



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

American Retirement Life Insurance Company

NAIC Group Code 0901 0901 NAIC Company Code 88366 Employer's ID Number 59-2760189
(Current) (Prior)

Organized under the Laws of Ohio, State of Domicile or Port of Entry OH

Country of Domicile United States of America

Licensed as business type: Life, Accident and Health [X] Fraternal Benefit Societies []

Incorporated/Organized 05/12/1978 Commenced Business 11/27/1978

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

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

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

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

Internet Website Address CignaSupplementalBenefits.com

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

OFFICERS

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

OTHER

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

DIRECTORS OR TRUSTEES

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

State of Pennsylvania SS
County of Philadelphia

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

Stephen Burnett Jones
President

Byron Keith Buescher
Treasurer and Chief Accounting Officer

Jill Mary Stadelman
Secretary

Subscribed and sworn to before me this _____ day of _____

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



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

DIRECT BUSINESS IN THE STATE OF Alabama

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 88366

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	4,472				4,472
2. Annuity considerations					
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	4,472				4,472
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	5,000				5,000
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals	5,000				5,000
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year	1	5,000							1	5,000
Settled during current year:										
18.1 By payment in full	1	5,000							1	5,000
18.2 By payment on compromised claims										
18.3 Totals paid	1	5,000							1	5,000
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	1	5,000							1	5,000
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	8	74,493	(a)						8	74,493
21. Issued during year										
22. Other changes to in force (Net)	(1)	(373)							(1)	(373)
23. In force December 31 of current year	7	74,120	(a)						7	74,120

(a) Includes Individual Credit Life Insurance prior year \$ _____, current year \$ _____
 Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior 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)	6,906,992	6,919,503		4,549,467	4,596,935
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)	6,906,992	6,919,503		4,549,467	4,596,935
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	6,906,992	6,919,503		4,549,467	4,596,935

(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 American Retirement Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Alaska

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 88366

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



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

DIRECT BUSINESS IN THE STATE OF Arizona

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 88366

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	3,421				3,421
2. Annuity considerations					
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	3,421				3,421
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	10,447				10,447
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals	10,447				10,447
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year	3	10,447							3	10,447
Settled during current year:										
18.1 By payment in full	3	10,447							3	10,447
18.2 By payment on compromised claims										
18.3 Totals paid	3	10,447							3	10,447
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	3	10,447							3	10,447
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT						No. of Policies				
20. In force December 31, prior year	7	47,445	(a)						7	47,445
21. Issued during year										
22. Other changes to in force (Net)	(2)	(10,445)							(2)	(10,445)
23. In force December 31 of current year	5	37,000	(a)						5	37,000

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	6,043,427	6,050,794		4,549,931	4,595,157
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)	6,043,427	6,050,794		4,549,931	4,595,157
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	6,043,427	6,050,794		4,549,931	4,595,157

(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 American Retirement Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Arkansas

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 88366

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance					
2. Annuity considerations	310				310
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	310				310
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	28,499				28,499
10. Matured endowments					
11. Annuity benefits	125,209				125,209
12. Surrender values and withdrawals for life contracts					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals	153,708				153,708
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year	1	28,499							1	28,499
Settled during current year:										
18.1 By payment in full	1	28,499							1	28,499
18.2 By payment on compromised claims										
18.3 Totals paid	1	28,499							1	28,499
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	1	28,499							1	28,499
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT						No. of Policies				
20. In force December 31, prior year	52	366,237	(a)						52	366,237
21. Issued during year										
22. Other changes to in force (Net)	(4)	(19,573)							(4)	(19,573)
23. In force December 31 of current year	48	346,664	(a)						48	346,664

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	11,771,468	11,783,723		9,636,773	9,668,521
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	11,771,468	11,783,723		9,636,773	9,668,521
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	11,771,468	11,783,723		9,636,773	9,668,521

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



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

DIRECT BUSINESS IN THE STATE OF California

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 88366

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

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

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	813,046	812,600		956,397	967,898
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)	813,046	812,600		956,397	967,898
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	813,046	812,600		956,397	967,898

(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 American Retirement Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Colorado

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 88366

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 American Retirement Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Connecticut

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 88366

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

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

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)		157,047		102,013	104,820
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)		157,047		102,013	104,820
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)		157,047		102,013	104,820

(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 American Retirement Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Delaware

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 88366

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

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

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	1,454,975	1,461,574		1,189,309	1,192,992
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	1,454,975	1,461,574		1,189,309	1,192,992
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,454,975	1,461,574		1,189,309	1,192,992

(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 American Retirement Life Insurance Company

DIRECT BUSINESS IN THE STATE OF District of Columbia

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 88366

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



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

DIRECT BUSINESS IN THE STATE OF Florida

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 88366

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	868				868
2. Annuity considerations					
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	868				868
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals					
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims										
18.3 Totals paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements										
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	3	17,061	(a)						3	17,061
21. Issued during year										
22. Other changes to in force (Net)		154								154
23. In force December 31 of current year	3	17,215	(a)						3	17,215

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	16,126,904	16,141,804		11,081,439	11,182,732
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	16,126,904	16,141,804		11,081,439	11,182,732
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	16,126,904	16,141,804		11,081,439	11,182,732

(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 American Retirement Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Georgia

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 88366

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	7,750				7,750
2. Annuity considerations					
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	7,750				7,750
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	21,210				21,210
10. Matured endowments					
11. Annuity benefits	33,958				33,958
12. Surrender values and withdrawals for life contracts					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals	55,168				55,168
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pol. & Certifs.	Amount	No. of Ind. Pol. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pol. & Certifs.	Amount	No. of Pol. & Certifs.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year	3	20,984							3	20,984
Settled during current year:										
18.1 By payment in full	3	20,984							3	20,984
18.2 By payment on compromised claims										
18.3 Totals paid	3	20,984							3	20,984
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	3	20,984							3	20,984
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT						No. of Policies				
20. In force December 31, prior year	19	130,007	(a)						19	130,007
21. Issued during year										
22. Other changes to in force (Net)	(2)	(31,414)							(2)	(31,414)
23. In force December 31 of current year	17	98,593	(a)						17	98,593

(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)	10,504,254	10,518,155		7,855,816	7,934,977
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)	10,504,254	10,518,155		7,855,816	7,934,977
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	10,504,254	10,518,155		7,855,816	7,934,977

(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 American Retirement Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Hawaii

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 88366

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

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

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	61,733	61,496		45,811	46,866
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)	61,733	61,496		45,811	46,866
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	61,733	61,496		45,811	46,866

(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 American Retirement Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Idaho

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 88366

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

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

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	278,264	277,051		196,185	198,830
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)	278,264	277,051		196,185	198,830
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	278,264	277,051		196,185	198,830

(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 American Retirement Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Illinois

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 88366

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 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 American Retirement Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Indiana

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 88366

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

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	1	5,000							1	5,000
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims										
18.3 Totals paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements										
19. Unpaid Dec. 31, current year (16+17-18.6)	1	5,000							1	5,000
POLICY EXHIBIT						No. of Policies				
20. In force December 31, prior year	10	76,628	(a)						10	76,628
21. Issued during year										
22. Other changes to in force (Net)										
23. In force December 31 of current year	10	76,628	(a)						10	76,628

(a) Includes Individual Credit Life Insurance prior year \$ _____, current year \$ _____
 Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior 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)	15,527,154	15,537,978		12,738,610	12,733,614
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)	15,527,154	15,537,978		12,738,610	12,733,614
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	15,527,154	15,537,978		12,738,610	12,733,614

(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 American Retirement Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Iowa

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 88366

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	719				719
2. Annuity considerations					
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	719				719
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts	1,953				1,953
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals	1,953				1,953
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims										
18.3 Totals paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements										
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	2	11,008	(a)						2	11,008
21. Issued during year										
22. Other changes to in force (Net)	(1)	(10,000)							(1)	(10,000)
23. In force December 31 of current year	1	1,008	(a)						1	1,008

(a) Includes Individual Credit Life Insurance prior year \$ _____, current year \$ _____
 Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior 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)	7,582,510	7,590,317		7,195,849	7,197,105
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)	7,582,510	7,590,317		7,195,849	7,197,105
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	7,582,510	7,590,317		7,195,849	7,197,105

(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 American Retirement Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Kansas

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 88366

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 American Retirement Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Kentucky

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 88366

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



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

DIRECT BUSINESS IN THE STATE OF Louisiana

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 88366

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



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

DIRECT BUSINESS IN THE STATE OF Maine

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 88366

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

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

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)		73,281		52,190	54,498
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)		73,281		52,190	54,498
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)		73,281		52,190	54,498

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



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

DIRECT BUSINESS IN THE STATE OF Maryland
 NAIC Group Code 0901

DURING THE YEAR 2021
 NAIC Company Code 88366

LIFE INSURANCE

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

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

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	1,969,090	1,970,478		1,509,578	1,514,117
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	1,969,090	1,970,478		1,509,578	1,514,117
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,969,090	1,970,478		1,509,578	1,514,117

(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 American Retirement Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Massachusetts

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 88366

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

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims										
18.3 Totals paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements										
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	2	11,524	(a)						2	11,524
21. Issued during year										
22. Other changes to in force (Net)		54								54
23. In force December 31 of current year	2	11,578	(a)						2	11,578

(a) Includes Individual Credit Life Insurance prior year \$ _____, current year \$ _____
 Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior 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)	164,691	164,595		83,657	87,204
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)	164,691	164,595		83,657	87,204
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	164,691	164,595		83,657	87,204

(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 American Retirement Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Michigan

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 88366

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

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

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	343,082	341,976		251,057	254,947
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)	343,082	341,976		251,057	254,947
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	343,082	341,976		251,057	254,947

(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 American Retirement Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Minnesota

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 88366

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

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

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	274,526	274,099		215,362	220,162
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)	274,526	274,099		215,362	220,162
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	274,526	274,099		215,362	220,162

(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 American Retirement Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Mississippi

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 88366

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	3,737				3,737
2. Annuity considerations					
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	3,737				3,737
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	5,125				5,125
10. Matured endowments					
11. Annuity benefits	12,380				12,380
12. Surrender values and withdrawals for life contracts					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals	17,505				17,505
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year	2	5,125							2	5,125
Settled during current year:										
18.1 By payment in full	2	5,125							2	5,125
18.2 By payment on compromised claims										
18.3 Totals paid	2	5,125							2	5,125
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	2	5,125							2	5,125
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT						No. of Policies				
20. In force December 31, prior year	9	48,010	(a)						9	48,010
21. Issued during year										
22. Other changes to in force (Net)	(1)	(5,000)							(1)	(5,000)
23. In force December 31 of current year	8	43,010	(a)						8	43,010

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	8,863,765	8,899,138		6,410,937	6,479,707
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	8,863,765	8,899,138		6,410,937	6,479,707
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	8,863,765	8,899,138		6,410,937	6,479,707

(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 American Retirement Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Missouri

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 88366

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	1,083				1,083
2. Annuity considerations					
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	1,083				1,083
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					
10. Matured endowments					
11. Annuity benefits	68,418				68,418
12. Surrender values and withdrawals for life contracts					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals	68,418				68,418
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

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

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	1,839,256	1,840,531		1,436,806	1,435,307
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	1,839,256	1,840,531		1,436,806	1,435,307
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,839,256	1,840,531		1,436,806	1,435,307

