:									
1. Premiums written	373,367					373,367			
2. Premiums earned	376,896					376,896			
3. Incurred claims	216,496					216,496			
4. Commissions	28,911					28,911			

(a) Includes \$ premium deficiency reserve.

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Provident American Life and Health Insurance Company
SCHEDULE H - PART 5 - HEALTH CLAIMS

	1 Medical	2 Dental	3 Other	4 Total
A. Direct:				
1. Incurred Claims			2,844,326	2,844,326
2. Beginning Claim Reserves and Liabilities			321,926	321,926
3. Ending Claim Reserves and Liabilities			314,510	314,510
4. Claims Paid			2,851,742	2,851,742
B. Assumed Reinsurance:				
5. Incurred Claims				
6. Beginning Claim Reserves and Liabilities				
7. Ending Claim Reserves and Liabilities				
8. Claims Paid				
C. Ceded Reinsurance:				
9. Incurred Claims			216,498	216,498
10. Beginning Claim Reserves and Liabilities			84,266	84,266
11. Ending Claim Reserves and Liabilities			70,351	70,351
12. Claims Paid			230,413	230,413
D. Net:				
13. Incurred Claims			2,627,828	2,627,828
14. Beginning Claim Reserves and Liabilities			237,660	237,660
15. Ending Claim Reserves and Liabilities			244,159	244,159
16. Claims Paid			2,621,329	2,621,329
E. Net Incurred Claims and Cost Containment Expenses:				
17. Incurred Claims and Cost Containment Expenses			2,652,912	2,652,912
18. Beginning Reserves and Liabilities			240,488	240,488
19. Ending Reserves and Liabilities			245,094	245,094
20. Paid Claims and Cost Containment Expenses			2,648,306	2,648,306

Schedule S - Part 1 - Section 1

NONE

Schedule S - Part 1 - Section 2

NONE

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Provident American Life and Health Insurance Company

SCHEDULE S - PART 3 - SECTION 1

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domi- ciliary Juris- diction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Amount in Force at End of Year	Reserve Credit Taken		11 Premiums	Outstanding Surplus Relief		14 Modified Coinsurance Reserve	15 Funds Withheld Under Coinsurance
								9 Current Year	10 Prior Year		12 Current Year	13 Prior Year		
0399999. Total General Account - Authorized U.S. Affiliates														
0699999. Total General Account - Authorized Non-U.S. Affiliates														
0799999. Total General Account - Authorized Affiliates														
88340	59-2859797	08/01/2006	Hannover Life Reassurance Company of America	FL	OTH/I	OL	58,750	28,333	26,647	3,919				
63312	13-1935920	08/31/2012	Great American Life Insurance Company	OH	CO/I	OL	5,161,000	2,220,486	2,455,267	396,345				
0899999. General Account - Authorized U.S. Non-Affiliates														
1099999. Total General Account - Authorized Non-Affiliates														
1199999. Total General Account Authorized														
1499999. Total General Account - Unauthorized U.S. Affiliates														
1799999. Total General Account - Unauthorized Non-U.S. Affiliates														
1899999. Total General Account - Unauthorized Affiliates														
2199999. Total General Account - Unauthorized Non-Affiliates														
2299999. Total General Account Unauthorized														
2599999. Total General Account - Certified U.S. Affiliates														
2899999. Total General Account - Certified Non-U.S. Affiliates														
2999999. Total General Account - Certified Affiliates														
3299999. Total General Account - Certified Non-Affiliates														
3399999. Total General Account Certified														
3699999. Total General Account - Reciprocal Jurisdiction U.S. Affiliates														
3999999. Total General Account - Reciprocal Jurisdiction Non-U.S. Affiliates														
4099999. Total General Account - Reciprocal Jurisdiction Affiliates														
4399999. Total General Account - Reciprocal Jurisdiction Non-Affiliates														
4499999. Total General Account Reciprocal Jurisdiction														
4599999. Total General Account Authorized, Unauthorized, Reciprocal Jurisdiction and Certified														
4899999. Total Separate Accounts - Authorized U.S. Affiliates														
5199999. Total Separate Accounts - Authorized Non-U.S. Affiliates														
5299999. Total Separate Accounts - Authorized Affiliates														
5599999. Total Separate Accounts - Authorized Non-Affiliates														
5699999. Total Separate Accounts Authorized														
5999999. Total Separate Accounts - Unauthorized U.S. Affiliates														
6299999. Total Separate Accounts - Unauthorized Non-U.S. Affiliates														
6399999. Total Separate Accounts - Unauthorized Affiliates														
6699999. Total Separate Accounts - Unauthorized Non-Affiliates														
6799999. Total Separate Accounts Unauthorized														
7099999. Total Separate Accounts - Certified U.S. Affiliates														
7399999. Total Separate Accounts - Certified Non-U.S. Affiliates														
7499999. Total Separate Accounts - Certified Affiliates														
7799999. Total Separate Accounts - Certified Non-Affiliates														
7899999. Total Separate Accounts Certified														
8199999. Total Separate Accounts - Reciprocal Jurisdiction U.S. Affiliates														
8499999. Total Separate Accounts - Reciprocal Jurisdiction Non-U.S. Affiliates														
8599999. Total Separate Accounts - Reciprocal Jurisdiction Affiliates														
8899999. Total Separate Accounts - Reciprocal Jurisdiction Non-Affiliates														
8999999. Total Separate Accounts Reciprocal Jurisdiction														
9099999. Total Separate Accounts Authorized, Unauthorized, Reciprocal Jurisdiction and Certified														
9199999. Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3699999, 4199999, 4899999, 5399999, 5999999, 6499999, 7099999, 7599999, 8199999 and 8699999)														
9299999. Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2899999, 3199999, 3999999, 4299999, 5199999, 5499999, 6299999, 6599999, 7399999, 7699999, 8499999 and 8799999)														
9999999 - Totals														

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Provident American Life and Health Insurance Company

SCHEDULE S - PART 3 - SECTION 2

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domi- ciliary Juris- diction	6 Type of Reinsur- ance Ceded	7 Type of Business Ceded	8 Premiums	9 Unearned Premiums (Estimated)	10 Reserve Credit Taken Other than for Unearned Premiums	Outstanding Surplus Relief		13 Modified Coinsurance Reserve	14 Funds Withheld Under Coinsurance
										11 Current Year	12 Prior Year		
0399999. Total General Account - Authorized U.S. Affiliates													
0699999. Total General Account - Authorized Non-U.S. Affiliates													
0799999. Total General Account - Authorized Affiliates													
88340	59-2859797	08/01/2006	Hannover Life Reassurance Company of America	FL	OTH/I	MS	370,367	20,792	5,090				
60836	42-0113630	08/01/2006	American Republic Insurance Co	IA	OTH/I	CMM	3,000	11					
0899999. General Account - Authorized U.S. Non-Affiliates													
00000	AA-1122000	07/01/2020	Lloyds of London	GBR	CAT/G	OM	12						
00000	AA-1122000	07/01/2020	Lloyds of London	GBR	CAT/G	A	23						
0999999. General Account - Authorized Non-U.S. Non-Affiliates													
1099999. Total General Account - Authorized Non-Affiliates													
1199999. Total General Account Authorized													
1499999. Total General Account - Unauthorized U.S. Affiliates													
1799999. Total General Account - Unauthorized Non-U.S. Affiliates													
1899999. Total General Account - Unauthorized Affiliates													
2199999. Total General Account - Unauthorized Non-Affiliates													
2299999. Total General Account Unauthorized													
2599999. Total General Account - Certified U.S. Affiliates													
2899999. Total General Account - Certified Non-U.S. Affiliates													
2999999. Total General Account - Certified Affiliates													
3299999. Total General Account - Certified Non-Affiliates													
3399999. Total General Account Certified													
3699999. Total General Account - Reciprocal Jurisdiction U.S. Affiliates													
3999999. Total General Account - Reciprocal Jurisdiction Non-U.S. Affiliates													
4099999. Total General Account - Reciprocal Jurisdiction Affiliates													
4399999. Total General Account - Reciprocal Jurisdiction Non-Affiliates													
4499999. Total General Account Reciprocal Jurisdiction													
4599999. Total General Account Authorized, Unauthorized, Reciprocal Jurisdiction and Certified													
4899999. Total Separate Accounts - Authorized U.S. Affiliates													
5199999. Total Separate Accounts - Authorized Non-U.S. Affiliates													
5299999. Total Separate Accounts - Authorized Affiliates													
5599999. Total Separate Accounts - Authorized Non-Affiliates													
5699999. Total Separate Accounts Authorized													
5999999. Total Separate Accounts - Unauthorized U.S. Affiliates													
6299999. Total Separate Accounts - Unauthorized Non-U.S. Affiliates													
6399999. Total Separate Accounts - Unauthorized Affiliates													
6699999. Total Separate Accounts - Unauthorized Non-Affiliates													
6799999. Total Separate Accounts Unauthorized													
7099999. Total Separate Accounts - Certified U.S. Affiliates													
7399999. Total Separate Accounts - Certified Non-U.S. Affiliates													
7499999. Total Separate Accounts - Certified Affiliates													
7799999. Total Separate Accounts - Certified Non-Affiliates													
7899999. Total Separate Accounts Certified													
8199999. Total Separate Accounts - Reciprocal Jurisdiction U.S. Affiliates													
8499999. Total Separate Accounts - Reciprocal Jurisdiction Non-U.S. Affiliates													
8599999. Total Separate Accounts - Reciprocal Jurisdiction Affiliates													
8899999. Total Separate Accounts - Reciprocal Jurisdiction Non-Affiliates													
8999999. Total Separate Accounts Reciprocal Jurisdiction													
9099999. Total Separate Accounts Authorized, Unauthorized, Reciprocal Jurisdiction and Certified													
9199999. Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3699999, 4199999, 4899999, 5399999, 5999999, 6499999, 7099999, 7599999, 8199999 and 8699999)													
9299999. Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2899999, 3199999, 3999999, 4299999, 5199999, 5499999, 6299999, 6599999, 7399999, 7699999, 8499999 and 8799999)													
9999999 - Totals													

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 Provident American Life and Health 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	774	948	1,102	1,244	1,426
2. Commissions and reinsurance expense allowances	42	51	63	82	112
3. Contract claims	826	760	943	875	1,027
4. Surrender benefits and withdrawals for life contracts					
5. Dividends to policyholders and refunds to members					
6. Reserve adjustments on reinsurance ceded					
7. Increase in aggregate reserve for life and accident and health contracts					
B. BALANCE SHEET ITEMS					
8. Premiums and annuity considerations for life and accident and health contracts deferred and uncollected	208	247	294	332	386
9. Aggregate reserves for life and accident and health contracts	2,275	2,517	2,592	2,636	2,695
10. Liability for deposit-type contracts					
11. Contract claims unpaid	112	157	134	117	119
12. Amounts recoverable on reinsurance	44	58	83	86	117
13. Experience rating refunds due or unpaid					
14. Policyholders' dividends and refunds to members (not included in Line 10)					
15. Commissions and reinsurance expense allowances due					
16. Unauthorized reinsurance offset					
17. Offset for reinsurance with Certified Reinsurers					
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
18. Funds deposited by and withheld from (F)					
19. Letters of credit (L)					
20. Trust agreements (T)					
21. Other (O)					
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
22. Multiple Beneficiary Trust					
23. Funds deposited by and withheld from (F)					
24. Letters of credit (L)					
25. Trust agreements (T)					
26. Other (O)					

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)	10,165,067		10,165,067
2. Reinsurance (Line 16)	56,337	(56,337)	
3. Premiums and considerations (Line 15)	(79,476)	208,075	128,599
4. Net credit for ceded reinsurance	XXX	2,234,491	2,234,491
5. All other admitted assets (balance)	830,317		830,317
6. Total assets excluding Separate Accounts (Line 26)	10,972,245	2,386,229	13,358,474
7. Separate Account assets (Line 27)			
8. Total assets (Line 28)	10,972,245	2,386,229	13,358,474
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
9. Contract reserves (Lines 1 and 2)	280,694	2,274,711	2,555,405
10. Liability for deposit-type contracts (Line 3)			
11. Claim reserves (Line 4)	288,529	111,518	400,047
12. Policyholder dividends/member refunds/reserves (Lines 5 through 7)			
13. Premium & annuity considerations received in advance (Line 8)	29,334		29,334
14. Other contract liabilities (Line 9)	18,089		18,089
15. Reinsurance in unauthorized companies (Line 24.02 minus inset amount)			
16. Funds held under reinsurance treaties with unauthorized reinsurers (Line 24.03 minus inset amount)			
17. Reinsurance with Certified Reinsurers (Line 24.02 inset amount)			
18. Funds held under reinsurance treaties with Certified Reinsurers (Line 24.03 inset amount)			
19. All other liabilities (balance)	153,438		153,438
20. Total liabilities excluding Separate Accounts (Line 26)	770,084	2,386,229	3,156,313
21. Separate Account liabilities (Line 27)			
22. Total liabilities (Line 28)	770,084	2,386,229	3,156,313
23. Capital & surplus (Line 38)	10,202,161	XXX	10,202,161
24. Total liabilities, capital & surplus (Line 39)	10,972,245	2,386,229	13,358,474
NET CREDIT FOR CEDED REINSURANCE			
25. Contract reserves	2,274,711		
26. Claim reserves	111,518		
27. Policyholder dividends/reserves			
28. Premium & annuity considerations received in advance			
29. Liability for deposit-type contracts			
30. Other contract liabilities			
31. Reinsurance ceded assets	56,337		
32. Other ceded reinsurance recoverables			
33. Total ceded reinsurance recoverables	2,442,566		
34. Premiums and considerations	208,075		
35. Reinsurance in unauthorized companies			
36. Funds held under reinsurance treaties with unauthorized reinsurers			
37. Reinsurance with Certified Reinsurers			
38. Funds held under reinsurance treaties with Certified Reinsurers			
39. Other ceded reinsurance payables/offsets			
40. Total ceded reinsurance payable/offsets	208,075		
41. Total net credit for ceded reinsurance	2,234,491		

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

Allocated by States and Territories

States, Etc.		Direct Business Only					Totals
		1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	
1. Alabama	AL	16,235					16,235
2. Alaska	AK						
3. Arizona	AZ	1,718					1,718
4. Arkansas	AR						
5. California	CA	2,586					2,586
6. Colorado	CO	719					719
7. Connecticut	CT						
8. Delaware	DE						
9. District of Columbia	DC						
10. Florida	FL	1,423					1,423
11. Georgia	GA						
12. Hawaii	HI						
13. Idaho	ID	795					795
14. Illinois	IL	8,126					8,126
15. Indiana	IN	1,781					1,781
16. Iowa	IA	4,172					4,172
17. Kansas	KS						
18. Kentucky	KY	8,282					8,282
19. Louisiana	LA	2,424					2,424
20. Maine	ME						
21. Maryland	MD						
22. Massachusetts	MA						
23. Michigan	MI	684					684
24. Minnesota	MN	417					417
25. Mississippi	MS	10,524					10,524
26. Missouri	MO	5,658					5,658
27. Montana	MT	1,593					1,593
28. Nebraska	NE	2,304					2,304
29. Nevada	NV	612					612
30. New Hampshire	NH						
31. New Jersey	NJ						
32. New Mexico	NM	(16)					(16)
33. New York	NY						
34. North Carolina	NC	4,122					4,122
35. North Dakota	ND						
36. Ohio	OH	8,538					8,538
37. Oklahoma	OK	20,569					20,569
38. Oregon	OR	16,035					16,035
39. Pennsylvania	PA	14,512					14,512
40. Rhode Island	RI						
41. South Carolina	SC	53,059					53,059
42. South Dakota	SD						
43. Tennessee	TN	422					422
44. Texas	TX	220,547					220,547
45. Utah	UT	8,279					8,279
46. Vermont	VT						
47. Virginia	VA	1,137					1,137
48. Washington	WA	312					312
49. West Virginia	WV	4,270					4,270
50. Wisconsin	WI	2,419					2,419
51. Wyoming	WY						
52. American Samoa	AS						
53. Guam	GU						
54. Puerto Rico	PR						
55. U.S. Virgin Islands	VI						
56. Northern Mariana Islands	MP						
57. Canada	CAN						
58. Aggregate Other Alien	OT						
59. Total		424,256					424,256

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Provident American Life and Health Insurance Company

