



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

Universal Guaranty Life Insurance Company

NAIC Group Code _____ NAIC Company Code 70130 Employer's ID Number 31-0727974

(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 11/15/1966 Commenced Business 12/31/1966

Statutory Home Office 65 East State Street, Suite 2100, Columbus, OH, US 43215-4260
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 111 W Main Street
(Street and Number)
Stanford, KY, US 40484-1253, _____
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address P.O. Box 410, Stanford, KY, US 40484-1253
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 111 W Main Street
(Street and Number)
Stanford, KY, US 40484-1253, _____
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Website Address www.utgins.com

Statutory Statement Contact Julie Ann Abel, 217-241-6344
(Name) (Area Code) (Telephone Number)
accounting@utgins.com, 888-686-6567
(E-mail Address) (FAX Number)

OFFICERS

President James Patrick Rousey Treasurer Julie Ann Abel
Secretary Bradley John Betack #

OTHER

Julie Ann Abel, Vice President Jacob Joncarl Andrew, Chief Investment Officer Michael Keith Borden, Chief Operating Officer
Jesse Thomas Correll, Chairman & CEO Casey Jonathan Willis, Vice President Donald Shay Pendencygraft, Vice President
Theodore Clayton Miller, Senior Vice President & CFO Douglas Paul Ditto, Vice President

DIRECTORS OR TRUSTEES

Preston Howard Correll John Michael Cortines Jesse Thomas Correll
Thomas Francis Darden II Howard Lape Dayton Jr Thomas Eugene Harmon
Peter Loyd Ochs James Patrick Rousey Gabriel John Molnar
April Rene Chapman

State of Kentucky SS
County of Lincoln

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.

James Patrick Rousey
President

Bradley John Betack
Secretary

Julie Ann Abel
Treasurer

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 Universal Guaranty Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Alabama

DURING THE YEAR 2021

NAIC Group Code 0000

LIFE INSURANCE

NAIC Company Code 70130

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	40,769		360	56	41,185
2. Annuity considerations	1,993				1,993
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	42,762	0	360	56	43,178
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	483				483
6.2 Applied to pay renewal premiums	66				66
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	12,745				12,745
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	13,294	0	0	0	13,294
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	13,294	0	0	0	13,294
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	250,883			2,754	253,637
10. Matured endowments	5,824				5,824
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts	65,027			726	65,753
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	321,734	0	0	3,480	325,214
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	5	44,738	0	0	0	0	0	0	5	44,738
17. Incurred during current year	130	222,926					3	2,754	133	225,680
Settled during current year:										
18.1 By payment in full	128	256,707					3	2,754	131	259,461
18.2 By payment on compromised claims									0	0
18.3 Totals paid	128	256,707	0	0	0	0	3	2,754	131	259,461
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	128	256,707	0	0	0	0	3	2,754	131	259,461
19. Unpaid Dec. 31, current year (16+17-18.6)	7	10,957	0	0	0	0	0	0	7	10,957
POLICY EXHIBIT						No. of Policies				
20. In force December 31, prior year	2,231	6,315,188	0 (a)	0	2	12,500	17	18,134	2,250	6,345,822
21. Issued during year									0	0
22. Other changes to in force (Net)	(125)	(733,975)					(6)	(3,350)	(131)	(737,325)
23. In force December 31 of current year	2,106	5,581,213	0 (a)	0	2	12,500	11	14,784	2,119	5,608,497

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	0	0	0	0	0

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



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Universal Guaranty Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Alaska

DURING THE YEAR 2021

NAIC Group Code 0000

LIFE INSURANCE

NAIC Company Code 70130

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Universal Guaranty Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Arizona

DURING THE YEAR 2021

NAIC Group Code 0000

LIFE INSURANCE

NAIC Company Code 70130

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	21,938			22	21,960
2. Annuity considerations	1,149				1,149
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	23,087	0	0	22	23,109
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	1,178				1,178
6.2 Applied to pay renewal premiums	230				230
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	.86				.86
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	1,494	0	0	0	1,494
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	1,494	0	0	0	1,494
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	16,562				16,562
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts	65,356				65,356
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	81,918	0	0	0	81,918
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	.1	1,000	.0	.0	.0	.0	.0	.0	.1	1,000
17. Incurred during current year	.7	25,562							.7	25,562
Settled during current year:										
18.1 By payment in full	.7	16,562							.7	16,562
18.2 By payment on compromised claims									.0	.0
18.3 Totals paid	.7	16,562	.0	.0	.0	.0	.0	.0	.7	16,562
18.4 Reduction by compromise									.0	.0
18.5 Amount rejected									.0	.0
18.6 Total settlements	.7	16,562	.0	.0	.0	.0	.0	.0	.7	16,562
19. Unpaid Dec. 31, current year (16+17-18.6)	1	10,000	0	0	0	0	0	0	1	10,000
POLICY EXHIBIT										
20. In force December 31, prior year	215	3,334,072	0	0	0	0	13	11,507	228	3,345,579
21. Issued during year									.0	.0
22. Other changes to in force (Net)	(13)	(316,073)					3	6,750	(10)	(309,323)
23. In force December 31 of current year	202	3,017,999	0	0	0	0	16	18,257	218	3,036,256

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	0	0	0	0	0

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



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Universal Guaranty Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Arkansas

DURING THE YEAR 2021

NAIC Group Code 0000

LIFE INSURANCE

NAIC Company Code 70130

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	74,694			3,314	78,008
2. Annuity considerations	80				80
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	74,774	0	0	3,314	78,088
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	485				485
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	2,036				2,036
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	2,521	0	0	0	2,521
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	2,521	0	0	0	2,521
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	313,091			12,006	325,097
10. Matured endowments	1,749			2,371	4,120
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts	22,374			4,708	27,082
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	337,214	0	0	19,085	356,299
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	5	17,000	0	0	0	0	1	1,000	6	18,000
17. Incurred during current year	48	307,620					36	13,377	84	320,997
Settled during current year:										
18.1 By payment in full	51	314,840					37	14,377	88	329,217
18.2 By payment on compromised claims										0
18.3 Totals paid	51	314,840	0	0	0	0	37	14,377	88	329,217
18.4 Reduction by compromise										0
18.5 Amount rejected										0
18.6 Total settlements	51	314,840	0	0	0	0	37	14,377	88	329,217
19. Unpaid Dec. 31, current year (16+17-18.6)	2	9,780	0	0	0	0	0	0	2	9,780
POLICY EXHIBIT						No. of Policies				
20. In force December 31, prior year	1,615	8,402,881	0	0	0	0	1,724	1,307,569	3,339	9,710,450
21. Issued during year									0	0
22. Other changes to in force (Net)	(100)	(606,999)					(78)	(57,985)	(178)	(664,984)
23. In force December 31 of current year	1,515	7,795,882	0	0	0	0	1,646	1,249,584	3,161	9,045,466

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	0	0	0	0	0

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



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Universal Guaranty Life Insurance Company

DIRECT BUSINESS IN THE STATE OF California

DURING THE YEAR 2021

NAIC Group Code 0000

LIFE INSURANCE

NAIC Company Code 70130

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	21,891			342	22,233
2. Annuity considerations	825				825
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	22,716	0	0	342	23,058
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	1,625				1,625
6.2 Applied to pay renewal premiums	305				305
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	529				529
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	2,459	0	0	0	2,459
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	2,459	0	0	0	2,459
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	38,785			7,459	46,244
10. Matured endowments	2,030			1,015	3,045
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts	82,791			1,414	84,205
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	123,606	0	0	9,888	133,494
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pol. & Certifs.	Amount	No. of Ind. Pol. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pol. & Certifs.	Amount	No. of Pol. & Certifs.	Amount
16. Unpaid December 31, prior year	.1	2,110	.0	.0	.0	.0	.0	.0	.1	2,110
17. Incurred during current year	24	53,611					12	8,474	36	62,085
Settled during current year:										
18.1 By payment in full	19	40,815					12	8,474	31	49,289
18.2 By payment on compromised claims									.0	.0
18.3 Totals paid	19	40,815	.0	.0	.0	.0	12	8,474	31	49,289
18.4 Reduction by compromise									.0	.0
18.5 Amount rejected									.0	.0
18.6 Total settlements	19	40,815	.0	.0	.0	.0	12	8,474	31	49,289
19. Unpaid Dec. 31, current year (16+17-18.6)	6	14,906	0	0	0	0	0	0	6	14,906
POLICY EXHIBIT						No. of Policies				
20. In force December 31, prior year	417	5,479,819	0 (a)	.0	.0	.0	60	48,840	477	5,528,659
21. Issued during year									.0	.0
22. Other changes to in force (Net)	(32)	(325,089)					(3)	(503)	(35)	(325,592)
23. In force December 31 of current year	385	5,154,730	0 (a)	0	0	0	57	48,337	442	5,203,067

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	0	0	0	0	0

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



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Universal Guaranty Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Colorado

DURING THE YEAR 2021

NAIC Group Code 0000

LIFE INSURANCE

NAIC Company Code 70130

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	40,491			68	40,559
2. Annuity considerations	940				940
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	41,431	0	0	68	41,499
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	1,239				1,239
6.2 Applied to pay renewal premiums	812				812
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	541				541
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	2,592	0	0	0	2,592
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	2,592	0	0	0	2,592
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	92,402				92,402
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts	81,773				81,773
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	174,175	0	0	0	174,175
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pol. & Certifs.	Amount	No. of Ind. Pol. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pol. & Certifs.	Amount	No. of Pol. & Certifs.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year	12	93,402							12	93,402
Settled during current year:										
18.1 By payment in full	11	92,402							11	92,402
18.2 By payment on compromised claims									0	0
18.3 Totals paid	11	92,402	0	0	0	0	0	0	11	92,402
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	11	92,402	0	0	0	0	0	0	11	92,402
19. Unpaid Dec. 31, current year (16+17-18.6)	1	1,000	0	0	0	0	0	0	1	1,000
POLICY EXHIBIT						No. of Policies				
20. In force December 31, prior year	430	6,095,801	0 (a)	0	0	0	20	17,534	450	6,113,335
21. Issued during year									0	0
22. Other changes to in force (Net)	(27)	(331,759)							(27)	(331,759)
23. In force December 31 of current year	403	5,764,042	0 (a)	0	0	0	20	17,534	423	5,781,576

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	0	0	0	0	0

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



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Universal Guaranty Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Connecticut

DURING THE YEAR 2021

NAIC Group Code 0000

LIFE INSURANCE

NAIC Company Code 70130

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Universal Guaranty Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Delaware

DURING THE YEAR 2021

NAIC Group Code 0000

LIFE INSURANCE

NAIC Company Code 70130

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Universal Guaranty Life Insurance Company

DIRECT BUSINESS IN THE STATE OF District of Columbia

DURING THE YEAR 2021

NAIC Group Code 0000

LIFE INSURANCE

NAIC Company Code 70130

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Universal Guaranty Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Florida

DURING THE YEAR 2021

NAIC Group Code 0000

LIFE INSURANCE

NAIC Company Code 70130

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	227,378		1,070	134	228,582
2. Annuity considerations	4,003				4,003
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	231,381	0	1,070	134	232,585
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	5,045				5,045
6.2 Applied to pay renewal premiums	1,152				1,152
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	8,236				8,236
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	14,433	0	0	0	14,433
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	14,433	0	0	0	14,433
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	524,846		2,504	2,003	529,353
10. Matured endowments	2,273				2,273
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts	509,093			543	509,636
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	1,036,212	0	2,504	2,546	1,041,262
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	6	54,748	0	0	0	0	0	0	6	54,748
17. Incurred during current year	33	649,371			2	7,504	2	2,003	37	658,878
Settled during current year:										
18.1 By payment in full	36	527,119			1	2,504	2	2,003	39	531,626
18.2 By payment on compromised claims										
18.3 Totals paid	36	527,119	0	0	1	2,504	2	2,003	39	531,626
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	36	527,119	0	0	1	2,504	2	2,003	39	531,626
19. Unpaid Dec. 31, current year (16+17-18.6)	3	177,000	0	0	1	5,000	0	0	4	182,000
POLICY EXHIBIT						No. of Policies				
20. In force December 31, prior year	2,586	28,018,783	0 (a)	0	7	42,500	46	38,871	2,639	28,100,154
21. Issued during year									0	0
22. Other changes to in force (Net)	(98)	(3,674,058)			(1)	(10,000)	4	4,500	(95)	(3,679,558)
23. In force December 31 of current year	2,488	24,344,725	0 (a)	0	6	32,500	50	43,371	2,544	24,420,596

(a) Includes Individual Credit Life Insurance prior year \$ _____, current year \$ _____
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior 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)		84			
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)		24			
25.6 Totals (sum of Lines 25.1 to 25.5)		108	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)		108	0	0	0

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



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Universal Guaranty Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Georgia

DURING THE YEAR 2021

NAIC Group Code 0000

LIFE INSURANCE

NAIC Company Code 70130

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	83,164		90	1,217	84,471
2. Annuity considerations	899				899
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	84,063	0	90	1,217	85,370
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	1,025				1,025
6.2 Applied to pay renewal premiums	212				212
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	249				249
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	1,486	0	0	0	1,486
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	1,486	0	0	0	1,486
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	186,825			8,234	195,059
10. Matured endowments	20,679				20,679
11. Annuity benefits	6,858				6,858
12. Surrender values and withdrawals for life contracts	90,101			1,194	91,295
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	304,463	0	0	9,428	313,891
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pol. & Certifs.	Amount	No. of Ind. Pol. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pol. & Certifs.	Amount	No. of Pol. & Certifs.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	1	500	1	500
17. Incurred during current year	24	211,326					5	9,234	29	220,560
Settled during current year:										
18.1 By payment in full	22	207,504					5	8,234	27	215,738
18.2 By payment on compromised claims										
18.3 Totals paid	22	207,504	0	0	0	0	5	8,234	27	215,738
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	22	207,504	0	0	0	0	5	8,234	27	215,738
19. Unpaid Dec. 31, current year (16+17-18.6)	2	3,822	0	0	0	0	1	1,500	3	5,322
POLICY EXHIBIT						No. of Policies				
20. In force December 31, prior year	604	10,956,265	0 (a)	0	1	5,000	113	121,242	718	11,082,507
21. Issued during year									0	0
22. Other changes to in force (Net)	(39)	(786,669)					2	(535)	(37)	(787,204)
23. In force December 31 of current year	565	10,169,596	0 (a)	0	1	5,000	115	120,707	681	10,295,303

(a) Includes Individual Credit Life Insurance prior year \$ _____, current year \$ _____
 Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior 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)		14			
25.6 Totals (sum of Lines 25.1 to 25.5)		14	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)		14	0	0	0

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



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Universal Guaranty Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Hawaii

DURING THE YEAR 2021

NAIC Group Code 0000

LIFE INSURANCE

NAIC Company Code 70130

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Universal Guaranty Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Idaho

DURING THE YEAR 2021

NAIC Group Code 0000

LIFE INSURANCE

NAIC Company Code 70130

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Universal Guaranty Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Illinois

DURING THE YEAR 2021

NAIC Group Code 0000

LIFE INSURANCE

NAIC Company Code 70130

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	1,081,439		974	1,558	1,083,971
2. Annuity considerations	64,985				64,985
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	1,146,424	0	974	1,558	1,148,956
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	73,323				73,323
6.2 Applied to pay renewal premiums	26,585				26,585
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	28,783				28,783
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	128,691	0	0	0	128,691
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	128,691	0	0	0	128,691
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	2,325,377			11,000	2,336,377
10. Matured endowments	40,549			1,000	41,549
11. Annuity benefits	180,459				180,459
12. Surrender values and withdrawals for life contracts	731,964			32	731,996
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	3,278,349	0	0	12,032	3,290,381
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	22	359,570	0	0	0	0	2	1,250	24	360,820
17. Incurred during current year	129	2,061,239					15	11,250	144	2,072,489
Settled during current year:										
18.1 By payment in full	135	2,365,926					16	12,000	151	2,377,926
18.2 By payment on compromised claims									0	0
18.3 Totals paid	135	2,365,926	0	0	0	0	16	12,000	151	2,377,926
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	135	2,365,926	0	0	0	0	16	12,000	151	2,377,926
19. Unpaid Dec. 31, current year (16+17-18.6)	16	54,883	0	0	0	0	1	500	17	55,383
POLICY EXHIBIT										
20. In force December 31, prior year	6,151	197,932,286	0	(a) 0	6	52,800	880	732,957	7,037	198,718,043
21. Issued during year									0	0
22. Other changes to in force (Net)	(303)	(11,373,767)			(1)	(7,500)	(63)	(51,707)	(367)	(11,432,974)
23. In force December 31 of current year	5,848	186,558,519	0	(a) 0	5	45,300	817	681,250	6,670	187,285,069

(a) Includes Individual Credit Life Insurance prior year \$ _____, current year \$ _____
 Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior 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)				60,000	60,000
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	0	0	0	60,000	60,000

(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



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Universal Guaranty Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Indiana