(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 American Retirement Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Montana

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 88366

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

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims										
18.3 Totals paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements										
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	3	16,838	(a)						3	16,838
21. Issued during year										
22. Other changes to in force (Net)										
23. In force December 31 of current year	3	16,838	(a)						3	16,838

(a) Includes Individual Credit Life Insurance prior year \$ _____, current year \$ _____
 Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior 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)	6,554,467	6,565,797		4,850,888	4,898,675
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)	6,554,467	6,565,797		4,850,888	4,898,675
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	6,554,467	6,565,797		4,850,888	4,898,675

(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 American Retirement Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Nebraska

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 88366

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	4,147				4,147
2. Annuity considerations					
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	4,147				4,147
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	10,000				10,000
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals	10,000				10,000
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year	1	10,000							1	10,000
Settled during current year:										
18.1 By payment in full	1	10,000							1	10,000
18.2 By payment on compromised claims										
18.3 Totals paid	1	10,000							1	10,000
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	1	10,000							1	10,000
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT						No. of Policies				
20. In force December 31, prior year	6	53,000	(a)						6	53,000
21. Issued during year										
22. Other changes to in force (Net)	(1)	(10,000)							(1)	(10,000)
23. In force December 31 of current year	5	43,000	(a)						5	43,000

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	8,326,270	8,326,269		7,711,935	7,720,791
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	8,326,270	8,326,269		7,711,935	7,720,791
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	8,326,270	8,326,269		7,711,935	7,720,791

(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 American Retirement Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Nevada

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 88366

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	2,024				2,024
2. Annuity considerations					
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	2,024				2,024
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals					
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

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

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	14,159,896	14,224,689		10,070,379	10,027,671
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	14,159,896	14,224,689		10,070,379	10,027,671
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	14,159,896	14,224,689		10,070,379	10,027,671

(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 American Retirement Life Insurance Company

DIRECT BUSINESS IN THE STATE OF New Hampshire

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 88366

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



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

DIRECT BUSINESS IN THE STATE OF New Jersey

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 88366

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

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

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	398,178	399,948		242,575	248,080
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)	398,178	399,948		242,575	248,080
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	398,178	399,948		242,575	248,080

(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 American Retirement Life Insurance Company

DIRECT BUSINESS IN THE STATE OF New Mexico

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 88366

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 American Retirement Life Insurance Company

DIRECT BUSINESS IN THE STATE OF New York

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 88366

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



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

DIRECT BUSINESS IN THE STATE OF North Carolina

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 88366

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	763				763
2. Annuity considerations					
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	763				763
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					
10. Matured endowments					
11. Annuity benefits	91,830				91,830
12. Surrender values and withdrawals for life contracts					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals	91,830				91,830
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims										
18.3 Totals paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements										
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	10	67,636	(a)						10	67,636
21. Issued during year										
22. Other changes to in force (Net)		1,175								1,175
23. In force December 31 of current year	10	68,811	(a)						10	68,811

(a) Includes Individual Credit Life Insurance prior year \$ _____, current year \$ _____
 Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior 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)	12,336,903	12,345,241		8,970,161	9,042,586
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)	12,336,903	12,345,241		8,970,161	9,042,586
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	12,336,903	12,345,241		8,970,161	9,042,586

(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 American Retirement Life Insurance Company

DIRECT BUSINESS IN THE STATE OF North Dakota

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 88366

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

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

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)		361,194	357,974	305,800	311,965
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)		361,194	357,974	305,800	311,965
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)		361,194	357,974	305,800	311,965

(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 American Retirement Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Ohio

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 88366

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	8,706				8,706
2. Annuity considerations					
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	8,706				8,706
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	10,085				10,085
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals	10,085				10,085
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	.1	10,000							.1	10,000
17. Incurred during current year	.1	85							.1	85
Settled during current year:										
18.1 By payment in full	.2	10,085							.2	10,085
18.2 By payment on compromised claims										
18.3 Totals paid	.2	10,085							.2	10,085
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	.2	10,085							.2	10,085
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT						No. of Policies				
20. In force December 31, prior year	12	107,500	(a)						12	107,500
21. Issued during year										
22. Other changes to in force (Net)	(1)	(10,000)							(1)	(10,000)
23. In force December 31 of current year	11	97,500	(a)						11	97,500

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	14,359,013	14,368,655		10,141,983	10,228,392
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	14,359,013	14,368,655		10,141,983	10,228,392
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	14,359,013	14,368,655		10,141,983	10,228,392

(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 American Retirement Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Oklahoma

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 88366

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	4,207				4,207
2. Annuity considerations					
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	4,207				4,207
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					
10. Matured endowments					
11. Annuity benefits	21,515				21,515
12. Surrender values and withdrawals for life contracts					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals	21,515				21,515
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims										
18.3 Totals paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements										
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	18	92,753	(a)						18	92,753
21. Issued during year										
22. Other changes to in force (Net)		854								854
23. In force December 31 of current year	18	93,607	(a)						18	93,607

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	8,621,918	8,618,311		6,790,042	6,830,984
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	8,621,918	8,618,311		6,790,042	6,830,984
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	8,621,918	8,618,311		6,790,042	6,830,984

(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 American Retirement Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Oregon

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 88366

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



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

DIRECT BUSINESS IN THE STATE OF Pennsylvania

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 88366

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	14,014				14,014
2. Annuity considerations					
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	14,014				14,014
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	10,059				10,059
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals	10,059				10,059
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year	4	10,059							4	10,059
Settled during current year:										
18.1 By payment in full	4	10,059							4	10,059
18.2 By payment on compromised claims										
18.3 Totals paid	4	10,059							4	10,059
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	4	10,059							4	10,059
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT						No. of Policies				
20. In force December 31, prior year	25	207,346	(a)						25	207,346
21. Issued during year										
22. Other changes to in force (Net)	(2)	(10,000)							(2)	(10,000)
23. In force December 31 of current year	23	197,346	(a)						23	197,346

(a) Includes Individual Credit Life Insurance prior year \$ _____, current year \$ _____
 Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior 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)	33,690,394	33,719,777		23,656,125	23,734,881
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)	33,690,394	33,719,777		23,656,125	23,734,881
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	33,690,394	33,719,777		23,656,125	23,734,881

(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 American Retirement Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Rhode Island

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 88366

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

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

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	249,696	250,664		199,221	199,796
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)	249,696	250,664		199,221	199,796
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	249,696	250,664		199,221	199,796

(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 American Retirement Life Insurance Company

DIRECT BUSINESS IN THE STATE OF South Carolina

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 88366

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



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

DIRECT BUSINESS IN THE STATE OF South Dakota

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 88366

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 American Retirement Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Tennessee

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 88366

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	6,786				6,786
2. Annuity considerations					
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	6,786				6,786
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	13,021				13,021
10. Matured endowments					
11. Annuity benefits	294,140				294,140
12. Surrender values and withdrawals for life contracts					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals	307,161				307,161
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year	3	13,017							3	13,017
Settled during current year:										
18.1 By payment in full	3	13,017							3	13,017
18.2 By payment on compromised claims										
18.3 Totals paid	3	13,017							3	13,017
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	3	13,017							3	13,017
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT						No. of Policies				
20. In force December 31, prior year	54	418,397	(a)						54	418,397
21. Issued during year										
22. Other changes to in force (Net)	(2)	(6,181)							(2)	(6,181)
23. In force December 31 of current year	52	412,216	(a)						52	412,216

(a) Includes Individual Credit Life Insurance prior year \$ _____, current year \$ _____
 Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior 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)	25,446,665	25,437,827		19,300,703	19,468,831
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)	25,446,665	25,437,827		19,300,703	19,468,831
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	25,446,665	25,437,827		19,300,703	19,468,831

(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 American Retirement Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Texas

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 88366

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



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

DIRECT BUSINESS IN THE STATE OF Utah

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 88366

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



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

DIRECT BUSINESS IN THE STATE OF Vermont

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 88366

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



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

DIRECT BUSINESS IN THE STATE OF Virginia

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 88366

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	14,025				14,025
2. Annuity considerations					
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	14,025				14,025
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	87				87
10. Matured endowments					
11. Annuity benefits	50,643				50,643
12. Surrender values and withdrawals for life contracts					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals	50,730				50,730
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year	1	87							1	87
Settled during current year:										
18.1 By payment in full	1	87							1	87
18.2 By payment on compromised claims										
18.3 Totals paid	1	87							1	87
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	1	87							1	87
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	30	176,074	(a)						30	176,074
21. Issued during year										
22. Other changes to in force (Net)	(1)	(87)							(1)	(87)
23. In force December 31 of current year	29	175,987	(a)						29	175,987

(a) Includes Individual Credit Life Insurance prior year \$ _____, current year \$ _____
 Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior 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)	43,490,644	43,541,829		35,265,086	35,338,689
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)	43,490,644	43,541,829		35,265,086	35,338,689
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	43,490,644	43,541,829		35,265,086	35,338,689

(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 American Retirement Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Washington

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 88366

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



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

DIRECT BUSINESS IN THE STATE OF West Virginia

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 88366

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 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 American Retirement Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Wisconsin

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 88366

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

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

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	8,469,542	8,496,107		6,364,085	6,397,767
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	8,469,542	8,496,107		6,364,085	6,397,767
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	8,469,542	8,496,107		6,364,085	6,397,767

(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 American Retirement Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Wyoming

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 88366

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



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

DIRECT BUSINESS IN THE STATE OF American Samoa

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 88366

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS (1-5), DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS (6.1-6.5, 7.1-7.4, 8), DIRECT CLAIMS AND BENEFITS PAID (9-15), and DETAILS OF WRITE-INS (1301-1399).

Table with 10 columns: 1 No. of Pols. & Certifs., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No. of Pols. & Certifs., 8 Amount, 9 No. of Pols. & Certifs., 10 Amount. Rows include: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED (16-19) and POLICY EXHIBIT (20-23).

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

ACCIDENT AND HEALTH INSURANCE

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

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



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

DIRECT BUSINESS IN THE STATE OF Guam

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 88366

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

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

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)			3	259	165
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	259	165
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)			3	259	165

(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 American Retirement Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Puerto Rico

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 88366

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

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

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	3,808	3,806		1	.48
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)	3,808	3,806		1	.48
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	3,808	3,806		1	.48

(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 American Retirement Life Insurance Company

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

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 88366

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

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

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	2,457	2,490		200	(56)
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	2,457	2,490		200	(56)
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	2,457	2,490		200	(56)

(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 American Retirement Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Northern Mariana Islands

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 88366

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS (1-5), DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS (6.1-6.5, 7.1-7.4, 8), DIRECT CLAIMS AND BENEFITS PAID (9-15), and DETAILS OF WRITE-INS (1301-1399).

Table with 10 columns: 1 No. of Pols. & Certifs., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No. of Pols. & Certifs., 8 Amount, 9 No. of Pols. & Certifs., 10 Amount. Rows include: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED (16-19) and POLICY EXHIBIT (20-23).