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
.0901	Cigna Group	.00000	46-2332355				1EQ Inc. (d/b/a Babyscripts)	DE	NIA	Cigna Ventures, LLC	Ownership	10.100	Cigna Corporation		
.0901	Cigna Group	.00000	00-0000000				680 Investors LLC	CA	NIA	SB-SNH LLC	Ownership	85.000	Cigna Corporation		
.0901	Cigna Group	.00000	00-0000000				685 New Hampshire LLC	CA	NIA	SB-SNH LLC	Ownership	85.000	Cigna Corporation		
.0901	Cigna Group	.00000	82-4794800				9171 Wilshire CPI-CII LLC	DE	NIA	CPI-CII 9171 Wilshire JV LLC	Ownership	90.000	Cigna Corporation		
.0901	Cigna Group	.00000	85-1046126				ABS Apartments Venture, L.L.C.	DE	NIA	CARING ABS Investor LLC	Ownership	90.000	Cigna Corporation		
.0901	Cigna Group	.00000	11-3358535				Accredo Health Group, Inc.	DE	NIA	Accredo Health, Incorporated	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	55-0894449				Accredo Health, Incorporated	DE	NIA	Medco Health Solutions, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	13-3888838				AHG of New York, Inc.	NY	NIA	Accredo Health, Incorporated	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	75-3040465				Airport Holdings, LLC	NJ	NIA	Express Scripts, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	35-2562415				Alegis Care Services, LLC	DE	NIA	Home Physicians Management, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	85-0909305				Alegis Care Services of Colorado, LLC	CO	NIA	Home Physicians Management, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	81-0400550				Allegiance Benefit Plan Management, Inc.	MT	NIA	Benefit Management Corp.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	03-0507057				Allegiance Care Management, LLC	MT	NIA	Benefit Management Corp.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	71-0916514				Allegiance COBRA Services, Inc.	MT	NIA	Benefit Management Corp.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.12814	20-4433475				Allegiance Life & Health Insurance Company	MT	IA	Benefit Management Corp.	Ownership	95.000	Cigna Corporation		
.0901	Cigna Group	.00000	26-2201582				Allegiance Provider Direct, LLC	MT	NIA	Benefit Management Corp.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	20-3851464				Allegiance Re, Inc.	MT	IA	Benefit Management Corp.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.88366	59-2760189				American Retirement Life Insurance Company	OH	IA	Loyal American Life Insurance Company	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	82-3315524				Arbor Heights Venture LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	90.000	Cigna Corporation		
.0901	Cigna Group	.00000	46-4080861				AristaMD, Inc.	DE	NIA	Cigna Ventures, LLC	Ownership	11.100	Cigna Corporation		
.0901	Cigna Group	.00000	86-3581583				Arizona Health Plan, Inc.	AZ	NIA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	00-0000000				Ascent Health Services LLC	DE	NIA	Cigna Spruce Holdings GmbH	Ownership	80.000	Cigna Corporation		
.0901	Cigna Group	.00000	86-1750832				ASM Apartments Venture, L.L.C.	DE	NIA	CARING St. Matthew's Investor LLC	Ownership	90.000	Cigna Corporation		
.0901	Cigna Group	.00000	81-0585518				Benefit Management Corp.	MT	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	81-2650133				Berewick Apartments LLC	DE	NIA	LLC	Ownership	85.000	Cigna Corporation		
.0901	Cigna Group	.00000	43-1815573				Biopartners in Care, Inc.	MO	NIA	Accredo Health, Incorporated	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	06-1522976				Blodgett & Hazard Limited	GBR	NIA	Cigna Re Corporation	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.10095	52-2259087				Bravo Health Mid-Atlantic, Inc.	MD	IA	NewQuest Management Northeast, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.11524	52-2363406				Bravo Health Pennsylvania, Inc.	PA	IA	NewQuest Management Northeast, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	00-0000000				Breakthrough Behavioral, Inc.	DE	IA	MDLive, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	00-0000000				Breakthrough Behavioral of Texas, Inc.	TX	IA	Breakthrough Behavioral, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	27-1713977				Brighter, Inc.	DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	46-4918521				Buoy Health, Inc.	DE	NIA	Cigna Ventures, LLC	Ownership	12.200	Cigna Corporation		
.0901	Cigna Group	.00000	61-1162797				Care Continuum, Inc.	KY	NIA	SpectraCare Health Care Ventures, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	85-0954556				CareAllies Accountable Care Collaborative LLC	DE	NIA	CareAllies, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	85-0935554				CareAllies Accountable Care Network LLC	DE	NIA	CareAllies, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	00-0000000				CareAllies Accountable Care Solutions LLC	DE	NIA	CareAllies, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	26-0180898				CareAllies, Inc.	DE	NIA	Cigna Holdings, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	81-2760646				CareAllies, LLC	DE	NIA	Connecticut General Life Insurance Company	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.10144	20-1089572				CareCore NJ, LLC	NJ	IA	eviCore healthcare MSI, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	45-2681649				CarePlexus, LLC	DE	NIA	Cigna Health and Life Insurance Company	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	83-1400586				CARING 18th & Salmon Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	83-2562994				CARING 500 Ygnacio Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	84-1960231				CARING 3130 Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	83-2318410				CARING 9171 Wilshire Investor LLC	DE	NIA	LLC	Ownership	100.000	Cigna Corporation		

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Provident American Life and Health Insurance Company

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
.0901	Cigna Group	.00000	85-4247420				CARING ABS Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	83-2851501				CARING Alta Duraleigh Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	83-2851501				CARING Alta Englewood Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	85-2966766				CARING Alta Leander Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	83-2563284				CARING Alta Woodson Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	85-2966766				CARING Avondale Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	87-1992977				CARING Berwyn Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	32-0570889				CARING Capitol Hill GP LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	37-1903297				CARING Capitol Hill LP LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	83-2851364				CARING Century Plaza Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	85-4265529				CARING Deco Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	85-2912145				CARING Elan I Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	87-0928526				CARING Elan II Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	83-3701937				CARING Firestone Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	00-0000000				CARING JA Lofts Investor LP LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	00-0000000				CARING JA Lofts Investor GP LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	83-2318233				CARING Heights at Bear Creek Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	83-1400482				CARING Hillcrest Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	84-4410554				CARING IBP Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	85-1961034				CARING Interbay Investor GP LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	85-1984627				CARING Interbay Investor LP LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	83-2339522				CARING Mallory Square Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	85-4265529				CARING Montclair Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	83-2563138				CARING Soma Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	83-2633790				CARING Alexan Enclave Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	83-2633886				CARING Orange Collection Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	83-8294933				CARING South Coast Subsidiary LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	Cigna Corporation		

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Provident American Life and Health Insurance Company

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
.0901	Cigna Group	.00000	86-1942593				CARING St. Matthew's Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	38-4085763				CARING Westcore Holding Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	87-3646420				CARING Westcore Holding II Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	83-3923178				CARING XR International Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	83-4317078				CARING XR 2 International Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	84-1843578				CGGL XR 2 International JV LLC	DE	NIA	CARING XR 2 International Investor LLC	Ownership	90.000	Cigna Corporation		
.0901	Cigna Group	.00000	84-1843578				CGGL XR 2 International Mezz LLC	DE	NIA	CARING XR 2 International Investor LLC	Ownership	90.000	Cigna Corporation		
.0901	Cigna Group	.00000	45-2604992				CCN MO, LLC	NY	NIA	eviCore healthcare MSI, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	33-1039759				CCN-WNY IPA, LLC	NY	NIA	eviCore healthcare MSI, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	34-1970892				Ceres Sales of Ohio, LLC	OH	NIA	Cigna Health and Life Insurance Company	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	06-1332403				CG Individual Tax Benefit Payments, Inc.	DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	06-1332405				CG Life Pension Benefits Payments, Inc.	DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	06-1332401				CG LINA Pension Benefits Payments, Inc.	DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	84-2083351				CG-AQ 477 South Market Street LLC	DE	NIA	CARING Firestone Investor LLC	Ownership	85.000	Cigna Corporation		
.0901	Cigna Group	.00000	84-4773972				CG-LEDO IBP Venture LLC	DE	NIA	CARING IBP Investor LLC	Ownership	90.000	Cigna Corporation		
.0901	Cigna Group	.00000	84-4747045				CG-LEDO IBP I LLC	DE	NIA	CARING IBP Investor LLC	Ownership	90.000	Cigna Corporation		
.0901	Cigna Group	.00000	84-4755025				CG-LEDO IBP II LLC	DE	NIA	CARING IBP Investor LLC	Ownership	90.000	Cigna Corporation		
.0901	Cigna Group	.00000	83-2993316				CG-Muller 550 Winchester, LLC	DE	NIA	CARING Century Plaza Investor LLC	Ownership	90.000	Cigna Corporation		
.0901	Cigna Group	.00000	45-5499889				CG Seventh Street, LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	87.500	Cigna Corporation		
.0901	Cigna Group	.00000	85-0734624				CG/Wood Alta Duraleigh, LLC	DE	NIA	CARING Duraleigh Investor LLC	Ownership	90.000	Cigna Corporation		
.0901	Cigna Group	.00000	85-0655107				CG/Wood Alta Duraleigh Owner, LLC	DE	NIA	CARING Duraleigh Investor LLC	Ownership	90.000	Cigna Corporation		
.0901	Cigna Group	.00000	87-2928401				CG/Wood Alta Duraleigh Townhome, LLC	DE	NIA	CARING Duraleigh Investor LLC	Ownership	90.000	Cigna Corporation		
.0901	Cigna Group	.00000	82-1280312				CG/Wood Alta 601, LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	90.000	Cigna Corporation		
.0901	Cigna Group	.00000	85-2233381				CG/Wood Alta Leander Station, LLC	DE	NIA	CARING Alta Leander Investor LLC	Ownership	90.000	Cigna Corporation		
.0901	Cigna Group	.00000	81-3313562				CGGL City Parkway LLC	DE	NIA	CGGL Orange Collection LLC	Ownership	90.000	Cigna Corporation		
.0901	Cigna Group	.00000	61-1797835				CGGL Orange Collection LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	90.000	Cigna Corporation		
.0901	Cigna Group	.00000	00-0000000				CGGL Orange Collection Mezz LLC	DE	NIA	CARING Orange Collection Investor LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	84-1921719				CGGL XR International LLC	DE	NIA	CARING XR International Investor LLC	Ownership	90.000	Cigna Corporation		
.0901	Cigna Group	.00000	84-1843578				CGGL XR 2 International LLC	DE	NIA	CARING XR 2 International Investor LLC	Ownership	90.000	Cigna Corporation		
.0901	Cigna Group	.00000	00-0000000				CGO Participatos LTDA	BRA	NIA	Cigna Global Holdings, Inc.	Ownership	99.780	Cigna Corporation		
.0901	Cigna Group	.00000	59-3466707				Chiro Alliance Corporation	FL	NIA	eviCore healthcare MSI, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	81-3389374				CIG-LEI Ygnacio Associates LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	90.000	Cigna Corporation		
.0901	Cigna Group	.00000	86-2964997				C1-GS Elan Everett Phase I, LLC	DE	NIA	CARING Elan I Investor, LLC	Ownership	90.000	Cigna Corporation		
.0901	Cigna Group	.00000	86-3726159				C1-GS Elan Everett Phase II, LLC	DE	NIA	CARING Elan II Investor, LLC	Ownership	39.000	Cigna Corporation		
.0901	Cigna Group	.00000	82-4774243				C1-GS Portland, LLC	DE	NIA	CARING 18th & Salmon Investor LLC	Ownership	86.200	Cigna Corporation		
.0901	Cigna Group	.00000	82-1612980				C1-GS Hillcrest LLC	DE	NIA	CARING Hillcrest Investor LLC	Ownership	90.000	Cigna Corporation		
.0901	Cigna Group	.00000	00-0000000				Cigna & CMB Asset Management Company Limited	CHN	NIA	Cigna & CMB Life Insurance Company Limited	Ownership	87.350	Cigna Corporation		
.0901	Cigna Group	.00000	00-0000000				Cigna & CMB Health Services Company, Ltd.	CHN	NIA	Cigna & CMB Life Insurance Company Limited	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	00-0000000				Cigna & CMB Life Insurance Company Limited	CHN	IA	Cigna Health and Life Insurance Company	Ownership	50.000	Cigna Corporation		
.0901	Cigna Group	.00000	00-0000000				CIGNA 2000 UK Pension LTD	GBR	NIA	Cigna European Services (UK) Limited	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	27-5402196				Cigna Affiliates Realty Investment Group, LLC	DE	NIA	Connecticut General Life Insurance Company	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	00-0000000				Cigna Alder Holdings, LLC	DE	NIA	Cigna Apac Holdings, Ltd.	Ownership	100.000	Cigna Corporation		

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ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Provident American Life and Health Insurance Company

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
.0901	Cigna Group	.00000	00-000000				Cigna Apac Holdings, Ltd.	.BMU	NIA	Cigna Palmetto Holdings, Ltd.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.13733	03-0452349				Cigna Arbor Life Insurance Company	.CT	IA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	98-1181787				Cigna Beechwood Holdings	.BEL	NIA	Cigna Elmwood Holdings, SPRL	Ownership	51.000	Cigna Corporation		
.0901	Cigna Group	.00000	00-000000				Cigna Bellevue Alpha LLC	.DE	NIA	Cigna Holdings Overseas, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	02-0515554				Cigna Benefit Technology Solutions, Inc.	.DE	NIA	Cigna Health Corporation	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	01-0947889		0001489070		Cigna Benefits Financing, Inc.	.DE	NIA	Cigna Investments, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	00-000000				Cigna Brokerage & Marketing (Thailand) Limited	.THA	NIA	RHP Thailand Limited	Ownership	53.250	Cigna Corporation		
.0901	Cigna Group	.00000	00-000000				Cigna Cedar Holdings, Ltd.	.MLT	NIA	Cigna Apac Holdings, Ltd.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	98-1137759				Cigna Chestnut Holdings, Ltd.	.GBR	NIA	Cigna Walnut Holdings, Ltd.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	27-3396038				Cigna Corporate Services, LLC	.DE	NIA	Cigna Health and Life Insurance Company	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	82-4991898		1739940	US	Cigna Corporation (A Delaware corporation and ultimate parent company)	.DE	UIP	Publicly Traded	Ownership	100.000	Publicly Traded		
.0901	Cigna Group	.00000	00-000000				Cigna Data Services (Shanghai) Company Limited	.CHN	NIA	Cigna Hong Kong Holdings Company Limited	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	59-2600475				Cigna Dental Health Of California, Inc.	.CA	NIA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.11175	59-2675861				Cigna Dental Health Of Colorado, Inc.	.CO	IA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.95380	59-2676987				Cigna Dental Health Of Delaware, Inc.	.DE	IA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.52021	59-1611217				Cigna Dental Health Of Florida, Inc.	.FL	IA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	06-1351097				Cigna Dental Health of Illinois, Inc.	.IL	NIA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.52024	59-2625350				Cigna Dental Health Of Kansas, Inc.	.KS	IA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.52108	59-2619589				Cigna Dental Health Of Kentucky, Inc.	.KY	IA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.48119	20-2844020				Cigna Dental Health Of Maryland, Inc.	.MD	IA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.11160	06-1582068				Cigna Dental Health Of Missouri, Inc.	.MO	IA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.11167	59-2308062				Cigna Dental Health Of New Jersey, Inc.	.NJ	IA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.95179	56-1803464				Cigna Dental Health Of North Carolina, Inc.	.NC	IA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.47805	59-2579774				Cigna Dental Health Of Ohio, Inc.	.OH	IA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.47041	52-1220578				Cigna Dental Health Of Pennsylvania, Inc.	.PA	IA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.95037	59-2676977				Cigna Dental Health Of Texas, Inc.	.TX	IA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.52617	52-2188914				Cigna Dental Health Of Virginia, Inc.	.VA	IA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.47013	86-0807222				Cigna Dental Health Plan Of Arizona, Inc.	.AZ	IA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	59-2308055				Cigna Dental Health, Inc.	.FL	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	58-1136865				Cigna Direct Marketing Company, Inc.	.DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	98-1155943				Cigna Elmwood Holdings, SPRL	.BEL	NIA	Cigna Myrtle Holdings, Ltd.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	00-000000				Cigna Europe Insurance Company S.A.-N.V.	.BEL	IA	Cigna Beechwood Holdings	Ownership	99.999	Cigna Corporation		
.0901	Cigna Group	.00000	00-000000				Cigna European Services (UK) Limited	.GBR	NIA	Cigna Elmwood Holdings, SPRL	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	62-1724116				Cigna Federal Benefits, Inc.	.DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	51-0389196				Cigna Global Holdings, Inc.	.DE	NIA	Cigna Holdings, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	68-0676638				Cigna Global Insurance Company Limited	.GGY	IA	Cigna Holdings Overseas, Inc.	Ownership	99.990	Cigna Corporation		
.0901	Cigna Group	.00000	98-0210110				Cigna Global Reinsurance Company, Ltd.	.BMU	IA	Cigna Global Holdings, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	00-000000				Cigna Global Wellbeing Holdings Limited	.GBR	NIA	Connecticut General Corporation	Ownership	70.000	Cigna Corporation		
.0901	Cigna Group	.00000	00-000000				Cigna Global Wellbeing Solutions Limited	.GBR	NIA	Cigna Global Wellbeing Holdings Limited	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.67369	59-1031071				Cigna Health and Life Insurance Company	.CT	UDP	Connecticut General Life Insurance Company	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	62-1312478				Cigna Health Corporation	.DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	23-1728483				Cigna Health Management, Inc.	.DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	00-000000				Cigna Health Solution India Pvt. Ltd.	.IND	NIA	Cigna Holdings Overseas, Inc.	Ownership	99.900	Cigna Corporation		
.0901	Cigna Group	.00000	23-2741293				Cigna Healthcare Benefits, Inc.	.DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	84-0985843				Cigna Healthcare Holdings, Inc.	.CO	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.95599	52-1404350				Cigna HealthCare Mid-Atlantic, Inc.	.MD	NIA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.95125	86-0334392				Cigna HealthCare of Arizona, Inc.	.AZ	IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	95-3310115				Cigna HealthCare of California, Inc.	.CA	NIA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.95604	84-1004500				Cigna HealthCare of Colorado, Inc.	.CO	IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.95660	06-1141174				Cigna HealthCare of Connecticut, Inc.	.CT	IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation		