DURING THE YEAR 2021

NAIC Group Code 0000

LIFE INSURANCE

NAIC Company Code 70130

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	166,449		180	22	166,651
2. Annuity considerations	16,896				16,896
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	183,345	0	180	22	183,547
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	12,239				12,239
6.2 Applied to pay renewal premiums	1,046				1,046
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	1,155				1,155
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	14,440	0	0	0	14,440
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	14,440	0	0	0	14,440
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	1,152,772				1,152,772
10. Matured endowments	7,096				7,096
11. Annuity benefits	68,149				68,149
12. Surrender values and withdrawals for life contracts	170,766			1,062	171,828
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	1,398,783	0	0	1,062	1,399,845
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	7	84,318	0	0	0	0	0	0	7	84,318
17. Incurred during current year	51	1,082,825							51	1,082,825
Settled during current year:										
18.1 By payment in full	55	1,159,868							55	1,159,868
18.2 By payment on compromised claims									0	0
18.3 Totals paid	55	1,159,868	0	0	0	0	0	0	55	1,159,868
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	55	1,159,868	0	0	0	0	0	0	55	1,159,868
19. Unpaid Dec. 31, current year (16+17-18.6)	3	7,275	0	0	0	0	0	0	3	7,275
POLICY EXHIBIT										
20. In force December 31, prior year	1,406	23,349,435	0	(a) 0	1	7,500	22	27,000	1,429	23,383,935
21. Issued during year	1	100,000							1	100,000
22. Other changes to in force (Net)	(83)	(2,284,302)							(83)	(2,284,302)
23. In force December 31 of current year	1,324	21,165,133	0	(a) 0	1	7,500	22	27,000	1,347	21,199,633

(a) Includes Individual Credit Life Insurance prior year \$ _____, current year \$ _____
 Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior 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)	3,509	3,509			
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)	3,509	3,509	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	3,509	3,509	0	0	0

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



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Universal Guaranty Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Iowa

DURING THE YEAR 2021

NAIC Group Code 0000

LIFE INSURANCE

NAIC Company Code 70130

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	200,500				200,500
2. Annuity considerations	29,081				29,081
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	229,581	0	0	0	229,581
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	10,813				10,813
6.2 Applied to pay renewal premiums	526				526
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	967				967
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	12,306	0	0	0	12,306
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	12,306	0	0	0	12,306
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	496,436				496,436
10. Matured endowments					0
11. Annuity benefits	59,372				59,372
12. Surrender values and withdrawals for life contracts	46,924				46,924
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	602,732	0	0	0	602,732
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	5	116,660	0	0	0	0	0	0	5	116,660
17. Incurred during current year	19	379,776							19	379,776
Settled during current year:										
18.1 By payment in full	24	496,436							24	496,436
18.2 By payment on compromised claims									0	0
18.3 Totals paid	24	496,436	0	0	0	0	0	0	24	496,436
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	24	496,436	0	0	0	0	0	0	24	496,436
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT										
20. In force December 31, prior year	668	25,561,635	0	0	0	0	7	5,850	675	25,567,485
21. Issued during year									0	0
22. Other changes to in force (Net)	(33)	(882,970)					(1)	(3,000)	(34)	(885,970)
23. In force December 31 of current year	635	24,678,665	0	0	0	0	6	2,850	641	24,681,515

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	0	0	0	0	0

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



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Universal Guaranty Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Kansas

DURING THE YEAR 2021

NAIC Group Code 0000

LIFE INSURANCE

NAIC Company Code 70130

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	390,140		31	575	390,746
2. Annuity considerations	2,671				2,671
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	392,811	0	31	575	393,417
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	5,863				5,863
6.2 Applied to pay renewal premiums	481				481
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	2,361				2,361
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	8,705	0	0	0	8,705
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	8,705	0	0	0	8,705
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	722,267		5,000	5,003	732,270
10. Matured endowments	11,236			1,776	13,012
11. Annuity benefits	3,569				3,569
12. Surrender values and withdrawals for life contracts	395,757			3,595	399,352
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	1,132,829	0	5,000	10,374	1,148,203
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	11	196,938	0	0	0	0	0	0	11	196,938
17. Incurred during current year	62	842,869			1	5,000	12	8,779	75	856,648
Settled during current year:										
18.1 By payment in full	62	733,503			1	5,000	11	6,779	74	745,282
18.2 By payment on compromised claims									0	0
18.3 Totals paid	62	733,503	0	0	1	5,000	11	6,779	74	745,282
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	62	733,503	0	0	1	5,000	11	6,779	74	745,282
19. Unpaid Dec. 31, current year (16+17-18.6)	11	306,304	0	0	0	0	1	2,000	12	308,304
POLICY EXHIBIT						No. of Policies				
20. In force December 31, prior year	1,872	30,219,009	0 (a)	0	1	7,500	472	405,053	2,345	30,631,562
21. Issued during year									0	0
22. Other changes to in force (Net)	(138)	(2,881,503)			(1)	(7,500)	(31)	(37,576)	(170)	(2,926,579)
23. In force December 31 of current year	1,734	27,337,506	0 (a)	0	0	0	441	367,477	2,175	27,704,983

(a) Includes Individual Credit Life Insurance prior year \$ _____, current year \$ _____
 Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior 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)		514		16,800	16,800
25.6 Totals (sum of Lines 25.1 to 25.5)		514	514	16,800	16,800
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)		514	514	16,800	16,800

(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 Universal Guaranty Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Kentucky

DURING THE YEAR 2021

NAIC Group Code 0000

LIFE INSURANCE

NAIC Company Code 70130

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	36,561		8,252		44,813
2. Annuity considerations	1,000				1,000
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	37,561	0	8,252	0	45,813
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	376				376
6.2 Applied to pay renewal premiums	432				432
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	1,129				1,129
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	1,937	0	0	0	1,937
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	1,937	0	0	0	1,937
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	65,958		35,000	1,000	101,958
10. Matured endowments	1,000				1,000
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts	20,052				20,052
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	87,010	0	35,000	1,000	123,010
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pol. & Certifs.	Amount	No. of Ind. Pol. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pol. & Certifs.	Amount	No. of Pol. & Certifs.	Amount
16. Unpaid December 31, prior year	2	9,000	0	0	0	0	1	2,000	3	11,000
17. Incurred during current year	12	59,958			7	35,000		(1,000)	19	93,958
Settled during current year:										
18.1 By payment in full	13	66,958			7	35,000	1	1,000	21	102,958
18.2 By payment on compromised claims									0	0
18.3 Totals paid	13	66,958	0	0	7	35,000	1	1,000	21	102,958
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	13	66,958	0	0	7	35,000	1	1,000	21	102,958
19. Unpaid Dec. 31, current year (16+17-18.6)	1	2,000	0	0	0	0	0	0	1	2,000
POLICY EXHIBIT						No. of Policies				
20. In force December 31, prior year	315	5,552,682	0 (a)	0	62	746,800	15	18,120	392	6,317,602
21. Issued during year									0	0
22. Other changes to in force (Net)	(11)	(390,742)			(22)	(347,200)	(3)	(5,000)	(36)	(742,942)
23. In force December 31 of current year	304	5,161,940	0 (a)	0	40	399,600	12	13,120	356	5,574,660

(a) Includes Individual Credit Life Insurance prior year \$ _____, current year \$ _____
 Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior 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)		215	215		
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)		12	12		
25.6 Totals (sum of Lines 25.1 to 25.5)		227	227	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)		227	227	0	0

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



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Universal Guaranty Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Louisiana

DURING THE YEAR 2021

NAIC Group Code 0000

LIFE INSURANCE

NAIC Company Code 70130

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	182,876			23,959	206,835
2. Annuity considerations	609				609
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	183,485	0	0	23,959	207,444
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	317				317
6.2 Applied to pay renewal premiums	225				225
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	960				960
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	1,502	0	0	0	1,502
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	1,502	0	0	0	1,502
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	561,017			66,859	627,876
10. Matured endowments	11,885			14,987	26,872
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts	78,857			10,172	89,029
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	651,759	0	0	92,018	743,777
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	8	41,186	0	0	0	0	16	11,530	24	52,716
17. Incurred during current year	56	587,216					142	86,066	198	673,282
Settled during current year:										
18.1 By payment in full	56	572,902					140	81,846	196	654,748
18.2 By payment on compromised claims									0	0
18.3 Totals paid	56	572,902	0	0	0	0	140	81,846	196	654,748
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	56	572,902	0	0	0	0	140	81,846	196	654,748
19. Unpaid Dec. 31, current year (16+17-18.6)	8	55,500	0	0	0	0	18	15,750	26	71,250
POLICY EXHIBIT						No. of Policies				
20. In force December 31, prior year	2,146	20,197,429	0	(a) 0	0	0	9,512	8,338,420	11,658	28,535,849
21. Issued during year									0	0
22. Other changes to in force (Net)	(133)	(1,547,899)					(459)	(429,024)	(592)	(1,976,923)
23. In force December 31 of current year	2,013	18,649,530	0	(a) 0	0	0	9,053	7,909,396	11,066	26,558,926

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	0	0	0	0	0

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



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Universal Guaranty Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Maine

DURING THE YEAR 2021

NAIC Group Code 0000

LIFE INSURANCE

NAIC Company Code 70130

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Universal Guaranty Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Maryland
 NAIC Group Code 0000

DURING THE YEAR 2021
 NAIC Company Code 70130

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	10,903		105	45	11,053
2. Annuity considerations	1,244				1,244
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	12,147	0	105	45	12,297
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	606				606
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	606	0	0	0	606
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	606	0	0	0	606
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	80,574			122	80,696
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts	989			1,150	2,139
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	81,563	0	0	1,272	82,835
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	1	61,870	0	0	0	0	0	0	1	61,870
17. Incurred during current year	4	18,705					1	122	5	18,827
Settled during current year:										
18.1 By payment in full	5	80,575					1	122	6	80,697
18.2 By payment on compromised claims									0	0
18.3 Totals paid	5	80,575	0	0	0	0	1	122	6	80,697
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	5	80,575	0	0	0	0	1	122	6	80,697
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT						No. of Policies				
20. In force December 31, prior year	131	1,321,423	0 (a)	0	1	5,000	48	48,197	180	1,374,620
21. Issued during year									0	0
22. Other changes to in force (Net)	(3)	(3,606)						500	(3)	(3,106)
23. In force December 31 of current year	128	1,317,817	0 (a)	0	1	5,000	48	48,697	177	1,371,514

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	0	0	0	0	0

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



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Universal Guaranty Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Massachusetts

DURING THE YEAR 2021

NAIC Group Code 0000

LIFE INSURANCE

NAIC Company Code 70130

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	5,222				5,222
2. Annuity considerations	160				160
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	5,382	0	0	0	5,382
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	366				366
6.2 Applied to pay renewal premiums	131				131
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	497	0	0	0	497
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	497	0	0	0	497
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	2,237				2,237
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	2,237	0	0	0	2,237
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year	1	2,237							1	2,237
Settled during current year:										
18.1 By payment in full	1	2,237							1	2,237
18.2 By payment on compromised claims										
18.3 Totals paid	1	2,237	0	0	0	0	0	0	1	2,237
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	1	2,237	0	0	0	0	0	0	1	2,237
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT						No. of Policies				
20. In force December 31, prior year	46	2,682,422	0	(a) 0	0	0	0	0	46	2,682,422
21. Issued during year									0	0
22. Other changes to in force (Net)	(1)	(171,209)							(1)	(171,209)
23. In force December 31 of current year	45	2,511,213	0	(a) 0	0	0	0	0	45	2,511,213

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	0	0	0	0	0

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



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Universal Guaranty Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Michigan

DURING THE YEAR 2021

NAIC Group Code 0000

LIFE INSURANCE

NAIC Company Code 70130

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	139,289			164	139,453
2. Annuity considerations	1,142				1,142
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	140,431	0	0	164	140,595
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	1,997				1,997
6.2 Applied to pay renewal premiums	570				570
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	214				214
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	2,781	0	0	0	2,781
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	2,781	0	0	0	2,781
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	364,545			4,500	369,045
10. Matured endowments					0
11. Annuity benefits	26,021				26,021
12. Surrender values and withdrawals for life contracts	105,886			528	106,414
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	496,452	0	0	5,028	501,480
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	.1	13,135	.0	.0	.0	.0	.1	2,000	.2	15,135
17. Incurred during current year	28	380,043					3	2,500	31	382,543
Settled during current year:										
18.1 By payment in full	26	364,545					4	4,500	30	369,045
18.2 By payment on compromised claims									.0	.0
18.3 Totals paid	26	364,545	.0	.0	.0	.0	4	4,500	30	369,045
18.4 Reduction by compromise									.0	.0
18.5 Amount rejected									.0	.0
18.6 Total settlements	26	364,545	.0	.0	.0	.0	4	4,500	30	369,045
19. Unpaid Dec. 31, current year (16+17-18.6)	3	28,633	0	0	0	0	0	0	3	28,633
POLICY EXHIBIT										
20. In force December 31, prior year	690	13,545,265	.0	(a) .0	.0	.0	65	49,560	755	13,594,825
21. Issued during year									.0	.0
22. Other changes to in force (Net)	(52)	(1,370,613)					(5)	(2,500)	(57)	(1,373,113)
23. In force December 31 of current year	638	12,174,652	0	(a) 0	0	0	60	47,060	698	12,221,712

(a) Includes Individual Credit Life Insurance prior year \$ _____, current year \$ _____
 Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior 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)		168			
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)		168	168	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)		168	168	0	0

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



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Universal Guaranty Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Minnesota

DURING THE YEAR 2021

NAIC Group Code 0000

LIFE INSURANCE

NAIC Company Code 70130

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	11,549				11,549
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	11,549	0	0	0	11,549
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	720				720
6.2 Applied to pay renewal premiums	99				99
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	16				16
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	835	0	0	0	835
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	835	0	0	0	835
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	101,399				101,399
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts	2,125				2,125
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	103,524	0	0	0	103,524
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pol. & Certifs.	Amount	No. of Ind. Pol. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pol. & Certifs.	Amount	No. of Pol. & Certifs.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year	2	101,399							2	101,399
Settled during current year:										
18.1 By payment in full	2	101,399							2	101,399
18.2 By payment on compromised claims										0
18.3 Totals paid	2	101,399	0	0	0	0	0	0	2	101,399
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	2	101,399	0	0	0	0	0	0	2	101,399
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT						No. of Policies				
20. In force December 31, prior year	102	1,404,204	0 (a)	0	0	0	7	5,000	109	1,409,204
21. Issued during year									0	0
22. Other changes to in force (Net)	(5)	(180,610)							(5)	(180,610)
23. In force December 31 of current year	97	1,223,594	0 (a)	0	0	0	7	5,000	104	1,228,594

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	0	0	0	0	0

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



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Universal Guaranty Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Mississippi

DURING THE YEAR 2021

NAIC Group Code 0000

LIFE INSURANCE

NAIC Company Code 70130

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 and number of persons insured under indemnity only products



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Universal Guaranty Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Missouri

DURING THE YEAR 2021

NAIC Group Code 0000

LIFE INSURANCE

NAIC Company Code 70130

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	221,504			2,201	223,705
2. Annuity considerations	9,877				9,877
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	231,381	0	0	2,201	233,582
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	6,112				6,112
6.2 Applied to pay renewal premiums	1,408				1,408
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	444				444
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	7,964	0	0	0	7,964
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	7,964	0	0	0	7,964
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	463,739			3,500	467,239
10. Matured endowments	4,093			5,103	9,196
11. Annuity benefits	11,530				11,530
12. Surrender values and withdrawals for life contracts	104,046			7,031	111,077
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	583,408	0	0	15,634	599,042
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	7	83,806	0	0	0	0	2	1,000	9	84,806
17. Incurred during current year	59	542,460					22	9,003	81	551,463
Settled during current year:										
18.1 By payment in full	58	467,832					22	8,603	80	476,435
18.2 By payment on compromised claims									0	0
18.3 Totals paid	58	467,832	0	0	0	0	22	8,603	80	476,435
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	58	467,832	0	0	0	0	22	8,603	80	476,435
19. Unpaid Dec. 31, current year (16+17-18.6)	8	158,434	0	0	0	0	2	1,400	10	159,834
POLICY EXHIBIT						No. of Policies				
20. In force December 31, prior year	2,160	32,376,966	0 (a)	0	0	0	1,375	1,117,148	3,535	33,494,114
21. Issued during year									0	0
22. Other changes to in force (Net)	(109)	(1,535,635)					(37)	(39,902)	(146)	(1,575,537)
23. In force December 31 of current year	2,051	30,841,331	0 (a)	0	0	0	1,338	1,077,246	3,389	31,918,577

(a) Includes Individual Credit Life Insurance prior year \$ _____, current year \$ _____
 Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior 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)		481		8,496	7,117
25.6 Totals (sum of Lines 25.1 to 25.5)		481	481	8,496	7,117
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)		481	481	8,496	7,117

(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 Universal Guaranty Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Montana

DURING THE YEAR 2021

NAIC Group Code 0000

LIFE INSURANCE

NAIC Company Code 70130

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Universal Guaranty Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Nebraska

DURING THE YEAR 2021

NAIC Group Code 0000

LIFE INSURANCE

NAIC Company Code 70130

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	62,483			47	62,530
2. Annuity considerations	2,642				2,642
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	65,125	0	0	47	65,172
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	82				82
6.2 Applied to pay renewal premiums	183				183
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	20				20
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	285	0	0	0	285
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	285	0	0	0	285
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	105,993				105,993
10. Matured endowments					0
11. Annuity benefits	184,950				184,950
12. Surrender values and withdrawals for life contracts	73,628				73,628
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	364,571	0	0	0	364,571
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	4	14,164	0	0	0	0	0	0	4	14,164
17. Incurred during current year	5	222,829							5	222,829
Settled during current year:										
18.1 By payment in full	8	105,993							8	105,993
18.2 By payment on compromised claims									0	0
18.3 Totals paid	8	105,993	0	0	0	0	0	0	8	105,993
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	8	105,993	0	0	0	0	0	0	8	105,993
19. Unpaid Dec. 31, current year (16+17-18.6)	1	131,000	0	0	0	0	0	0	1	131,000
POLICY EXHIBIT						No. of Policies				
20. In force December 31, prior year	182	8,630,274	0 (a)	0	0	0	3	3,500	185	8,633,774
21. Issued during year									0	0
22. Other changes to in force (Net)	(10)	(726,395)							(10)	(726,395)
23. In force December 31 of current year	172	7,903,879	0 (a)	0	0	0	3	3,500	175	7,907,379