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

ACCIDENT AND HEALTH INSURANCE

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

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



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

DIRECT BUSINESS IN THE STATE OF Canada

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 88366

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



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

DIRECT BUSINESS IN THE STATE OF Grand Total

DURING THE YEAR 2021

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 88366

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 American Retirement Life Insurance Company
FORM FOR CALCULATING THE INTEREST MAINTENANCE RESERVE

INTEREST MAINTENANCE RESERVE

	1 Amount
1. Reserve as of December 31, Prior Year	1,212,972
2. Current year's realized pre-tax capital gains/(losses) of \$3,782 transferred into the reserve net of taxes of \$796	2,986
3. Adjustment for current year's liability gains/(losses) released from the reserve	
4. Balance before reduction for amount transferred to Summary of Operations (Line 1 + Line 2 + Line 3)	1,215,958
5. Current year's amortization released to Summary of Operations (Amortization, Line 1, Column 4)	205,937
6. Reserve as of December 31, current year (Line 4 minus Line 5)	1,010,021

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	236,474	(30,537)		205,937
2. 2022	220,038	26,866		246,904
3. 2023	187,420	22,664		210,084
4. 2024	153,902	13,557		167,459
5. 2025	123,883	4,016		127,899
6. 2026	100,385	(5,865)		94,520
7. 2027	80,633	(9,816)		70,817
8. 2028	60,307	(7,753)		52,554
9. 2029	37,220	(5,609)		31,611
10. 2030	12,710	(3,382)		9,328
11. 2031		(1,155)		(1,155)
12. 2032				
13. 2033				
14. 2034				
15. 2035				
16. 2036				
17. 2037				
18. 2038				
19. 2039				
20. 2040				
21. 2041				
22. 2042				
23. 2043				
24. 2044				
25. 2045				
26. 2046				
27. 2047				
28. 2048				
29. 2049				
30. 2050				
31. 2051 and Later				
32. Total (Lines 1 to 31)	1,212,972	2,986		1,215,958

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE American Retirement 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	1,013,861		1,013,861				1,013,861
2. Realized capital gains/(losses) net of taxes - General Account							
3. Realized capital gains/(losses) net of taxes - Separate Accounts							
4. Unrealized capital gains/(losses) net of deferred taxes - General Account							
5. Unrealized capital gains/(losses) net of deferred taxes - Separate Accounts							
6. Capital gains credited/(losses charged) to contract benefits, payments or reserves							
7. Basic contribution	250,230		250,230				250,230
8. Accumulated balances (Lines 1 through 5 - 6 + 7)	1,264,091		1,264,091				1,264,091
9. Maximum reserve	1,245,056		1,245,056				1,245,056
10. Reserve objective	747,498		747,498				747,498
11. 20% of (Line 10 - Line 8)	(103,319)		(103,319)				(103,319)
12. Balance before transfers (Lines 8 + 11)	1,160,773		1,160,773				1,160,773
13. Transfers							
14. Voluntary contribution							
15. Adjustment down to maximum/up to zero							
16. Reserve as of December 31, current year (Lines 12 + 13 + 14 + 15)	1,160,773		1,160,773				1,160,773

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

Line Number	NAIC Designation	Description	1 Book/Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	Basic Contribution		Reserve Objective		Maximum Reserve	
							5 Factor	6 Amount (Cols. 4 x 5)	7 Factor	8 Amount (Cols. 4 x 7)	9 Factor	10 Amount (Cols. 4 x 9)
LONG-TERM BONDS												
1.		Exempt Obligations	3,338,258	XXX	XXX	3,338,258	0.0000		0.0000		0.0000	
2.1	1	NAIC Designation Category 1.A		XXX	XXX		0.0005		0.0016		0.0033	
2.2	1	NAIC Designation Category 1.B	1,749,179	XXX	XXX	1,749,179	0.0005	875	0.0016	2,799	0.0033	5,772
2.3	1	NAIC Designation Category 1.C	499,477	XXX	XXX	499,477	0.0005	250	0.0016	799	0.0033	1,648
2.4	1	NAIC Designation Category 1.D		XXX	XXX		0.0005		0.0016		0.0033	
2.5	1	NAIC Designation Category 1.E	4,121,493	XXX	XXX	4,121,493	0.0005	2,061	0.0016	6,594	0.0033	13,601
2.6	1	NAIC Designation Category 1.F	10,478,451	XXX	XXX	10,478,451	0.0005	5,239	0.0016	16,766	0.0033	34,579
2.7	1	NAIC Designation Category 1.G	13,987,219	XXX	XXX	13,987,219	0.0005	6,994	0.0016	22,380	0.0033	46,158
2.8		Subtotal NAIC 1 (2.1+2.2+2.3+2.4+2.5+2.6+2.7)	30,835,819	XXX	XXX	30,835,819	XXX	15,418	XXX	49,337	XXX	101,758
3.1	2	NAIC Designation Category 2.A	43,195,614	XXX	XXX	43,195,614	0.0021	90,711	0.0064	276,452	0.0106	457,874
3.2	2	NAIC Designation Category 2.B	47,700,557	XXX	XXX	47,700,557	0.0021	100,171	0.0064	305,284	0.0106	505,626
3.3	2	NAIC Designation Category 2.C	9,258,707	XXX	XXX	9,258,707	0.0021	19,443	0.0064	59,256	0.0106	98,142
3.4		Subtotal NAIC 2 (3.1+3.2+3.3)	100,154,878	XXX	XXX	100,154,878	XXX	210,325	XXX	640,991	XXX	1,061,642
4.1	3	NAIC Designation Category 3.A		XXX	XXX		0.0099		0.0263		0.0376	
4.2	3	NAIC Designation Category 3.B		XXX	XXX		0.0099		0.0263		0.0376	
4.3	3	NAIC Designation Category 3.C		XXX	XXX		0.0099		0.0263		0.0376	
4.4		Subtotal NAIC 3 (4.1+4.2+4.3)		XXX	XXX		XXX		XXX		XXX	
5.1	4	NAIC Designation Category 4.A	999,464	XXX	XXX	999,464	0.0245	24,487	0.0572	57,169	0.0817	81,656
5.2	4	NAIC Designation Category 4.B		XXX	XXX		0.0245		0.0572		0.0817	
5.3	4	NAIC Designation Category 4.C		XXX	XXX		0.0245		0.0572		0.0817	
5.4		Subtotal NAIC 4 (5.1+5.2+5.3)	999,464	XXX	XXX	999,464	XXX	24,487	XXX	57,169	XXX	81,656
6.1	5	NAIC Designation Category 5.A		XXX	XXX		0.0630		0.1128		0.1880	
6.2	5	NAIC Designation Category 5.B		XXX	XXX		0.0630		0.1128		0.1880	
6.3	5	NAIC Designation Category 5.C		XXX	XXX		0.0630		0.1128		0.1880	
6.4		Subtotal NAIC 5 (6.1+6.2+6.3)		XXX	XXX		XXX		XXX		XXX	
7.	6	NAIC 6		XXX	XXX		0.0000		0.2370		0.2370	
8.		Total Unrated Multi-class Securities Acquired by Conversion		XXX	XXX		XXX		XXX		XXX	
9.		Total Long-Term Bonds (1+2.8+3.4+4.4+5.4+6.4+7+8)	135,328,419	XXX	XXX	135,328,419	XXX	250,230	XXX	747,498	XXX	1,245,056
PREFERRED STOCKS												
10.	1	Highest Quality		XXX	XXX		0.0005		0.0016		0.0033	
11.	2	High Quality		XXX	XXX		0.0021		0.0064		0.0106	
12.	3	Medium Quality		XXX	XXX		0.0099		0.0263		0.0376	
13.	4	Low Quality		XXX	XXX		0.0245		0.0572		0.0817	
14.	5	Lower Quality		XXX	XXX		0.0630		0.1128		0.1880	
15.	6	In or Near Default		XXX	XXX		0.0000		0.2370		0.2370	
16.		Affiliated Life with AVR		XXX	XXX		0.0000		0.0000		0.0000	
17.		Total Preferred Stocks (Sum of Lines 10 through 16)		XXX	XXX		XXX		XXX		XXX	

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

Line Number	NAIC Designation	Description	1 Book/Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	Basic Contribution		Reserve Objective		Maximum Reserve	
							5 Factor	6 Amount (Cols. 4 x 5)	7 Factor	8 Amount (Cols. 4 x 7)	9 Factor	10 Amount (Cols. 4 x 9)
SHORT-TERM BONDS												
18.		Exempt Obligations		XXX	XXX		0.0000		0.0000		0.0000	
19.1	1	NAIC Designation Category 1.A		XXX	XXX		0.0005		0.0016		0.0033	
19.2	1	NAIC Designation Category 1.B		XXX	XXX		0.0005		0.0016		0.0033	
19.3	1	NAIC Designation Category 1.C		XXX	XXX		0.0005		0.0016		0.0033	
19.4	1	NAIC Designation Category 1.D		XXX	XXX		0.0005		0.0016		0.0033	
19.5	1	NAIC Designation Category 1.E		XXX	XXX		0.0005		0.0016		0.0033	
19.6	1	NAIC Designation Category 1.F		XXX	XXX		0.0005		0.0016		0.0033	
19.7	1	NAIC Designation Category 1.G		XXX	XXX		0.0005		0.0016		0.0033	
19.8		Subtotal NAIC 1 (19.1+19.2+19.3+19.4+19.5+19.6+19.7)		XXX	XXX		XXX		XXX		XXX	
20.1	2	NAIC Designation Category 2.A		XXX	XXX		0.0021		0.0064		0.0106	
20.2	2	NAIC Designation Category 2.B		XXX	XXX		0.0021		0.0064		0.0106	
20.3	2	NAIC Designation Category 2.C		XXX	XXX		0.0021		0.0064		0.0106	
20.4		Subtotal NAIC 2 (20.1+20.2+20.3)		XXX	XXX		XXX		XXX		XXX	
21.1	3	NAIC Designation Category 3.A		XXX	XXX		0.0099		0.0263		0.0376	
21.2	3	NAIC Designation Category 3.B		XXX	XXX		0.0099		0.0263		0.0376	
21.3	3	NAIC Designation Category 3.C		XXX	XXX		0.0099		0.0263		0.0376	
21.4		Subtotal NAIC 3 (21.1+21.2+21.3)		XXX	XXX		XXX		XXX		XXX	
22.1	4	NAIC Designation Category 4.A		XXX	XXX		0.0245		0.0572		0.0817	
22.2	4	NAIC Designation Category 4.B		XXX	XXX		0.0245		0.0572		0.0817	
22.3	4	NAIC Designation Category 4.C		XXX	XXX		0.0245		0.0572		0.0817	
22.4		Subtotal NAIC 4 (22.1+22.2+22.3)		XXX	XXX		XXX		XXX		XXX	
23.1	5	NAIC Designation Category 5.A		XXX	XXX		0.0630		0.1128		0.1880	
23.2	5	NAIC Designation Category 5.B		XXX	XXX		0.0630		0.1128		0.1880	
23.3	5	NAIC Designation Category 5.C		XXX	XXX		0.0630		0.1128		0.1880	
23.4		Subtotal NAIC 5 (23.1+23.2+23.3)		XXX	XXX		XXX		XXX		XXX	
24.	6	NAIC 6		XXX	XXX		0.0000		0.2370		0.2370	
25.		Total Short-Term Bonds (18+19.8+20.4+21.4+22.4+23.4+24)		XXX	XXX		XXX		XXX		XXX	
DERIVATIVE INSTRUMENTS												
26.		Exchange Traded		XXX	XXX		0.0005		0.0016		0.0033	
27.	1	Highest Quality		XXX	XXX		0.0005		0.0016		0.0033	
28.	2	High Quality		XXX	XXX		0.0021		0.0064		0.0106	
29.	3	Medium Quality		XXX	XXX		0.0099		0.0263		0.0376	
30.	4	Low Quality		XXX	XXX		0.0245		0.0572		0.0817	
31.	5	Lower Quality		XXX	XXX		0.0630		0.1128		0.1880	
32.	6	In or Near Default		XXX	XXX		0.0000		0.2370		0.2370	
33.		Total Derivative Instruments		XXX	XXX		XXX		XXX		XXX	
34.		Total (Lines 9 + 17 + 25 + 33)	135,328,419	XXX	XXX	135,328,419	XXX	250,230	XXX	747,498	XXX	1,245,056