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Provident American Life and Health Insurance Company

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
.0901	Cigna Group	95136	59-2089259				Cigna HealthCare of Florida, Inc.	FL	IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	96229	58-1641057				Cigna HealthCare of Georgia, Inc.	GA	IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	95602	36-3385638				Cigna HealthCare of Illinois, Inc.	IL	IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	95525	35-1679172				Cigna HealthCare of Indiana, Inc.	IN	IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	95477	01-0418220				Cigna HealthCare of Maine, Inc.	ME	NIA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	95220	02-0402111				Cigna HealthCare of Massachusetts, Inc.	MA	NIA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	95493	02-0387749				Cigna HealthCare of New Hampshire, Inc.	NH	IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	95500	22-2720890				Cigna HealthCare of New Jersey, Inc.	NJ	IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	95132	56-1479515				Cigna HealthCare of North Carolina, Inc.	NC	IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	95121	23-2301807				Cigna HealthCare of Pennsylvania, Inc.	PA	NIA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	95708	06-1185590				Cigna HealthCare of South Carolina, Inc.	SC	IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	95635	36-3359925				Cigna HealthCare of St. Louis, Inc.	MO	IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	95606	62-1218053				Cigna HealthCare of Tennessee, Inc.	TN	IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	95383	74-2767437				Cigna HealthCare of Texas, Inc.	TX	IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	95518	62-1230908				Cigna HealthCare of Utah, Inc.	UT	NIA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	02-0495422				Cigna Healthcare, Inc.	VT	NIA	Cigna Healthcare Holdings, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	00-0000000				Cigna HLA Technology Services Company Limited	HKG	NIA	Cigna Hong Kong Holdings Company Limited	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	06-1059331				Cigna Holding Company	DE	UIP	Cigna Corporation	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	23-3009279				Cigna Holdings Overseas, Inc.	DE	NIA	Cigna Global Reinsurance Company, Ltd.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	06-1072796				Cigna Holdings, Inc.	DE	UIP	Cigna Holding Company	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	00-0000000				Cigna Hong Kong Holdings Company Limited	HKG	NIA	Cigna Chestnut Holdings, Ltd.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	27-1903785				Cigna Insurance Agency, LLC	CT	NIA	Cigna Health and Life Insurance Company	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	00-0000000				Cigna Insurance Management Services (DIFC), Ltd.	ARE	NIA	Cigna Apac Holdings, Ltd.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	00-0000000				Cigna Insurance Middle East S.A.L.	LBN	IA	Cigna Cedar Holdings, Ltd.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	00-0000000				Cigna Insurance Public Company Limited	THA	IA	KDM Thailand Limited	Ownership	75.000	Cigna Corporation		
.0901	Cigna Group	.00000	00-0000000				Cigna Insurance Services (Europe) Limited	GBR	NIA	Cigna Willow Holdings, LTD.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	23-2924152				Cigna Integratedcare, Inc.	DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	51-0402128				Cigna Intellectual Property, Inc.	DE	NIA	Cigna Holdings, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	51-0111677				Cigna International Corporation, Inc.	DE	NIA	Cigna Global Holdings, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	52-0291385				Cigna International Finance, Inc.	DE	NIA	Cigna Investment Group, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	00-0000000				Cigna International Health Services Kenya Limited	KEN	NIA	Cigna International Health Services, BVBA	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	00-0000000				Cigna International Health Services Sdn. Bhd.	MYS	NIA	Cigna Hong Kong Holdings Company Limited	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	00-0000000				Cigna International Health Services, BVBA	BEL	NIA	Cigna Elmwood Holdings, Ltd.	Ownership	51.000	Cigna Corporation		
.0901	Cigna Group	.00000	30-0526216				Cigna International Health Services, LLC	FL	NIA	Cigna International Health Services, BVBA	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	00-0000000				Cigna International Marketing (Thailand) Limited	THA	NIA	Cigna Global Holdings, Inc.	Ownership	99.900	Cigna Corporation		
.0901	Cigna Group	.00000	00-0000000				Cigna International Services Australia Pty Ltd.	AUS	NIA	Cigna Chestnut Holdings, Ltd.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	23-2610178				Cigna International Services, Inc.	DE	NIA	Cigna Global Holdings, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	06-1095823				Cigna Investment Group, Inc.	DE	NIA	Cigna Holdings, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	06-0861092				Cigna Investments, Inc.	DE	NIA	Cigna Investment Group, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	00-0000000				Cigna Korea Chusik Heosa (A/K/A Cigna Korea Company Limited)	KOR	NIA	Cigna Chestnut Holdings, Ltd.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	98-1146864				Cigna Laurel Holdings, Ltd.	BMU	NIA	Cigna Linden Holdings, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	00-0000000				Cigna Legal Protection U.K. Ltd.	GBR	NIA	Cigna Willow Holdings, LTD.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	AA-1560515				Cigna Life Insurance Company of Canada	CAN	IA	Cigna Chestnut Holdings, Ltd.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	AA-1240009				Cigna Life Insurance Company of Europe S.A.-N.V.	BEL	IA	Cigna Beechwood Holdings	Ownership	99.993	Cigna Corporation		
.0901	Cigna Group	.00000	00-0000000				Cigna Life Insurance New Zealand Limited	NZL	IA	Cigna New Zealand Holdings Limited	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	46-4110289				Cigna Linden Holdings, Inc.	DE	NIA	Cigna Holdings Overseas, Inc.	Ownership	82.000	Cigna Corporation		

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SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
.0901	Cigna Group	.00000	98-1232512				Cigna Magnolia Holdings, Ltd.	.BMU	NIA	Cigna Palmetto Holdings, Ltd.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	23-2741294				Cigna Managed Care Benefits Company	.DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	89-3374500				Cigna Management Company LLC	.DE	NIA	Cigna Health and Life Insurance Company	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	98-1154657				Cigna Myrtle Holdings, Ltd.	.MLT	NIA	Cigna Apac Holdings, Ltd.	Ownership	74.560	Cigna Corporation		
.0901	Cigna Group	.61727	34-0970995				Cigna National Health Insurance Company	.OH	UDP	Cigna Health and Life Insurance Company	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	00-0000000				Cigna Nederland Gamma B.V.	.NLD	NIA	Cigna Walnut Holdings, Ltd.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	00-0000000				Cigna New Zealand Holdings Limited	.NZL	NIA	Cigna Hong Kong Holdings Company Limited	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	00-0000000				Cigna Oak Holdings, Ltd.	.GBR	NIA	Cigna Elmwood Holdings, SPRL	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	98-1232443				Cigna Palmetto Holdings, Ltd.	.BMU	NIA	Cigna Laurel Holdings, Ltd.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	46-4099800				Cigna Poplar Holdings, Inc.	.DE	NIA	Cigna Holdings Overseas, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	06-1071502				Cigna RE Corporation	.DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	06-1567902				Cigna Resource Manager, Inc.	.DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	00-0000000				Cigna Sa?i?k Hayat ve Emeklilik A.?	.TUR	NIA	Cigna Nederland Gamma, B.V.	Ownership	51.000	Cigna Corporation		
.0901	Cigna Group	.00000	00-0000000				Cigna Services Middle East FZE	.ARE	NIA	Cigna Cedar Holdings, Ltd.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	00-0000000				Cigna Spruce Holdings GmbH	.CHE	NIA	Cigna Chestnut Holdings, Ltd.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	00-0000000				Cigna Taiwan Life Assurance Company Limited	.TWN	IA	Cigna Chestnut Holdings, Ltd.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	00-0000000				Cigna Teak Holdings, LLC	.DE	NIA	Cigna Global Holdings, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	00-0000000				Cigna Turkey Danismanlik Hizmetleri, A.S (A/K/A Cigna Turkey Consultancy Services, A.S.)	.TUR	NIA	Cigna Magnolia Holdings, Ltd.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	83-1069280				Cigna Ventures, LLC	.DE	NIA	Cigna Health and Life Insurance Company	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	00-0000000				Cigna Walnut Holdings, Ltd.	.GBR	NIA	Cigna Apac Holdings, Ltd.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	00-0000000				Cigna Willow Holdings, Ltd.	.GBR	NIA	Cigna Oak Holdings, Ltd.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	00-0000000				Cigna Worldwide General Insurance Company Limited	.HKG	IA	Cigna Hong Kong Holdings Company Limited	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.90859	23-2088429				Cigna Worldwide Insurance Company	.DE	IA	Cigna Global Reinsurance Company, Ltd.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	00-0000000				Cigna Worldwide Life Insurance Company Limited	.HKG	IA	Cigna Hong Kong Holdings Company Limited	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	00-0000000				Claims and Risk Services Limited	.SAU	IA	NAS Neuron Health Services, L.L.C.	Ownership	50.000	Cigna Corporation		
.0901	Cigna Group	.00000	00-0000000				Manipa/Cigna Health Insurance Company Limited	.IND	IA	Cigna Holdings Overseas, Inc.	Ownership	49.000	TTK (non-affiliate)		
.0901	Cigna Group	.00000	84-1461840				Community Health Network, LLC	.MT	NIA	Benefit Management Corp.	Ownership	50.000	Cigna Corporation		
.0901	Cigna Group	.00000	06-1252419				Connecticut General Benefit Payments, Inc.	.DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	06-0840391				Connecticut General Corporation	.CT	NIA	Cigna Holdings, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.62308	06-0303370		0000023419		Connecticut General Life Insurance Company	.CT	IA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	82-4936006				CPI-CII 9171 Wilshire JV LLC	.DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	90.000	Cigna Corporation		
.0901	Cigna Group	.00000	27-3555688				CR Washington Street Investors LP	.DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	33.820	Charles River Washington Street LLC (non-affiliate)		
.0901	Cigna Group	.00000	36-4369972				CuraScript, Inc.	.DE	NIA	Express Scripts, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	86-1305728				Deco Apartments JV LLC	.DE	NIA	CARING Deco Investor LLC	Ownership	90.000	Cigna Corporation		
.0901	Cigna Group	.00000	86-1334095				Deco Apartments Owner LLC	.DE	NIA	CARING Deco Investor LLC	Ownership	90.000	Cigna Corporation		
.0901	Cigna Group	.00000	16-1526641				Diversified NY IPA, Inc.	.NY	NIA	Diversified Pharmaceutical Services, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	41-1627938				Diversified Pharmaceutical Services, Inc.	.MN	NIA	Express Scripts, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	27-3542089				Econdisc Contracting Solutions, LLC	.DE	NIA	Express Scripts Pharmaceutical Procurement LLC (90%)	Ownership	90.000	Cigna Corporation		
.0901	Cigna Group	.00000	00-0000000				Egyptian Emirates Administration Services SAE	.EGY	NIA	NAS Neuron Health Services, L.L.C.	Ownership	64.999	Cigna Corporation		
.0901	Cigna Group	.00000	00-0000000				ESI Canada	.CAN	NIA	Express Scripts Canada Co. (99.9%); ESI-GP Canada, ULC (0.1%)	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	00-0000000				ESI GP Canada ULC	.CAN	NIA	Express Scripts Canada Co.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	43-1925556				ESI GP Holdings, Inc.	.DE	NIA	Express Scripts, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	00-0000000				ESI GP2 Canada ULC	.CAN	NIA	Express Scripts Canada Co.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	74-2974964				ESI Mail Order Processing, Inc. (f/k/a NXI)	.DE	NIA	Express Scripts, Inc.	Ownership	100.000	Cigna Corporation		

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ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Provident American Life and Health Insurance Company

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Location	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Yes/No)	*
.0901	Cigna Group	.00000	43-1867735				ESI Mail Pharmacy Service, Inc.	DE	NIA	Express Scripts, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	43-1925562				ESI Partnership	DE	NIA	Express Scripts, Inc. (82%); ESI-GP	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	41-2006555				ESI Resources, Inc.	MIN	NIA	ESI Partnership	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	94-3107309				Evernorth Behavioral Health of California, Inc.	CA	NIA	Evernorth Behavioral Health, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	75-2751090				Evernorth Behavioral Health of Texas, Inc.	TX	NIA	Evernorth Behavioral Health, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	41-1648670				Evernorth Behavioral Health, Inc.	MIN	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	86-1465626				Evernorth Care Solutions, Inc.	DE	NIA	Evernorth Health, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	32-0222252				Evernorth Direct Health, LLC	DE	NIA	Connecticut General Life Insurance Company	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	85-2732455				Evernorth Enterprise Services, Inc.	DE	NIA	Cigna Corporation	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	85-2759151				Evernorth Sales Operations, Inc.	DE	NIA	Evernorth Health, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	85-2717903				Evernorth Strategic Development, Inc.	DE	NIA	Cigna Corporation	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	46-4676347				eviCore 1, LLC	DE	NIA	Evernorth Health, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	62-1615395				eviCore healthcare MSI, LLC	TN	NIA	MedSolutions Holdings, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.13918	27-3175443				Express Reinsurance Company	MO	IA	Express Scripts, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	41-2063830				Express Scripts Administrators LLC	DE	NIA	Medco Health Solutions, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	00-0000000				Express Scripts Canada Co.	CAN	NIA	Express Scripts Canada Holding Co.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	43-1942542				Express Scripts Canada Holding Co.	DE	NIA	Express Scripts, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	27-1490640				Express Scripts Canada Holding, LLC	DE	NIA	Express Scripts Canada Holding Co.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	00-0000000				Express Scripts Canada Services	CAN	NIA	Express Scripts Canada Co. (99.9%); ESI-GP2 Canada, ULC (0.1%)	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	00-0000000				Express Scripts Canada Wholesale	CAN	NIA	Express Scripts Canada Co. (99.9%); ESI-GP2 Canada, ULC (0.1%)	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	84-5003423				Express Scripts Health Information Network Partners, Inc.	DE	NIA	Express Scripts, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	45-2884094				Evernorth Health, Inc.	DE	NIA	Cigna Corporation	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	20-5826948				Express Scripts Pharmaceutical Procurement, LLC	DE	NIA	ESI Mail Pharmacy Service, Inc. (50%); Express Scripts, Inc. (50%)	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	00-0000000				Express Scripts Pharmacy Atlantic, Ltd.	CAN	NIA	Express Scripts Canada Services	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	00-0000000				Express Scripts Pharmacy Central, Ltd.	CAN	NIA	Express Scripts Canada Services	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	00-0000000				Express Scripts Pharmacy Ontario, Ltd.	CAN	NIA	Express Scripts Canada Services	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	00-0000000				Express Scripts Pharmacy West, Ltd.	CAN	NIA	Express Scripts Canada Services	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	30-0789911				Express Scripts Pharmacy, Inc.	DE	NIA	Medco Health Services, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	22-3114423				Express Scripts Sales Operations, Inc.	NJ	NIA	ESI Mail Pharmacy Service, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	20-3126104				Express Scripts Senior Care Holdings, Inc.	DE	NIA	Express Scripts, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	20-3126075				Express Scripts Senior Care, Inc.	DE	NIA	Express Scripts Senior Care Holdings, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	43-1832983				Express Scripts Services Co.	DE	NIA	Express Scripts, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	43-1869712				Express Scripts Specialty Distribution Services, Inc.	DE	NIA	Express Scripts, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	22-2230703				Express Scripts Strategic Development, Inc.	NJ	NIA	Express Scripts, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	43-1869714				Express Scripts Utilization Management Company	DE	NIA	Express Scripts, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	43-1420563				Express Scripts, Inc.	DE	NIA	Evernorth Health, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	00-0000000				FirstAssist Administration Limited	GBR	NIA	Cigna Willow Holdings, LTD.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	23-1914061				Former Cigna Investments, Inc.	DE	NIA	Cigna Investment Group, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	02-0523249				Freco, Inc.	FL	NIA	Priority Healthcare Corporation	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	20-3229217				Freedom Service Company, LLC	FL	NIA	Lynnfield Drug, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	00-0000000				Gillette Ridge Community Council, Inc.	CT	NIA	Connecticut General Life Insurance Company	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	20-3700105				Gillette Ridge Golf, LLC	DE	NIA	Connecticut General Life Insurance Company	Ownership	100.000	Cigna Corporation		

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Provident American Life and Health Insurance Company