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	0	0	0	0	0

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



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Universal Guaranty Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Nevada

DURING THE YEAR 2021

NAIC Group Code 0000

LIFE INSURANCE

NAIC Company Code 70130

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	5,075			89	5,164
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	5,075	0	0	89	5,164
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	399				399
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	37				37
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	436	0	0	0	436
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	436	0	0	0	436
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					0
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts	7,509			1,054	8,563
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	7,509	0	0	1,054	8,563
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pol. & Certifs.	Amount	No. of Ind. Pol. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pol. & Certifs.	Amount	No. of Pol. & Certifs.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year							1	500	1	500
Settled during current year:										
18.1 By payment in full									0	0
18.2 By payment on compromised claims									0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	1	500	1	500
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	57	925,013	0 (a)	0	0	0	9	10,500	66	935,513
21. Issued during year									0	0
22. Other changes to in force (Net)	(3)	(3,635)					(1)	(1,000)	(4)	(4,635)
23. In force December 31 of current year	54	921,378	0 (a)	0	0	0	8	9,500	62	930,878

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	0	0	0	0	0

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



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Universal Guaranty Life Insurance Company

DIRECT BUSINESS IN THE STATE OF New Hampshire

DURING THE YEAR 2021

NAIC Group Code 0000

LIFE INSURANCE

NAIC Company Code 70130

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	468				468
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	468	0	0	0	468
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	92				92
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	125				125
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	217	0	0	0	217
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	217	0	0	0	217
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					0
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts	705				705
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	705	0	0	0	705
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full										0
18.2 By payment on compromised claims										0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise										0
18.5 Amount rejected										0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	13	333,326	0 (a)	0	0	0	0	0	13	333,326
21. Issued during year									0	0
22. Other changes to in force (Net)	(1)	(843)							(1)	(843)
23. In force December 31 of current year	12	332,483	0 (a)	0	0	0	0	0	12	332,483

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	0	0	0	0	0

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



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Universal Guaranty Life Insurance Company

DIRECT BUSINESS IN THE STATE OF New Jersey

DURING THE YEAR 2021

NAIC Group Code 0000

LIFE INSURANCE

NAIC Company Code 70130

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	4,834				4,834
2. Annuity considerations	631				631
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	5,465	0	0	0	5,465
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	462				462
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	98				98
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	560	0	0	0	560
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	560	0	0	0	560
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	70,000				70,000
10. Matured endowments					0
11. Annuity benefits	181				181
12. Surrender values and withdrawals for life contracts	21,918			538	22,456
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	92,099	0	0	538	92,637
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year	1	70,000							1	70,000
Settled during current year:										
18.1 By payment in full	1	70,000							1	70,000
18.2 By payment on compromised claims									0	0
18.3 Totals paid	1	70,000	0	0	0	0	0	0	1	70,000
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	1	70,000	0	0	0	0	0	0	1	70,000
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT						No. of Policies				
20. In force December 31, prior year	73	941,400	0 (a)	0	0	0	8	6,500	81	947,900
21. Issued during year									0	0
22. Other changes to in force (Net)	(2)	(11,807)					(1)	(500)	(3)	(12,307)
23. In force December 31 of current year	71	929,593	0 (a)	0	0	0	7	6,000	78	935,593

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	0	0	0	0	0

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



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Universal Guaranty Life Insurance Company

DIRECT BUSINESS IN THE STATE OF New Mexico

DURING THE YEAR 2021

NAIC Group Code 0000

LIFE INSURANCE

NAIC Company Code 70130

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 Universal Guaranty Life Insurance Company

DIRECT BUSINESS IN THE STATE OF New York

DURING THE YEAR 2021

NAIC Group Code 0000

LIFE INSURANCE

NAIC Company Code 70130

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	16,367			8	16,375
2. Annuity considerations	386				386
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	16,753	0	0	8	16,761
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	821				821
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	54				54
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	875	0	0	0	875
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	875	0	0	0	875
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	6,036			507	6,543
10. Matured endowments	1,000				1,000
11. Annuity benefits	663				663
12. Surrender values and withdrawals for life contracts	12,137				12,137
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	19,836	0	0	507	20,343
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year	7	11,635					1	507	8	12,142
Settled during current year:										
18.1 By payment in full	6	7,036					1	507	7	7,543
18.2 By payment on compromised claims									0	0
18.3 Totals paid	6	7,036	0	0	0	0	1	507	7	7,543
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	6	7,036	0	0	0	0	1	507	7	7,543
19. Unpaid Dec. 31, current year (16+17-18.6)	1	4,599	0	0	0	0	0	0	1	4,599
POLICY EXHIBIT						No. of Policies				
20. In force December 31, prior year	132	1,461,115	0 (a)	0	0	0	15	16,500	147	1,477,615
21. Issued during year									0	0
22. Other changes to in force (Net)	(14)	(126,947)					(1)	(500)	(15)	(127,447)
23. In force December 31 of current year	118	1,334,168	0 (a)	0	0	0	14	16,000	132	1,350,168

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	0	0	0	0	0

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



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Universal Guaranty Life Insurance Company

DIRECT BUSINESS IN THE STATE OF North Carolina

DURING THE YEAR 2021

NAIC Group Code 0000

LIFE INSURANCE

NAIC Company Code 70130

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	142,626		1,625	178	144,429
2. Annuity considerations	2,034				2,034
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	144,660	0	1,625	178	146,463
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	1,464				1,464
6.2 Applied to pay renewal premiums	338				338
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	182				182
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	1,984	0	0	0	1,984
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	1,984	0	0	0	1,984
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	159,696		10,000	1,750	171,446
10. Matured endowments					0
11. Annuity benefits	6,363				6,363
12. Surrender values and withdrawals for life contracts	86,335			773	87,108
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	252,394	0	10,000	2,523	264,917
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	5	26,519	0	0	0	0	0	0	5	26,519
17. Incurred during current year	13	168,931			2	10,000	3	1,750	18	180,681
Settled during current year:										
18.1 By payment in full	14	159,696			2	10,000	3	1,750	19	171,446
18.2 By payment on compromised claims									0	0
18.3 Totals paid	14	159,696	0	0	2	10,000	3	1,750	19	171,446
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	14	159,696	0	0	2	10,000	3	1,750	19	171,446
19. Unpaid Dec. 31, current year (16+17-18.6)	4	35,754	0	0	0	0	0	0	4	35,754
POLICY EXHIBIT						No. of Policies				
20. In force December 31, prior year	657	14,772,759	0 (a)	0	10	65,000	49	44,525	716	14,882,284
21. Issued during year									0	0
22. Other changes to in force (Net)	(13)	(473,864)			(2)	(12,500)	(2)	(1,250)	(17)	(487,614)
23. In force December 31 of current year	644	14,298,895	0 (a)	0	8	52,500	47	43,275	699	14,394,670

(a) Includes Individual Credit Life Insurance prior year \$ _____, current year \$ _____
 Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior 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)	3	3			
25.6 Totals (sum of Lines 25.1 to 25.5)	3	3	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	3	3	0	0	0

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



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Universal Guaranty Life Insurance Company

DIRECT BUSINESS IN THE STATE OF North Dakota

DURING THE YEAR 2021

NAIC Group Code 0000

LIFE INSURANCE

NAIC Company Code 70130

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Universal Guaranty Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Ohio

DURING THE YEAR 2021

NAIC Group Code 0000

LIFE INSURANCE

NAIC Company Code 70130

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	1,960,164		7,441	78	1,967,683
2. Annuity considerations	20,033				20,033
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	1,980,197	0	7,441	78	1,987,716
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	93,856				93,856
6.2 Applied to pay renewal premiums	7,254				7,254
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	19,471				19,471
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	120,581	0	0	0	120,581
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	120,581	0	0	0	120,581
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	5,177,912		22,546		5,200,458
10. Matured endowments	21,410				21,410
11. Annuity benefits	70,978				70,978
12. Surrender values and withdrawals for life contracts	901,584				901,584
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	6,171,884	0	22,546	0	6,194,430
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	28	499,003	0	0	1	5,000	0	0	29	504,003
17. Incurred during current year	182	5,193,355			4	17,546			186	5,210,901
Settled during current year:										
18.1 By payment in full	188	5,199,322			5	22,546			193	5,221,868
18.2 By payment on compromised claims									0	0
18.3 Totals paid	188	5,199,322	0	0	5	22,546	0	0	193	5,221,868
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	188	5,199,322	0	0	5	22,546	0	0	193	5,221,868
19. Unpaid Dec. 31, current year (16+17-18.6)	22	493,036	0	0	0	0	0	0	22	493,036
POLICY EXHIBIT										
20. In force December 31, prior year	8,908	330,784,579	0	(a) 0	No. of Policies 44	311,800	54	36,641	9,006	331,133,020
21. Issued during year	2	90,000							2	90,000
22. Other changes to in force (Net)	(447)	(19,382,196)			(4)	(50,300)	1	(422)	(450)	(19,432,918)
23. In force December 31 of current year	8,463	311,492,383	0	(a) 0	40	261,500	55	36,219	8,558	311,790,102

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)		57			
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)		118			
25.6 Totals (sum of Lines 25.1 to 25.5)		175		0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)		175		0	0

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



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Universal Guaranty Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Oklahoma

DURING THE YEAR 2021

NAIC Group Code 0000

LIFE INSURANCE

NAIC Company Code 70130

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	178,838			1,057	179,895
2. Annuity considerations	4,051				4,051
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	182,889	0	0	1,057	183,946
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	1,945				1,945
6.2 Applied to pay renewal premiums	3,578				3,578
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	5,523	0	0	0	5,523
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	5,523	0	0	0	5,523
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	783,455			12,005	795,460
10. Matured endowments	10,240			822	11,062
11. Annuity benefits	14,097				14,097
12. Surrender values and withdrawals for life contracts	107,048			1,704	108,752
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	914,840	0	0	14,531	929,371
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pol. & Certifs.	Amount	No. of Ind. Pol. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pol. & Certifs.	Amount	No. of Pol. & Certifs.	Amount
16. Unpaid December 31, prior year	14	80,034	0	0	0	0	6	6,000	20	86,034
17. Incurred during current year	84	837,055					13	7,827	97	844,882
Settled during current year:										
18.1 By payment in full	93	793,695					18	12,827	111	806,522
18.2 By payment on compromised claims										
18.3 Totals paid	93	793,695	0	0	0	0	18	12,827	111	806,522
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	93	793,695	0	0	0	0	18	12,827	111	806,522
19. Unpaid Dec. 31, current year (16+17-18.6)	5	123,394	0	0	0	0	1	1,000	6	124,394
POLICY EXHIBIT						No. of Policies				
20. In force December 31, prior year	1,668	11,744,260	0	0	0	0	824	657,311	2,492	12,401,571
21. Issued during year									0	0
22. Other changes to in force (Net)	(130)	(1,495,038)					(26)	(23,568)	(156)	(1,518,606)
23. In force December 31 of current year	1,538	10,249,222	0	0	0	0	798	633,743	2,336	10,882,965

(a) Includes Individual Credit Life Insurance prior year \$ _____, current year \$ _____
 Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior 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)		57			
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)		57	57	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)		57	57	0	0

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



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Universal Guaranty Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Oregon

DURING THE YEAR 2021

NAIC Group Code 0000

LIFE INSURANCE

NAIC Company Code 70130

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Universal Guaranty Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Pennsylvania

DURING THE YEAR 2021

NAIC Group Code 0000

LIFE INSURANCE

NAIC Company Code 70130

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	182,952			127	183,079
2. Annuity considerations	56,123				56,123
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	239,075	0	0	127	239,202
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	1,511				1,511
6.2 Applied to pay renewal premiums	652				652
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	381				381
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	2,544	0	0	0	2,544
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	2,544	0	0	0	2,544
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	136,252				136,252
10. Matured endowments	1,000				1,000
11. Annuity benefits	57,575				57,575
12. Surrender values and withdrawals for life contracts	101,218				101,218
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	296,045	0	0	0	296,045
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	3	19,470	0	0	0	0	0	0	3	19,470
17. Incurred during current year	19	180,201							19	180,201
Settled during current year:										
18.1 By payment in full	17	137,252							17	137,252
18.2 By payment on compromised claims									0	0
18.3 Totals paid	17	137,252	0	0	0	0	0	0	17	137,252
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	17	137,252	0	0	0	0	0	0	17	137,252
19. Unpaid Dec. 31, current year (16+17-18.6)	5	62,419	0	0	0	0	0	0	5	62,419
POLICY EXHIBIT										
20. In force December 31, prior year	879	19,828,956	0	0	0	0	20	20,600	899	19,849,556
21. Issued during year									0	0
22. Other changes to in force (Net)	(46)	(1,470,405)					(2)	(2,000)	(48)	(1,472,405)
23. In force December 31 of current year	833	18,358,551	0	0	0	0	18	18,600	851	18,377,151

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	0	0	0	0	0

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



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Universal Guaranty Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Rhode Island

DURING THE YEAR 2021

NAIC Group Code 0000

LIFE INSURANCE

NAIC Company Code 70130

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	488			11	499
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	488	0	0	11	499
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	139				139
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	139	0	0	0	139
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	139	0	0	0	139
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					0
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	0	0	0	0	0
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full										0
18.2 By payment on compromised claims										0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise										0
18.5 Amount rejected										0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	7	46,974	0 (a)	0	0	0	1	420	8	47,394
21. Issued during year										0
22. Other changes to in force (Net)										0
23. In force December 31 of current year	7	46,974	0 (a)	0	0	0	1	420	8	47,394

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	0	0	0	0	0

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



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Universal Guaranty Life Insurance Company

DIRECT BUSINESS IN THE STATE OF South Carolina

DURING THE YEAR 2021

NAIC Group Code 0000

LIFE INSURANCE

NAIC Company Code 70130

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	123,588		370		123,958
2. Annuity considerations	120				120
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	123,708	0	370	0	124,078
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	794				794
6.2 Applied to pay renewal premiums	333				333
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	135				135
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	1,262	0	0	0	1,262
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	1,262	0	0	0	1,262
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	205,515		2,500		208,015
10. Matured endowments	11,858				11,858
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts	70,590				70,590
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	287,963	0	2,500	0	290,463
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	3	30,580	0	0	0	0	0	0	3	30,580
17. Incurred during current year	12	261,793			1	2,500			13	264,293
Settled during current year:										
18.1 By payment in full	13	217,373			1	2,500			14	219,873
18.2 By payment on compromised claims									0	0
18.3 Totals paid	13	217,373	0	0	1	2,500	0	0	14	219,873
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	13	217,373	0	0	1	2,500	0	0	14	219,873
19. Unpaid Dec. 31, current year (16+17-18.6)	2	75,000	0	0	0	0	0	0	2	75,000
POLICY EXHIBIT						No. of Policies				
20. In force December 31, prior year	454	14,369,753	0 (a)	0	3	15,000	12	5,532	469	14,390,285
21. Issued during year									0	0
22. Other changes to in force (Net)	(31)	(1,390,793)			(1)	(2,500)		800	(32)	(1,392,493)
23. In force December 31 of current year	423	12,978,960	0 (a)	0	2	12,500	12	6,332	437	12,997,792

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	0	0	0	0	0

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



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Universal Guaranty Life Insurance Company

DIRECT BUSINESS IN THE STATE OF South Dakota

DURING THE YEAR 2021

NAIC Group Code 0000

LIFE INSURANCE

NAIC Company Code 70130

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Universal Guaranty Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Tennessee

DURING THE YEAR 2021

NAIC Group Code 0000

LIFE INSURANCE

NAIC Company Code 70130

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	90,876		1,101	18,391	110,368
2. Annuity considerations	80				80
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	90,956	0	1,101	18,391	110,448
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	1,340				1,340
6.2 Applied to pay renewal premiums	217				217
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	3,964				3,964
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	5,521	0	0	0	5,521
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	5,521	0	0	0	5,521
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	260,539		10,002	57,911	328,452
10. Matured endowments	35,000			7,028	42,028
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts	38,988			21,015	60,003
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	334,527	0	10,002	85,954	430,483
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pol. & Certifs.	Amount	No. of Ind. Pol. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pol. & Certifs.	Amount	No. of Pol. & Certifs.	Amount
16. Unpaid December 31, prior year	11	24,143	0	0	0	0	6	9,000	17	33,143
17. Incurred during current year	64	294,396			2	10,002	98	65,439	164	369,837
Settled during current year:										
18.1 By payment in full	65	295,539			2	10,002	95	64,939	162	370,480
18.2 By payment on compromised claims									0	0
18.3 Totals paid	65	295,539	0	0	2	10,002	95	64,939	162	370,480
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	65	295,539	0	0	2	10,002	95	64,939	162	370,480
19. Unpaid Dec. 31, current year (16+17-18.6)	10	23,000	0	0	0	0	9	9,500	19	32,500
POLICY EXHIBIT						No. of Policies				
20. In force December 31, prior year	2,464	10,867,311	0 (a)	0	8	73,300	6,121	5,596,849	8,593	16,537,460
21. Issued during year									0	0
22. Other changes to in force (Net)	(134)	(620,910)			(3)	(39,300)	(327)	(311,136)	(464)	(971,346)
23. In force December 31 of current year	2,330	10,246,401	0 (a)	0	5	34,000	5,794	5,285,713	8,129	15,566,114