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

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

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

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

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

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

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

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

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

Asset Valuation Reserve - Replications (Synthetic) Assets

N O N E

Schedule F - Claims

N O N E

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE American Retirement 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									
									Non-Cancelable		Guaranteed Renewable		Non-Renewable for Stated Reasons Only		Other Accident Only		All Other	
	1 Amount	2 %	3 Amount	4 %	5 Amount	6 %	7 Amount	8 %	9 Amount	10 %	11 Amount	12 %	13 Amount	14 %	15 Amount	16 %	17 Amount	18 %
PART 1. - ANALYSIS OF UNDERWRITING OPERATIONS																		
1. Premiums written	385,358,914	XXX		XXX		XXX		XXX		XXX	385,358,914	XXX		XXX		XXX		XXX
2. Premiums earned	385,766,086	XXX		XXX		XXX		XXX		XXX	385,766,086	XXX		XXX		XXX		XXX
3. Incurred claims	298,517,031	77.4									298,517,031	77.4						
4. Cost containment expenses	718,038	0.2									718,038	0.2						
5. Incurred claims and cost containment expenses (Lines 3 and 4)	299,235,069	77.6									299,235,069	77.6						
6. Increase in contract reserves	6,012,234	1.6									6,012,234	1.6						
7. Commissions (a)	34,064,237	8.8									34,064,237	8.8						
8. Other general insurance expenses	20,741,194	5.4									20,741,194	5.4						
9. Taxes, licenses and fees	9,593,516	2.5									9,593,516	2.5						
10. Total other expenses incurred	64,398,947	16.7									64,398,947	16.7						
11. Aggregate write-ins for deductions	(5,625)	0.0									(5,625)	0.0						
12. Gain from underwriting before dividends or refunds	16,125,461	4.2									16,125,461	4.2						
13. Dividends or refunds																		
14. Gain from underwriting after dividends or refunds	16,125,461	4.2									16,125,461	4.2						
DETAILS OF WRITE-INS																		
1101. Increase in Loading	(47,304)	0.0									(47,304)	0.0						
1102. Penalties	41,814	0.0									41,814	0.0						
1103. Express Script Rebates	(135)	0.0									(135)	0.0						
1198. Summary of remaining write-ins for Line 11 from overflow page																		
1199. Totals (Lines 1101 thru 1103 plus 1198)(Line 11 above)	(5,625)	0.0									(5,625)	0.0						

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

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

	1 Total	2 Group Accident and Health	3 Credit Accident and Health (Group and Individual)	4 Collectively Renewable	Other Individual Contracts				
					5 Non-Cancelable	6 Guaranteed Renewable	7 Non-Renewable for Stated Reasons Only	8 Other Accident Only	9 All Other
PART 2. - RESERVES AND LIABILITIES									
A. Premium Reserves:									
1. Unearned premiums	5,591,713					5,591,713			
2. Advance premiums	1,736,780					1,736,780			
3. Reserve for rate credits									
4. Total premium reserves, current year	7,328,493					7,328,493			
5. Total premium reserves, prior year	7,946,673					7,946,673			
6. Increase in total premium reserves	(618,180)					(618,180)			
B. Contract Reserves:									
1. Additional reserves (a)	22,716,964					22,716,964			
2. Reserve for future contingent benefits									
3. Total contract reserves, current year	22,716,964					22,716,964			
4. Total contract reserves, prior year	16,704,730					16,704,730			
5. Increase in contract reserves	6,012,234					6,012,234			
C. Claim Reserves and Liabilities:									
1. Total current year	31,479,073					31,479,073			
2. Total prior year	30,553,413					30,553,413			
3. Increase	925,660					925,660			

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	26,769,979					26,769,979			
1.2 On claims incurred during current year	270,821,392					270,821,392			
2. Claim reserves and liabilities, December 31, current year:									
2.1 On claims incurred prior to current year	159,311					159,311			
2.2 On claims incurred during current year	31,319,762					31,319,762			
3. Test:									
3.1 Lines 1.1 and 2.1	26,929,290					26,929,290			
3.2 Claim reserves and liabilities, December 31, prior year	30,553,413					30,553,413			
3.3 Line 3.1 minus Line 3.2	(3,624,123)					(3,624,123)			

PART 4. - REINSURANCE									
A. Reinsurance Assumed:									
1. Premiums written									
2. Premiums earned									
3. Incurred claims									
4. Commissions									
B. Reinsurance Ceded:									
1. Premiums written									
2. Premiums earned									
3. Incurred claims									
4. Commissions									

NONE

(a) Includes \$ premium deficiency reserve.

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

SCHEDULE H - PART 5 - HEALTH CLAIMS

	1 Medical	2 Dental	3 Other	4 Total
A. Direct:				
1. Incurred Claims			298,517,030	298,517,030
2. Beginning Claim Reserves and Liabilities			30,553,413	30,553,413
3. Ending Claim Reserves and Liabilities			31,479,072	31,479,072
4. Claims Paid			297,591,371	297,591,371
B. Assumed Reinsurance:				
5. Incurred Claims				
6. Beginning Claim Reserves and Liabilities				
7. Ending Claim Reserves and Liabilities				
8. Claims Paid				
C. Ceded Reinsurance:				
9. Incurred Claims				
10. Beginning Claim Reserves and Liabilities				
11. Ending Claim Reserves and Liabilities				
12. Claims Paid				
D. Net:				
13. Incurred Claims			298,517,030	298,517,030
14. Beginning Claim Reserves and Liabilities			30,553,413	30,553,413
15. Ending Claim Reserves and Liabilities			31,479,072	31,479,072
16. Claims Paid			297,591,371	297,591,371
E. Net Incurred Claims and Cost Containment Expenses:				
17. Incurred Claims and Cost Containment Expenses			299,235,069	299,235,069
18. Beginning Reserves and Liabilities			30,628,559	30,628,559
19. Ending Reserves and Liabilities			31,509,667	31,509,667
20. Paid Claims and Cost Containment Expenses			298,353,961	298,353,961

Schedule S - Part 1 - Section 1

N O N E

Schedule S - Part 1 - Section 2

N O N E

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

SCHEDULE S - PART 3 - SECTION 1

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domi- ciliary Juris- diction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Amount in Force at End of Year	Reserve Credit Taken		11 Premiums	Outstanding Surplus Relief		14 Modified Coinsurance Reserve	15 Funds Withheld Under Coinsurance
								9 Current Year	10 Prior Year		12 Current Year	13 Prior Year		
0399999. Total General Account - Authorized U.S. Affiliates														
0699999. Total General Account - Authorized Non-U.S. Affiliates														
0799999. Total General Account - Authorized Affiliates														
82627	06-0839705	10/01/1990	Swiss Re Life & Health of America	MO	OTH/I	OA		154,454	185,702					
82627	06-0839705	01/01/1990	Swiss Re Life & Health of America	MO	OTH/I	OA		6,924,477	7,542,669	934				
63312	13-1935920	08/31/2012	Great American Life Insurance Company	OH	CO/I	OL	925,816	648,557	660,015					
0899999. General Account - Authorized U.S. Non-Affiliates														
1099999. Total General Account - Authorized Non-Affiliates														
1199999. Total General Account Authorized														
1499999. Total General Account - Unauthorized U.S. Affiliates														
1799999. Total General Account - Unauthorized Non-U.S. Affiliates														
1899999. Total General Account - Unauthorized Affiliates														
2199999. Total General Account - Unauthorized Non-Affiliates														
2299999. Total General Account Unauthorized														
2599999. Total General Account - Certified U.S. Affiliates														
2899999. Total General Account - Certified Non-U.S. Affiliates														
2999999. Total General Account - Certified Affiliates														
3299999. Total General Account - Certified Non-Affiliates														
3399999. Total General Account Certified														
3699999. Total General Account - Reciprocal Jurisdiction U.S. Affiliates														
3999999. Total General Account - Reciprocal Jurisdiction Non-U.S. Affiliates														
4099999. Total General Account - Reciprocal Jurisdiction Affiliates														
4399999. Total General Account - Reciprocal Jurisdiction Non-Affiliates														
4499999. Total General Account Reciprocal Jurisdiction														
4599999. Total General Account Authorized, Unauthorized, Reciprocal Jurisdiction and Certified														
4899999. Total Separate Accounts - Authorized U.S. Affiliates														
5199999. Total Separate Accounts - Authorized Non-U.S. Affiliates														
5299999. Total Separate Accounts - Authorized Affiliates														
5599999. Total Separate Accounts - Authorized Non-Affiliates														
5699999. Total Separate Accounts Authorized														
5999999. Total Separate Accounts - Unauthorized U.S. Affiliates														
6299999. Total Separate Accounts - Unauthorized Non-U.S. Affiliates														
6399999. Total Separate Accounts - Unauthorized Affiliates														
6699999. Total Separate Accounts - Unauthorized Non-Affiliates														
6799999. Total Separate Accounts Unauthorized														
7099999. Total Separate Accounts - Certified U.S. Affiliates														
7399999. Total Separate Accounts - Certified Non-U.S. Affiliates														
7499999. Total Separate Accounts - Certified Affiliates														
7799999. Total Separate Accounts - Certified Non-Affiliates														
7899999. Total Separate Accounts Certified														
8199999. Total Separate Accounts - Reciprocal Jurisdiction U.S. Affiliates														
8499999. Total Separate Accounts - Reciprocal Jurisdiction Non-U.S. Affiliates														
8599999. Total Separate Accounts - Reciprocal Jurisdiction Affiliates														
8899999. Total Separate Accounts - Reciprocal Jurisdiction Non-Affiliates														
8999999. Total Separate Accounts Reciprocal Jurisdiction														
9099999. Total Separate Accounts Authorized, Unauthorized, Reciprocal Jurisdiction and Certified														
9199999. Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3699999, 4199999, 4899999, 5399999, 5999999, 6499999, 7099999, 7599999, 8199999 and 8699999)														
9299999. Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2899999, 3199999, 3999999, 4299999, 5199999, 5499999, 6299999, 6599999, 7399999, 7699999, 8499999 and 8799999)														
9999999 - Totals														