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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.0901	Cigna Group	95388	93-1174749				Great-West Healthcare of Illinois, Inc.	IL	NIA	Cigna Healthcare Holdings, Inc. Connecticut General Life Insurance Company	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	00-0000000				GRG Acquisitions LLC	DE	NIA		Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	00-0000000				Grown Ups New Zealand Limited	NZL	NIA	Cigna Life Insurance New Zealand Limited	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	76-0657035				GulfQuest, LP	TX	NIA	HouQuest, LLC	Ownership	99.000	Cigna Corporation		
.0901	Cigna Group	.00000	87-3650143				Hartford Community Lender Holding LLC	DE	NIA	Cigna Health and Life Insurance Company	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	87-3686301				Hartford Community Lender I LLC	DE	NIA	Hartford Community Lender Holding LLC Connecticut General Life Insurance Company	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	52-2149519				Hazard Center Investment Company LLC	DE	NIA		Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	04-2992335				Healthbridge Reimbursement & Product Support, Inc.	MA	NIA	Priority Healthcare Corporation	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	26-2159005				Healthbridge, Inc.	DE	NIA	Express Scripts, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	46-2086778				Health-Lynx, LLC	NJ	NIA	Cigna Health and Life Insurance Company	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	06-1533555				Healthsource Benefits, Inc.	DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	02-0467679				Healthsource Properties, Inc.	NH	NIA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	02-0387748		0000855587		Healthsource, Inc.	DE	NIA	Cigna Health Corporation	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.12902	20-8534298				HealthSpring Life & Health Insurance Company, Inc.	TX	IA	NewQuest, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	20-8647386				HealthSpring Management of America, LLC	DE	NIA	NewQuest, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.11532	65-1129599				HealthSpring of Florida, Inc.	FL	IA	NewQuest, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	26-2353772				HealthSpring Pharmacy of Tennessee, LLC	DE	NIA	HealthSpring Pharmacy Services, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	26-2353476				HealthSpring Pharmacy Services, LLC	DE	NIA	NewQuest, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	72-1559530				HealthSpring USA, LLC	TN	NIA	NewQuest, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	20-1821898		0001339553		HealthSpring, Inc.	DE	NIA	Connecticut General Corporation Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	81-4139432				Heights at Bear Creek Venture LLC	DE	NIA		Ownership	90.000	Cigna Corporation		
.0901	Cigna Group	.00000	20-4266628				Home Physicians Management, LLC	DE	NIA	NewQuest, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	75-3108521				HouQuest, LLC	DE	NIA	NewQuest, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	37-1708015				Houston Briar Forest Apartments Limited Partnership	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	80.000	Cigna Corporation		
.0901	Cigna Group	.00000	95-4838551				Ideal Properties II LLC	CA	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	85.000	Cigna Corporation		
.0901	Cigna Group	.00000	35-2041388				IHN, Inc.	IN	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	00-0000000				Independent Health Information Technology Services L.L.C.	ARE	NIA	NAS Neuron Health Services, L.L.C.	Ownership	50.000	Cigna Corporation		
.0901	Cigna Group	.00000	82-1655179				Innovative Product Alignment, LLC	DE	NIA	Express Scripts, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	82-0658250				Inside RX, LLC	DE	NIA	Express Scripts, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	81-0425785				Intermountain Underwriters, Inc.	MT	NIA	Benefit Management Corp.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	00-0000000				International Pharmaceutical Solutions, GmbH	CHE	NIA		Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	84-3406799				JA Lofts Holdings, LLC	DE	NIA	Cigna Holdings Overseas, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	84-3395923				JA Lofts JV Limited Partnership	DE	NIA	JA Lofts JV Limited Partnership	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	00-0000000				Kuwait Emirates Administration Services WLL	KWT	NIA	CARING JA Lofts Investor LP LLC	Ownership	90.000	Cigna Corporation		
.0901	Cigna Group	.00000	00-0000000				KDM (Thailand) Limited	THA	NIA	NAS Administrative Services Company LLC	Ownership	90.000	Cigna Corporation		
.0901	Cigna Group	.00000	20-8064696				Kronos Optimal Health Company	AZ	NIA	RHP Thailand Limited	Ownership	99.900	Cigna Corporation		
.0901	Cigna Group	.00000	47-5292506				L&C Investments, LLC	DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	47-4375626				Lakehills CM-CG LLC	DE	NIA	Express Scripts, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	00-0000000				LINA Financial Service	KOR	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	90.000	Cigna Corporation		
.0901	Cigna Group	.00000	00-0000000				LINA Life Insurance Company of Korea	KOR	IA	Cigna Korea Chusik Heosa	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.65722	63-0343428				Loyal American Life Insurance Company	OH	IA	Cigna Chestnut Holdings, Ltd.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	58-2593075				Lynnfield Compounding Center, Inc.	FL	NIA	Cigna Health and Life Insurance Company	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	04-3546044				Lynnfield Drug, Inc.	FL	NIA	Priority Healthcare Corporation	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	27-1506930				MAH Pharmacy, LLC	DE	NIA	Priority Healthcare Corporation Medco Health Solutions, Inc.	Ownership	100.000	Cigna Corporation		

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SCHEDULE Y

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	Domi-ciliary Location	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Yes/No)	*
.0901	Cigna Group	.00000	80-0908244				Mallory Square Partners I, LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	80.000	Cigna Corporation		
.0901	Cigna Group	.00000	88-0241365				Managed Care Consultants, Inc.	NV	NIA	Cigna Health Corporation	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	51-0500147				Matrix GPO, LLC	IN	NIA	Priority Healthcare Corporation	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	59-3720653				Matrix Healthcare Services, Inc.	FL	NIA	MyMatrixx Holdings, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	06-1346406				MCC Independent Practice Association of New York, Inc.	NY	NIA	Evernorth Health, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	45-4937055				MDLive, Inc.	DE	NIA	Evernorth Health, Inc.	Ownership	97.230	Cigna Corporation		
.0901	Cigna Group	.00000	00-0000000				MDLive LLC	DE	NIA	MDLive, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	00-0000000				MDLivevisit, LLC	FL	NIA	MDLive, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	00-0000000				MDLive Provider Services, LLC	FL	NIA	MDLive, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.34720	13-3506395				Medco Containment Insurance Company of NY	NY	IA	Medco Health Solutions, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.63762	42-1425239				Medco Containment Life Insurance Company	PA	IA	Medco Health Solutions, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	27-3709630				Medco Europe II, LLC	DE	NIA	Medco Europe, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	46-2166374				Medco Europe, LLC	DE	NIA	Medco Health Solutions, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	84-5017653				Medco Health Information Network Partners, Inc.	DE	NIA	Medco Health Solutions, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	81-0616525				Medco Health Puerto Rico, LLC	DE	NIA	Medco Health Solutions, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	26-3544786				Medco Health Services, Inc.	DE	NIA	Medco Health Solutions, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	22-3461740				Medco Health Solutions, Inc.	DE	NIA	Evernorth Health, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	88-0334401				Mediversal, Inc.	NV	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	27-3801345				MedSolutions Holdings, Inc.	DE	NIA	eviCore 1, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	87-2810715				Montclair 11 Pine Operating Company LLC	DE	NIA	CARING Montclair Investor LLC	Ownership	90.000	Cigna Corporation		
.0901	Cigna Group	.00000	87-2810715				Montclair 11 Pine Urban Renewal LLC	DE	NIA	CARING Montclair Investor LLC	Ownership	90.000	Cigna Corporation		
.0901	Cigna Group	.00000	87-2772585				Montclair Residences JV LLC	DE	NIA	CARING Montclair Investor LLC	Ownership	90.000	Cigna Corporation		
.0901	Cigna Group	.00000	32-0071543				MSI Health Organization of Texas, Inc.	TX	NIA	eviCore healthcare MSI, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	27-5492993				MSI HT, LLC	TN	NIA	eviCore healthcare MSI, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	27-5493148				MSI LT, LLC	TN	NIA	eviCore healthcare MSI, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	27-5493321				MSI SAR-GW, LLC	TN	NIA	eviCore healthcare MSI, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	86-1090522				MSIAZ I, LLC	TN	NIA	eviCore healthcare MSI, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	20-1749733				MSICA I, LLC	TN	NIA	eviCore healthcare MSI, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	20-1222347				MSICO I, LLC	TN	NIA	eviCore healthcare MSI, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	55-0840800				MSIFL, LLC	TN	NIA	eviCore healthcare MSI, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	26-0181185				MSIMD I, LLC	TN	NIA	eviCore healthcare MSI, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	74-3122235				MSINC I, LLC	TN	NIA	eviCore healthcare MSI, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	11-3715243				MSINH II, LLC	TN	NIA	eviCore healthcare MSI, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	03-0524694				MSINH, LLC	TN	NIA	eviCore healthcare MSI, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	20-1749446				MSINU I, LLC	TN	NIA	eviCore healthcare MSI, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	20-1761914				MSINW I, LLC	TN	NIA	eviCore healthcare MSI, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	55-0840806				MSISC II, LLC	TN	NIA	eviCore healthcare MSI, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	26-0336736				MSIVT I, LLC	TN	NIA	eviCore healthcare MSI, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	20-2536458				MSIWA, LLC	TN	NIA	eviCore healthcare MSI, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	36-4833284				MyM Technology Services, LLC	FL	NIA	MyMatrixx Holdings, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	82-1350878				myMatrixx Holdings, LLC	DE	NIA	Express Scripts, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	46-2589799				myMatrixx-B, LLC	FL	NIA	Matrix Healthcare Services, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	00-0000000				NAS Administrative Services Company LLC	ARE	NIA	NAS Neuron Health Services, L.L.C.	Ownership	99.000	Cigna Corporation		
.0901	Cigna Group	.00000	00-0000000				NAS Neuron Health Services, L.L.C.	ARE	NIA	Cigna Chestnut Holdings, Ltd.	Ownership	34.000	Cigna Corporation		
.0901	Cigna Group	.00000	00-0000000				NAS United SPV	CYM	NIA	NAS Neuron Health Services, L.L.C.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	00-0000000				Neuron LLC	ARE	NIA	NAS Neuron Health Services, L.L.C.	Ownership	99.000	Cigna Corporation		
.0901	Cigna Group	.00000	52-1929677				NewQuest Management Northeast, LLC	DE	NIA	NewQuest, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	33-1033586				NewQuest Management of Alabama, LLC	AL	NIA	NewQuest, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	20-4954206				NewQuest Management of Florida, LLC	FL	NIA	NewQuest, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	77-0632665				NewQuest Management of Illinois, LLC	IL	NIA	NewQuest, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	45-0633893				NewQuest Management of West Virginia, LLC	DE	NIA	NewQuest, LLC	Ownership	100.000	Cigna Corporation		

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PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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.0901	Cigna Group	.00000	76-0628370				NewQuest, LLC	TX	NIA	HealthSpring, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	82-5244890				Octave Health Group, Inc.	DE	NIA	Cigna Ventures, LLC	Ownership	10.100	Cigna Corporation		
.0901	Cigna Group	.00000	91-1599329				Olympic Health Management Services, Inc.	WA	NIA	Olympic Health Management Systems, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	91-1500758				Olympic Health Management Systems, Inc.	WA	NIA	Sterling Life Insurance Company	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	00-0000000				OnePath Life (NZ) Limited	NZL	IA	Cigna New Zealand Holdings Limited	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	80-0818758				Patient Provider Alliance, Inc.	DE	NIA	Brighter, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	35-1927379				Priority Healthcare Corporation	IN	NIA	CuraScript, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	59-3761140				Priority Healthcare Distribution, Inc.	FL	NIA	Priority Healthcare Corp	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.67903	23-1335885				Provident American Life & Health Insurance Company	OH	RE	Cigna National Health Insurance Company	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	00-0000000				PT GAR Indonesia	IDN	NIA	Cigna Holdings Overseas, Inc.	Ownership	99.160	Cigna Corporation		
.0901	Cigna Group	.00000	AA-5360003				PT Asuransi Cigna	IDN	IA	Cigna Worldwide Insurance Company	Ownership	99.999	Cigna Corporation		
.0901	Cigna Group	.00000	45-5046449				PUR Arbors Apartments Venture LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	87.500	Cigna Corporation		
.0901	Cigna Group	.00000	46-1801639				QualCare Management Resources Limited Liability Company	NJ	NIA	Cigna Health and Life Insurance Company	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	00-0000000				Qualient Pharmaceuticals Holdings LP	CYM	NIA	Cigna Spruce Holdings GmbH	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	00-0000000				Qualient Pharmaceuticals Health LLC	CYM	NIA	Qualient Pharmaceuticals Holdings LP	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	45-5569416				QPID Health, LLC	DE	NIA	eviCore healthcare MSI, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	00-0000000				RHP (Thailand) Limited	THA	NIA	Cigna Apac Holdings, Ltd.	Ownership	49.000	Cigna Corporation		
.0901	Cigna Group	.00000	83-1460134				Rise-CG Capitol Hill, LP	DE	NIA	CARING Capitol Hill LP LLC	Ownership	90.000	Cigna Corporation		
.0901	Cigna Group	.00000	84-3254168				Rise-CG JA Lofts Limited Partnership	DE	NIA	JA Lofts Holdings, LLC (.5%); JA Lofts JV Limited Partnership (99.5%)	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	35-1641636				Sagamore Health Network, Inc.	IN	NIA	Cigna Health Corporation	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	46-3593103				SB-SNH LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	85.000	Cigna Corporation		
.0901	Cigna Group	.00000	95-2876207				Secon Properties, LP	CA	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	50.000	South Coast Plaza Associates, LLC (non-affiliate)		
.0901	Cigna Group	.00000	82-1732483				SOMA Apartments Venture LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	90.000	Cigna Corporation		
.0901	Cigna Group	.00000	82-4405071				Specialty Products Acquisitions, LLC	DE	NIA	Medco Health Solutions, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	61-1317695				SpectraCare Health Care Ventures, Inc.	KY	NIA	SpectraCare, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	61-1147068				SpectraCare, Inc.	KY	NIA	Priority Healthcare Corp	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.77399	13-1867829				Sterling Life Insurance Company	IL	IA	Cigna Health and Life Insurance Company	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	47-2658932				Strategic Pharmaceutical Investments, LLC	DE	NIA	Priority Healthcare Corp	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	00-0000000				SureScripts, LLC	VA	NIA	Express Scripts, Inc. 16.7%/Medco Health Solutions, Inc. 16.7%	Ownership	33.400	Cigna Corporation		
.0901	Cigna Group	.00000	87-0903685				Swedesford Road Apartments, LLC	DE	NIA	CARING Berwyn Investor LLC	Ownership	68.600	Cigna Corporation		
.0901	Cigna Group	.00000	22-3474888				Systemed, LLC	DE	NIA	Medco Health Solutions, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	23-3074013				Tel-Drug of Pennsylvania, LLC	PA	NIA	Connecticut General Life Insurance Company	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	46-0427127				Tel-Drug, Inc.	SD	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	00-0000000				Temple Insurance Company Limited	BMU	IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	20-5524622				Tennessee Quest, LLC	TN	NIA	NewQuest, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	75-3108527				TexQuest, LLC	DE	NIA	NewQuest, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	85-1955731				The Flats at Interbay Holdings, LLC	DE	NIA	The Flats at Interbay JV Limited Partnership	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	85-1955075				The Flats at Interbay JV Limited Partnership	DE	NIA	CARING Interbay Investor LP LLC	Ownership	90.000	Cigna Corporation		
.0901	Cigna Group	.00000	85-1962013				The Flats at Interbay Limited Partnership	DE	NIA	The Flats at Interbay JV Limited Partnership	Ownership	99.500	Cigna Corporation		
.0901	Cigna Group	.00000	46-5264463				Trainer Rx, Inc.	DE	NIA	Cigna Ventures, LLC	Ownership	19.400	Cigna Corporation		
.0901	Cigna Group	.00000	00-0000000				Transwestern Federal, L.L.C.	DE	NIA	Transwestern Federal Holdings, L.L.C.	Ownership	7.616	Cigna Corporation		