(a) Includes Individual Credit Life Insurance prior year \$ _____, current year \$ _____
 Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior 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)		84			
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)		12			
25.6 Totals (sum of Lines 25.1 to 25.5)		96	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)		96	0	0	0

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



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Universal Guaranty Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Texas

DURING THE YEAR 2021

NAIC Group Code 0000

LIFE INSURANCE

NAIC Company Code 70130

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	483,379			32,529	515,908
2. Annuity considerations	14,811				14,811
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	498,190	0	0	32,529	530,719
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	6,336				6,336
6.2 Applied to pay renewal premiums	1,370				1,370
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	1,679				1,679
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	9,385	0	0	0	9,385
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	9,385	0	0	0	9,385
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	1,168,316			100,467	1,268,783
10. Matured endowments	39,524			15,264	54,788
11. Annuity benefits	93,931				93,931
12. Surrender values and withdrawals for life contracts	546,076			29,419	575,495
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	1,847,847	0	0	145,150	1,992,997
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	58	206,749	0	0	0	0	22	21,016	80	227,765
17. Incurred during current year	287	1,128,127					186	103,215	473	1,231,342
Settled during current year:										
18.1 By payment in full	312	1,207,841					197	115,731	509	1,323,572
18.2 By payment on compromised claims									0	0
18.3 Totals paid	312	1,207,841	0	0	0	0	197	115,731	509	1,323,572
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	312	1,207,841	0	0	0	0	197	115,731	509	1,323,572
19. Unpaid Dec. 31, current year (16+17-18.6)	33	127,035	0	0	0	0	11	8,500	44	135,535
POLICY EXHIBIT						No. of Policies				
20. In force December 31, prior year	9,437	50,854,948	0	(a) 0	0	0	9,811	9,106,964	19,248	59,961,912
21. Issued during year	1	10,000							1	10,000
22. Other changes to in force (Net)	(504)	(3,917,831)					(481)	(452,415)	(985)	(4,370,246)
23. In force December 31 of current year	8,934	46,947,117	0	(a) 0	0	0	9,330	8,654,549	18,264	55,601,666

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	0	0	0	0	0

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



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Universal Guaranty Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Utah

DURING THE YEAR 2021

NAIC Group Code 0000

LIFE INSURANCE

NAIC Company Code 70130

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 Universal Guaranty Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Vermont

DURING THE YEAR 2021

NAIC Group Code 0000

LIFE INSURANCE

NAIC Company Code 70130

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Universal Guaranty Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Virginia

DURING THE YEAR 2021

NAIC Group Code 0000

LIFE INSURANCE

NAIC Company Code 70130

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	79,028		7,692	5,628	92,348
2. Annuity considerations	2,139				2,139
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	81,167	0	7,692	5,628	94,487
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	2,095				2,095
6.2 Applied to pay renewal premiums	247				247
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	33				33
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	2,375	0	0	0	2,375
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	2,375	0	0	0	2,375
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	207,822		50,096	45,947	303,865
10. Matured endowments	9,539			6,783	16,322
11. Annuity benefits	80,555				80,555
12. Surrender values and withdrawals for life contracts	92,347			7,972	100,319
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	390,263	0	50,096	60,702	501,061
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	10	79,986	0	0	1	5,000	4	2,500	15	87,486
17. Incurred during current year	63	249,947			9	45,096	65	53,730	137	348,773
Settled during current year:										
18.1 By payment in full	66	217,361			10	50,096	65	52,730	141	320,187
18.2 By payment on compromised claims										
18.3 Totals paid	66	217,361	0	0	10	50,096	65	52,730	141	320,187
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	66	217,361	0	0	10	50,096	65	52,730	141	320,187
19. Unpaid Dec. 31, current year (16+17-18.6)	7	112,572	0	0	0	0	4	3,500	11	116,072
POLICY EXHIBIT						No. of Policies				
20. In force December 31, prior year	1,905	13,290,718	0 (a)	0	54	430,200	4,274	3,718,676	6,233	17,439,594
21. Issued during year									0	0
22. Other changes to in force (Net)	(114)	(682,884)			(14)	(143,900)	(154)	(151,809)	(282)	(978,593)
23. In force December 31 of current year	1,791	12,607,834	0 (a)	0	40	286,300	4,120	3,566,867	5,951	16,461,001

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	0	0	0	0	0

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



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Universal Guaranty Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Washington

DURING THE YEAR 2021

NAIC Group Code 0000

LIFE INSURANCE

NAIC Company Code 70130

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	11,007		180	174	11,361
2. Annuity considerations	10				10
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	11,017	0	180	174	11,371
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	847				847
6.2 Applied to pay renewal premiums	192				192
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	5				5
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	1,044	0	0	0	1,044
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	1,044	0	0	0	1,044
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	21,182				21,182
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	21,182	0	0	0	21,182
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	2	3,000	2	3,000
17. Incurred during current year	2	21,182					(2)	(3,000)	0	18,182
Settled during current year:										
18.1 By payment in full	2	21,182							2	21,182
18.2 By payment on compromised claims									0	0
18.3 Totals paid	2	21,182	0	0	0	0	0	0	2	21,182
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	2	21,182	0	0	0	0	0	0	2	21,182
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT						No. of Policies				
20. In force December 31, prior year	109	1,289,578	0 (a)	0	1	5,000	12	8,032	122	1,302,610
21. Issued during year									0	0
22. Other changes to in force (Net)	(4)	(90,213)					1	1,000	(3)	(89,213)
23. In force December 31 of current year	105	1,199,365	0 (a)	0	1	5,000	13	9,032	119	1,213,397

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	0	0	0	0	0

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



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Universal Guaranty Life Insurance Company

DIRECT BUSINESS IN THE STATE OF West Virginia

DURING THE YEAR 2021

NAIC Group Code 0000

LIFE INSURANCE

NAIC Company Code 70130

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Universal Guaranty Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Wisconsin

DURING THE YEAR 2021

NAIC Group Code 0000

LIFE INSURANCE

NAIC Company Code 70130

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	23,544			166	23,710
2. Annuity considerations	1,600				1,600
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	25,144	0	0	166	25,310
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	1,649				1,649
6.2 Applied to pay renewal premiums	1,111				1,111
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	253				253
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	3,013	0	0	0	3,013
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	3,013	0	0	0	3,013
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	14,210			3,000	17,210
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts	27,219				27,219
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	41,429	0	0	3,000	44,429
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	2	4,000	0	0	0	0	0	0	2	4,000
17. Incurred during current year	6	10,210					2	3,000	8	13,210
Settled during current year:										
18.1 By payment in full	8	14,210					2	3,000	10	17,210
18.2 By payment on compromised claims										
18.3 Totals paid	8	14,210	0	0	0	0	2	3,000	10	17,210
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	8	14,210	0	0	0	0	2	3,000	10	17,210
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT										
20. In force December 31, prior year	205	5,158,045	0	0	0	0	21	24,500	226	5,182,545
21. Issued during year									0	0
22. Other changes to in force (Net)	(10)	(987,300)					(2)	(3,000)	(12)	(990,300)
23. In force December 31 of current year	195	4,170,745	0	0	0	0	19	21,500	214	4,192,245

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	0	0	0	0	0

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



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Universal Guaranty Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Wyoming

DURING THE YEAR 2021

NAIC Group Code 0000

LIFE INSURANCE

NAIC Company Code 70130

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Universal Guaranty Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Grand Total

DURING THE YEAR 2021

NAIC Group Code 0000

LIFE INSURANCE

NAIC Company Code 70130

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	6,808,883	0	74,068	120,076	7,003,027
2. Annuity considerations	246,844	0	0	0	246,844
3. Deposit-type contract funds	0	XXX	0	XXX	0
4. Other considerations	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4)	7,055,727	0	74,068	120,076	7,249,871
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	240,061	0	0	0	240,061
6.2 Applied to pay renewal premiums	50,863	0	0	0	50,863
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	89,882	0	0	0	89,882
6.4 Other	0	0	0	0	0
6.5 Totals (Sum of Lines 6.1 to 6.4)	380,806	0	0	0	380,806
Annuities:					
7.1 Paid in cash or left on deposit	0	0	0	0	0
7.2 Applied to provide paid-up annuities	0	0	0	0	0
7.3 Other	0	0	0	0	0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	380,806	0	0	0	380,806
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	17,534,959	0	339,030	416,556	18,290,545
10. Matured endowments	254,999	0	0	73,110	328,109
11. Annuity benefits	868,562	0	0	0	868,562
12. Surrender values and withdrawals for life contracts	5,025,975	0	0	111,202	5,137,177
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health	0	0	0	0	0
15. Totals	23,684,495	0	339,030	600,868	24,624,393
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	280	2,334,845	0	0	5	40,300	81	73,471	366	2,448,616
17. Incurred during current year	1,746	17,668,866	0	0	65	335,230	970	466,721	2,781	18,470,817
Settled during current year:										
18.1 By payment in full	1,836	17,789,960	0	0	64	339,030	994	489,666	2,894	18,618,656
18.2 By payment on compromised claims	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	1,836	17,789,960	0	0	64	339,030	994	489,666	2,894	18,618,656
18.4 Reduction by compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements	1,836	17,789,960	0	0	64	339,030	994	489,666	2,894	18,618,656
19. Unpaid Dec. 31, current year (16+17-18.6)	190	2,213,751	0	0	6	36,500	57	50,526	253	2,300,777
POLICY EXHIBIT										
20. In force December 31, prior year	60,592	971,976,868	0	(a) 0	493	4,548,700	52,291	38,756,652	113,376	1,015,282,220
21. Issued during year	6	220,000	0	0	0	0	0	0	6	220,000
22. Other changes to in force (Net)	(3,336)	(64,462,551)	0	0	(92)	(1,046,100)	(2,500)	(1,999,760)	(5,928)	(67,508,411)
23. In force December 31 of current year	57,262	907,734,317	0	(a) 0	401	3,502,600	49,791	36,756,892	107,454	947,993,809

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	0	0	0	60,000	60,000
24.1 Federal Employees Health Benefits Plan premium (b)	0	0	0	0	0
24.2 Credit (Group and Individual)	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b)	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b)	0	0	0	0	0
25.2 Guaranteed renewable (b)	6,819	6,819	0	1,160	1,160
25.3 Non-renewable for stated reasons only (b)	0	0	0	0	0
25.4 Other accident only	0	0	0	0	0
25.5 All other (b)	4,111	4,111	0	25,296	23,917
25.6 Totals (sum of Lines 25.1 to 25.5)	10,930	10,930	0	26,456	25,077
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	10,930	10,930	0	86,456	85,077

(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 Universal Guaranty Life Insurance Company
FORM FOR CALCULATING THE INTEREST MAINTENANCE RESERVE

INTEREST MAINTENANCE RESERVE

	1 Amount
1. Reserve as of December 31, Prior Year	10,148,926
2. Current year's realized pre-tax capital gains/(losses) of \$54,919 transferred into the reserve net of taxes of \$1,163	53,756
3. Adjustment for current year's liability gains/(losses) released from the reserve	0
4. Balance before reduction for amount transferred to Summary of Operations (Line 1 + Line 2 + Line 3)	10,202,682
5. Current year's amortization released to Summary of Operations (Amortization, Line 1, Column 4)	775,530
6. Reserve as of December 31, current year (Line 4 minus Line 5)	9,427,152

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	731,984	43,546	0	775,530
2. 2022	615,977	10,521	0	626,498
3. 2023	537,768	(134)	0	537,634
4. 2024	488,067	(98)	0	487,970
5. 2025	471,992	(59)	0	471,933
6. 2026	480,424	(20)	0	480,405
7. 2027	483,421	0	0	483,421
8. 2028	502,249	0	0	502,249
9. 2029	519,442	0	0	519,442
10. 2030	534,106	0	0	534,106
11. 2031	533,697	0	0	533,697
12. 2032	534,171	0	0	534,171
13. 2033	522,177	0	0	522,177
14. 2034	504,550	0	0	504,550
15. 2035	503,630	0	0	503,630
16. 2036	515,598	0	0	515,598
17. 2037	498,739	0	0	498,739
18. 2038	430,010	0	0	430,010
19. 2039	331,549	0	0	331,549
20. 2040	234,280	0	0	234,280
21. 2041	127,540	0	0	127,540
22. 2042	32,449	0	0	32,449
23. 2043	4,878	0	0	4,878
24. 2044	6,438	0	0	6,438
25. 2045	2,753	0	0	2,753
26. 2046	568	0	0	568
27. 2047	345	0	0	345
28. 2048	122	0	0	122
29. 2049	0	0	0	0
30. 2050	3	0	0	3
31. 2051 and Later		0	0	0
32. Total (Lines 1 to 31)	10,148,926	53,756	0	10,202,682

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Universal Guaranty Life Insurance Company

ASSET VALUATION RESERVE

	Default Component			Equity Component			7 Total Amount (Cols. 3 + 6)
	1 Other Than Mortgage Loans	2 Mortgage Loans	3 Total (Cols. 1 + 2)	4 Common Stock	5 Real Estate and Other Invested Assets	6 Total (Cols. 4 + 5)	
1. Reserve as of December 31, prior year	878,714	430,999	1,309,713	9,657,999	8,943,668	18,601,667	19,911,380
2. Realized capital gains/(losses) net of taxes - General Account	(372,566)	(434)	(373,000)	3,694,981	683,131	4,378,112	4,005,112
3. Realized capital gains/(losses) net of taxes - Separate Accounts			0			0	0
4. Unrealized capital gains/(losses) net of deferred taxes - General Account	326,965		326,965	11,061,707	2,157,472	13,219,179	13,546,144
5. Unrealized capital gains/(losses) net of deferred taxes - Separate Accounts			0			0	0
6. Capital gains credited/(losses charged) to contract benefits, payments or reserves			0			0	0
7. Basic contribution	193,434	140,161	333,594	0	0	0	333,594
8. Accumulated balances (Lines 1 through 5 - 6 + 7)	1,026,547	570,726	1,597,272	24,414,687	11,784,271	36,198,958	37,796,230
9. Maximum reserve	913,236	515,841	1,429,076	12,709,483	8,773,824	21,483,307	22,912,383
10. Reserve objective	557,375	358,381	915,756	12,704,337	8,773,824	21,478,162	22,393,918
11. 20% of (Line 10 - Line 8)	(93,834)	(42,469)	(136,303)	(2,342,070)	(602,089)	(2,944,159)	(3,080,463)
12. Balance before transfers (Lines 8 + 11)	932,712	528,257	1,460,969	22,072,617	11,182,181	33,254,799	34,715,768
13. Transfers			0			0	0
14. Voluntary contribution			0			0	0
15. Adjustment down to maximum/up to zero	(19,476)	(12,416)	(31,893)	(9,363,135)	(2,408,357)	(11,771,492)	(11,803,384)
16. Reserve as of December 31, current year (Lines 12 + 13 + 14 + 15)	913,236	515,841	1,429,076	12,709,483	8,773,824	21,483,307	22,912,383