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

SCHEDULE S - PART 3 - SECTION 2

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domi- ciliary Juris- diction	6 Type of Reinsur- ance Ceded	7 Type of Business Ceded	8 Premiums	9 Unearned Premiums (Estimated)	10 Reserve Credit Taken Other than for Unearned Premiums	Outstanding Surplus Relief		13 Modified Coinsurance Reserve	14 Funds Withheld Under Coinsurance
										11 Current Year	12 Prior Year		
0399999. Total General Account - Authorized U.S. Affiliates													
0699999. Total General Account - Authorized Non-U.S. Affiliates													
0799999. Total General Account - Authorized Affiliates													
00000	AA-1122000	07/01/2020	Lloyds of London	GBR	CAT/G	OM	2,114						
00000	AA-1122000	07/01/2020	Lloyds of London	GBR	CAT/G	A	3,909						
0999999. General Account - Authorized Non-U.S. Non-Affiliates													
1099999. Total General Account - Authorized Non-Affiliates													
1199999. Total General Account Authorized													
1499999. Total General Account - Unauthorized U.S. Affiliates													
1799999. Total General Account - Unauthorized Non-U.S. Affiliates													
1899999. Total General Account - Unauthorized Affiliates													
2199999. Total General Account - Unauthorized Non-Affiliates													
2299999. Total General Account Unauthorized													
2599999. Total General Account - Certified U.S. Affiliates													
2899999. Total General Account - Certified Non-U.S. Affiliates													
2999999. Total General Account - Certified Affiliates													
3299999. Total General Account - Certified Non-Affiliates													
3399999. Total General Account Certified													
3699999. Total General Account - Reciprocal Jurisdiction U.S. Affiliates													
3999999. Total General Account - Reciprocal Jurisdiction Non-U.S. Affiliates													
4099999. Total General Account - Reciprocal Jurisdiction Affiliates													
4399999. Total General Account - Reciprocal Jurisdiction Non-Affiliates													
4499999. Total General Account Reciprocal Jurisdiction													
4599999. Total General Account Authorized, Unauthorized, Reciprocal Jurisdiction and Certified													
4899999. Total Separate Accounts - Authorized U.S. Affiliates													
5199999. Total Separate Accounts - Authorized Non-U.S. Affiliates													
5299999. Total Separate Accounts - Authorized Affiliates													
5599999. Total Separate Accounts - Authorized Non-Affiliates													
5699999. Total Separate Accounts Authorized													
5999999. Total Separate Accounts - Unauthorized U.S. Affiliates													
6299999. Total Separate Accounts - Unauthorized Non-U.S. Affiliates													
6399999. Total Separate Accounts - Unauthorized Affiliates													
6699999. Total Separate Accounts - Unauthorized Non-Affiliates													
6799999. Total Separate Accounts Unauthorized													
7099999. Total Separate Accounts - Certified U.S. Affiliates													
7399999. Total Separate Accounts - Certified Non-U.S. Affiliates													
7499999. Total Separate Accounts - Certified Affiliates													
7799999. Total Separate Accounts - Certified Non-Affiliates													
7899999. Total Separate Accounts Certified													
8199999. Total Separate Accounts - Reciprocal Jurisdiction U.S. Affiliates													
8499999. Total Separate Accounts - Reciprocal Jurisdiction Non-U.S. Affiliates													
8599999. Total Separate Accounts - Reciprocal Jurisdiction Affiliates													
8899999. Total Separate Accounts - Reciprocal Jurisdiction Non-Affiliates													
8999999. Total Separate Accounts Reciprocal Jurisdiction													
9099999. Total Separate Accounts Authorized, Unauthorized, Reciprocal Jurisdiction and Certified													
9199999. Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3699999, 4199999, 4899999, 5399999, 5999999, 6499999, 7099999, 7599999, 8199999 and 8699999)													
9299999. Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2899999, 3199999, 3999999, 4299999, 5199999, 5499999, 6299999, 6599999, 7399999, 7699999, 8499999 and 8799999)													
9999999 - Totals													

Schedule S - Part 4

NONE

Schedule S - Part 4 - Bank Footnote

NONE

Schedule S - Part 5

NONE

Schedule S - Part 5 - Bank Footnote

NONE

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

SCHEDULE S - PART 6

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

	1 2021	2 2020	3 2019	4 2018	5 2017
A. OPERATIONS ITEMS					
1. Premiums and annuity considerations for life and accident and health contracts	7	10	15	17	15
2. Commissions and reinsurance expense allowances	16	13	17	19	21
3. Contract claims	953	1,104	1,088	1,311	1,156
4. Surrender benefits and withdrawals for life contracts					
5. Dividends to policyholders and refunds to members					
6. Reserve adjustments on reinsurance ceded					
7. Increase in aggregate reserve for life and accident and health contracts					
B. BALANCE SHEET ITEMS					
8. Premiums and annuity considerations for life and accident and health contracts deferred and uncollected					
9. Aggregate reserves for life and accident and health contracts	7,727	8,388	9,178	9,931	10,905
10. Liability for deposit-type contracts					
11. Contract claims unpaid	51	62	48	59	47
12. Amounts recoverable on reinsurance	120	287	66	119	59
13. Experience rating refunds due or unpaid					
14. Policyholders' dividends and refunds to members (not included in Line 10)					
15. Commissions and reinsurance expense allowances due					
16. Unauthorized reinsurance offset					
17. Offset for reinsurance with Certified Reinsurers					
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
18. Funds deposited by and withheld from (F)					
19. Letters of credit (L)					
20. Trust agreements (T)					
21. Other (O)					
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
22. Multiple Beneficiary Trust					
23. Funds deposited by and withheld from (F)					
24. Letters of credit (L)					
25. Trust agreements (T)					
26. Other (O)					

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE American Retirement 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)	135,021,872		135,021,872
2. Reinsurance (Line 16)	131,042	(131,042)	
3. Premiums and considerations (Line 15)	516,429	2	516,431
4. Net credit for ceded reinsurance	XXX	7,909,233	7,909,233
5. All other admitted assets (balance)	12,139,655		12,139,655
6. Total assets excluding Separate Accounts (Line 26)	147,808,998	7,778,193	155,587,191
7. Separate Account assets (Line 27)			
8. Total assets (Line 28)	147,808,998	7,778,193	155,587,191
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
9. Contract reserves (Lines 1 and 2)	28,729,553	7,727,487	36,457,040
10. Liability for deposit-type contracts (Line 3)			
11. Claim reserves (Line 4)	31,497,765	50,706	31,548,471
12. Policyholder dividends/member refunds/reserves (Lines 5 through 7)			
13. Premium & annuity considerations received in advance (Line 8)	1,737,073		1,737,073
14. Other contract liabilities (Line 9)	1,179,304		1,179,304
15. Reinsurance in unauthorized companies (Line 24.02 minus inset amount)			
16. Funds held under reinsurance treaties with unauthorized reinsurers (Line 24.03 minus inset amount)			
17. Reinsurance with Certified Reinsurers (Line 24.02 inset amount)			
18. Funds held under reinsurance treaties with Certified Reinsurers (Line 24.03 inset amount)			
19. All other liabilities (balance)	7,760,860		7,760,860
20. Total liabilities excluding Separate Accounts (Line 26)	70,904,555	7,778,193	78,682,748
21. Separate Account liabilities (Line 27)			
22. Total liabilities (Line 28)	70,904,555	7,778,193	78,682,748
23. Capital & surplus (Line 38)	76,904,443	XXX	76,904,443
24. Total liabilities, capital & surplus (Line 39)	147,808,998	7,778,193	155,587,191
NET CREDIT FOR CEDED REINSURANCE			
25. Contract reserves	7,727,487		
26. Claim reserves	50,706		
27. Policyholder dividends/reserves			
28. Premium & annuity considerations received in advance			
29. Liability for deposit-type contracts			
30. Other contract liabilities			
31. Reinsurance ceded assets	131,042		
32. Other ceded reinsurance recoverables			
33. Total ceded reinsurance recoverables	7,909,235		
34. Premiums and considerations	2		
35. Reinsurance in unauthorized companies			
36. Funds held under reinsurance treaties with unauthorized reinsurers			
37. Reinsurance with Certified Reinsurers			
38. Funds held under reinsurance treaties with Certified Reinsurers			
39. Other ceded reinsurance payables/offsets			
40. Total ceded reinsurance payable/offsets	2		
41. Total net credit for ceded reinsurance	7,909,233		

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

Allocated by States and Territories

States, Etc.		Direct Business Only					Totals
		1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	
1. Alabama	AL	4,472					4,472
2. Alaska	AK						
3. Arizona	AZ	3,421					3,421
4. Arkansas	AR		310				310
5. California	CA						
6. Colorado	CO	7,499					7,499
7. Connecticut	CT						
8. Delaware	DE						
9. District of Columbia	DC						
10. Florida	FL	868					868
11. Georgia	GA	7,750					7,750
12. Hawaii	HI						
13. Idaho	ID						
14. Illinois	IL	13,675					13,675
15. Indiana	IN	5,680					5,680
16. Iowa	IA	719					719
17. Kansas	KS	3,410					3,410
18. Kentucky	KY	6,245					6,245
19. Louisiana	LA	2,660					2,660
20. Maine	ME						
21. Maryland	MD						
22. Massachusetts	MA	649					649
23. Michigan	MI						
24. Minnesota	MN						
25. Mississippi	MS	3,737					3,737
26. Missouri	MO	1,083					1,083
27. Montana	MT	1,252					1,252
28. Nebraska	NE	4,147					4,147
29. Nevada	NV	2,024					2,024
30. New Hampshire	NH						
31. New Jersey	NJ						
32. New Mexico	NM	4,353					4,353
33. New York	NY						
34. North Carolina	NC	763					763
35. North Dakota	ND						
36. Ohio	OH	8,706					8,706
37. Oklahoma	OK	4,207					4,207
38. Oregon	OR						
39. Pennsylvania	PA	14,014					14,014
40. Rhode Island	RI						
41. South Carolina	SC	6,958					6,958
42. South Dakota	SD	868					868
43. Tennessee	TN	6,786					6,786
44. Texas	TX	17,659	624				18,283
45. Utah	UT	1,078					1,078
46. Vermont	VT						
47. Virginia	VA	14,025					14,025
48. Washington	WA						
49. West Virginia	WV	1,343					1,343
50. Wisconsin	WI	1,178					1,178
51. Wyoming	WY						
52. American Samoa	AS						
53. Guam	GU						
54. Puerto Rico	PR						
55. U.S. Virgin Islands	VI						
56. Northern Mariana Islands	MP						
57. Canada	CAN						
58. Aggregate Other Alien	OT						
59. Total		151,228	934				152,162

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

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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

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

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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