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.0901	Cigna Group	.00000	00-0000000				Transwestern Federal Holdings, L.L.C.	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	7.616	Cigna Corporation		
.0901	Cigna Group	.65269	75-2305400				United Benefit Life Insurance Company	OH	DS	Provident American Life and Health Insurance Company	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	88-0344624				Universal Claims Administration	NV	NIA	Mediversal, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	98-0463704				Vielife Services, Inc.	DE	NIA	Cigna Global Wellbeing Holdings Limited	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	00-0000000				Verity Solutions Group, Inc.	DE	NIA	Cigna Health and Life Insurance Company	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	00-0000000				Westcore CG AC, LLC	DE	NIA	CARING Westcore Holding Investor LLC	Ownership	90.000	Cigna Corporation		
.0901	Cigna Group	.00000	84-3178563				Westcore CG Camelback, LLC	DE	NIA	CARING Westcore Holding Investor LLC	Ownership	90.000	Cigna Corporation		
.0901	Cigna Group	.00000	84-3178563				Westcore CG Cedar Port, LLC	DE	NIA	CARING Westcore Holding Investor LLC	Ownership	90.000	Cigna Corporation		
.0901	Cigna Group	.00000	00-0000000				Westcore CG Commerce, LLC	DE	NIA	CARING Westcore Holding Investor LLC	Ownership	90.000	Cigna Corporation		
.0901	Cigna Group	.00000	84-3178563				Westcore CG Dove Valley I, LLC	DE	NIA	CARING Westcore Holding Investor LLC	Ownership	90.000	Cigna Corporation		
.0901	Cigna Group	.00000	84-3178563				Westcore CG Dove Valley II, LLC	DE	NIA	CARING Westcore Holding Investor LLC	Ownership	90.000	Cigna Corporation		
.0901	Cigna Group	.00000	84-3178563				Westcore CG Fountain Lakes, LLC	DE	NIA	CARING Westcore Holding Investor LLC	Ownership	90.000	Cigna Corporation		
.0901	Cigna Group	.00000	84-3178563				Westcore CG Gateway, LLC	DE	NIA	CARING Westcore Holding Investor LLC	Ownership	90.000	Cigna Corporation		
.0901	Cigna Group	.00000	84-3178563				Westcore CG I-35, LLC	DE	NIA	CARING Westcore Holding Investor LLC	Ownership	90.000	Cigna Corporation		
.0901	Cigna Group	.00000	84-3178563				Westcore CG Mezz, LLC	DE	NIA	CARING Westcore Holding Investor LLC	Ownership	90.000	Cigna Corporation		
.0901	Cigna Group	.00000	84-3178563				Westcore CG Navy, LLC	DE	NIA	CARING Westcore Holding Investor LLC	Ownership	90.000	Cigna Corporation		
.0901	Cigna Group	.00000	84-3178563				Westcore CG Potomac Park, LLC	DE	NIA	CARING Westcore Holding Investor LLC	Ownership	90.000	Cigna Corporation		
.0901	Cigna Group	.00000	84-3178563				Westcore CG Solano, LLC	DE	NIA	CARING Westcore Holding Investor LLC	Ownership	90.000	Cigna Corporation		
.0901	Cigna Group	.00000	84-3178563				Westcore CG Susana, LLC	DE	NIA	CARING Westcore Holding Investor LLC	Ownership	90.000	Cigna Corporation		
.0901	Cigna Group	.00000	00-0000000				Westcore CG Venture, LLC	DE	NIA	CARING Westcore Holding Investor LLC	Ownership	90.000	Cigna Corporation		
.0901	Cigna Group	.00000	87-3624928				Westcore CG Venture II, LLC	DE	NIA	CARING Westcore Holding II Investor LLC	Ownership	90.000	Cigna Corporation		
.0901	Cigna Group	.00000	87-3624928				Westcore CG II AC, LLC	DE	NIA	CARING Westcore Holding II Investor LLC	Ownership	90.000	Cigna Corporation		
.0901	Cigna Group	.00000	87-3624928				Westcore CG II Park 225, LLC	DE	NIA	CARING Westcore Holding II Investor LLC	Ownership	90.000	Cigna Corporation		
.0901	Cigna Group	.00000	85-3567364				Westcore Realty CG Avondale, LLC	DE	NIA	CARING Avondale Investor LLC	Ownership	90.000	Cigna Corporation		
.0901	Cigna Group	.00000	00-0000000				Willow DSP LLC	DE	NIA	Accredo Health, Incorporated	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	00-0000000				YCFM Servicios LTDA	BRA	NIA	Cigna Global Holdings, Inc.	Ownership	35.320	Cigna Corporation		

Asterisk	Explanation

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Provident American Life and Health 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)
00000	46-2332355	1EQ Inc. (d/b/a Babyscripts)										
00000	00-0000000	680 Investors LLC										
00000	00-0000000	685 New Hampshire LLC										
00000	82-4794800	9171 Wilshire CPI-CII LLC										
00000	85-1046126	ABS Apartments Venture, L.L.C.										
00000	11-3358535	Accredo Health Group, Inc.										
00000	55-0894449	Accredo Health, Incorporated										
00000	13-3888838	AHG of New York, Inc.										
00000	75-3040465	Airport Holdings, LLC										
00000	35-2562415	Alegis Care Services, LLC										
00000	85-0909305	Alegis Care Services of Colorado, LLC										
00000	81-0400550	Allegiance Benefit Plan Management, Inc.					14,483,677				14,483,677	
00000	03-0507057	Allegiance Care Management, LLC					86,979				86,979	
00000	71-0916514	Allegiance COBRA Services, Inc.					570				570	
12814	20-4433475	Allegiance Life & Health Insurance Company										
00000	26-2201582	Allegiance Provider Direct, LLC					(2,620,034)	(75,513)			(2,695,547)	63,459
00000	20-3851464	Allegiance Re, Inc.										
88366	59-2760189	American Retirement Life Insurance Company		(30,000,000)			(19,474,183)				(49,474,183)	
00000	82-3315524	Arbor Heights Venture LLC										
00000	46-4080861	AristaMD, Inc.										
00000	86-3581583	Arizona Health Plan, Inc.										
00000	00-0000000	Ascent Health Services LLC						(355,124)			(355,124)	
00000	86-1750832	ASM Apartments Venture, L.L.C.										
00000	81-0585518	Benefit Management Corp.	(10,000,000)								(10,000,000)	
00000	81-2650133	Berewick Apartments LLC										
00000	43-1815573	Biopartners in Care, Inc.										
00000	06-1522976	Blodget & Hazard Limited										
10095	52-2259087	Bravo Health Mid-Atlantic, Inc.			15,000,000		(23,636,365)				(8,636,365)	
11524	52-2363406	Bravo Health Pennsylvania, Inc.					(113,777,153)				(113,777,153)	
00000	00-0000000	Breakthrough Behavioral, Inc.										
00000	00-0000000	Breakthrough Behavioral of Texas, Inc.										
00000	27-1713977	Brighter, Inc.					5,096,467				5,096,467	
00000	46-4918521	Buoy Health, Inc.										
00000	61-1162797	Care Continuum, Inc.										
00000	85-0954556	CareAllies Accountable Care Collaborative LLC										
00000	85-0935554	CareAllies Accountable Care Network LLC										
00000	00-0000000	CareAllies Accountable Care Solutions LLC										
00000	26-0180898	CareAllies, Inc.	(10,000,000)				(13,518)				(10,013,518)	
00000	81-2760646	CareAllies, LLC										
10144	20-1089572	CareCore NJ, LLC										

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Provident American Life and Health 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)
00000	45-2681649	CarePlexus, LLC										
00000	83-1400586	CARING 18th & Salmon Investor LLC										
00000	83-2562994	CARING 500 Ygnacio Investor LLC										
00000	84-1960231	CARING 3130 Investor LLC										
00000	83-2318410	CARING 9171 Wilshire Investor LLC										
00000	85-4247420	CARING ABS Investor LLC										
00000	83-2851501	CARING Alta Duraleigh Investor LLC										
00000	83-2851501	CARING Alta Englewood Investor LLC										
00000	85-2966766	CARING Alta Leander Investor LLC										
00000	83-2563284	CARING Alta Woodson Investor LLC										
00000	85-2966766	CARING Avondale Investor LLC										
00000	87-1992977	CARING Berwyn Investor LLC										
00000	32-0570889	CARING Capitol Hill GP LLC										
00000	37-1903297	CARING Capitol Hill LP LLC										
00000	83-2851364	CARING Century Plaza Investor LLC										
00000	85-4265529	CARING Deco Investor LLC										
00000	85-2912145	CARING Elan I Investor LLC										
00000	87-0928526	CARING Elan II Investor LLC										
00000	83-3701937	CARING Firestone Investor LLC										
00000	00-0000000	CARING JA Lofts Investor LP LLC										
00000	00-0000000	CARING JA Lofts Investor GP LLC										
00000	83-2318233	CARING Heights at Bear Creek Investor LLC										
00000	83-1400482	CARING Hillcrest Investor LLC										
00000	84-4410554	CARING IBP Investor LLC										
00000	85-1961034	CARING Interbay Investor GP LLC										
00000	85-1984627	CARING Interbay Investor LP LLC										
00000	83-2339522	CARING Mallory Square Investor LLC										
00000	85-4265529	CARING Montclair Investor LLC										
00000	83-2563138	CARING Soma Investor LLC										
00000	83-2633790	CARING Alexan Enclave Investor LLC										
00000	83-2633886	CARING Orange Collection Investor LLC										
00000	83-8294933	CARING South Coast Subsidiary LLC										
00000	86-1942593	CARING St. Matthew's Investor LLC										
00000	38-4085763	CARING Westcore Holding Investor LLC										
00000	87-3646420	CARING Westcore Holding II Investor LLC										
00000	83-3923178	CARING XR International Investor LLC										
00000	83-4317078	CARING XR 2 International Investor LLC										
00000	84-1843578	CGGL XR 2 International JV LLC										
00000	84-1843578	CGGL XR 2 International Mezz LLC										
00000	45-2604992	CCN NMO, LLC										
00000	33-1039759	CCN-WNY IPA, LLC						(7,788)			(7,788)	
00000	34-1970892	Ceres Sales of Ohio, LLC						(6,569)			(6,569)	
00000	06-1332403	CG Individual Tax Benefit Payments, Inc.						(391)			(391)	

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ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Provident American Life and Health 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)
00000	06-1332405	CG Life Pension Benefits Payments, Inc.										
00000	06-1332401	CG LINA Pension Benefits Payments, Inc.										
00000	84-2083351	CG-AQ 477 South Market Street LLC										
00000	84-4773972	CG-LEDO IBP Venture LLC										
00000	84-4747045	CG-LEDO IBP I LLC										
00000	84-4755025	CG-LEDO IBP II LLC										
00000	83-2993316	CG-Muller 550 Winchester, LLC										
00000	45-5499889	CG Seventh Street, LLC										
00000	85-0734624	CG/Wood Alta Duraleigh, LLC										
00000	85-0655107	CG/Wood Alta Duraleigh Owner, LLC										
00000	87-2928401	CG/Wood Alta Duraleigh Townhome, LLC										
00000	82-1280312	CG/Wood Alta 601, LLC										
00000	85-2233381	CG/Wood Alta Leander Station, LLC										
00000	81-3313562	CGGL City Parkway LLC										
00000	61-1797835	CGGL Orange Collection LLC										
00000	00-0000000	CGGL Orange Collection Mezz LLC										
00000	84-1921719	CGGL XR International LLC										
00000	84-1843578	CGGL XR 2 International LLC										
00000	00-0000000	CGO Participatos LTDA										
00000	59-3466707	Chiro Alliance Corporation										
00000	81-3389374	CIG-LEI Ygnacio Associates LLC										
00000	86-2964997	CI-GS Elan Everett Phase I, LLC										
00000	86-3726159	CI-GS Elan Everett Phase II, LLC										
00000	82-4774243	CI-GS Portland, LLC										
00000	82-1612980	CI-GS Hillcrest LLC										
00000	00-0000000	Cigna & CMB Asset Management Company Limited										
00000	00-0000000	Cigna & CMB Health Services Company, Ltd.										
00000	00-0000000	Cigna & CMB Life Insurance Company Limited	(19,247,233)	86,776,604							67,529,371	
00000	00-0000000	CIGNA 2000 UK Pension LTD										
00000	27-5402196	Cigna Affiliates Realty Investment Group, LLC		27,019,004							27,019,004	
00000	00-0000000	Cigna Alder Holdings, LLC										
00000	00-0000000	Cigna Apac Holdings, Ltd.										
13733	03-0452349	Cigna Arbor Life Insurance Company		500,000			(3,352)				496,648	
00000	98-1181787	Cigna Beechwood Holdings										
00000	00-0000000	Cigna Bellevue Alpha LLC										
00000	02-0515554	Cigna Benefit Technology Solutions, Inc.										
00000	01-0947889	Cigna Benefits Financing, Inc.					1,245,924				1,245,924	
00000	00-0000000	Cigna Brokerage & Marketing (Thailand) Limited										
00000	00-0000000	Cigna Cedar Holdings, Ltd.										

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ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Provident American Life and Health 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)
00000	98-1137759	Cigna Chestnut Holdings, Ltd.										
00000	27-3396038	Cigna Corporate Services, LLC										
00000	82-4991898	Cigna Corporation (A Delaware corporation and ultimate parent company)	2,751,000,000								2,751,000,000	
00000	00-0000000	Cigna Data Services (Shanghai) Company Limited										
00000	59-2600475	Cigna Dental Health Of California, Inc.	(13,000,000)				757,187				(12,242,813)	
11175	59-2675861	Cigna Dental Health Of Colorado, Inc.	(2,000,000)				(1,030,579)				(3,030,579)	
95380	59-2676987	Cigna Dental Health Of Delaware, Inc.					(17,587)				(17,587)	
52021	59-1611217	Cigna Dental Health Of Florida, Inc.	(7,000,000)				(4,218,546)				(11,218,546)	
00000	06-1351097	Cigna Dental Health of Illinois, Inc.										
52024	59-2625350	Cigna Dental Health Of Kansas, Inc.	(250,000)				(218,680)				(468,680)	
52108	59-2619589	Cigna Dental Health Of Kentucky, Inc.	(3,000,000)				(1,248,294)				(4,248,294)	
48119	20-2844020	Cigna Dental Health Of Maryland, Inc.	(2,750,000)				(1,038,381)				(3,788,381)	
11160	06-1582068	Cigna Dental Health Of Missouri, Inc.	(1,200,000)				(541,091)				(1,741,091)	
11167	59-2308062	Cigna Dental Health Of New Jersey, Inc.	(1,189,000)				(1,760,923)				(2,949,923)	
95179	56-1803464	Cigna Dental Health Of North Carolina, Inc.					(723,113)				(723,113)	
47805	59-2579774	Cigna Dental Health Of Ohio, Inc.	(2,500,000)				(994,312)				(3,494,312)	
47041	52-1220578	Cigna Dental Health Of Pennsylvania, Inc.										
			(1,900,000)				(735,138)				(2,635,138)	
95037	59-2676977	Cigna Dental Health Of Texas, Inc.	(9,000,000)				(4,861,215)				(13,861,215)	
52617	52-2188914	Cigna Dental Health Of Virginia, Inc.	(1,275,000)				(685,912)				(1,960,912)	
47013	86-0807222	Cigna Dental Health Plan Of Arizona, Inc.										
			(4,100,000)				997,877				(3,102,123)	
00000	59-2308055	Cigna Dental Health, Inc.	(14,836,000)				30,717,715				15,881,715	
00000	58-1136865	Cigna Direct Marketing Company, Inc.										
00000	98-1155943	Cigna Elmwood Holdings, SPRL										
00000	00-0000000	Cigna Europe Insurance Company S.A.-N.V.										
00000	00-0000000	Cigna European Services (UK) Limited										
00000	62-1724116	Cigna Federal Benefits, Inc.										
00000	51-0389196	Cigna Global Holdings, Inc.	(125,658,651)	140,200,000			(2,974)				14,538,375	
00000	68-0676638	Cigna Global Insurance Company Limited						(2,872,369)			(2,872,369)	
00000	98-0210110	Cigna Global Reinsurance Company, Ltd.	(9,951,000)				(44,833)	(34,390,801)			(44,386,634)	(112,104,769)
00000	00-0000000	Cigna Global Wellbeing Holdings Limited										
00000	00-0000000	Cigna Global Wellbeing Solutions Limited		14,878,125							14,878,125	
67369	59-1031071	Cigna Health and Life Insurance Company	(2,416,541,714)	(32,932,903)			179,323,782	46,099,615			(2,224,051,220)	74,029,664
00000	62-1312478	Cigna Health Corporation	(104,000,000)				73,675,384				(30,324,616)	
00000	23-1728483	Cigna Health Management, Inc.					31,866,134				31,866,134	
00000	00-0000000	Cigna Health Solution India Pvt. Ltd.										
00000	23-2741293	Cigna Healthcare Benefits, Inc.										
00000	84-0985843	Cigna Healthcare Holdings, Inc.										
95599	52-1404350	Cigna HealthCare Mid-Atlantic, Inc.										
95125	86-0334392	Cigna HealthCare of Arizona, Inc.		55,000,000			(21,810,391)	(161,470)			33,028,139	1,446,088

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ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Provident American Life and Health Insurance Company