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	25,312,358	XXX	XXX	25,312,358	0.0000	0	0.0000	0	0.0000	0
2.1	1	NAIC Designation Category 1.A	17,349,168	XXX	XXX	17,349,168	0.0005	8,675	0.0016	27,759	0.0033	57,252
2.2	1	NAIC Designation Category 1.B		XXX	XXX	0	0.0005	0	0.0016	0	0.0033	0
2.3	1	NAIC Designation Category 1.C		XXX	XXX	0	0.0005	0	0.0016	0	0.0033	0
2.4	1	NAIC Designation Category 1.D	16,000,580	XXX	XXX	16,000,580	0.0005	8,000	0.0016	25,601	0.0033	52,802
2.5	1	NAIC Designation Category 1.E	7,790,541	XXX	XXX	7,790,541	0.0005	3,895	0.0016	12,465	0.0033	25,709
2.6	1	NAIC Designation Category 1.F	12,273,182	XXX	XXX	12,273,182	0.0005	6,137	0.0016	19,637	0.0033	40,502
2.7	1	NAIC Designation Category 1.G	20,822,645	XXX	XXX	20,822,645	0.0005	10,411	0.0016	33,316	0.0033	68,715
2.8		Subtotal NAIC 1 (2.1+2.2+2.3+2.4+2.5+2.6+2.7)	74,236,116	XXX	XXX	74,236,116	XXX	37,118	XXX	118,778	XXX	244,979
3.1	2	NAIC Designation Category 2.A	21,540,231	XXX	XXX	21,540,231	0.0021	45,234	0.0064	137,857	0.0106	228,326
3.2	2	NAIC Designation Category 2.B	6,861,258	XXX	XXX	6,861,258	0.0021	14,409	0.0064	43,912	0.0106	72,729
3.3	2	NAIC Designation Category 2.C		XXX	XXX	0	0.0021	0	0.0064	0	0.0106	0
3.4		Subtotal NAIC 2 (3.1+3.2+3.3)	28,401,489	XXX	XXX	28,401,489	XXX	59,643	XXX	181,770	XXX	301,056
4.1	3	NAIC Designation Category 3.A		XXX	XXX	0	0.0099	0	0.0263	0	0.0376	0
4.2	3	NAIC Designation Category 3.B		XXX	XXX	0	0.0099	0	0.0263	0	0.0376	0
4.3	3	NAIC Designation Category 3.C		XXX	XXX	0	0.0099	0	0.0263	0	0.0376	0
4.4		Subtotal NAIC 3 (4.1+4.2+4.3)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
5.1	4	NAIC Designation Category 4.A		XXX	XXX	0	0.0245	0	0.0572	0	0.0817	0
5.2	4	NAIC Designation Category 4.B		XXX	XXX	0	0.0245	0	0.0572	0	0.0817	0
5.3	4	NAIC Designation Category 4.C		XXX	XXX	0	0.0245	0	0.0572	0	0.0817	0
5.4		Subtotal NAIC 4 (5.1+5.2+5.3)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
6.1	5	NAIC Designation Category 5.A		XXX	XXX	0	0.0630	0	0.1128	0	0.1880	0
6.2	5	NAIC Designation Category 5.B		XXX	XXX	0	0.0630	0	0.1128	0	0.1880	0
6.3	5	NAIC Designation Category 5.C		XXX	XXX	0	0.0630	0	0.1128	0	0.1880	0
6.4		Subtotal NAIC 5 (6.1+6.2+6.3)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
7.	6	NAIC 6		XXX	XXX	0	0.0000	0	0.2370	0	0.2370	0
8.		Total Unrated Multi-class Securities Acquired by Conversion		XXX	XXX	0	XXX	0	XXX	0	XXX	0
9.		Total Long-Term Bonds (1+2.8+3.4+4.4+5.4+6.4+7+8)	127,949,963	XXX	XXX	127,949,963	XXX	96,761	XXX	300,547	XXX	546,035
PREFERRED STOCKS												
10.	1	Highest Quality	10,522	XXX	XXX	10,522	0.0005	5	0.0016	17	0.0033	35
11.	2	High Quality	10,676	XXX	XXX	10,676	0.0021	22	0.0064	68	0.0106	113
12.	3	Medium Quality	9,762,145	XXX	XXX	9,762,145	0.0099	96,645	0.0263	256,744	0.0376	367,057
13.	4	Low Quality		XXX	XXX	0	0.0245	0	0.0572	0	0.0817	0
14.	5	Lower Quality		XXX	XXX	0	0.0630	0	0.1128	0	0.1880	0
15.	6	In or Near Default		XXX	XXX	0	0.0000	0	0.2370	0	0.2370	0
16.		Affiliated Life with AVR		XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
17.		Total Preferred Stocks (Sum of Lines 10 through 16)	9,783,343	XXX	XXX	9,783,343	XXX	96,673	XXX	256,830	XXX	367,205

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

Line Number	NAIC Designation	Description	1 Book/Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	Basic Contribution		Reserve Objective		Maximum Reserve	
							5 Factor	6 Amount (Cols. 4 x 5)	7 Factor	8 Amount (Cols. 4 x 7)	9 Factor	10 Amount (Cols. 4 x 9)
SHORT-TERM BONDS												
18.		Exempt Obligations		XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
19.1	1	NAIC Designation Category 1.A		XXX	XXX	0	0.0005	0	0.0016	0	0.0033	0
19.2	1	NAIC Designation Category 1.B		XXX	XXX	0	0.0005	0	0.0016	0	0.0033	0
19.3	1	NAIC Designation Category 1.C		XXX	XXX	0	0.0005	0	0.0016	0	0.0033	0
19.4	1	NAIC Designation Category 1.D		XXX	XXX	0	0.0005	0	0.0016	0	0.0033	0
19.5	1	NAIC Designation Category 1.E		XXX	XXX	0	0.0005	0	0.0016	0	0.0033	0
19.6	1	NAIC Designation Category 1.F		XXX	XXX	0	0.0005	0	0.0016	0	0.0033	0
19.7	1	NAIC Designation Category 1.G		XXX	XXX	0	0.0005	0	0.0016	0	0.0033	0
19.8		Subtotal NAIC 1 (19.1+19.2+19.3+19.4+19.5+19.6+19.7)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
20.1	2	NAIC Designation Category 2.A		XXX	XXX	0	0.0021	0	0.0064	0	0.0106	0
20.2	2	NAIC Designation Category 2.B		XXX	XXX	0	0.0021	0	0.0064	0	0.0106	0
20.3	2	NAIC Designation Category 2.C		XXX	XXX	0	0.0021	0	0.0064	0	0.0106	0
20.4		Subtotal NAIC 2 (20.1+20.2+20.3)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
21.1	3	NAIC Designation Category 3.A		XXX	XXX	0	0.0099	0	0.0263	0	0.0376	0
21.2	3	NAIC Designation Category 3.B		XXX	XXX	0	0.0099	0	0.0263	0	0.0376	0
21.3	3	NAIC Designation Category 3.C		XXX	XXX	0	0.0099	0	0.0263	0	0.0376	0
21.4		Subtotal NAIC 3 (21.1+21.2+21.3)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
22.1	4	NAIC Designation Category 4.A		XXX	XXX	0	0.0245	0	0.0572	0	0.0817	0
22.2	4	NAIC Designation Category 4.B		XXX	XXX	0	0.0245	0	0.0572	0	0.0817	0
22.3	4	NAIC Designation Category 4.C		XXX	XXX	0	0.0245	0	0.0572	0	0.0817	0
22.4		Subtotal NAIC 4 (22.1+22.2+22.3)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
23.1	5	NAIC Designation Category 5.A		XXX	XXX	0	0.0630	0	0.1128	0	0.1880	0
23.2	5	NAIC Designation Category 5.B		XXX	XXX	0	0.0630	0	0.1128	0	0.1880	0
23.3	5	NAIC Designation Category 5.C		XXX	XXX	0	0.0630	0	0.1128	0	0.1880	0
23.4		Subtotal NAIC 5 (23.1+23.2+23.3)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
24.	6	NAIC 6		XXX	XXX	0	0.0000	0	0.2370	0	0.2370	0
25.		Total Short-Term Bonds (18+19.8+20.4+21.4+22.4+23.4+24)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
DERIVATIVE INSTRUMENTS												
26.		Exchange Traded	(1,116)	XXX	XXX	(1,116)	0.0005	(1)	0.0016	(2)	0.0033	(4)
27.	1	Highest Quality		XXX	XXX	0	0.0005	0	0.0016	0	0.0033	0
28.	2	High Quality		XXX	XXX	0	0.0021	0	0.0064	0	0.0106	0
29.	3	Medium Quality		XXX	XXX	0	0.0099	0	0.0263	0	0.0376	0
30.	4	Low Quality		XXX	XXX	0	0.0245	0	0.0572	0	0.0817	0
31.	5	Lower Quality		XXX	XXX	0	0.0630	0	0.1128	0	0.1880	0
32.	6	In or Near Default		XXX	XXX	0	0.0000	0	0.2370	0	0.2370	0
33.		Total Derivative Instruments	(1,116)	XXX	XXX	(1,116)	XXX	(1)	XXX	(2)	XXX	(4)
34.		Total (Lines 9 + 17 + 25 + 33)	137,732,190	XXX	XXX	137,732,190	XXX	193,434	XXX	557,375	XXX	913,236

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	480,006		XXX	480,006	0.0011	528	0.0057	2,736	0.0074	3,552
36.		Farm Mortgages - CM2 - High Quality			XXX	0	0.0040	0	0.0114	0	0.0149	0
37.		Farm Mortgages - CM3 - Medium Quality			XXX	0	0.0069	0	0.0200	0	0.0257	0
38.		Farm Mortgages - CM4 - Low Medium Quality			XXX	0	0.0120	0	0.0343	0	0.0428	0
39.		Farm Mortgages - CM5 - Low Quality			XXX	0	0.0183	0	0.0486	0	0.0628	0
40.		Residential Mortgages - Insured or Guaranteed			XXX	0	0.0003	0	0.0007	0	0.0011	0
41.		Residential Mortgages - All Other	464,906		XXX	464,906	0.0015	697	0.0034	1,581	0.0046	2,139
42.		Commercial Mortgages - Insured or Guaranteed			XXX	0	0.0003	0	0.0007	0	0.0011	0
43.		Commercial Mortgages - All Other - CM1 - Highest Quality	24,038,512		XXX	24,038,512	0.0011	26,442	0.0057	137,020	0.0074	177,885
44.		Commercial Mortgages - All Other - CM2 - High Quality	692,283		XXX	692,283	0.0040	2,769	0.0114	7,892	0.0149	10,315
45.		Commercial Mortgages - All Other - CM3 - Medium Quality	1,427,082		XXX	1,427,082	0.0069	9,847	0.0200	28,542	0.0257	36,676
46.		Commercial Mortgages - All Other - CM4 - Low Medium Quality			XXX	0	0.0120	0	0.0343	0	0.0428	0
47.		Commercial Mortgages - All Other - CM5 - Low Quality			XXX	0	0.0183	0	0.0486	0	0.0628	0
Overdue, Not in Process:												
48.		Farm Mortgages			XXX	0	0.0480	0	0.0868	0	0.1371	0
49.		Residential Mortgages - Insured or Guaranteed			XXX	0	0.0006	0	0.0014	0	0.0023	0
50.		Residential Mortgages - All Other			XXX	0	0.0029	0	0.0066	0	0.0103	0
51.		Commercial Mortgages - Insured or Guaranteed			XXX	0	0.0006	0	0.0014	0	0.0023	0
52.		Commercial Mortgages - All Other	2,080,773		XXX	2,080,773	0.0480	99,877	0.0868	180,611	0.1371	285,274
In Process of Foreclosure:												
53.		Farm Mortgages			XXX	0	0.0000	0	0.1942	0	0.1942	0
54.		Residential Mortgages - Insured or Guaranteed			XXX	0	0.0000	0	0.0046	0	0.0046	0
55.		Residential Mortgages - All Other			XXX	0	0.0000	0	0.0149	0	0.0149	0
56.		Commercial Mortgages - Insured or Guaranteed			XXX	0	0.0000	0	0.0046	0	0.0046	0
57.		Commercial Mortgages - All Other			XXX	0	0.0000	0	0.1942	0	0.1942	0
58.		Total Schedule B Mortgages (Sum of Lines 35 through 57)	29,183,562	0	XXX	29,183,562	XXX	140,161	XXX	358,381	XXX	515,841
59.		Schedule DA Mortgages			XXX	0	0.0034	0	0.0114	0	0.0149	0
60.		Total Mortgage Loans on Real Estate (Lines 58 + 59)	29,183,562	0	XXX	29,183,562	XXX	140,161	XXX	358,381	XXX	515,841

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	53,891,641	XXX	XXX	53,891,641	0.0000	0	0.1000 (a)	5,389,164	0.1000 (a)	5,389,164
2.		Unaffiliated - Private	35,708,638	XXX	XXX	35,708,638	0.0000	0	0.1945	6,945,330	0.1945	6,945,330
3.		Federal Home Loan Bank	1,429,300	XXX	XXX	1,429,300	0.0000	0	0.0061	8,719	0.0097	13,864
4.		Affiliated - Life with AVR		XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
Affiliated - Investment Subsidiary:												
5.		Fixed Income - Exempt Obligations	0	XXX		0	XXX		XXX		XXX	
6.		Fixed Income - Highest Quality	0	XXX		0	XXX		XXX		XXX	
7.		Fixed Income - High Quality	0	XXX		0	XXX		XXX		XXX	
8.		Fixed Income - Medium Quality	0	XXX		0	XXX		XXX		XXX	
9.		Fixed Income - Low Quality	0	XXX		0	XXX		XXX		XXX	
10.		Fixed Income - Lower Quality	0	XXX		0	XXX		XXX		XXX	
11.		Fixed Income - In/Near Default	0	XXX		0	XXX		XXX		XXX	
12.		Unaffiliated Common Stock - Public	0			0	0.0000	0	0.1580 (a)	0	0.1580 (a)	0
13.		Unaffiliated Common Stock - Private	0			0	0.0000	0	0.1945	0	0.1945	0
14.		Real Estate	0			0	(b)	0	(b)	0	(b)	0
15.		Affiliated - Certain Other (See SVO Purposes and Procedures Manual)	0	XXX	XXX	0	0.0000	0	0.1580	0	0.1580	0
16.		Affiliated - All Other	1,856,680	XXX	XXX	1,856,680	0.0000	0	0.1945	361,124	0.1945	361,124
17.		Total Common Stock (Sum of Lines 1 through 16)	92,886,259	0	0	92,886,259	XXX	0	XXX	12,704,337	XXX	12,709,483
REAL ESTATE												
18.		Home Office Property (General Account only)	0			0	0.0000	0	0.0912	0	0.0912	0
19.		Investment Properties	14,360,330			14,360,330	0.0000	0	0.0912	1,309,662	0.0912	1,309,662
20.		Properties Acquired in Satisfaction of Debt	0			0	0.0000	0	0.1337	0	0.1337	0
21.		Total Real Estate (Sum of Lines 18 through 20)	14,360,330	0	0	14,360,330	XXX	0	XXX	1,309,662	XXX	1,309,662
OTHER INVESTED ASSETS												
INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF BONDS												
22.		Exempt Obligations		XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
23.	1	Highest Quality		XXX	XXX	0	0.0005	0	0.0016	0	0.0033	0
24.	2	High Quality		XXX	XXX	0	0.0021	0	0.0064	0	0.0106	0
25.	3	Medium Quality		XXX	XXX	0	0.0099	0	0.0263	0	0.0376	0
26.	4	Low Quality		XXX	XXX	0	0.0245	0	0.0572	0	0.0817	0
27.	5	Lower Quality		XXX	XXX	0	0.0630	0	0.1128	0	0.1880	0
28.	6	In or Near Default		XXX	XXX	0	0.0000	0	0.2370	0	0.2370	0
29.		Total with Bond Characteristics (Sum of Lines 22 through 28)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0

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

Line Number	NAIC Designation	Description	1 Book/Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	Basic Contribution		Reserve Objective		Maximum Reserve	
							5 Factor	6 Amount (Cols. 4 x 5)	7 Factor	8 Amount (Cols. 4 x 7)	9 Factor	10 Amount (Cols. 4 x 9)
INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF PREFERRED STOCKS												
30.	1	Highest Quality		XXX	XXX	0	0.0005	0	0.0016	0	0.0033	0
31.	2	High Quality		XXX	XXX	0	0.0021	0	0.0064	0	0.0106	0
32.	3	Medium Quality		XXX	XXX	0	0.0099	0	0.0263	0	0.0376	0
33.	4	Low Quality		XXX	XXX	0	0.0245	0	0.0572	0	0.0817	0
34.	5	Lower Quality		XXX	XXX	0	0.0630	0	0.1128	0	0.1880	0
35.	6	In or Near Default		XXX	XXX	0	0.0000	0	0.2370	0	0.2370	0
36.		Affiliated Life with AVR		XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
37.		Total with Preferred Stock Characteristics (Sum of Lines 30 through 36)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF MORTGAGE LOANS												
In Good Standing Affiliated:												
38.		Mortgages - CM1 - Highest Quality			XXX	0	0.0011	0	0.0057	0	0.0074	0
39.		Mortgages - CM2 - High Quality			XXX	0	0.0040	0	0.0114	0	0.0149	0
40.		Mortgages - CM3 - Medium Quality			XXX	0	0.0069	0	0.0200	0	0.0257	0
41.		Mortgages - CM4 - Low Medium Quality			XXX	0	0.0120	0	0.0343	0	0.0428	0
42.		Mortgages - CM5 - Low Quality			XXX	0	0.0183	0	0.0486	0	0.0628	0
43.		Residential Mortgages - Insured or Guaranteed			XXX	0	0.0003	0	0.0007	0	0.0011	0
44.		Residential Mortgages - All Other		XXX	XXX	0	0.0015	0	0.0034	0	0.0046	0
45.		Commercial Mortgages - Insured or Guaranteed			XXX	0	0.0003	0	0.0007	0	0.0011	0
Overdue, Not in Process Affiliated:												
46.		Farm Mortgages			XXX	0	0.0480	0	0.0868	0	0.1371	0
47.		Residential Mortgages - Insured or Guaranteed			XXX	0	0.0006	0	0.0014	0	0.0023	0
48.		Residential Mortgages - All Other			XXX	0	0.0029	0	0.0066	0	0.0103	0
49.		Commercial Mortgages - Insured or Guaranteed			XXX	0	0.0006	0	0.0014	0	0.0023	0
50.		Commercial Mortgages - All Other			XXX	0	0.0480	0	0.0868	0	0.1371	0
In Process of Foreclosure Affiliated:												
51.		Farm Mortgages			XXX	0	0.0000	0	0.1942	0	0.1942	0
52.		Residential Mortgages - Insured or Guaranteed			XXX	0	0.0000	0	0.0046	0	0.0046	0
53.		Residential Mortgages - All Other			XXX	0	0.0000	0	0.0149	0	0.0149	0
54.		Commercial Mortgages - Insured or Guaranteed			XXX	0	0.0000	0	0.0046	0	0.0046	0
55.		Commercial Mortgages - All Other			XXX	0	0.0000	0	0.1942	0	0.1942	0
56.		Total Affiliated (Sum of Lines 38 through 55)	0	0	XXX	0	XXX	0	XXX	0	XXX	0
57.		Unaffiliated - In Good Standing With Covenants			XXX	0	(c)	0	(c)	0	(c)	0
58.		Unaffiliated - In Good Standing Defeased With Government Securities			XXX	0	0.0011	0	0.0057	0	0.0074	0
59.		Unaffiliated - In Good Standing Primarily Senior			XXX	0	0.0040	0	0.0114	0	0.0149	0
60.		Unaffiliated - In Good Standing All Other			XXX	0	0.0069	0	0.0200	0	0.0257	0
61.		Unaffiliated - Overdue, Not in Process			XXX	0	0.0480	0	0.0868	0	0.1371	0
62.		Unaffiliated - In Process of Foreclosure			XXX	0	0.0000	0	0.1942	0	0.1942	0
63.		Total Unaffiliated (Sum of Lines 57 through 62)	0	0	XXX	0	XXX	0	XXX	0	XXX	0
64.		Total with Mortgage Loan Characteristics (Lines 56 + 63)	0	0	XXX	0	XXX	0	XXX	0	XXX	0