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

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
.0901	Cigna Group	.00000	86-1942593				CARING St. Matthew's Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	38-4085763				CARING Westcore Holding Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	87-3646420				CARING Westcore Holding II Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	83-3923178				CARING XR International Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	83-4317078				CARING XR 2 International Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	84-1843578				CGGL XR 2 International JV LLC	DE	NIA	CARING XR 2 International Investor LLC	Ownership	90.000	Cigna Corporation		
.0901	Cigna Group	.00000	84-1843578				CGGL XR 2 International Mezz LLC	DE	NIA	CARING XR 2 International Investor LLC	Ownership	90.000	Cigna Corporation		
.0901	Cigna Group	.00000	45-2604992				CCN MO, LLC	NY	NIA	eviCore healthcare MSI, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	33-1039759				CCN-WNY IPA, LLC	NY	NIA	eviCore healthcare MSI, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	34-1970892				Ceres Sales of Ohio, LLC	OH	NIA	Cigna Health and Life Insurance Company	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	06-1332403				CG Individual Tax Benefit Payments, Inc.	DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	06-1332405				CG Life Pension Benefits Payments, Inc.	DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	06-1332401				CG LINA Pension Benefits Payments, Inc.	DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	84-2083351				CG-AQ 477 South Market Street LLC	DE	NIA	CARING Firestone Investor LLC	Ownership	85.000	Cigna Corporation		
.0901	Cigna Group	.00000	84-4773972				CG-LEDO IBP Venture LLC	DE	NIA	CARING IBP Investor LLC	Ownership	90.000	Cigna Corporation		
.0901	Cigna Group	.00000	84-4747045				CG-LEDO IBP I LLC	DE	NIA	CARING IBP Investor LLC	Ownership	90.000	Cigna Corporation		
.0901	Cigna Group	.00000	84-4755025				CG-LEDO IBP II LLC	DE	NIA	CARING IBP Investor LLC	Ownership	90.000	Cigna Corporation		
.0901	Cigna Group	.00000	83-2993316				CG-Muller 550 Winchester, LLC	DE	NIA	CARING Century Plaza Investor LLC	Ownership	90.000	Cigna Corporation		
.0901	Cigna Group	.00000	45-5499889				CG Seventh Street, LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	87.500	Cigna Corporation		
.0901	Cigna Group	.00000	85-0734624				CG/Wood Alta Duraleigh, LLC	DE	NIA	CARING Duraleigh Investor LLC	Ownership	90.000	Cigna Corporation		
.0901	Cigna Group	.00000	85-0655107				CG/Wood Alta Duraleigh Owner, LLC	DE	NIA	CARING Duraleigh Investor LLC	Ownership	90.000	Cigna Corporation		
.0901	Cigna Group	.00000	87-2928401				CG/Wood Alta Duraleigh Townhome, LLC	DE	NIA	CARING Duraleigh Investor LLC	Ownership	90.000	Cigna Corporation		
.0901	Cigna Group	.00000	82-1280312				CG/Wood Alta 601, LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	90.000	Cigna Corporation		
.0901	Cigna Group	.00000	85-2233381				CG/Wood Alta Leander Station, LLC	DE	NIA	CARING Alta Leander Investor LLC	Ownership	90.000	Cigna Corporation		
.0901	Cigna Group	.00000	81-3313562				CGGL City Parkway LLC	DE	NIA	CGGL Orange Collection LLC	Ownership	90.000	Cigna Corporation		
.0901	Cigna Group	.00000	61-1797835				CGGL Orange Collection LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	90.000	Cigna Corporation		
.0901	Cigna Group	.00000	00-0000000				CGGL Orange Collection Mezz LLC	DE	NIA	CARING Orange Collection Investor LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	84-1921719				CGGL XR International LLC	DE	NIA	CARING XR International Investor LLC	Ownership	90.000	Cigna Corporation		
.0901	Cigna Group	.00000	84-1843578				CGGL XR 2 International LLC	DE	NIA	CARING XR 2 International Investor LLC	Ownership	90.000	Cigna Corporation		
.0901	Cigna Group	.00000	00-0000000				CGO Participatos LTDA	BRA	NIA	Cigna Global Holdings, Inc.	Ownership	99.780	Cigna Corporation		
.0901	Cigna Group	.00000	59-3466707				Chiro Alliance Corporation	FL	NIA	eviCore healthcare MSI, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	81-3389374				CIG-LEI Ygnacio Associates LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	90.000	Cigna Corporation		
.0901	Cigna Group	.00000	86-2964997				C1-GS Elan Everett Phase I, LLC	DE	NIA	CARING Elan I Investor, LLC	Ownership	90.000	Cigna Corporation		
.0901	Cigna Group	.00000	86-3726159				C1-GS Elan Everett Phase II, LLC	DE	NIA	CARING Elan II Investor, LLC	Ownership	39.000	Cigna Corporation		
.0901	Cigna Group	.00000	82-4774243				C1-GS Portland, LLC	DE	NIA	CARING 18th & Salmon Investor LLC	Ownership	86.200	Cigna Corporation		
.0901	Cigna Group	.00000	82-1612980				C1-GS Hillcrest LLC	DE	NIA	CARING Hillcrest Investor LLC	Ownership	90.000	Cigna Corporation		
.0901	Cigna Group	.00000	00-0000000				Cigna & CMB Asset Management Company Limited	CHN	NIA	Cigna & CMB Life Insurance Company Limited	Ownership	87.350	Cigna Corporation		
.0901	Cigna Group	.00000	00-0000000				Cigna & CMB Health Services Company, Ltd.	CHN	NIA	Cigna & CMB Life Insurance Company Limited	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	00-0000000				Cigna & CMB Life Insurance Company Limited	CHN	IA	Cigna Health and Life Insurance Company	Ownership	50.000	Cigna Corporation		
.0901	Cigna Group	.00000	00-0000000				CIGNA 2000 UK Pension LTD	GBR	NIA	Cigna European Services (UK) Limited	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	27-5402196				Cigna Affiliates Realty Investment Group, LLC	DE	NIA	Connecticut General Life Insurance Company	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	00-0000000				Cigna Alder Holdings, LLC	DE	NIA	Cigna Apac Holdings, Ltd.	Ownership	100.000	Cigna Corporation		

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

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
.0901	Cigna Group	.00000	00-000000				Cigna Apac Holdings, Ltd.	.BMU	NIA	Cigna Palmetto Holdings, Ltd.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.13733	03-0452349				Cigna Arbor Life Insurance Company	.CT	IA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	98-1181787				Cigna Beechwood Holdings	.BEL	NIA	Cigna Elmwood Holdings, SPRL	Ownership	51.000	Cigna Corporation		
.0901	Cigna Group	.00000	00-000000				Cigna Bellevue Alpha LLC	.DE	NIA	Cigna Holdings Overseas, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	02-0515554				Cigna Benefit Technology Solutions, Inc.	.DE	NIA	Cigna Health Corporation	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	01-0947889		0001489070		Cigna Benefits Financing, Inc.	.DE	NIA	Cigna Investments, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	00-000000				Cigna Brokerage & Marketing (Thailand) Limited	.THA	NIA	RHP Thailand Limited	Ownership	53.250	Cigna Corporation		
.0901	Cigna Group	.00000	00-000000				Cigna Cedar Holdings, Ltd.	.MLT	NIA	Cigna Apac Holdings, Ltd.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	98-1137759				Cigna Chestnut Holdings, Ltd.	.GBR	NIA	Cigna Walnut Holdings, Ltd.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	27-3396038				Cigna Corporate Services, LLC	.DE	NIA	Cigna Health and Life Insurance Company	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	82-4991898		1739940	US	Cigna Corporation (A Delaware corporation and ultimate parent company)	.DE	UIP	Publicly Traded	Ownership	100.000	Publicly Traded		
.0901	Cigna Group	.00000	00-000000				Cigna Data Services (Shanghai) Company Limited	.CHN	NIA	Cigna Hong Kong Holdings Company Limited	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	59-2600475				Cigna Dental Health Of California, Inc.	.CA	NIA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.11175	59-2675861				Cigna Dental Health Of Colorado, Inc.	.CO	IA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.95380	59-2676987				Cigna Dental Health Of Delaware, Inc.	.DE	IA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.52021	59-1611217				Cigna Dental Health Of Florida, Inc.	.FL	IA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	06-1351097				Cigna Dental Health of Illinois, Inc.	.IL	NIA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.52024	59-2625350				Cigna Dental Health Of Kansas, Inc.	.KS	IA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.52108	59-2619589				Cigna Dental Health Of Kentucky, Inc.	.KY	IA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.48119	20-2844020				Cigna Dental Health Of Maryland, Inc.	.MD	IA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.11160	06-1582068				Cigna Dental Health Of Missouri, Inc.	.MO	IA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.11167	59-2308062				Cigna Dental Health Of New Jersey, Inc.	.NJ	IA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.95179	56-1803464				Cigna Dental Health Of North Carolina, Inc.	.NC	IA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.47805	59-2579774				Cigna Dental Health Of Ohio, Inc.	.OH	IA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.47041	52-1220578				Cigna Dental Health Of Pennsylvania, Inc.	.PA	IA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.95037	59-2676977				Cigna Dental Health Of Texas, Inc.	.TX	IA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.52617	52-2188914				Cigna Dental Health Of Virginia, Inc.	.VA	IA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.47013	86-0807222				Cigna Dental Health Plan Of Arizona, Inc.	.AZ	IA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	59-2308055				Cigna Dental Health, Inc.	.FL	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	58-1136865				Cigna Direct Marketing Company, Inc.	.DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	98-1155943				Cigna Elmwood Holdings, SPRL	.BEL	NIA	Cigna Myrtle Holdings, Ltd.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	00-000000				Cigna Europe Insurance Company S.A.-N.V.	.BEL	IA	Cigna Beechwood Holdings	Ownership	99.999	Cigna Corporation		
.0901	Cigna Group	.00000	00-000000				Cigna European Services (UK) Limited	.GBR	NIA	Cigna Elmwood Holdings, SPRL	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	62-1724116				Cigna Federal Benefits, Inc.	.DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	51-0389196				Cigna Global Holdings, Inc.	.DE	NIA	Cigna Holdings, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	68-0676638				Cigna Global Insurance Company Limited	.GGY	IA	Cigna Holdings Overseas, Inc.	Ownership	99.990	Cigna Corporation		
.0901	Cigna Group	.00000	98-0210110				Cigna Global Reinsurance Company, Ltd.	.BMU	IA	Cigna Global Holdings, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	00-000000				Cigna Global Wellbeing Holdings Limited	.GBR	NIA	Connecticut General Corporation	Ownership	70.000	Cigna Corporation		
.0901	Cigna Group	.00000	00-000000				Cigna Global Wellbeing Solutions Limited	.GBR	NIA	Cigna Global Wellbeing Holdings Limited	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.67369	59-1031071				Cigna Health and Life Insurance Company	.CT	UDP	Connecticut General Life Insurance Company	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	62-1312478				Cigna Health Corporation	.DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	23-1728483				Cigna Health Management, Inc.	.DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	00-000000				Cigna Health Solution India Pvt. Ltd.	.IND	NIA	Cigna Holdings Overseas, Inc.	Ownership	99.900	Cigna Corporation		
.0901	Cigna Group	.00000	23-2741293				Cigna Healthcare Benefits, Inc.	.DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	84-0985843				Cigna Healthcare Holdings, Inc.	.CO	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.95599	52-1404350				Cigna HealthCare Mid-Atlantic, Inc.	.MD	NIA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.95125	86-0334392				Cigna HealthCare of Arizona, Inc.	.AZ	IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	95-3310115				Cigna HealthCare of California, Inc.	.CA	NIA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.95604	84-1004500				Cigna HealthCare of Colorado, Inc.	.CO	IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.95660	06-1141174				Cigna HealthCare of Connecticut, Inc.	.CT	IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation		