SCHEDULE Y

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

1	2	3	4	5	6	7	8	9	10	11	12	13
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00000	95-3310115	Cigna HealthCare of California, Inc.	115,000,000				(31,264,931)	(3,873,957)			79,861,112	9,760,444
95604	84-1004500	Cigna HealthCare of Colorado, Inc.		8,000,000		(184,375)	(5,458,751)	(57,980)			2,298,894	36,222
95660	06-1141174	Cigna HealthCare of Connecticut, Inc.					(504,246)	(1,180)			(505,426)	737
95136	59-2089259	Cigna HealthCare of Florida, Inc.					(302,854)	(105,020)			(407,874)	65,610
96229	58-1641057	Cigna HealthCare of Georgia, Inc.		80,000,000		(28,750)	(47,078,135)	(32,996)			32,860,119	32,037
95602	36-3385638	Cigna HealthCare of Illinois, Inc.					(9,575,284)	(861,132)			(10,436,416)	1,667,959
95525	35-1679172	Cigna HealthCare of Indiana, Inc.					(8,779)	(1,360)			(10,139)	850
95477	01-0418220	Cigna HealthCare of Maine, Inc.										
95220	02-0402111	Cigna HealthCare of Massachusetts, Inc.										
95493	02-0387749	Cigna HealthCare of New Hampshire, Inc.					(9,686)				(9,686)	
95500	22-2720890	Cigna HealthCare of New Jersey, Inc.					(59,434)	(18,060)			(77,494)	11,283
95132	56-1479515	Cigna HealthCare of North Carolina, Inc.		45,000,000			(45,703,210)	(3,523,071)			(4,226,281)	3,175,435
95121	23-2301807	Cigna HealthCare of Pennsylvania, Inc.										
95708	06-1185590	Cigna HealthCare of South Carolina, Inc.		5,000,000			(10,785,098)	(4,380)			(5,789,478)	2,736
95635	36-3359925	Cigna HealthCare of St. Louis, Inc.		3,000,000			(4,641,382)	(46,580)			(1,687,962)	29,100
95606	62-1218053	Cigna HealthCare of Tennessee, Inc.					(1,994,406)				(1,994,406)	428,260
95383	74-2767437	Cigna HealthCare of Texas, Inc.	(15,000,000)				(4,108,008)	(149,259)			(19,257,267)	887,745
95518	62-1230908	Cigna HealthCare of Utah, Inc.										
00000	02-0495422	Cigna Healthcare, Inc.					25,983				25,983	
00000	00-0000000	Cigna HLA Technology Services Company Limited										
00000	06-1059331	Cigna Holding Company	135,609,651	(800,000,000)		213,125	(8,381)				(664,185,605)	
00000	23-3009279	Cigna Holdings Overseas, Inc.										
00000	06-1072796	Cigna Holdings, Inc.		(421,700,000)			(20,778)				(421,720,778)	
00000	00-0000000	Cigna Hong Kong Holdings Company Limited										
00000	27-1903785	Cigna Insurance Agency, LLC										
00000	00-0000000	Cigna Insurance Management Services (DIFC), Ltd.										
00000	00-0000000	Cigna Insurance Middle East S.A.L.					4,692,032				4,692,032	
00000	00-0000000	Cigna Insurance Public Company Limited										
00000	00-0000000	Cigna Insurance Services (Europe) Limited										
00000	23-2924152	Cigna Integratedcare, Inc.										
00000	51-0402128	Cigna Intellectual Property, Inc.										
00000	51-0111677	Cigna International Corporation, Inc.					(7,355,064)				(7,355,064)	
00000	52-0291385	Cigna International Finance, Inc.										
00000	00-0000000	Cigna International Health Services Kenya Limited										
00000	00-0000000	Cigna International Health Services Sdn. Bhd.										
00000	00-0000000	Cigna International Health Services, BVBA										
00000	30-0526216	Cigna International Health Services, LLC										

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ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Provident American Life and Health Insurance Company

SCHEDULE Y

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

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00000	00-0000000	Cigna International Marketing (Thailand) Limited										
00000	00-0000000	Cigna International Services Australia Pty Ltd.										
00000	23-2610178	Cigna International Services, Inc.										
00000	06-1095823	Cigna Investment Group, Inc.					(1,474)				(1,474)	
00000	06-0861092	Cigna Investments, Inc.					42,756,575				42,756,575	
00000	00-0000000	Cigna Korea Chusik Heosa (A/K/A Cigna Korea Company Limited)										
00000	98-1146864	Cigna Laurel Holdings, Ltd.										
00000	00-0000000	Cigna Legal Protection U.K. Ltd.										
00000	AA-1560515	Cigna Life Insurance Company of Canada					(5,533,063)				(5,533,063)	
00000	AA-1240009	Cigna Life Insurance Company of Europe S.A.-N.V.					737,104				737,104	
00000	00-0000000	Cigna Life Insurance New Zealand Limited										
00000	46-4110289	Cigna Linden Holdings, Inc.										
00000	98-1232512	Cigna Magnolia Holdings, Ltd.										
00000	23-2741294	Cigna Managed Care Benefits Company					23,852,335				23,852,335	
00000	89-3374500	Cigna Management Company LLC										
00000	98-1154657	Cigna Myrtle Holdings, Ltd.										
61727	34-0970995	Cigna National Health Insurance Company					(6,643,889)				(6,643,889)	
00000	00-0000000	Cigna Nederland Gamma B.V.										
00000	00-0000000	Cigna New Zealand Holdings Limited										
00000	00-0000000	Cigna Oak Holdings, Ltd.										
00000	98-1232443	Cigna Palmetto Holdings, Ltd.										
00000	46-4099800	Cigna Poplar Holdings, Inc.										
00000	06-1071502	Cigna RE Corporation										
00000	06-1567902	Cigna Resource Manager, Inc.										
00000	00-0000000	Cigna Sa?l?k Hayat ve Emeklilik A.?										
00000	00-0000000	Cigna Services Middle East FZE										
00000	00-0000000	Cigna Spruce Holdings GmbH										
00000	00-0000000	Cigna Taiwan Life Assurance Company Limited										2,383,992
00000	00-0000000	Cigna Teak Holdings, LLC										
00000	00-0000000	Cigna Turkey Danismanlik Hizmetleri, A.S (A/K/A Cigna Turkey Consultancy Services, A.S.)										
00000	83-1069280	Cigna Ventures, LLC	(35,000,000)	93,044,208							58,044,208	
00000	00-0000000	Cigna Walnut Holdings, Ltd.										
00000	00-0000000	Cigna Willow Holdings, Ltd.										
00000	00-0000000	Cigna Worldwide General Insurance Company Limited										
90859	23-2088429	Cigna Worldwide Insurance Company					141,909				141,909	6,162,940

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ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Provident American Life and Health 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)
00000	00-0000000	Cigna Worldwide Life Insurance Company Limited										
00000	00-0000000	Claims and Risk Services Limited										
00000	00-0000000	ManipalCigna Health Insurance Company Limited										
00000	84-1461840	Community Health Network, LLC										
00000	06-1252419	Connecticut General Benefit Payments, Inc.										
00000	06-0840391	Connecticut General Corporation	61,000,000	757,097,932							818,097,932	
62308	06-0303370	Connecticut General Life Insurance Company	(50,000,000)	4,999,446			(13,584,371)	75,513			(58,509,412)	(63,459)
00000	82-4936006	CPI-CII 9171 Wilshire JV LLC										
00000	27-3555688	CR Washington Street Investors LP										
00000	36-4369972	CuraScript, Inc.										
00000	86-1305728	Deco Apartments JV LLC										
00000	86-1334095	Deco Apartments Owner LLC										
00000	16-1526641	Diversified NY IPA, Inc.										
00000	41-1627938	Diversified Pharmaceutical Services, Inc.										
00000	27-3542089	Econdisc Contracting Solutions, LLC										
00000	00-0000000	Egyptian Emirates Administration Services SAE										
00000	00-0000000	ESI Canada										
00000	00-0000000	ESI GP Canada ULC										
00000	43-1925556	ESI GP Holdings, Inc.										
00000	00-0000000	ESI GP2 Canada ULC										
00000	74-2974964	ESI Mail Order Processing, Inc. (f/k/a NXI)										
00000	43-1867735	ESI Mail Pharmacy Service, Inc.										
00000	43-1925562	ESI Partnership										
00000	41-2006555	ESI Resources, Inc.										
00000	94-3107309	Evernorth Behavioral Health of California, Inc.					(52,095)				(52,095)	
00000	75-2751090	Evernorth Behavioral Health of Texas, Inc.					(173,017)				(173,017)	
00000	41-1648670	Evernorth Behavioral Health, Inc.	(29,000,000)				(396,059,713)				(425,059,713)	
00000	86-1465626	Evernorth Care Solutions, Inc.										
00000	32-0222252	Evernorth Direct Health, LLC					(7,424)				(7,424)	
00000	85-2732455	Evernorth Enterprise Services, Inc.										
00000	85-2759151	Evernorth Sales Operations, Inc.										
00000	85-2717903	Evernorth Strategic Development, Inc.										
00000	46-4676347	eviCore 1, LLC										
00000	62-1615395	eviCore healthcare MSI, LLC					(17,099)				(17,099)	
13918	27-3175443	Express Reinsurance Company										

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Provident American Life and Health 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)
00000	41-2063830	Express Scripts Administrators LLC										
00000	00-0000000	Express Scripts Canada Co.										
00000	43-1942542	Express Scripts Canada Holding Co.										
00000	27-1490640	Express Scripts Canada Holding, LLC										
00000	00-0000000	Express Scripts Canada Services										
00000	00-0000000	Express Scripts Canada Wholesale										
00000	84-5003423	Express Scripts Health Information Network Partners, Inc.										
00000	45-2884094	Evernorth Health, Inc.					(498,961)				(498,961)	
00000	20-5826948	Express Scripts Pharmaceutical Procurement, LLC										
00000	00-0000000	Express Scripts Pharmacy Atlantic, Ltd.										
00000	00-0000000	Express Scripts Pharmacy Central, Ltd.										
00000	00-0000000	Express Scripts Pharmacy Ontario, Ltd.										
00000	00-0000000	Express Scripts Pharmacy West, Ltd.										
00000	30-0789911	Express Scripts Pharmacy, Inc.										
00000	22-3114423	Express Scripts Sales Operations, Inc.										
00000	20-3126104	Express Scripts Senior Care Holdings, Inc.										
00000	20-3126075	Express Scripts Senior Care, Inc.										
00000	43-1832983	Express Scripts Services Co.										
00000	43-1869712	Express Scripts Specialty Distribution Services, Inc.										
00000	22-2230703	Express Scripts Strategic Development, Inc.										
00000	43-1869714	Express Scripts Utilization Management Company										
00000	43-1420563	Express Scripts, Inc.					146,897,802				146,897,802	
00000	00-0000000	FirstAssist Administration Limited										
00000	23-1914061	Former Cigna Investments, Inc.					(65,288)				(65,288)	
00000	02-0523249	Freco, Inc.										
00000	20-3229217	Freedom Service Company, LLC										
00000	00-0000000	Gillette Ridge Community Council, Inc.										
00000	20-3700105	Gillette Ridge Golf, LLC										
95388	93-1174749	Great-West Healthcare of Illinois, Inc.										
00000	00-0000000	Grg Acquisitions LLC			(93,469)						(93,469)	
00000	00-0000000	Grown Ups New Zealand Limited										
00000	76-0657035	GulfQuest, LP	3,000,000				425,063,496				428,063,496	
00000	87-3650143	Hartford Community Lender Holding LLC										
00000	87-3686301	Hartford Community Lender I LLC										
00000	52-2149519	Hazard Center Investment Company LLC										
00000	04-2992335	Healthbridge Reimbursement & Product Support, Inc.										
00000	26-2159005	Healthbridge, Inc.										

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ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Provident American Life and Health 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)
00000	46-2086778	Health-Lynx, LLC										
00000	06-1533555	Healthsource Benefits, Inc.										
00000	02-0467679	Healthsource Properties, Inc.										
00000	02-0387748	Healthsource, Inc.	(100,000,000)								(100,000,000)	
12902	20-8534298	HealthSpring Life & Health Insurance Company, Inc.	79,000,000				(753,233,064)				(674,233,064)	
00000	20-8647386	HealthSpring Management of America, LLC					153,209,750				153,209,750	
11532	65-1129599	HealthSpring of Florida, Inc.	13,000,000				(109,195,474)				(96,195,474)	
00000	26-2353772	HealthSpring Pharmacy of Tennessee, LLC										
00000	26-2353476	HealthSpring Pharmacy Services, LLC										
00000	72-1559530	HealthSpring USA, LLC					191,343,183				191,343,183	
00000	20-1821898	HealthSpring, Inc.					(2,334,711)				(2,334,711)	
00000	81-4139432	Heights at Bear Creek Venture LLC										
00000	20-4266628	Home Physicians Management, LLC										
00000	75-3108521	HouQuest, LLC										
00000	37-1708015	Houston Briar Forest Apartments Limited Partnership										
00000	95-4838551	Ideal Properties II LLC										
00000	35-2041388	IHN, Inc.					(1,719)				(1,719)	
00000	00-0000000	Independent Health Information Technology Services L.L.C.										
00000	82-1655179	Innovative Product Alignment, LLC										
00000	82-0658250	Inside RX, LLC										
00000	81-0425785	Intermountain Underwriters, Inc.					41,669				41,669	
00000	00-0000000	International Pharmaceutical Solutions, GmbH										
00000	84-3406799	JA Lofts Holdings, LLC										
00000	84-3395923	JA Lofts JV Limited Partnership										
00000	00-0000000	Kuwait Emirates Administration Services WLL										
00000	00-0000000	KDM (Thailand) Limited										
00000	20-8064696	Kronos Optimal Health Company					64,041				64,041	
00000	47-5292506	L&C Investments, LLC										
00000	47-4375626	Lakehills CM-CG LLC										
00000	00-0000000	LINA Financial Service										
00000	00-0000000	LINA Life Insurance Company of Korea										11,983,667
65722	63-0343428	Loyal American Life Insurance Company		(35,000,000)			(54,795,787)				(89,795,787)	
00000	58-2593075	Lynnfield Compounding Center, Inc.										
00000	04-3546044	Lynnfield Drug, Inc.										
00000	27-1506930	MAH Pharmacy, LLC										
00000	80-0908244	Mallory Square Partners I, LLC										
00000	88-0241365	Managed Care Consultants, Inc.										
00000	51-0500147	Matrix GPO, LLC										
00000	59-3720653	Matrix Healthcare Services, Inc.										

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ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Provident American Life and Health 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)
00000	06-1346406	MCC Independent Practice Association of New York, Inc.										
00000	45-4937055	MDLive, Inc.										
00000	00-0000000	MDLive LLC										
00000	00-0000000	MDLivevisit, LLC										
00000	00-0000000	MDLive Provider Services, LLC										
34720	13-3506395	Medco Containment Insurance Company of NY										
63762	42-1425239	Medco Containment Life Insurance Company	(26,800,000)				(9,066,928)				(9,066,928)	
00000	27-3709630	Medco Europe II, LLC					(155,936,311)				(182,736,311)	
00000	46-2166374	Medco Europe, LLC										
00000	84-5017653	Medco Health Information Network Partners, Inc.										
00000	81-0616525	Medco Health Puerto Rico, LLC										
00000	26-3544786	Medco Health Services, Inc.										
00000	22-3461740	Medco Health Solutions, Inc.	26,800,000								26,800,000	
00000	88-0334401	Mediversal, Inc.										
00000	27-3801345	MedSolutions Holdings, Inc.										
00000	87-2810715	Montclair 11 Pine Operating Company LLC										
00000	87-2810715	Montclair 11 Pine Urban Renewal LLC										
00000	87-2772585	Montclair Residences JV LLC										
00000	32-0071543	MSI Health Organization of Texas, Inc.										
00000	27-5492993	MSI HT, LLC										
00000	27-5493148	MSI LT, LLC										
00000	27-5493321	MSI SAR-GW, LLC										
00000	86-1090522	MSIAZ I, LLC										
00000	20-1749733	MSICA I, LLC										
00000	20-1222347	MSICO I, LLC										
00000	55-0840800	MSIFL, LLC										
00000	26-0181185	MSIMD I, LLC										
00000	74-3122235	MSINC I, LLC										
00000	11-3715243	MSINH II, LLC										
00000	03-0524694	MSINH, LLC										
00000	20-1749446	MSINJ I, LLC										
00000	20-1761914	MSINV I, LLC										
00000	55-0840806	MSISC II, LLC										
00000	26-0336736	MSIVT I, LLC										
00000	20-2536458	MSIWA, LLC										
00000	36-4833284	MyM Technology Services, LLC										
00000	82-1350878	myMatrixx Holdings, LLC										
00000	46-2589799	myMatrixx-B, LLC										
00000	00-0000000	NAS Administrative Services Company LLC										
00000	00-0000000	NAS Neuron Health Services, L.L.C.										
00000	00-0000000	NAS United SPV										

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Provident American Life and Health 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)
00000	00-0000000	Neuron LLC										
00000	52-1929677	NewQuest Management Northeast, LLC					160,583,978				160,583,978	
00000	33-1033586	NewQuest Management of Alabama, LLC		40,000,000			270,639,430				310,639,430	
00000	20-4954206	NewQuest Management of Florida, LLC	25,000,000				89,260,876				114,260,876	
00000	77-0632665	NewQuest Management of Illinois, LLC					30,486,063				30,486,063	
00000	45-0633893	NewQuest Management of West Virginia, LLC										
00000	76-0628370	NewQuest, LLC	(121,500,000)	(55,000,000)			(832,388)				(177,332,388)	
00000	82-5244890	Octave Health Group, Inc.										
00000	91-1599329	Olympic Health Management Services, Inc.										
00000	91-1500758	Olympic Health Management Systems, Inc.										
00000	00-0000000	OnePath Life (NZ) Limited										
00000	80-0818758	Patient Provider Alliance, Inc.										
00000	35-1927379	Priority Healthcare Corporation										
00000	59-3761140	Priority Healthcare Distribution, Inc.										
67903	23-1335885	Provident American Life & Health Insurance Company					(195,246)				(195,246)	
00000	00-0000000	PT GAR Indonesia										
00000	AA-5360003	PT Asuransi Cigna										
00000	45-5046449	PUR Arbors Apartments Venture LLC										
00000	46-1801639	QualCare Management Resources Limited Liability Company					(270)				(270)	
00000	00-0000000	Quallent Pharmaceuticals Holdings LP										
00000	00-0000000	Quallent Pharmaceuticals Health LLC										
00000	45-5569416	QPID Health, LLC										
00000	00-0000000	RHP (Thailand) Limited										
00000	83-1460134	Rise-CG Capitol Hill, LP										
00000	84-3254168	Rise-CG JA Lofts Limited Partnership										
00000	35-1641636	Sagamore Health Network, Inc.					973,115				973,115	
00000	46-3593103	SB-SNH LLC										
00000	95-2876207	Seco Properties, LP										
00000	82-1732483	SOMA Apartments Venture LLC										
00000	82-4405071	Specialty Products Acquisitions, LLC										
00000	61-1317695	SpectraCare Health Care Ventures, Inc.										
00000	61-1147068	SpectraCare, Inc.										
77399	13-1867829	Sterling Life Insurance Company	(9,211,053)	(788,947)			(2,017,272)				(12,017,272)	
00000	47-2658932	Strategic Pharmaceutical Investments, LLC										
00000	00-0000000	SureScripts, LLC										
00000	87-0903685	Swedesford Road Apartments, LLC										
00000	22-3474888	Systemed, LLC										
00000	23-3074013	Tel-Drug of Pennsylvania, LLC					(354)				(354)	
00000	46-0427127	Tel-Drug, Inc.	(45,000,000)				(5,948)				(45,005,948)	
00000	00-0000000	Temple Insurance Company Limited					(37,664)				(37,664)	