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

Line Number	NAIC Designation	Description	1 Book/Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	Basic Contribution		Reserve Objective		Maximum Reserve	
							5 Factor	6 Amount (Cols. 4 x 5)	7 Factor	8 Amount (Cols. 4 x 7)	9 Factor	10 Amount (Cols. 4 x 9)
INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF COMMON STOCK												
65.		Unaffiliated Public		XXX	XXX	0	0.0000	0	0.1580 (a)	0	0.1580 (a)	0
66.		Unaffiliated Private		XXX	XXX	0	0.0000	0	0.1945	0	0.1945	0
67.		Affiliated Life with AVR		XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
68.		Affiliated Certain Other (See SVO Purposes & Procedures Manual)		XXX	XXX	0	0.0000	0	0.1580	0	0.1580	0
69.		Affiliated Other - All Other		XXX	XXX	0	0.0000	0	0.1945	0	0.1945	0
70.		Total with Common Stock Characteristics (Sum of Lines 65 through 69)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF REAL ESTATE												
71.		Home Office Property (General Account only)				0	0.0000	0	0.0912	0	0.0912	0
72.		Investment Properties	28,143,593			28,143,593	0.0000	0	0.0912	2,566,696	0.0912	2,566,696
73.		Properties Acquired in Satisfaction of Debt				0	0.0000	0	0.1337	0	0.1337	0
74.		Total with Real Estate Characteristics (Sum of Lines 71 through 73)	28,143,593	0	0	28,143,593	XXX	0	XXX	2,566,696	XXX	2,566,696
LOW INCOME HOUSING TAX CREDIT INVESTMENTS												
75.		Guaranteed Federal Low Income Housing Tax Credit	0			0	0.0003	0	0.0006	0	0.0010	0
76.		Non-guaranteed Federal Low Income Housing Tax Credit	0			0	0.0063	0	0.0120	0	0.0190	0
77.		Guaranteed State Low Income Housing Tax Credit	0			0	0.0003	0	0.0006	0	0.0010	0
78.		Non-guaranteed State Low Income Housing Tax Credit	0			0	0.0063	0	0.0120	0	0.0190	0
79.		All Other Low Income Housing Tax Credit	0			0	0.0273	0	0.0600	0	0.0975	0
80.		Total LIHTC (Sum of Lines 75 through 79)	0	0	0	0	XXX	0	XXX	0	XXX	0
ALL OTHER INVESTMENTS												
81.		NAIC 1 Working Capital Finance Investments		XXX		0	0.0000	0	0.0042	0	0.0042	0
82.		NAIC 2 Working Capital Finance Investments		XXX		0	0.0000	0	0.0137	0	0.0137	0
83.		Other Invested Assets - Schedule BA	30,996,624	XXX		30,996,624	0.0000	0	0.1580	4,897,467	0.1580	4,897,467
84.		Other Short-Term Invested Assets - Schedule DA		XXX		0	0.0000	0	0.1580	0	0.1580	0
85.		Total All Other (Sum of Lines 81, 82, 83 and 84)	30,996,624	XXX	0	30,996,624	XXX	0	XXX	4,897,467	XXX	4,897,467
86.		Total Other Invested Assets - Schedules BA & DA (Sum of Lines 29, 37, 64, 70, 74, 80 and 85)	59,140,217	0	0	59,140,217	XXX	0	XXX	7,464,162	XXX	7,464,162

(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 Universal Guaranty Life Insurance Company

SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT

	Total		Group Accident and Health		Credit Accident and Health (Group and Individual)		Collectively Renewable		Other Individual Contracts									
	1 Amount	2 %	3 Amount	4 %	5 Amount	6 %	7 Amount	8 %	Non-Cancelable		Guaranteed Renewable		Non-Renewable for Stated Reasons Only		Other Accident Only		All Other	
									9 Amount	10 %	11 Amount	12 %	13 Amount	14 %	15 Amount	16 %	17 Amount	18 %
PART 1. - ANALYSIS OF UNDERWRITING OPERATIONS																		
1. Premiums written	6,880	XXX		XXX	(68)	XXX		XXX		XXX	6,948	XXX		XXX		XXX		XXX
2. Premiums earned	6,880	XXX		XXX	(68)	XXX		XXX		XXX	6,948	XXX		XXX		XXX		XXX
3. Incurred claims	22,131	321.7	9,000	0.0	0	0.0	0	0.0	0	0.0	13,131	189.0	0	0.0	0	0.0	0	0.0
4. Cost containment expenses	0	0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0
5. Incurred claims and cost containment expenses (Lines 3 and 4)	22,131	321.7	9,000	0.0	0	0.0	0	0.0	0	0.0	13,131	189.0	0	0.0	0	0.0	0	0.0
6. Increase in contract reserves	(3,058)	(44.4)	0	0.0	0	0.0	0	0.0	0	0.0	(3,058)	(44.0)	0	0.0	0	0.0	0	0.0
7. Commissions (a)	(444)	(6.5)		0.0		0.0		0.0		0.0	(444)	(6.4)		0.0		0.0		0.0
8. Other general insurance expenses	70,621	1,026.5		0.0		0.0		0.0		0.0	70,621	1,016.4		0.0		0.0		0.0
9. Taxes, licenses and fees	1,863	27.1		0.0		0.0		0.0		0.0	1,863	26.8		0.0		0.0		0.0
10. Total other expenses incurred	72,040	1,047.1	0	0.0	0	0.0	0	0.0	0	0.0	72,040	1,036.8	0	0.0	0	0.0	0	0.0
11. Aggregate write-ins for deductions	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
12. Gain from underwriting before dividends or refunds	(84,233)	(1,224.3)	(9,000)	0.0	(68)	100.0	0	0.0	0	0.0	(75,165)	(1,081.8)	0	0.0	0	0.0	0	0.0
13. Dividends or refunds	0	0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0
14. Gain from underwriting after dividends or refunds	(84,233)	(1,224.3)	(9,000)	0.0	(68)	100.0	0	0.0	0	0.0	(75,165)	(1,081.8)	0	0.0	0	0.0	0	0.0
DETAILS OF WRITE-INS																		
1101.																		
1102.																		
1103.																		
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
1199. Totals (Lines 1101 thru 1103 plus 1198)(Line 11 above)	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

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

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

	1	2	3	4	Other Individual Contracts				
					5	6	7	8	9
	Total	Group Accident and Health	Credit Accident and Health (Group and Individual)	Collectively Renewable	Non-Cancelable	Guaranteed Renewable	Non-Renewable for Stated Reasons Only	Other Accident Only	All Other
PART 2. - RESERVES AND LIABILITIES									
A. Premium Reserves:									
1. Unearned premiums	1,372		11			1,361			
2. Advance premiums	0								
3. Reserve for rate credits	0								
4. Total premium reserves, current year	1,372	0	11	0	0	1,361	0	0	0
5. Total premium reserves, prior year	1,592	0	152	0	0	1,440	0	0	0
6. Increase in total premium reserves	(220)	0	(141)	0	0	(79)	0	0	0
B. Contract Reserves:									
1. Additional reserves (a)	12,110					12,110			
2. Reserve for future contingent benefits	0								
3. Total contract reserves, current year	12,110	0	0	0	0	12,110	0	0	0
4. Total contract reserves, prior year	15,168	0	0	0	0	15,168	0	0	0
5. Increase in contract reserves	(3,058)	0	0	0	0	(3,058)	0	0	0
C. Claim Reserves and Liabilities:									
1. Total current year	91,618	8,482	0	0	0	83,136	0	0	0
2. Total prior year	94,209	8,482	0	0	0	85,727	0	0	0
3. Increase	(2,591)	0	0	0	0	(2,591)	0	0	0

PART 3. - TEST OF PRIOR YEAR'S CLAIM RESERVES AND LIABILITIES									
1. Claims paid during the year:									
1.1 On claims incurred prior to current year	22,648	9,000				13,648			
1.2 On claims incurred during current year	2,074					2,074			
2. Claim reserves and liabilities, December 31, current year:									
2.1 On claims incurred prior to current year	53,618	8,482				45,136			
2.2 On claims incurred during current year	38,000					38,000			
3. Test:									
3.1 Lines 1.1 and 2.1	76,266	17,482	0	0	0	58,784	0	0	0
3.2 Claim reserves and liabilities, December 31, prior year	94,209	8,482	0	0	0	85,727	0	0	0
3.3 Line 3.1 minus Line 3.2	(17,943)	9,000	0	0	0	(26,943)	0	0	0

PART 4. - REINSURANCE									
A. Reinsurance Assumed:									
1. Premiums written	(68)		(68)						
2. Premiums earned	(68)		(68)						
3. Incurred claims	0								
4. Commissions	(7)	0	(7)						
B. Reinsurance Ceded:									
1. Premiums written	8,215					8,215			
2. Premiums earned	8,215					8,215			
3. Incurred claims	59,725	51,000				8,725			
4. Commissions	437	0	0			437			

(a) Includes \$ premium deficiency reserve.

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Universal Guaranty Life Insurance Company

SCHEDULE H - PART 5 - HEALTH CLAIMS

	1 Medical	2 Dental	3 Other	4 Total
A. Direct:				
1. Incurred Claims	1,160		80,696	81,856
2. Beginning Claim Reserves and Liabilities			198,921	198,921
3. Ending Claim Reserves and Liabilities			193,407	193,407
4. Claims Paid	1,160	0	86,210	87,370
B. Assumed Reinsurance:				
5. Incurred Claims.....				0
6. Beginning Claim Reserves and Liabilities				0
7. Ending Claim Reserves and Liabilities				0
8. Claims Paid	0	0	0	0
C. Ceded Reinsurance:				
9. Incurred Claims.....			59,725	59,725
10. Beginning Claim Reserves and Liabilities	1,059		117,462	118,521
11. Ending Claim Reserves and Liabilities	1,059		114,539	115,598
12. Claims Paid	0	0	62,648	62,648
D. Net:				
13. Incurred Claims.....	1,160	0	20,971	22,131
14. Beginning Claim Reserves and Liabilities	(1,059)	0	81,459	80,400
15. Ending Claim Reserves and Liabilities	(1,059)	0	78,868	77,809
16. Claims Paid	1,160	0	23,562	24,722
E. Net Incurred Claims and Cost Containment Expenses:				
17. Incurred Claims and Cost Containment Expenses	1,160		20,971	22,131
18. Beginning Reserves and Liabilities			80,400	80,400
19. Ending Reserves and Liabilities	(1,059)		78,868	77,809
20. Paid Claims and Cost Containment Expenses	2,219	0	22,503	24,722

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Universal Guaranty Life Insurance Company

SCHEDULE S - PART 1 - SECTION 2

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsured	5 Domiciliary Jurisdiction	6 Type of Reinsurance Assumed	7 Type of Business Assumed	8 Premiums	9 Unearned Premiums	10 Reserve Liability Other Than for Unearned Premiums	11 Reinsurance Payable on Paid and Unpaid Losses	12 Modified Coinsurance Reserve	13 Funds Withheld Under Coinsurance
0399999. Total - U.S. Affiliates							0	0	0	0	0	0
0699999. Total - Non-U.S. Affiliates							0	0	0	0	0	0
0799999. Total - Affiliates							0	0	0	0	0	0
64904	61-0574893	06/07/2000	INVESTORS HERITAGE LIFE INSURANCE COMPANY	KY		CAH	(68)		11			
0899999. U.S. Non-Affiliates							(68)	0	11	0	0	0
1099999. Total - Non-Affiliates							(68)	0	11	0	0	0
1199999. Total U.S. (Sum of 0399999 and 0899999)							(68)	0	11	0	0	0
1299999. Total Non-U.S. (Sum of 0699999 and 0999999)							0	0	0	0	0	0
9999999 - Totals							(68)	0	11	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Universal Guaranty Life Insurance Company

SCHEDULE S - PART 2

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Paid Losses	7 Unpaid Losses
0399999. Total Life and Annuity - U.S. Affiliates					0	0
0699999. Total Life and Annuity - Non-U.S. Affiliates					0	0
0799999. Total Life and Annuity - Affiliates					0	0
65676	35-0472300	02/01/1971	LINCOLN NATIONAL LIFE INSURANCE COMPANY	IN	1,500	33,992
88099	75-1608507	08/01/1991	OPTIMUM RE INSURANCE COMPANY	TX	237,932	131,127
60003	04-2350154	09/30/1996	PARK AVENUE LIFE INSURANCE COMPANY	DE		97,267
64688	75-6020048	01/10/1991	SCOR GLOBAL LIFE AMERICAS REINSURANCE CO	DE		235,578
82627	06-0839705	09/30/1996	SWISS RE LIFE & HEALTH AMERICAN, INC	MO	121,923	26,000
86231	39-0989781	01/10/1991	TRANSAMERICA LIFE INSURANCE COMPANY	IA	60,250	30,000
0899999. Life and Annuity - U.S. Non-Affiliates					421,605	553,964
1099999. Total Life and Annuity - Non-Affiliates					421,605	553,964
1199999. Total Life and Annuity					421,605	553,964
1499999. Total Accident and Health - U.S. Affiliates					0	0
1799999. Total Accident and Health - Non-U.S. Affiliates					0	0
1899999. Total Accident and Health - Affiliates					0	0
65676	35-0472300	09/01/1969	LINCOLN NATIONAL LIFE INSURANCE COMPANY	IN	1,059	13,430
86258	13-2572994	05/01/1975	GENERAL RE LIFE CORP	CT	12,984	
1999999. Accident and Health - U.S. Non-Affiliates					14,043	13,430
2199999. Total Accident and Health - Non-Affiliates					14,043	13,430
2299999. Total Accident and Health					14,043	13,430
2399999. Total U.S. (Sum of 0399999, 0899999, 1499999 and 1999999)					435,648	567,394
2499999. Total Non-U.S. (Sum of 0699999, 0999999, 1799999 and 2099999)					0	0
9999999 Totals - Life, Annuity and Accident and Health					435,648	567,394

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Universal Guaranty Life Insurance Company