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

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
.0901	Cigna Group	95136	59-2089259				Cigna HealthCare of Florida, Inc.	FL	IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	96229	58-1641057				Cigna HealthCare of Georgia, Inc.	GA	IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	95602	36-3385638				Cigna HealthCare of Illinois, Inc.	IL	IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	95525	35-1679172				Cigna HealthCare of Indiana, Inc.	IN	IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	95477	01-0418220				Cigna HealthCare of Maine, Inc.	ME	NIA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	95220	02-0402111				Cigna HealthCare of Massachusetts, Inc.	MA	NIA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	95493	02-0387749				Cigna HealthCare of New Hampshire, Inc.	NH	IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	95500	22-2720890				Cigna HealthCare of New Jersey, Inc.	NJ	IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	95132	56-1479515				Cigna HealthCare of North Carolina, Inc.	NC	IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	95121	23-2301807				Cigna HealthCare of Pennsylvania, Inc.	PA	NIA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	95708	06-1185590				Cigna HealthCare of South Carolina, Inc.	SC	IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	95635	36-3359925				Cigna HealthCare of St. Louis, Inc.	MO	IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	95606	62-1218053				Cigna HealthCare of Tennessee, Inc.	TN	IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	95383	74-2767437				Cigna HealthCare of Texas, Inc.	TX	IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	95518	62-1230908				Cigna HealthCare of Utah, Inc.	UT	NIA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	02-0495422				Cigna Healthcare, Inc.	VT	NIA	Cigna Healthcare Holdings, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	00-0000000				Cigna HLA Technology Services Company Limited	HKG	NIA	Cigna Hong Kong Holdings Company Limited	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	06-1059331				Cigna Holding Company	DE	UIP	Cigna Corporation	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	23-3009279				Cigna Holdings Overseas, Inc.	DE	NIA	Cigna Global Reinsurance Company, Ltd.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	06-1072796				Cigna Holdings, Inc.	DE	UIP	Cigna Holding Company	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	00-0000000				Cigna Hong Kong Holdings Company Limited	HKG	NIA	Cigna Chestnut Holdings, Ltd.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	27-1903785				Cigna Insurance Agency, LLC	CT	NIA	Cigna Health and Life Insurance Company	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	00-0000000				Cigna Insurance Management Services (DIFC), Ltd.	ARE	NIA	Cigna Apac Holdings, Ltd.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	00-0000000				Cigna Insurance Middle East S.A.L.	LBN	IA	Cigna Cedar Holdings, Ltd.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	00-0000000				Cigna Insurance Public Company Limited	THA	IA	KDM Thailand Limited	Ownership	75.000	Cigna Corporation		
.0901	Cigna Group	.00000	00-0000000				Cigna Insurance Services (Europe) Limited	GBR	NIA	Cigna Willow Holdings, LTD.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	23-2924152				Cigna Integratedcare, Inc.	DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	51-0402128				Cigna Intellectual Property, Inc.	DE	NIA	Cigna Holdings, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	51-0111677				Cigna International Corporation, Inc.	DE	NIA	Cigna Global Holdings, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	52-0291385				Cigna International Finance, Inc.	DE	NIA	Cigna Investment Group, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	00-0000000				Cigna International Health Services Kenya Limited	KEN	NIA	Cigna International Health Services, BVBA	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	00-0000000				Cigna International Health Services Sdn. Bhd.	MYS	NIA	Cigna Hong Kong Holdings Company Limited	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	00-0000000				Cigna International Health Services, BVBA	BEL	NIA	Cigna Elmwood Holdings, Ltd.	Ownership	51.000	Cigna Corporation		
.0901	Cigna Group	.00000	30-0526216				Cigna International Health Services, LLC	FL	NIA	Cigna International Health Services, BVBA	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	00-0000000				Cigna International Marketing (Thailand) Limited	THA	NIA	Cigna Global Holdings, Inc.	Ownership	99.900	Cigna Corporation		
.0901	Cigna Group	.00000	00-0000000				Cigna International Services Australia Pty Ltd.	AUS	NIA	Cigna Chestnut Holdings, Ltd.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	23-2610178				Cigna International Services, Inc.	DE	NIA	Cigna Global Holdings, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	06-1095823				Cigna Investment Group, Inc.	DE	NIA	Cigna Holdings, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	06-0861092				Cigna Investments, Inc.	DE	NIA	Cigna Investment Group, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	00-0000000				Cigna Korea Chusik Heosa (A/K/A Cigna Korea Company Limited)	KOR	NIA	Cigna Chestnut Holdings, Ltd.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	98-1146864				Cigna Laurel Holdings, Ltd.	BMU	NIA	Cigna Linden Holdings, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	00-0000000				Cigna Legal Protection U.K. Ltd.	GBR	NIA	Cigna Willow Holdings, LTD.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	AA-1560515				Cigna Life Insurance Company of Canada	CAN	IA	Cigna Chestnut Holdings, Ltd.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	AA-1240009				Cigna Life Insurance Company of Europe S.A.-N.V.	BEL	IA	Cigna Beechwood Holdings	Ownership	99.993	Cigna Corporation		
.0901	Cigna Group	.00000	00-0000000				Cigna Life Insurance New Zealand Limited	NZL	IA	Cigna New Zealand Holdings Limited	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	46-4110289				Cigna Linden Holdings, Inc.	DE	NIA	Cigna Holdings Overseas, Inc.	Ownership	82.000	Cigna Corporation		

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

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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

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SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Location	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Yes/No)	*
.0901	Cigna Group	.0000	43-1867735				ESI Mail Pharmacy Service, Inc.	DE	NIA	Express Scripts, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.0000	43-1925562				ESI Partnership	DE	NIA	Express Scripts, Inc. (82%); ESI-GP	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.0000	41-2006555				ESI Resources, Inc.	MIN	NIA	ESI Partnership	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.0000	94-3107309				Evernorth Behavioral Health of California, Inc.	CA	NIA	Evernorth Behavioral Health, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.0000	75-2751090				Evernorth Behavioral Health of Texas, Inc.	TX	NIA	Evernorth Behavioral Health, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.0000	41-1648670				Evernorth Behavioral Health, Inc.	MIN	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.0000	86-1465626				Evernorth Care Solutions, Inc.	DE	NIA	Evernorth Health, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.0000	32-0222252				Evernorth Direct Health, LLC	DE	NIA	Connecticut General Life Insurance Company	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.0000	85-2732455				Evernorth Enterprise Services, Inc.	DE	NIA	Cigna Corporation	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.0000	85-2759151				Evernorth Sales Operations, Inc.	DE	NIA	Evernorth Health, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.0000	85-2717903				Evernorth Strategic Development, Inc.	DE	NIA	Cigna Corporation	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.0000	46-4676347				eviCore 1, LLC	DE	NIA	Evernorth Health, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.0000	62-1615395				eviCore healthcare MSI, LLC	TN	NIA	MedSolutions Holdings, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.13918	27-3175443				Express Reinsurance Company	MO	IA	Express Scripts, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.0000	41-2063830				Express Scripts Administrators LLC	DE	NIA	Medco Health Solutions, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.0000	00-0000000				Express Scripts Canada Co.	CAN	NIA	Express Scripts Canada Holding Co.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.0000	43-1942542				Express Scripts Canada Holding Co.	DE	NIA	Express Scripts, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.0000	27-1490640				Express Scripts Canada Holding, LLC	DE	NIA	Express Scripts Canada Holding Co.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.0000	00-0000000				Express Scripts Canada Services	CAN	NIA	Express Scripts Canada Co. (99.9%); ESI-GP2 Canada, ULC (0.1%)	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.0000	00-0000000				Express Scripts Canada Wholesale	CAN	NIA	Express Scripts Canada Co. (99.9%); ESI-GP2 Canada, ULC (0.1%)	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.0000	84-5003423				Express Scripts Health Information Network Partners, Inc.	DE	NIA	Express Scripts, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.0000	45-2884094				Evernorth Health, Inc.	DE	NIA	Cigna Corporation	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.0000	20-5826948				Express Scripts Pharmaceutical Procurement, LLC	DE	NIA	ESI Mail Pharmacy Service, Inc. (50%); Express Scripts, Inc. (50%)	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.0000	00-0000000				Express Scripts Pharmacy Atlantic, Ltd.	CAN	NIA	Express Scripts Canada Services	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.0000	00-0000000				Express Scripts Pharmacy Central, Ltd.	CAN	NIA	Express Scripts Canada Services	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.0000	00-0000000				Express Scripts Pharmacy Ontario, Ltd.	CAN	NIA	Express Scripts Canada Services	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.0000	00-0000000				Express Scripts Pharmacy West, Ltd.	CAN	NIA	Express Scripts Canada Services	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.0000	30-0789911				Express Scripts Pharmacy, Inc.	DE	NIA	Medco Health Services, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.0000	22-3114423				Express Scripts Sales Operations, Inc.	NJ	NIA	ESI Mail Pharmacy Service, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.0000	20-3126104				Express Scripts Senior Care Holdings, Inc.	DE	NIA	Express Scripts, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.0000	20-3126075				Express Scripts Senior Care, Inc.	DE	NIA	Express Scripts Senior Care Holdings, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.0000	43-1832983				Express Scripts Services Co.	DE	NIA	Express Scripts, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.0000	43-1869712				Express Scripts Specialty Distribution Services, Inc.	DE	NIA	Express Scripts, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.0000	22-2230703				Express Scripts Strategic Development, Inc.	NJ	NIA	Express Scripts, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.0000	43-1869714				Express Scripts Utilization Management Company	DE	NIA	Express Scripts, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.0000	43-1420563				Express Scripts, Inc.	DE	NIA	Evernorth Health, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.0000	00-0000000				FirstAssist Administration Limited	GBR	NIA	Cigna Willow Holdings, LTD.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.0000	23-1914061				Former Cigna Investments, Inc.	DE	NIA	Cigna Investment Group, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.0000	02-0523249				Freco, Inc.	FL	NIA	Priority Healthcare Corporation	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.0000	20-3229217				Freedom Service Company, LLC	FL	NIA	Lynnfield Drug, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.0000	00-0000000				Gillette Ridge Community Council, Inc.	CT	NIA	Connecticut General Life Insurance Company	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.0000	20-3700105				Gillette Ridge Golf, LLC	DE	NIA	Connecticut General Life Insurance Company	Ownership	100.000	Cigna Corporation		