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ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Provident American Life and Health 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)
00000	20-5524622	Tennessee Quest, LLC	1,500,000								1,500,000	
00000	75-3108527	TexQuest, LLC										
00000	85-1955731	The Flats at Interbay Holdings, LLC										
00000	85-1955075	The Flats at Interbay JV Limited Partnership										
00000	85-1962013	The Flats at Interbay Limited Partnership										
00000	46-5264463	Trainer Rx, Inc.										
00000	00-0000000	Transwestern Federal, L.L.C.										
00000	00-0000000	Transwestern Federal Holdings, L.L.C.										
65269	75-2305400	United Benefit Life Insurance Company					(26,634)				(26,634)	
00000	88-0344624	Universal Claims Administration										
00000	98-0463704	Vielife Services, Inc.										
00000	00-0000000	Verity Solutions Group, Inc.	(20,000,000)								(20,000,000)	
00000	00-0000000	Westcore CG AC, LLC										
00000	84-3178563	Westcore CG Camelback, LLC										
00000	84-3178563	Westcore CG Cedar Port, LLC										
00000	00-0000000	Westcore CG Commerce, LLC										
00000	84-3178563	Westcore CG Dove Valley I, LLC										
00000	84-3178563	Westcore CG Dove Valley II, LLC										
00000	84-3178563	Westcore CG Fountain Lakes, LLC										
00000	84-3178563	Westcore CG Gateway, LLC										
00000	84-3178563	Westcore CG I-35, LLC										
00000	84-3178563	Westcore CG Mezz, LLC										
00000	84-3178563	Westcore CG Navy, LLC										
00000	84-3178563	Westcore CG Potomac Park, LLC										
00000	84-3178563	Westcore CG Solano, LLC										
00000	84-3178563	Westcore CG Susana, LLC										
00000	00-0000000	Westcore CG Venture, LLC										
00000	87-3624928	Westcore CG Venture II, LLC										
00000	87-3624928	Westcore CG II AC, LLC										
00000	87-3624928	Westcore CG II Park 225, LLC										
00000	85-3567364	Westcore Realty CG Avondale, LLC										
00000	00-0000000	Willow DSP LLC										
00000	00-0000000	YCFM Servicos LTDA										
9999999	Control Totals								XXX			

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ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Provident American Life and Health Insurance Company

SCHEDULE Y

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

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

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Provident American Life and Health Insurance Company

SCHEDULE Y

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

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

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

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

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

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

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Provident American Life and Health 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? YES

APRIL FILING

- 36. Will the confidential Regulatory Asset Adequacy Issues Summary (RAAIS) required by the Valuation Manual be filed with the state of domicile by April 1? YES
- 37. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1? NO
- 38. Will the Credit Insurance Experience Exhibit be filed with the state of domicile and the NAIC by April 1? (Not applicable to fraternal benefit societies) ... NO
- 39. Will the Accident and Health Policy Experience Exhibit be filed by April 1? 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

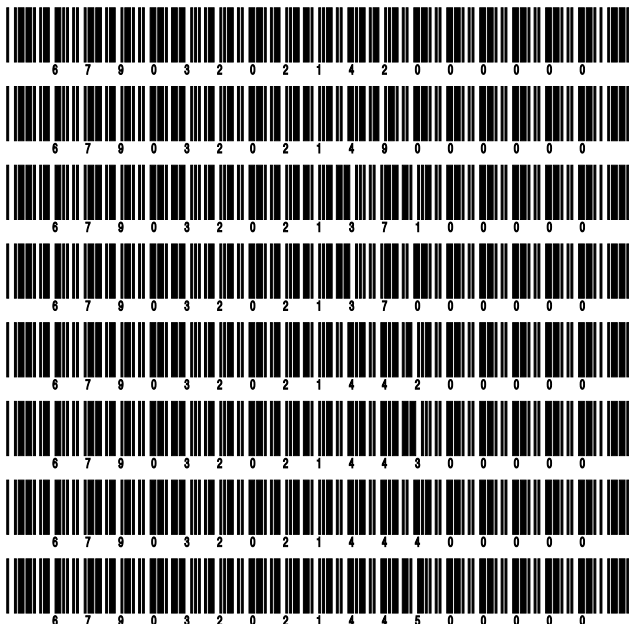
- 48. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1? NO

Explanations:












- 10. The data for this supplement is not required to be filed.
- 12. The data for this supplement is not required to be filed.
- 13. The data for this supplement is not required to be filed.
- 14. 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.
- 21. The data for this supplement is not required to be filed.
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- 34. 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.
- 48. The data for this supplement is not required to be filed.

Bar Codes:

- 10. SIS Stockholder Information Supplement [Document Identifier 420]
- 12. Trusteed Surplus Statement [Document Identifier 490]
- 13. Participating Opinion for Exhibit 5 [Document Identifier 371]
- 14. Non-Guaranteed Opinion for Exhibit 5 [Document Identifier 370]
- 15. Actuarial Opinion on X-Factors [Document Identifier 442]
- 16. Actuarial Opinion on Separate Accounts Funding Guaranteed Minimum Benefit [Document Identifier 443]
- 17. Actuarial Opinion on Synthetic Guaranteed Investment Contracts [Document Identifier 444]
- 18. Reasonableness of Assumptions Certification required by Actuarial Guideline XXXV [Document Identifier 445]



SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

19. Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXV [Document Identifier 446]	 6 7 9 0 3 2 0 2 1 4 4 6 0 0 0 0 0
20. Reasonableness of Assumptions Certification for Implied Guaranteed Rate Method required by Actuarial Guideline XXXVI [Document Identifier 447]	 6 7 9 0 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 9 0 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 9 0 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 9 0 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 9 0 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 9 0 3 2 0 2 1 4 5 2 0 0 0 0 0
26. Modified Guaranteed Annuity Model Regulation [Document Identifier 453]	 6 7 9 0 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 9 0 3 2 0 2 1 4 5 4 0 0 0 0 0
28. Workers' Compensation Carve-Out Supplement [Document Identifier 495]	 6 7 9 0 3 2 0 2 1 4 9 5 0 0 0 0 0
30. Medicare Part D Coverage Supplement [Document Identifier 365]	 6 7 9 0 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 9 0 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 9 0 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 9 0 3 2 0 2 1 2 2 6 0 0 0 0 0
34. VM-20 Reserves Supplement [Document Identifier 456]	 6 7 9 0 3 2 0 2 1 4 5 6 0 0 0 0 0
37. Long-Term Care Experience Reporting Forms [Document Identifier 306]	 6 7 9 0 3 2 0 2 1 3 0 6 0 0 0 0 0
38. Credit Insurance Experience Exhibit [Document Identifier 230]	 6 7 9 0 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 9 0 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 9 0 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 9 0 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 9 0 3 2 0 2 1 3 4 5 0 0 0 0 0
44. Variable Annuities Supplement [Document Identifier 286]	 6 7 9 0 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 9 0 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 9 0 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 9 0 3 2 0 2 1 4 5 9 0 0 0 0 0
48. Management's Report of Internal Control Over Financial Reporting [Document Identifier 223]	 6 7 9 0 3 2 0 2 1 2 2 3 0 0 0 0 0

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SUPPLEMENT FOR THE YEAR 2021 OF THE Provident American Life and Health Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF Arizona.....
 NAIC Group Code 0901..... NAIC Company Code 67903.....
 ADDRESS (City, State and Zip Code) Cleveland, OH 44114.....
 Person Completing This Exhibit
 Title Telephone Number

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2018				Policies Issued in 2019; 2020; 2021			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	3LK(AZ)	F	NO	0034000	12/22/2005	10/11/2009			MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE	851	14	1.6	1				
0199999. Total Experience on Individual Policies										851	14	1.6	1				

GENERAL INTERROGATORIES

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



SUPPLEMENT FOR THE YEAR 2021 OF THE Provident American Life and Health Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF Colorado.....
 NAIC Group Code 0901..... NAIC Company Code 67903.....
 ADDRESS (City, State and Zip Code) Cleveland, OH 44114.....
 Person Completing This Exhibit
 Title Telephone Number

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2018				Policies Issued in 2019; 2020; 2021			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	3PF(CO)	F	NO	0034000	07/22/2005	06/01/2010			MEDICARE SUPPLEMENT	6,026	2,508	41.6	1				
YES	3PJ(CO)	J	NO	0034000	12/11/2006	10/11/2009			MEDICARE SUPPLEMENT	36,176	57,976	160.3	8				
YES	3PK(CO)	F	NO	0034000	07/22/2005	10/11/2009			MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE	842	1,037	123.2	1				
0199999. Total Experience on Individual Policies										43,043	61,521	142.9	10				

GENERAL INTERROGATORIES

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



SUPPLEMENT FOR THE YEAR 2021 OF THE Provident American Life and Health Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF Georgia.....
 NAIC Group Code 0901..... NAIC Company Code 67903.....
 ADDRESS (City, State and Zip Code) Cleveland , OH 44114.....
 Person Completing This Exhibit
 Title Telephone Number

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2018				Policies Issued in 2019; 2020; 2021			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	3LD (GA)	D	NO	0034000	05/18/2005	10/11/2009			MEDICARE SUPPLEMENT	3,725	581	15.6	1				
YES	3LF (GA)	F	NO	0034000	05/18/2005	06/01/2010			MEDICARE SUPPLEMENT	11,740	6,884	58.6	3				
YES	3LK (GA)	F	NO	0034000	05/18/2005	10/11/2009			MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE	705	1,130	160.3	1				
0199999. Total Experience on Individual Policies										16,170	8,595	53.2	5				

GENERAL INTERROGATORIES

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



SUPPLEMENT FOR THE YEAR 2021 OF THE Provident American Life and Health Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF Idaho.....
 NAIC Group Code 0901..... NAIC Company Code 67903.....
 ADDRESS (City, State and Zip Code) Cleveland , OH 44114.....
 Person Completing This Exhibit
 Title Telephone Number

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2018				Policies Issued in 2019; 2020; 2021			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	3LF	F	NO	0034000	05/03/2005	06/01/2010			MEDICARE SUPPLEMENT	5,357	1,390	26.0	1				
0199999. Total Experience on Individual Policies										5,357	1,390	26.0	1				

GENERAL INTERROGATORIES

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

360 ID



SUPPLEMENT FOR THE YEAR 2021 OF THE Provident American Life and Health Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF Illinois.....
 NAIC Group Code 0901..... NAIC Company Code 67903.....
 ADDRESS (City, State and Zip Code) Cleveland, OH 44114.....
 Person Completing This Exhibit.....
 Title..... Telephone Number.....

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2018				Policies Issued in 2019; 2020; 2021			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	17 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	3PF (IL)	F	NO	0034000	06/09/2005	06/01/2010			MEDICARE SUPPLEMENT	6,844	1,104	16.1	.1				
YES	3PH (IL)	H	NO	0034000	04/26/2007	10/15/2009			MEDICARE SUPPLEMENT	9,756	9,800	100.4	.1				
YES	3PJ (IL)	J	NO	0034000	04/26/2007	10/15/2009			MEDICARE SUPPLEMENT	89,148	29,024	32.6	14				
0199999. Total Experience on Individual Policies										105,748	39,928	37.8	16				

GENERAL INTERROGATORIES

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



SUPPLEMENT FOR THE YEAR 2021 OF THE Provident American Life and Health Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF Indiana.....
 NAIC Group Code 0901..... NAIC Company Code 67903.....
 ADDRESS (City, State and Zip Code) Cleveland, OH 44114.....
 Person Completing This Exhibit
 Title Telephone Number

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2018				Policies Issued in 2019; 2020; 2021			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	3PF	F	NO	0034000	11/01/2005	06/01/2010			MEDICARE SUPPLEMENT	14,679	16,893	115.1	3				
YES	3PH(IN)	H	NO	0034000	04/10/2007	10/11/2009			MEDICARE SUPPLEMENT	6,714	5,517	82.2	2				
YES	3PJ(IN)	J	NO	0034000	04/10/2007	10/11/2009			MEDICARE SUPPLEMENT	10,384	19,667	189.4	2				
0199999. Total Experience on Individual Policies										31,777	42,077	132.4	7				

GENERAL INTERROGATORIES

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



SUPPLEMENT FOR THE YEAR 2021 OF THE Provident American Life and Health Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF Iowa.....
 NAIC Group Code 0901..... NAIC Company Code 67903.....
 ADDRESS (City, State and Zip Code) Cleveland, OH 44114.....
 Person Completing This Exhibit
 Title Telephone Number

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2018				Policies Issued in 2019; 2020; 2021			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	3PF (IA)	F	NO	0034000	05/09/2005	06/01/2010			MEDICARE SUPPLEMENT	38,978	46,055	118.2	6				
YES	3PH (IA)	H	NO	0034000	11/09/2006	10/11/2009			MEDICARE SUPPLEMENT	3,794	14,546	383.3	1				
YES	3PI (IA)	J	NO	0034000	11/09/2006	10/11/2009			MEDICARE SUPPLEMENT	3,840	8,297	216.1	1				
YES	3PJ (IA)	J	NO	0034000	11/09/2006	10/11/2009			MEDICARE SUPPLEMENT	170,683	133,234	78.1	40				
0199999. Total Experience on Individual Policies										217,296	202,132	93.0	48				

GENERAL INTERROGATORIES

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



SUPPLEMENT FOR THE YEAR 2021 OF THE Provident American Life and Health Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF Kentucky.....
 NAIC Group Code 0901..... NAIC Company Code 67903.....
 ADDRESS (City, State and Zip Code) Cleveland , OH 44114.....
 Person Completing This Exhibit
 Title Telephone Number

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2018				Policies Issued in 2019; 2020; 2021			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	17 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	3PF(KY)	F	NO	0034000	05/25/2005	06/01/2010			MEDICARE SUPPLEMENT	12,893	7,257	56.3	2				
YES	3PH(KY)	H	NO	0034000	01/09/2007	10/11/2009			MEDICARE SUPPLEMENT	15,019	4,259	28.4	3				
YES	3PJ(KY)	J	NO	0034000	01/09/2007	10/11/2009			MEDICARE SUPPLEMENT	26,232	9,380	35.8	5				
0199999. Total Experience on Individual Policies										54,145	20,896	38.6	10				

GENERAL INTERROGATORIES

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

360.KY



SUPPLEMENT FOR THE YEAR 2021 OF THE Provident American Life and Health Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF Louisiana.....
 NAIC Group Code 0901..... NAIC Company Code 67903.....
 ADDRESS (City, State and Zip Code) Cleveland, OH 44114.....
 Person Completing This Exhibit
 Title Telephone Number

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2018			Policies Issued in 2019; 2020; 2021				
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	3PF(LA) R7/05	F	NO	0034000	08/10/2005	06/01/2010			MEDICARE SUPPLEMENT	4,794	4,360	91.0					
YES	3PH(LA)	H	NO	0034000	12/22/2006	10/11/2009			MEDICARE SUPPLEMENT	12,276	39,064	318.2	2				
YES	3PJ(LA)	J	NO	0034000	12/22/2006	10/11/2009			MEDICARE SUPPLEMENT	27,814	5,086	18.3	5				
0199999. Total Experience on Individual Policies										44,883	48,510	108.1	7				

GENERAL INTERROGATORIES

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



SUPPLEMENT FOR THE YEAR 2021 OF THE Provident American Life and Health Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF Mississippi.....
 NAIC Group Code 0901..... NAIC Company Code 67903.....
 ADDRESS (City, State and Zip Code) Cleveland, OH 44114.....
 Person Completing This Exhibit
 Title Telephone Number