SCHEDULE S - PART 3 - SECTION 1

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domi- ciliary Juris- diction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Amount in Force at End of Year	Reserve Credit Taken		11 Premiums	Outstanding Surplus Relief		14 Modified Coinsurance Reserve	15 Funds Withheld Under Coinsurance
								9 Current Year	10 Prior Year		12 Current Year	13 Prior Year		
0399999. Total General Account - Authorized U.S. Affiliates							0	0	0	0	0	0	0	0
0699999. Total General Account - Authorized Non-U.S. Affiliates							0	0	0	0	0	0	0	0
0799999. Total General Account - Authorized Affiliates							0	0	0	0	0	0	0	0
86258	13-2572994	05/01/1975	GENERAL RE LIFE CORP	CT	YRT/I		74,492	3,019	3,740	5,601				
65676	35-0472300	02/01/1971	LINCOLN NATIONAL LIFE INSURANCE COMPANY	IN	CO/I		1,821,087	582,059	610,010	38,930				
65676	35-0472300	02/01/1971	LINCOLN NATIONAL LIFE INSURANCE COMPANY	IN	YRT/I		166,159	2,428	2,280					
85472	13-2740556	01/02/1981	NATIONAL SECURITY LIFE & ANN CO	NY	YRT/I		25,000			1,021				
88099	75-1608507	08/01/1991	OPTIMUM RE INSURANCE COMPANY	TX	CO/I		2,612,282	384,102	371,823	34,954				
88099	75-1608507	08/01/1991	OPTIMUM RE INSURANCE COMPANY	TX	OTH/I					(1,050)				
88099	75-1608507	08/01/1991	OPTIMUM RE INSURANCE COMPANY	TX	YRT/I		73,933,141	736,198	727,667	1,395,712				
60003	04-2350154	09/30/1996	PARK AVENUE LIFE INSURANCE COMPANY	DE	CO/I		24,550,683	14,304,585	14,623,353	6,145				
60003	04-2350154	09/30/1996	PARK AVENUE LIFE INSURANCE COMPANY	DE	CO/I			358,870	356,717					
60003	04-2350154	09/30/1996	PARK AVENUE LIFE INSURANCE COMPANY	DE	YRT/I			3,443,644	3,433,798					
64688	75-6020048	01/10/1991	SCOR GLOBAL LIFE AMERICAS REINSURANCE	DE	CO/I		29,392,424	5,699,781	5,860,279	261,172				
64688	75-6020048	01/10/1991	SCOR GLOBAL LIFE AMERICAS REINSURANCE	DE	YRT/I		156,959	929	866	638				
82627	06-0839705	11/15/1976	SWISS RE LIFE & HEALTH AMERICA INC	MO	CO/I		18,400,238	2,609,692	2,655,283	96,363				
82627	06-0839705	11/15/1976	SWISS RE LIFE & HEALTH AMERICA INC	MO	YRT/I		36,963,113	112,290	111,214	685,003				
86231	39-0989781	10/01/1988	TRANSAMERICA LIFE INSURANCE CO	IA	YRT/I		4,551,500	89,179	91,148	120,093				
0899999. General Account - Authorized U.S. Non-Affiliates							192,647,078	28,326,776	28,848,178	2,644,582	0	0	0	0
1099999. Total General Account - Authorized Non-Affiliates							192,647,078	28,326,776	28,848,178	2,644,582	0	0	0	0
1199999. Total General Account Authorized							192,647,078	28,326,776	28,848,178	2,644,582	0	0	0	0
1499999. Total General Account - Unauthorized U.S. Affiliates							0	0	0	0	0	0	0	0
1799999. Total General Account - Unauthorized Non-U.S. Affiliates							0	0	0	0	0	0	0	0
1899999. Total General Account - Unauthorized Affiliates							0	0	0	0	0	0	0	0
2199999. Total General Account - Unauthorized Non-Affiliates							0	0	0	0	0	0	0	0
2299999. Total General Account Unauthorized							0	0	0	0	0	0	0	0
2599999. Total General Account - Certified U.S. Affiliates							0	0	0	0	0	0	0	0
2899999. Total General Account - Certified Non-U.S. Affiliates							0	0	0	0	0	0	0	0
2999999. Total General Account - Certified Affiliates							0	0	0	0	0	0	0	0
3299999. Total General Account - Certified Non-Affiliates							0	0	0	0	0	0	0	0
3399999. Total General Account Certified							0	0	0	0	0	0	0	0
3699999. Total General Account - Reciprocal Jurisdiction U.S. Affiliates							0	0	0	0	0	0	0	0
3999999. Total General Account - Reciprocal Jurisdiction Non-U.S. Affiliates							0	0	0	0	0	0	0	0
4099999. Total General Account - Reciprocal Jurisdiction Affiliates							0	0	0	0	0	0	0	0
4399999. Total General Account - Reciprocal Jurisdiction Non-Affiliates							0	0	0	0	0	0	0	0
4499999. Total General Account Reciprocal Jurisdiction							0	0	0	0	0	0	0	0
4599999. Total General Account Authorized, Unauthorized, Reciprocal Jurisdiction and Certified							192,647,078	28,326,776	28,848,178	2,644,582	0	0	0	0
4899999. Total Separate Accounts - Authorized U.S. Affiliates							0	0	0	0	0	0	0	0
5199999. Total Separate Accounts - Authorized Non-U.S. Affiliates							0	0	0	0	0	0	0	0
5299999. Total Separate Accounts - Authorized Affiliates							0	0	0	0	0	0	0	0
5599999. Total Separate Accounts - Authorized Non-Affiliates							0	0	0	0	0	0	0	0
5699999. Total Separate Accounts Authorized							0	0	0	0	0	0	0	0
5999999. Total Separate Accounts - Unauthorized U.S. Affiliates							0	0	0	0	0	0	0	0
6299999. Total Separate Accounts - Unauthorized Non-U.S. Affiliates							0	0	0	0	0	0	0	0
6399999. Total Separate Accounts - Unauthorized Affiliates							0	0	0	0	0	0	0	0
6699999. Total Separate Accounts - Unauthorized Non-Affiliates							0	0	0	0	0	0	0	0
6799999. Total Separate Accounts Unauthorized							0	0	0	0	0	0	0	0
7099999. Total Separate Accounts - Certified U.S. Affiliates							0	0	0	0	0	0	0	0
7399999. Total Separate Accounts - Certified Non-U.S. Affiliates							0	0	0	0	0	0	0	0
7499999. Total Separate Accounts - Certified Affiliates							0	0	0	0	0	0	0	0
7799999. Total Separate Accounts - Certified Non-Affiliates							0	0	0	0	0	0	0	0
7899999. Total Separate Accounts Certified							0	0	0	0	0	0	0	0
8199999. Total Separate Accounts - Reciprocal Jurisdiction U.S. Affiliates							0	0	0	0	0	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Universal Guaranty Life Insurance Company

SCHEDULE S - PART 3 - SECTION 1

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domi- ciliary Juris- diction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Amount in Force at End of Year	Reserve Credit Taken		11 Premiums	Outstanding Surplus Relief		14 Modified Coinsurance Reserve	15 Funds Withheld Under Coinsurance
								9 Current Year	10 Prior Year		12 Current Year	13 Prior Year		
8499999			Total Separate Accounts - Reciprocal Jurisdiction Non-U.S. Affiliates				0	0	0	0	0	0	0	0
8599999			Total Separate Accounts - Reciprocal Jurisdiction Affiliates				0	0	0	0	0	0	0	0
8899999			Total Separate Accounts - Reciprocal Jurisdiction Non-Affiliates				0	0	0	0	0	0	0	0
8999999			Total Separate Accounts Reciprocal Jurisdiction				0	0	0	0	0	0	0	0
9099999			Total Separate Accounts Authorized, Unauthorized, Reciprocal Jurisdiction and Certified				0	0	0	0	0	0	0	0
9199999			Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3699999, 4199999, 4899999, 5399999, 5999999, 6499999, 7099999, 7599999, 8199999 and 8699999)				192,647,078	28,326,776	28,848,178	2,644,582	0	0	0	0
9299999			Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2899999, 3199999, 3999999, 4299999, 5199999, 5499999, 6299999, 6599999, 7399999, 7699999, 8499999 and 8799999)				0	0	0	0	0	0	0	0
9999999			Totals				192,647,078	28,326,776	28,848,178	2,644,582	0	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Universal Guaranty Life Insurance Company

SCHEDULE S - PART 3 - SECTION 2

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domi- ciliary Juris- diction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Premiums	9 Unearned Premiums (Estimated)	10 Reserve Credit Taken Other than for Unearned Premiums	Outstanding Surplus Relief		13 Modified Coinsurance Reserve	14 Funds Withheld Under Coinsurance
										11 Current Year	12 Prior Year		
0399999. Total General Account - Authorized U.S. Affiliates							0	0	0	0	0	0	0
0699999. Total General Account - Authorized Non-U.S. Affiliates							0	0	0	0	0	0	0
0799999. Total General Account - Authorized Affiliates							0	0	0	0	0	0	0
65676	35-0472300	09/01/1969	LINCOLN NATIONAL LIFE INSURANCE CO	IN		OH	103		40,291				
70408	81-0170040	11/15/1976	UNION SECURITY INSURANCE CO	KS		OH	3,879		6,133				
86258	13-2572994	09/19/1989	GENERAL RE LIFE CORP	CT		OH			48,068				
0899999. General Account - Authorized U.S. Non-Affiliates							3,982	0	94,492	0	0	0	0
1099999. Total General Account - Authorized Non-Affiliates							3,982	0	94,492	0	0	0	0
1199999. Total General Account Authorized							3,982	0	94,492	0	0	0	0
1499999. Total General Account - Unauthorized U.S. Affiliates							0	0	0	0	0	0	0
1799999. Total General Account - Unauthorized Non-U.S. Affiliates							0	0	0	0	0	0	0
1899999. Total General Account - Unauthorized Affiliates							0	0	0	0	0	0	0
2199999. Total General Account - Unauthorized Non-Affiliates							0	0	0	0	0	0	0
2299999. Total General Account Unauthorized							0	0	0	0	0	0	0
2599999. Total General Account - Certified U.S. Affiliates							0	0	0	0	0	0	0
2899999. Total General Account - Certified Non-U.S. Affiliates							0	0	0	0	0	0	0
2999999. Total General Account - Certified Affiliates							0	0	0	0	0	0	0
3299999. Total General Account - Certified Non-Affiliates							0	0	0	0	0	0	0
3399999. Total General Account Certified							0	0	0	0	0	0	0
3699999. Total General Account - Reciprocal Jurisdiction U.S. Affiliates							0	0	0	0	0	0	0
3999999. Total General Account - Reciprocal Jurisdiction Non-U.S. Affiliates							0	0	0	0	0	0	0
4099999. Total General Account - Reciprocal Jurisdiction Affiliates							0	0	0	0	0	0	0
4399999. Total General Account - Reciprocal Jurisdiction Non-Affiliates							0	0	0	0	0	0	0
4499999. Total General Account Reciprocal Jurisdiction							0	0	0	0	0	0	0
4599999. Total General Account Authorized, Unauthorized, Reciprocal Jurisdiction and Certified							3,982	0	94,492	0	0	0	0
4899999. Total Separate Accounts - Authorized U.S. Affiliates							0	0	0	0	0	0	0
5199999. Total Separate Accounts - Authorized Non-U.S. Affiliates							0	0	0	0	0	0	0
5299999. Total Separate Accounts - Authorized Affiliates							0	0	0	0	0	0	0
5599999. Total Separate Accounts - Authorized Non-Affiliates							0	0	0	0	0	0	0
5699999. Total Separate Accounts Authorized							0	0	0	0	0	0	0
5999999. Total Separate Accounts - Unauthorized U.S. Affiliates							0	0	0	0	0	0	0
6299999. Total Separate Accounts - Unauthorized Non-U.S. Affiliates							0	0	0	0	0	0	0
6399999. Total Separate Accounts - Unauthorized Affiliates							0	0	0	0	0	0	0
6699999. Total Separate Accounts - Unauthorized Non-Affiliates							0	0	0	0	0	0	0
6799999. Total Separate Accounts Unauthorized							0	0	0	0	0	0	0
7099999. Total Separate Accounts - Certified U.S. Affiliates							0	0	0	0	0	0	0
7399999. Total Separate Accounts - Certified Non-U.S. Affiliates							0	0	0	0	0	0	0
7499999. Total Separate Accounts - Certified Affiliates							0	0	0	0	0	0	0
7799999. Total Separate Accounts - Certified Non-Affiliates							0	0	0	0	0	0	0
7899999. Total Separate Accounts Certified							0	0	0	0	0	0	0
8199999. Total Separate Accounts - Reciprocal Jurisdiction U.S. Affiliates							0	0	0	0	0	0	0
8499999. Total Separate Accounts - Reciprocal Jurisdiction Non-U.S. Affiliates							0	0	0	0	0	0	0
8599999. Total Separate Accounts - Reciprocal Jurisdiction Affiliates							0	0	0	0	0	0	0
8899999. Total Separate Accounts - Reciprocal Jurisdiction Non-Affiliates							0	0	0	0	0	0	0
8999999. Total Separate Accounts Reciprocal Jurisdiction							0	0	0	0	0	0	0
9099999. Total Separate Accounts Authorized, Unauthorized, Reciprocal Jurisdiction and Certified							0	0	0	0	0	0	0
9199999. Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3699999, 4199999, 4899999, 5399999, 5999999, 6499999, 7099999, 7599999, 8199999 and 8699999)							3,982	0	94,492	0	0	0	0
9299999. Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2899999, 3199999, 3999999, 4299999, 5199999, 5499999, 6299999, 6599999, 7399999, 7699999, 8499999 and 8799999)							0	0	0	0	0	0	0
9999999 - Totals							3,982	0	94,492	0	0	0	0

Schedule S - Part 4

NONE

Schedule S - Part 4 - Bank Footnote

NONE

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Universal Guaranty Life Insurance Company

SCHEDULE S - PART 6

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

	1 2021	2 2020	3 2019	4 2018	5 2017
A. OPERATIONS ITEMS					
1. Premiums and annuity considerations for life and accident and health contracts	2,649	2,709	2,546	2,854	2,922
2. Commissions and reinsurance expense allowances	131	141	143	161	167
3. Contract claims	2,534	2,384	2,289	2,404	1,975
4. Surrender benefits and withdrawals for life contracts	336	326	398	555	313
5. Dividends to policyholders and refunds to members	46	47	48	53	46
6. Reserve adjustments on reinsurance ceded	0	0	0	0	0
7. Increase in aggregate reserve for life and accident and health contracts	(534)	(394)	(468)	(376)	(493)
B. BALANCE SHEET ITEMS					
8. Premiums and annuity considerations for life and accident and health contracts deferred and uncollected	264	236	145	317	272
9. Aggregate reserves for life and accident and health contracts	28,421	28,945	25,905	26,189	26,750
10. Liability for deposit-type contracts	3,424	3,434	3,396	3,374	3,358
11. Contract claims unpaid	567	291	675	466	514
12. Amounts recoverable on reinsurance	436	263	71	214	10
13. Experience rating refunds due or unpaid					
14. Policyholders' dividends and refunds to members (not included in Line 10)					
15. Commissions and reinsurance expense allowances due					
16. Unauthorized reinsurance offset	0	0	0	0	0
17. Offset for reinsurance with Certified Reinsurers			0	0	0
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
18. Funds deposited by and withheld from (F)	0	0	0	0	0
19. Letters of credit (L)	0	0	0	0	0
20. Trust agreements (T)	0	0	0	0	0
21. Other (O)	0	0	0	0	0
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
22. Multiple Beneficiary Trust			0	0	0
23. Funds deposited by and withheld from (F)			0	0	0
24. Letters of credit (L)			0	0	0
25. Trust agreements (T)			0	0	0
26. Other (O)			0	0	0

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Universal Guaranty Life Insurance Company

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit for Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	356,316,277		356,316,277
2. Reinsurance (Line 16)	628,315	(628,315)	0
3. Premiums and considerations (Line 15)	303,359	264,116	567,475
4. Net credit for ceded reinsurance	XXX	25,909,217	25,909,217
5. All other admitted assets (balance)	2,765,253		2,765,253
6. Total assets excluding Separate Accounts (Line 26)	360,013,204	25,545,018	385,558,222
7. Separate Account assets (Line 27)	0		0
8. Total assets (Line 28)	360,013,204	25,545,018	385,558,222
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
9. Contract reserves (Lines 1 and 2)	212,825,826	24,977,624	237,803,450
10. Liability for deposit-type contracts (Line 3)	11,568,669		11,568,669
11. Claim reserves (Line 4)	3,373,911	567,394	3,941,305
12. Policyholder dividends/member refunds/reserves (Lines 5 through 7)	333,740		333,740
13. Premium & annuity considerations received in advance (Line 8)	38,791		38,791
14. Other contract liabilities (Line 9)	9,427,152		9,427,152
15. Reinsurance in unauthorized companies (Line 24.02 minus inset amount)	0	0	0
16. Funds held under reinsurance treaties with unauthorized reinsurers (Line 24.03 minus inset amount)	0		0
17. Reinsurance with Certified Reinsurers (Line 24.02 inset amount)	0		0
18. Funds held under reinsurance treaties with Certified Reinsurers (Line 24.03 inset amount)	0		0
19. All other liabilities (balance)	57,719,027		57,719,027
20. Total liabilities excluding Separate Accounts (Line 26)	295,287,116	25,545,018	320,832,134
21. Separate Account liabilities (Line 27)			0
22. Total liabilities (Line 28)	295,287,116	25,545,018	320,832,134
23. Capital & surplus (Line 38)	64,726,088	XXX	64,726,088
24. Total liabilities, capital & surplus (Line 39)	360,013,204	25,545,018	385,558,222
NET CREDIT FOR CEDED REINSURANCE			
25. Contract reserves	24,977,624		
26. Claim reserves	567,394		
27. Policyholder dividends/reserves	0		
28. Premium & annuity considerations received in advance	0		
29. Liability for deposit-type contracts	0		
30. Other contract liabilities	0		
31. Reinsurance ceded assets	628,315		
32. Other ceded reinsurance recoverables	0		
33. Total ceded reinsurance recoverables	26,173,333		
34. Premiums and considerations	264,116		
35. Reinsurance in unauthorized companies	0		
36. Funds held under reinsurance treaties with unauthorized reinsurers	0		
37. Reinsurance with Certified Reinsurers	0		
38. Funds held under reinsurance treaties with Certified Reinsurers	0		
39. Other ceded reinsurance payables/offsets	0		
40. Total ceded reinsurance payable/offsets	264,116		
41. Total net credit for ceded reinsurance	25,909,217		

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Universal Guaranty Life Insurance Company

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

Allocated by States and Territories

		Direct Business Only					6 Totals
		1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	
States, Etc.							
1. Alabama	AL	41,185	1,993			.0	43,178
2. Alaska	AK	197	80			.0	277
3. Arizona	AZ	21,960	1,149			.0	23,109
4. Arkansas	AR	78,008	80			.0	78,088
5. California	CA	22,233	825			.0	23,058
6. Colorado	CO	40,559	940			.0	41,499
7. Connecticut	CT	962	800			.0	1,762
8. Delaware	DE	1,875	.0			.0	1,875
9. District of Columbia	DC	2,225	.0			.0	2,225
10. Florida	FL	228,582	4,003			.0	232,585
11. Georgia	GA	84,471	899			.0	85,370
12. Hawaii	HI	237	.0			.0	237
13. Idaho	ID	4,096	.0			.0	4,096
14. Illinois	IL	1,083,971	64,985			.0	1,148,956
15. Indiana	IN	166,651	16,896			.0	183,547
16. Iowa	IA	200,500	29,081			.0	229,581
17. Kansas	KS	390,746	2,671			.0	393,417
18. Kentucky	KY	44,813	1,000			.0	45,813
19. Louisiana	LA	206,835	609			.0	207,444
20. Maine	ME	149	.0			.0	149
21. Maryland	MD	11,053	1,244			.0	12,297
22. Massachusetts	MA	5,222	160			.0	5,382
23. Michigan	MI	139,453	1,142			.0	140,595
24. Minnesota	MN	11,549	.0			.0	11,549
25. Mississippi	MS	137,882	581			.0	138,463
26. Missouri	MO	223,705	9,877			.0	233,582
27. Montana	MT	26,937	160			.0	27,097
28. Nebraska	NE	62,530	2,642			.0	65,172
29. Nevada	NV	5,164	.0			.0	5,164
30. New Hampshire	NH	468	.0			.0	468
31. New Jersey	NJ	4,834	631			.0	5,465
32. New Mexico	NM	19,706	1,350			.0	21,056
33. New York	NY	16,375	386			.0	16,761
34. North Carolina	NC	144,429	2,034			.0	146,463
35. North Dakota	ND	691	.0			.0	691
36. Ohio	OH	1,967,683	20,033			.0	1,987,716
37. Oklahoma	OK	179,895	4,051			.0	183,946
38. Oregon	OR	5,701	.0			.0	5,701
39. Pennsylvania	PA	183,079	56,123			.0	239,202
40. Rhode Island	RI	499	.0			.0	499
41. South Carolina	SC	123,958	120			.0	124,078
42. South Dakota	SD	853	80			.0	933
43. Tennessee	TN	110,368	80			.0	110,448
44. Texas	TX	515,908	14,811			.0	530,719
45. Utah	UT	6,233	320			.0	6,553
46. Vermont	VT	100	.0			.0	100
47. Virginia	VA	92,348	2,139			.0	94,487
48. Washington	WA	11,361	10			.0	11,371
49. West Virginia	WV	348,204	1,079			.0	349,283
50. Wisconsin	WI	23,710	1,600			.0	25,310
51. Wyoming	WY	2,874	180			.0	3,054
52. American Samoa	AS	.0	.0			.0	.0
53. Guam	GU	.0	.0			.0	.0
54. Puerto Rico	PR	.0	.0			.0	.0
55. U.S. Virgin Islands	VI	.0	.0			.0	.0
56. Northern Mariana Islands	MP	.0	.0			.0	.0
57. Canada	CAN	.0	.0			.0	.0
58. Aggregate Other Alien	OT	.0	.0			.0	.0
59. Total		7,003,027	246,844	0	0	0	7,249,871

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Universal Guaranty Life Insurance Company

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Loca-tion	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percen-tage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Yes/No)	*
			61-1129777				First Southern Bancorp, Inc.	KY	UIP	Jesse T. Correll	Ownership	62.290	Jesse T. Correll	YES	
			61-1233349				First Southern Funding, LLC	KY	NIA	Jesse T. Correll	Ownership	74.020	Jesse T. Correll	NO	
			61-1396135				First Southern Holdings, LLC	KY	UIP	First Southern Bancorp, Inc.	Ownership	99.000	Jesse T. Correll	NO	
			61-0290000	702612			First Southern National Bank	KY	NIA	First Southern Bancorp, Inc.	Ownership	100.000	Jesse T. Correll	YES	
			20-2907892		832480	OTC	UTG, Inc.	DE	DS	First Southern Holdings, LLC	Ownership	37.850	Jesse T. Correll	NO	
		70130	31-0727974				Universal Guaranty Life Insurance Co.	OH	RE	UTG, Inc.	Ownership	100.000	Jesse T. Correll	NO	
			76-0293391				Imperial Plan, Inc.	TX	DS	Universal Guaranty Life Insurance Co.	Ownership	100.000	Jesse T. Correll	NO	
			46-2793973				BCG Land, LLC	KY	DS	Universal Guaranty Life Insurance Co.	Ownership	100.000	Jesse T. Correll	NO	
			45-2035659				Collier Beach, LLC	SC	DS	Universal Guaranty Life Insurance Co.	Ownership	100.000	Jesse T. Correll	NO	
			81-3717960				Consolidated Timberlands, LLC	GA	DS	Universal Guaranty Life Insurance Co.	Ownership	50.000	Jesse T. Correll	NO	
			26-1700910				Cumberland Woodlands, LLC	KY	DS	Universal Guaranty Life Insurance Co.	Ownership	100.000	Jesse T. Correll	NO	
			61-1697704				Red River Gorge Properties, LLC	KY	DS	Cumberland Woodlands, LLC	Ownership	100.000	Jesse T. Correll	NO	
			46-5378135				Midland Superblock Partners, LLC	TX	DS	Universal Guaranty Life Insurance Co.	Ownership	74.120	Jesse T. Correll	NO	
			83-2303037				Bluegrass Land & Minerals	KY	DS	Universal Guaranty Life Insurance Co.	Ownership	100.000	Jesse T. Correll	NO	
			20-3705703				Stanford Wilderness Road, LLC	KY	DS	Universal Guaranty Life Insurance Co.	Ownership	100.000	Jesse T. Correll	NO	
			86-1183773				Universal Guaranty Flight Enterprises, LLC	KY	DS	Universal Guaranty Life Insurance Co.	Ownership	100.000	Jesse T. Correll	NO	
			86-1211203				UG-Cam, LLC	KY	DS	Universal Guaranty Life Insurance Co.	Ownership	100.000	Jesse T. Correll	NO	
			84-1770616				Esther's Wellhouse, LLC	KY	DS	Stanford Wilderness Road, LLC	Ownership	100.000	Jesse T. Correll	NO	
			84-1770616				The Inn at Wilderness Road, LLC	KY	DS	Stanford Wilderness Road, LLC	Ownership	100.000	Jesse T. Correll	NO	
			81-3717960				Bella Terra, LLC	AL	DS	Universal Guaranty Life Insurance Co.	Ownership	50.000	Jesse T. Correll	NO	

Asterisk	Explanation

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

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

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

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Universal Guaranty Life Insurance Company
SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

APRIL FILING

- 36. Will the confidential Regulatory Asset Adequacy Issues Summary (RAAIS) required by the Valuation Manual be filed with the state of domicile by April 1? YES
- 37. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1? NO
- 38. Will the Credit Insurance Experience Exhibit be filed with the state of domicile and the NAIC by April 1? (Not applicable to fraternal benefit societies) ... NO
- 39. Will the Accident and Health Policy Experience Exhibit be filed by April 1? 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? YES
- 43. Will the Supplemental Term and Universal Life Insurance Reinsurance Exhibit be filed with the state of domicile and the NAIC by April 1? NO
- 44. Will the Variable Annuities Supplement be filed with the state of domicile and the NAIC by April 1? NO
- 45. Will the confidential Executive Summary of the PBR Actuarial Report be filed with the state of domicile by April 1? NO
- 46. Will the confidential Life Summary of the PBR Actuarial Report be filed with the state of domicile by April 1? NO
- 47. Will the confidential Variable Annuities Summary of the PBR Actuarial Report be filed with the state of domicile by April 1? NO










AUGUST FILING

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
























Explanations:

- 10. The data for this supplement is not required to be filed.
- 11. The data for this supplement is not required to be filed.
- 12. The data for this supplement is not required to be filed.
- 15. The data for this supplement is not required to be filed.
- 16. The data for this supplement is not required to be filed.
- 17. The data for this supplement is not required to be filed.
- 18. The data for this supplement is not required to be filed.
- 19. The data for this supplement is not required to be filed.
- 20. The data for this supplement is not required to be filed.
- 21. The data for this supplement is not required to be filed.
- 22. The data for this supplement is not required to be filed.
- 23. The data for this supplement is not required to be filed.
- 24. The data for this supplement is not required to be filed.
- 25. The data for this supplement is not required to be filed.
- 26. The data for this supplement is not required to be filed.
- 27. The data for this supplement is not required to be filed.
- 28. The data for this supplement is not required to be filed.
- 30. The data for this supplement is not required to be filed.
- 31. The data for this supplement is not required to be filed.
- 32. The data for this supplement is not required to be filed.
- 33. The data for this supplement is not required to be filed.
- 35. The data for this supplement is not required to be filed.
- 37. The data for this supplement is not required to be filed.
- 38. The data for this supplement is not required to be filed.
- 40. The data for this supplement is not required to be filed.
- 41. The data for this supplement is not required to be filed.
- 43. The data for this supplement is not required to be filed.
- 44. The data for this supplement is not required to be filed.
- 45. The data for this supplement is not required to be filed.
- 46. The data for this supplement is not required to be filed.
- 47. The data for this supplement is not required to be filed.

Bar Codes:

- 3. Risk-based Capital Report [Document Identifier 390] 
7 0 1 3 0 2 0 2 1 3 9 0 0 0 0 0 0 0
- 10. SIS Stockholder Information Supplement [Document Identifier 420] 
7 0 1 3 0 2 0 2 1 4 2 0 0 0 0 0 0 0
- 11. Medicare Supplement Insurance Experience Exhibit [Document Identifier 360] 
7 0 1 3 0 2 0 2 1 3 6 0 0 0 0 0 0 0
- 12. Trusteed Surplus Statement [Document Identifier 490] 
7 0 1 3 0 2 0 2 1 4 9 0 0 0 0 0 0 0
- 15. Actuarial Opinion on X-Factors [Document Identifier 442] 
7 0 1 3 0 2 0 2 1 4 4 2 0 0 0 0 0 0
- 16. Actuarial Opinion on Separate Accounts Funding Guaranteed Minimum Benefit [Document Identifier 443] 
7 0 1 3 0 2 0 2 1 4 4 3 0 0 0 0 0 0
- 17. Actuarial Opinion on Synthetic Guaranteed Investment Contracts [Document Identifier 444] 
7 0 1 3 0 2 0 2 1 4 4 4 0 0 0 0 0 0
- 18. Reasonableness of Assumptions Certification required by Actuarial Guideline XXXV [Document Identifier 445] 
7 0 1 3 0 2 0 2 1 4 4 5 0 0 0 0 0 0
- 19. Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXV [Document Identifier 446] 
7 0 1 3 0 2 0 2 1 4 4 6 0 0 0 0 0 0

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

20. Reasonableness of Assumptions Certification for Implied Guaranteed Rate Method required by Actuarial Guideline XXXVI [Document Identifier 447]	 <p>7 0 1 3 0 2 0 2 1 4 4 7 0 0 0 0 0</p>
21. Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI [Document Identifier 448]	 <p>7 0 1 3 0 2 0 2 1 4 4 8 0 0 0 0 0</p>
22. Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Market Value) [Document Identifier 449]	 <p>7 0 1 3 0 2 0 2 1 4 4 9 0 0 0 0 0</p>
23. C-3 RBC Certifications Required Under C-3 Phase I [Document Identifier 450]	 <p>7 0 1 3 0 2 0 2 1 4 5 0 0 0 0 0 0</p>
24. C-3 RBC Certifications Required Under C-3 Phase II [Document Identifier 451]	 <p>7 0 1 3 0 2 0 2 1 4 5 1 0 0 0 0 0</p>
25. Actuarial Certifications Related to Annuity Nonforfeiture Ongoing Compliance for Equity Indexed Annuities [Document Identifier 452]	 <p>7 0 1 3 0 2 0 2 1 4 5 2 0 0 0 0 0</p>
26. Modified Guaranteed Annuity Model Regulation [Document Identifier 453]	 <p>7 0 1 3 0 2 0 2 1 4 5 3 0 0 0 0 0</p>
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]	 <p>7 0 1 3 0 2 0 2 1 4 5 4 0 0 0 0 0</p>
28. Workers' Compensation Carve-Out Supplement [Document Identifier 495]	 <p>7 0 1 3 0 2 0 2 1 4 9 5 0 0 0 0 0</p>
30. Medicare Part D Coverage Supplement [Document Identifier 365]	 <p>7 0 1 3 0 2 0 2 1 3 6 5 0 0 0 0 0</p>
31. Relief from the five-year rotation requirement for lead audit partner [Document Identifier 224]	 <p>7 0 1 3 0 2 0 2 1 2 2 4 0 0 0 0 0</p>
32. Relief from the one-year cooling off period for independent CPA [Document Identifier 225]	 <p>7 0 1 3 0 2 0 2 1 2 2 5 0 0 0 0 0</p>
33. Relief from the Requirements for Audit Committees [Document Identifier 226]	 <p>7 0 1 3 0 2 0 2 1 2 2 6 0 0 0 0 0</p>
35. Health Care Receivables Supplement [Document Identifier 470]	 <p>7 0 1 3 0 2 0 2 1 4 7 0 0 0 0 0 0</p>
37. Long-Term Care Experience Reporting Forms [Document Identifier 306]	 <p>7 0 1 3 0 2 0 2 1 3 0 6 0 0 0 0 0</p>
38. Credit Insurance Experience Exhibit [Document Identifier 230]	 <p>7 0 1 3 0 2 0 2 1 2 3 0 0 0 0 0 0</p>
40. Supplemental Health Care Exhibit (Parts 1, 2 and 3) [Document Identifier 216]	 <p>7 0 1 3 0 2 0 2 1 2 1 6 0 0 0 0 0</p>
41. Supplemental Health Care Exhibit's Expense Allocation Report [Document Identifier 217]	 <p>7 0 1 3 0 2 0 2 1 2 1 7 0 0 0 0 0</p>
43. Supplemental Term and Universal Life Insurance Reinsurance Exhibit [Document Identifier 345]	 <p>7 0 1 3 0 2 0 2 1 3 4 5 0 0 0 0 0</p>
44. Variable Annuities Supplement [Document Identifier 286]	 <p>7 0 1 3 0 2 0 2 1 2 8 6 0 0 0 0 0</p>
45. Executive Summary of the PBR Actuarial Report [Document Identifier 457]	 <p>7 0 1 3 0 2 0 2 1 4 5 7 0 0 0 0 0</p>
46. Life Summary of the PBR Actuarial Report [Document Identifier 458]	 <p>7 0 1 3 0 2 0 2 1 4 5 8 0 0 0 0 0</p>
47. Variable Annuities Summary of the PBR Actuarial Report [Document Identifier 459]	 <p>7 0 1 3 0 2 0 2 1 4 5 9 0 0 0 0 0</p>

OVERFLOW PAGE FOR WRITE-INS

VM-20 Reserves Supplement - Part 1A

N O N E

VM-20 Reserves Supplement - Part 1B

N O N E

VM-20 RESERVES SUPPLEMENT – PART 2

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

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

VM-20 RESERVES SUPPLEMENT – PART 3

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

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

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

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



SUPPLEMENT FOR THE YEAR 2021 OF THE Universal Guaranty Life Insurance Company

SCHEDULE O SUPPLEMENT

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

Of The Universal Guaranty Life Insurance Company
ADDRESS (City, State and Zip Code) Columbus, OH 43215-4260
NAIC Group Code 0000 NAIC Company Code 70130 Employer's Identification Number (FEIN) 31-0727974

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, with 'NONE' written across the table.

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, with 'NONE' written across the table.

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, with 'NONE' written across the table.

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, with 'NONE' written across the table.

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, with 'NONE' written across the table.

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

Supplement Schedule O - Part 2 Section A

N O N E

Supplement Schedule O - Part 2 Section B

N O N E

Supplement Schedule O - Part 2 Section C

N O N E

Supplement Schedule O - Part 2 Section D

N O N E

Supplement Schedule O - Part 2 Section E

N O N E

Supplement Schedule O - Part 2 Section F

N O N E

Supplement Schedule O - Part 2 Section G

N O N E

SUPPLEMENT FOR THE YEAR 2021 OF THE Universal Guaranty Life Insurance Company
SCHEDULE O SUPPLEMENT

SUPPLEMENTAL SCHEDULE O - PART 3

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

Section A - Group Accident and Health

Years in Which Losses Were Incurred	Sum of Net Cumulative Amount Paid Policyholders and Claim Liability and Reserve Outstanding at End of Year				
	1 2017	2 2018	3 2019	4 2020	5 2021
1. 2017	0	0	25	XXX	XXX
2. 2018	XXX				XXX
3. 2019	XXX	XXX			0
4. 2020	XXX	XXX	XXX		
5. 2021	XXX	XXX	XXX	XXX	

Section B - Other Accident and Health

1. 2017	44	1	64	XXX	XXX
2. 2018	XXX	39	0		XXX
3. 2019	XXX	XXX	43		59
4. 2020	XXX	XXX	XXX		
5. 2021	XXX	XXX	XXX	XXX	40

Section C - Credit Accident and Health

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

NONE

Section D -

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

NONE

Section E -

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

NONE

Section F -

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

NONE

Section G -

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

NONE

SCHEDULE O SUPPLEMENT

SUPPLEMENTAL SCHEDULE O - PART 4

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

Section A - Group Accident and Health

Years in Which Losses Were Incurred	Sum of Net Cumulative Amount Paid Policyholders, Cost Containment Expenses, and Claim and Cost Containment Liability and Reserve Outstanding at End of Year				
	1 2017	2 2018	3	4 2020	5 2021
1. 2017	NONE				
2. 2018					
3. 2019					
4. 2020					
5. 2021					

Section B - Other Accident and Health

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

Section C - Credit Accident and Health

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

Section D -

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

Section E -

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

Section F -

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

Section G -

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

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	Other	101
2. Ordinary Life	Other	3,131
3. Individual Annuity	Other	26
4. Supplementary Contracts		
5. Credit Life	Other	
6. Group Life	Other	67
7. Group Annuities		
8. Group Accident and Health	Standard Valuation	8
9. Credit Accident and Health		
10. Other Accident and Health	Standard Valuation	83
11. Total		3,416



SUPPLEMENT FOR THE YEAR 2021 OF THE Universal Guaranty Life Insurance Company

HEALTH CARE RECEIVABLES SUPPLEMENT

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

Of The Universal Guaranty Life Insurance Company
Address (City, State and Zip Code) Columbus , OH 43215-4260
NAIC Group Code 0000 NAIC Company Code 70130 Employer's ID Number 31-0727974

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0799999 Gross health care receivables						