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2018				Policies Issued in 2019; 2020; 2021			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	3PF(MS)	F	NO	0034000	04/07/2005	06/01/2010			MEDICARE SUPPLEMENT	32,782	7,320	22.3	5				
YES	3PH(MS)	H	NO	0034000	03/22/2007	10/11/2009			MEDICARE SUPPLEMENT	4,378	4,027	92.0	1				
YES	3PJ(MS)	J	NO	0034000	03/22/2007	10/11/2009			MEDICARE SUPPLEMENT	74,006	81,984	110.8	13				
0199999. Total Experience on Individual Policies										111,167	93,331	84.0	19				

GENERAL INTERROGATORIES

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



SUPPLEMENT FOR THE YEAR 2021 OF THE Provident American Life and Health Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF Missouri.....
 NAIC Group Code 0901..... NAIC Company Code 67903.....
 ADDRESS (City, State and Zip Code) Cleveland , OH 44114.....
 Person Completing This Exhibit
 Title Telephone Number

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2018			Policies Issued in 2019; 2020; 2021				
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	3LF(MO)	F	NO	0034000	06/14/2005	06/01/2010			MEDICARE SUPPLEMENT	9,383	20,924	223.0	1				
YES	3LK(MO)	F	NO	0034000	06/14/2005	10/11/2009			MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE	715	8	1.1	1				
0199999. Total Experience on Individual Policies										10,098	20,932	207.3	2				

GENERAL INTERROGATORIES

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



SUPPLEMENT FOR THE YEAR 2021 OF THE Provident American Life and Health Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF Montana.....
 NAIC Group Code 0901..... NAIC Company Code 67903.....
 ADDRESS (City, State and Zip Code) Cleveland, OH 44114.....
 Person Completing This Exhibit
 Title Telephone Number

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2018				Policies Issued in 2019; 2020; 2021			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	3PF(MT)	F	NO	0034000	05/10/2005	06/01/2010			MEDICARE SUPPLEMENT	35,248	25,378	72.0	9				
YES	3PH(MT)	H	NO	0034000	11/15/2006	10/11/2009			MEDICARE SUPPLEMENT	(125)	1,320	(1,058.6)					
YES	3PI(MT)	I	NO	0034000	11/15/2006	10/11/2009			MEDICARE SUPPLEMENT	4,243	4,193	98.8	1				
YES	3PJ(MT)	J	NO	0034000	11/15/2006	10/11/2009			MEDICARE SUPPLEMENT	59,589	40,422	67.8	16				
0199999. Total Experience on Individual Policies										98,955	71,313	72.1	26				

GENERAL INTERROGATORIES

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



SUPPLEMENT FOR THE YEAR 2021 OF THE Provident American Life and Health Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF Nebraska.....
 NAIC Group Code 0901..... NAIC Company Code 67903.....
 ADDRESS (City, State and Zip Code) Cleveland , OH 44114.....
 Person Completing This Exhibit
 Title Telephone Number

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2018			Policies Issued in 2019; 2020; 2021				
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	3PF (NE)	F	NO	0034000	05/09/2005	06/01/2010			MEDICARE SUPPLEMENT	21,235	10,823	51.0	3				
YES	3PH (NE)	H	NO	0034000	10/24/2006	10/11/2009			MEDICARE SUPPLEMENT	(188)	981	(522.1)					
YES	3PJ (NE)	J	NO	0034000	10/24/2006	10/11/2009			MEDICARE SUPPLEMENT	35,462	29,729	83.8	6				
YES	3PK (NE)	F	NO	0034000	05/09/2005	10/11/2009			MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE	5,564	1,822	32.7	5				
0199999. Total Experience on Individual Policies										62,074	43,355	69.8	14				

GENERAL INTERROGATORIES

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



SUPPLEMENT FOR THE YEAR 2021 OF THE Provident American Life and Health Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF Nevada.....
 NAIC Group Code 0901..... NAIC Company Code 67903.....
 ADDRESS (City, State and Zip Code) Cleveland, OH 44114.....
 Person Completing This Exhibit
 Title Telephone Number

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

GENERAL INTERROGATORIES

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

360.NV



SUPPLEMENT FOR THE YEAR 2021 OF THE Provident American Life and Health Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF North Dakota.....
 NAIC Group Code 0901..... NAIC Company Code 67903.....
 ADDRESS (City, State and Zip Code) Cleveland , OH 44114.....
 Person Completing This Exhibit
 Title Telephone Number

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2018			Policies Issued in 2019; 2020; 2021				
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	3PD(ND)	D	NO	0034000	05/13/2005	10/11/2009			MEDICARE SUPPLEMENT	(44)	185	(416.7)					
0199999. Total Experience on Individual Policies										(44)	185	(416.7)					

GENERAL INTERROGATORIES

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



SUPPLEMENT FOR THE YEAR 2021 OF THE Provident American Life and Health Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF Ohio.....
 NAIC Group Code 0901..... NAIC Company Code 67903.....
 ADDRESS (City, State and Zip Code) Cleveland , OH 44114.....
 Person Completing This Exhibit
 Title Telephone Number

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2018				Policies Issued in 2019; 2020; 2021			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	17 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	3PD(OH)	D	NO	0034000	04/18/2005	10/11/2009			MEDICARE SUPPLEMENT	20,968	7,203	34.3	3				
YES	3PF(OH)	F	NO	0034000	04/18/2005	06/01/2010			MEDICARE SUPPLEMENT	26,483	7,004	26.4	3				
YES	3PH(OH)	H	NO	0034000	10/19/2006	10/11/2009			MEDICARE SUPPLEMENT	16,803	9,591	57.1	3				
YES	3PJ(OH)	J	NO	0034000	10/19/2006	10/11/2009			MEDICARE SUPPLEMENT	48,835	11,846	24.3	7				
YES	3PK(OH)	F	NO	0034000	04/18/2005	10/11/2009			MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE	1,514	120	7.9	1				
0199999. Total Experience on Individual Policies										114,603	35,764	31.2	17				

GENERAL INTERROGATORIES

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



SUPPLEMENT FOR THE YEAR 2021 OF THE Provident American Life and Health Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF Oklahoma.....
 NAIC Group Code 0901..... NAIC Company Code 67903.....
 ADDRESS (City, State and Zip Code) Cleveland , OH 44114.....
 Person Completing This Exhibit
 Title Telephone Number

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2018				Policies Issued in 2019; 2020; 2021			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	17 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	3PD(OK)	D	NO	0034000	04/15/2005	10/11/2009			MEDICARE SUPPLEMENT	8,826	924	10.5	2				
YES	3PF(OK)	F	NO	0034000	04/15/2005	06/01/2010			MEDICARE SUPPLEMENT	70,487	42,162	59.8	11				
YES	3PH(OK)	H	NO	0034000	10/25/2006	10/11/2009			MEDICARE SUPPLEMENT	8,027	3,852	48.0	2				
YES	3PI(OK)	I	NO	0034000	10/25/2006	10/11/2009			MEDICARE SUPPLEMENT	4,380	178	4.1	1				
YES	3PJ(OK)	J	NO	0034000	10/25/2006	10/11/2009			MEDICARE SUPPLEMENT	97,727	75,381	77.1	19				
0199999. Total Experience on Individual Policies										189,447	122,497	64.7	35				

GENERAL INTERROGATORIES

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



SUPPLEMENT FOR THE YEAR 2021 OF THE Provident American Life and Health Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF Oregon.....
 NAIC Group Code 0901..... NAIC Company Code 67903.....
 ADDRESS (City, State and Zip Code) Cleveland , OH 44114.....
 Person Completing This Exhibit
 Title Telephone Number

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2018				Policies Issued in 2019; 2020; 2021			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	3PF (OR)	F	NO	0034000	04/21/2005	06/01/2010			MEDICARE SUPPLEMENT	68,566	50,713	74.0	12				
YES	3PJ (OR)	J	NO	0034000	01/19/2007	10/11/2009			MEDICARE SUPPLEMENT	176,687	57,452	32.5	38				
YES	3PK (OR)	F	NO	0034000	04/21/2005	10/11/2009			MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE	4,962	2,516	50.7	5				
0199999. Total Experience on Individual Policies										250,215	110,681	44.2	55				

GENERAL INTERROGATORIES

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



SUPPLEMENT FOR THE YEAR 2021 OF THE Provident American Life and Health Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF Pennsylvania.....
 NAIC Group Code 0901..... NAIC Company Code 67903.....
 ADDRESS (City, State and Zip Code) Cleveland , OH 44114.....
 Person Completing This Exhibit
 Title Telephone Number

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2018				Policies Issued in 2019; 2020; 2021			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	3PD(PA)	D	NO	0034000	03/16/2005	10/11/2009			MEDICARE SUPPLEMENT	11,279	964	8.5	2				
0199999. Total Experience on Individual Policies										11,279	964	8.5	2				

GENERAL INTERROGATORIES

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



SUPPLEMENT FOR THE YEAR 2021 OF THE Provident American Life and Health Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF South Carolina.....
 NAIC Group Code 0901..... NAIC Company Code 67903.....
 ADDRESS (City, State and Zip Code) Cleveland, OH 44114.....
 Person Completing This Exhibit
 Title Telephone Number

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2018				Policies Issued in 2019; 2020; 2021			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	17 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	3PD	D	NO	0034000	06/03/2005	10/11/2009			MEDICARE SUPPLEMENT	11,307	4,851	42.9	2				
YES	3PF	F	NO	0034000	06/03/2005	06/01/2010			MEDICARE SUPPLEMENT	123,473	93,001	75.3	21				
YES	3PH	H	NO	0034000	11/13/2006	10/11/2009			MEDICARE SUPPLEMENT	21,061	17,296	82.1	4				
YES	3PJ	J	NO	0034000	11/13/2006	10/11/2009			MEDICARE SUPPLEMENT	243,018	119,836	49.3	46				
YES	3PK	F	NO	0034000	06/03/2005	10/11/2009			MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE	1,257	63	5.0	1				
0199999. Total Experience on Individual Policies										400,117	235,047	58.7	74				

GENERAL INTERROGATORIES

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- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 2.1 Address: 11200 Lakeline Blvd Suite 100 Austin, TX 78717
- 2.2 Contact Person and Phone Number: David Brosig 1-866-459-4272
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 3.1 Address: 11200 Lakeline Blvd Suite 100 Austin, TX 78717
- 3.2 Contact Person and Phone Number: David Brosig 1-866-459-4272
- Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2021 OF THE Provident American Life and Health Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF Texas.....
 NAIC Group Code 0901..... NAIC Company Code 67903.....
 ADDRESS (City, State and Zip Code) Cleveland, OH 44114.....
 Person Completing This Exhibit.....
 Title..... Telephone Number.....

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2018				Policies Issued in 2019; 2020; 2021			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	17 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	3PA(TX)	A	NO	0034000	06/21/2005	06/01/2010			MEDICARE SUPPLEMENT	11,726	3,046	26.0	3				
YES	3PD(TX)	D	NO	0034000	06/21/2005	10/11/2009			MEDICARE SUPPLEMENT	18,613	10,862	58.4	2				
YES	3PF(TX)	F	NO	0034000	06/21/2005	06/01/2010			MEDICARE SUPPLEMENT	184,120	104,346	56.7	25				
YES	3PG(TX)	G	NO	0034000	11/08/2007	10/11/2009			MEDICARE SUPPLEMENT	17,523	23,846	136.1	4				
YES	3PH(TX)	H	NO	0034000	12/04/2006	10/11/2009			MEDICARE SUPPLEMENT	464,633	281,588	60.6	91				
YES	3PI(TX)	I	NO	0034000	12/04/2006	10/11/2009			MEDICARE SUPPLEMENT	50,083	38,558	77.0	9				
YES	3PJ(TX)	J	NO	0034000	12/04/2006	10/11/2009			MEDICARE SUPPLEMENT	1,874,750	1,197,385	63.9	299				
YES	3PK(TX)	F	NO	0034000	06/21/2005	10/11/2009			MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE	19,955	5,091	25.5	15				
0199999. Total Experience on Individual Policies										2,641,404	1,664,722	63.0	448				

GENERAL INTERROGATORIES

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- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 - Address: 11200 Lakeline Blvd Suite 100 Austin, TX 78717
 - Contact Person and Phone Number: David Brosig 1-866-459-4272
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - Address: 11200 Lakeline Blvd Suite 100 Austin, TX 78717
 - Contact Person and Phone Number: David Brosig 1-866-459-4272
- Explain any policies identified above as policy type "O".

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SUPPLEMENT FOR THE YEAR 2021 OF THE Provident American Life and Health Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF Utah.....
 NAIC Group Code 0901..... NAIC Company Code 67903.....
 ADDRESS (City, State and Zip Code) Cleveland, OH 44114.....
 Person Completing This Exhibit
 Title Telephone Number

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2018				Policies Issued in 2019; 2020; 2021			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	3PF(UT)	F	NO	0034000	09/09/2005	06/01/2010			MEDICARE SUPPLEMENT	7,078	1,082	15.3	1				
YES	3PJ(UT)	J	NO	0034000	12/08/2006	10/11/2009			MEDICARE SUPPLEMENT	9,596	2,382	24.8	2				
0199999. Total Experience on Individual Policies										16,674	3,464	20.8	3				

GENERAL INTERROGATORIES

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



SUPPLEMENT FOR THE YEAR 2021 OF THE Provident American Life and Health Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF West Virginia.....
 NAIC Group Code 0901..... NAIC Company Code 67903.....
 ADDRESS (City, State and Zip Code) Cleveland, OH 44114.....
 Person Completing This Exhibit
 Title Telephone Number

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2018				Policies Issued in 2019; 2020; 2021			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	17 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	3PD	D	NO	0034000	05/20/2005	10/11/2009			MEDICARE SUPPLEMENT		(34)						
YES	3PF	F	NO	0034000	05/20/2005	06/01/2010			MEDICARE SUPPLEMENT	14,880	6,199	41.7	2				
YES	3PJ	J	NO	0034000	12/12/2006	10/11/2009			MEDICARE SUPPLEMENT	17,274	6,890	39.9	3				
0199999. Total Experience on Individual Policies										32,155	13,055	40.6	5				

GENERAL INTERROGATORIES

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



SUPPLEMENT FOR THE YEAR 2021 OF THE Provident American Life and Health Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF Wyoming.....
 NAIC Group Code 0901..... NAIC Company Code 67903.....
 ADDRESS (City, State and Zip Code) Cleveland , OH 44114.....
 Person Completing This Exhibit
 Title Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2018				Policies Issued in 2019; 2020; 2021				
										11	12		13	14	15	16		18
											Incurring Claims					Incurring Claims		
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	
YES	3PK(WY)	F	NO	0034000	04/13/2005	10/11/2009			MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE	1,040	2,896	278.5	1					
0199999. Total Experience on Individual Policies										1,040	2,896	278.5	1					

GENERAL INTERROGATORIES

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



SUPPLEMENT FOR THE YEAR 2021 OF THE Provident American Life and Health Insurance Company

SCHEDULE O SUPPLEMENT

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

Of The Provident American Life and Health Insurance Company
ADDRESS (City, State and Zip Code) Cleveland, OH 44114
NAIC Group Code 0901 NAIC Company Code 67903 Employer's Identification Number (FEIN) 23-1335885

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 loss development for Group Accident and Health.

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 loss development for Other Accident and Health.

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 loss development for Credit Accident and Health.

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 loss development for Section D.

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 loss development for Section E.

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 loss development for Section F.

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 loss development for Section G.

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

SUPPLEMENT FOR THE YEAR 2021 OF THE Provident American Life and Health Insurance Company
SCHEDULE O SUPPLEMENT

SUPPLEMENTAL SCHEDULE O - PART 2

Development of Incurred Losses
(\$000 Omitted)

Section A - Group Accident and Health

Years in Which Losses Were Incurred	Net Amounts Paid for Cost Containment Expenses				
	1 2017	2 2018	3 2019	4 2020	5 2021
1. Prior					
2. 2017					
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					
2. 2017		24			
3. 2018	XXX		21		
4. 2019	XXX	XXX		28	
5. 2020	XXX	XXX	XXX		13
6. 2021	XXX	XXX	XXX	XXX	12

Section C - Credit Accident and Health

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

Section D -

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

Section E -

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

Section F -

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

Section G -

1. Prior					
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 Provident American Life and Health 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	5,229	5,124	5,128	XXX	XXX
2. 2018	XXX	4,277	4,295	4,305	XXX
3. 2019	XXX	XXX	3,903	3,875	3,874
4. 2020	XXX	XXX	XXX	2,848	2,807
5. 2021	XXX	XXX	XXX	XXX	2,684

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	5,253	5,124	5,128		5,128
2. 2018	XXX	4,298	4,295	4,305	4,305
3. 2019	XXX	XXX	3,931	3,875	3,874
4. 2020	XXX	XXX	XXX	2,861	2,807
5. 2021	XXX	XXX	XXX	XXX	2,696

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		
3. Individual Annuity		
4. Supplementary Contracts		
5. Credit Life		
6. Group Life		
7. Group Annuities		
8. Group Accident and Health		
9. Credit Accident and Health		
10. Other Accident and Health		289
11. Total		289

Health Care Receivables Supplement - Heading Information

N O N E

Health Care Receivables Supplement - Exhibit 3 - Health Care Receivables

N O N E

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

N O N E