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

SCHEDULE Y
PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
.0901	Cigna Group	95388	93-1174749				Great-West Healthcare of Illinois, Inc.	IL	NIA	Cigna Healthcare Holdings, Inc. Connecticut General Life Insurance Company	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	00-0000000				GRG Acquisitions LLC	DE	NIA		Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	00-0000000				Grown Ups New Zealand Limited	NZL	NIA	Cigna Life Insurance New Zealand Limited	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	76-0657035				GulfQuest, LP	TX	NIA	HouQuest, LLC	Ownership	99.000	Cigna Corporation		
.0901	Cigna Group	.00000	87-3650143				Hartford Community Lender Holding LLC	DE	NIA	Cigna Health and Life Insurance Company	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	87-3686301				Hartford Community Lender I LLC	DE	NIA	Hartford Community Lender Holding LLC Connecticut General Life Insurance Company	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	52-2149519				Hazard Center Investment Company LLC	DE	NIA		Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	04-2992335				Healthbridge Reimbursement & Product Support, Inc.	MA	NIA	Priority Healthcare Corporation	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	26-2159005				Healthbridge, Inc.	DE	NIA	Express Scripts, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	46-2086778				Health-Lynx, LLC	NJ	NIA	Cigna Health and Life Insurance Company	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	06-1533555				Healthsource Benefits, Inc.	DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	02-0467679				Healthsource Properties, Inc.	NH	NIA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	02-0387748		0000855587		Healthsource, Inc.	DE	NIA	Cigna Health Corporation	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.12902	20-8534298				HealthSpring Life & Health Insurance Company, Inc.	TX	IA	NewQuest, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	20-8647386				HealthSpring Management of America, LLC	DE	NIA	NewQuest, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.11532	65-1129599				HealthSpring of Florida, Inc.	FL	IA	NewQuest, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	26-2353772				HealthSpring Pharmacy of Tennessee, LLC	DE	NIA	HealthSpring Pharmacy Services, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	26-2353476				HealthSpring Pharmacy Services, LLC	DE	NIA	NewQuest, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	72-1559530				HealthSpring USA, LLC	TN	NIA	NewQuest, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	20-1821898		0001339553		HealthSpring, Inc.	DE	NIA	Connecticut General Corporation Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	81-4139432				Heights at Bear Creek Venture LLC	DE	NIA		Ownership	90.000	Cigna Corporation		
.0901	Cigna Group	.00000	20-4266628				Home Physicians Management, LLC	DE	NIA	NewQuest, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	75-3108521				HouQuest, LLC	DE	NIA	NewQuest, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	37-1708015				Houston Briar Forest Apartments Limited Partnership	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	80.000	Cigna Corporation		
.0901	Cigna Group	.00000	95-4838551				Ideal Properties II LLC	CA	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	85.000	Cigna Corporation		
.0901	Cigna Group	.00000	35-2041388				IHN, Inc.	IN	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	00-0000000				Independent Health Information Technology Services L.L.C.	ARE	NIA	NAS Neuron Health Services, L.L.C.	Ownership	50.000	Cigna Corporation		
.0901	Cigna Group	.00000	82-1655179				Innovative Product Alignment, LLC	DE	NIA	Express Scripts, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	82-0658250				Inside RX, LLC	DE	NIA	Express Scripts, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	81-0425785				Intermountain Underwriters, Inc.	MT	NIA	Benefit Management Corp.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	00-0000000				International Pharmaceutical Solutions, GmbH	CHE	NIA		Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	84-3406799				JA Lofts Holdings, LLC	DE	NIA	Cigna Holdings Overseas, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	84-3395923				JA Lofts JV Limited Partnership	DE	NIA	JA Lofts JV Limited Partnership	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	00-0000000				Kuwait Emirates Administration Services WLL	KWT	NIA	CARING JA Lofts Investor LP LLC	Ownership	90.000	Cigna Corporation		
.0901	Cigna Group	.00000	00-0000000				KDM (Thailand) Limited	THA	NIA	NAS Administrative Services Company LLC	Ownership	90.000	Cigna Corporation		
.0901	Cigna Group	.00000	20-8064696				Kronos Optimal Health Company	AZ	NIA	RHP Thailand Limited	Ownership	99.900	Cigna Corporation		
.0901	Cigna Group	.00000	47-5292506				L&C Investments, LLC	DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	47-4375626				Lakehills CM-CG LLC	DE	NIA	Express Scripts, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	00-0000000				LINA Financial Service	KOR	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	90.000	Cigna Corporation		
.0901	Cigna Group	.00000	00-0000000				LINA Life Insurance Company of Korea	KOR	IA	Cigna Korea Chusik Heosa	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.65722	63-0343428				Loyal American Life Insurance Company	OH	UDP	Cigna Chestnut Holdings, Ltd.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	58-2593075				Lynnfield Compounding Center, Inc.	FL	NIA	Cigna Health and Life Insurance Company	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	04-3546044				Lynnfield Drug, Inc.	FL	NIA	Priority Healthcare Corporation	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	27-1506930				MAH Pharmacy, LLC	DE	NIA	Priority Healthcare Corporation Medco Health Solutions, Inc.	Ownership	100.000	Cigna Corporation		

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SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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.0901	Cigna Group	.00000	80-0908244				Mallory Square Partners I, LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	80.000	Cigna Corporation		
.0901	Cigna Group	.00000	88-0241365				Managed Care Consultants, Inc.	NV	NIA	Cigna Health Corporation	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	51-0500147				Matrix GPO, LLC	IN	NIA	Priority Healthcare Corporation	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	59-3720653				Matrix Healthcare Services, Inc.	FL	NIA	MyMatrixx Holdings, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	06-1346406				MCC Independent Practice Association of New York, Inc.	NY	NIA	Evernorth Health, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	45-4937055				MDLive, Inc.	DE	NIA	Evernorth Health, Inc.	Ownership	97.230	Cigna Corporation		
.0901	Cigna Group	.00000	00-0000000				MDLive LLC	DE	NIA	MDLive, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	00-0000000				MDLivevisit, LLC	FL	NIA	MDLive, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	00-0000000				MDLive Provider Services, LLC	FL	NIA	MDLive, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.34720	13-3506395				Medco Containment Insurance Company of NY	NY	IA	Medco Health Solutions, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.63762	42-1425239				Medco Containment Life Insurance Company	PA	IA	Medco Health Solutions, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	27-3709630				Medco Europe II, LLC	DE	NIA	Medco Europe, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	46-2166374				Medco Europe, LLC	DE	NIA	Medco Health Solutions, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	84-5017653				Medco Health Information Network Partners, Inc.	DE	NIA	Medco Health Solutions, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	81-0616525				Medco Health Puerto Rico, LLC	DE	NIA	Medco Health Solutions, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	26-3544786				Medco Health Services, Inc.	DE	NIA	Medco Health Solutions, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	22-3461740				Medco Health Solutions, Inc.	DE	NIA	Evernorth Health, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	88-0334401				Mediversal, Inc.	NV	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	27-3801345				MedSolutions Holdings, Inc.	DE	NIA	eviCore 1, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	87-2810715				Montclair 11 Pine Operating Company LLC	DE	NIA	CARING Montclair Investor LLC	Ownership	90.000	Cigna Corporation		
.0901	Cigna Group	.00000	87-2810715				Montclair 11 Pine Urban Renewal LLC	DE	NIA	CARING Montclair Investor LLC	Ownership	90.000	Cigna Corporation		
.0901	Cigna Group	.00000	87-2772585				Montclair Residences JV LLC	DE	NIA	CARING Montclair Investor LLC	Ownership	90.000	Cigna Corporation		
.0901	Cigna Group	.00000	32-0071543				MSI Health Organization of Texas, Inc.	TX	NIA	eviCore healthcare MSI, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	27-5492993				MSI HT, LLC	TN	NIA	eviCore healthcare MSI, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	27-5493148				MSI LT, LLC	TN	NIA	eviCore healthcare MSI, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	27-5493321				MSI SAR-GW, LLC	TN	NIA	eviCore healthcare MSI, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	86-1090522				MSIAZ I, LLC	TN	NIA	eviCore healthcare MSI, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	20-1749733				MSICA I, LLC	TN	NIA	eviCore healthcare MSI, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	20-1222347				MSICO I, LLC	TN	NIA	eviCore healthcare MSI, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	55-0840800				MSIFL, LLC	TN	NIA	eviCore healthcare MSI, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	26-0181185				MSIMD I, LLC	TN	NIA	eviCore healthcare MSI, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	74-3122235				MSINC I, LLC	TN	NIA	eviCore healthcare MSI, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	11-3715243				MSINH II, LLC	TN	NIA	eviCore healthcare MSI, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	03-0524694				MSINH, LLC	TN	NIA	eviCore healthcare MSI, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	20-1749446				MSINU I, LLC	TN	NIA	eviCore healthcare MSI, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	20-1761914				MSINW I, LLC	TN	NIA	eviCore healthcare MSI, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	55-0840806				MSISC II, LLC	TN	NIA	eviCore healthcare MSI, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	26-0336736				MSIVT I, LLC	TN	NIA	eviCore healthcare MSI, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	20-2536458				MSIWA, LLC	TN	NIA	eviCore healthcare MSI, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	36-4833284				MyM Technology Services, LLC	FL	NIA	MyMatrixx Holdings, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	82-1350878				myMatrixx Holdings, LLC	DE	NIA	Express Scripts, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	46-2589799				myMatrixx-B, LLC	FL	NIA	Matrix Healthcare Services, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	00-0000000				NAS Administrative Services Company LLC	ARE	NIA	NAS Neuron Health Services, L.L.C.	Ownership	99.000	Cigna Corporation		
.0901	Cigna Group	.00000	00-0000000				NAS Neuron Health Services, L.L.C.	ARE	NIA	Cigna Chestnut Holdings, Ltd.	Ownership	34.000	Cigna Corporation		
.0901	Cigna Group	.00000	00-0000000				NAS United SPV	CYM	NIA	NAS Neuron Health Services, L.L.C.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	00-0000000				Neuron LLC	ARE	NIA	NAS Neuron Health Services, L.L.C.	Ownership	99.000	Cigna Corporation		
.0901	Cigna Group	.00000	52-1929677				NewQuest Management Northeast, LLC	DE	NIA	NewQuest, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	33-1033586				NewQuest Management of Alabama, LLC	AL	NIA	NewQuest, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	20-4954206				NewQuest Management of Florida, LLC	FL	NIA	NewQuest, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	77-0632665				NewQuest Management of Illinois, LLC	IL	NIA	NewQuest, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	45-0633893				NewQuest Management of West Virginia, LLC	DE	NIA	NewQuest, LLC	Ownership	100.000	Cigna Corporation		

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

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
.0901	Cigna Group	.00000	76-0628370				NewQuest, LLC	TX	NIA	HealthSpring, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	82-5244890				Octave Health Group, Inc.	DE	NIA	Cigna Ventures, LLC	Ownership	10.100	Cigna Corporation		
.0901	Cigna Group	.00000	91-1599329				Olympic Health Management Services, Inc.	WA	NIA	Olympic Health Management Systems, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	91-1500758				Olympic Health Management Systems, Inc.	WA	NIA	Sterling Life Insurance Company	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	00-0000000				OnePath Life (NZ) Limited	NZL	IA	Cigna New Zealand Holdings Limited	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	80-0818758				Patient Provider Alliance, Inc.	DE	NIA	Brighter, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	35-1927379				Priority Healthcare Corporation	IN	NIA	CuraScript, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	59-3761140				Priority Healthcare Distribution, Inc.	FL	NIA	Priority Healthcare Corp	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.67903	23-1335885				Provident American Life & Health Insurance Company	OH	IA	Cigna National Health Insurance Company	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	00-0000000				PT GAR Indonesia	IDN	NIA	Cigna Holdings Overseas, Inc.	Ownership	99.160	Cigna Corporation		
.0901	Cigna Group	.00000	AA-5360003				PT Asuransi Cigna	IDN	IA	Cigna Worldwide Insurance Company	Ownership	99.999	Cigna Corporation		
.0901	Cigna Group	.00000	45-5046449				PUR Arbors Apartments Venture LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	87.500	Cigna Corporation		
.0901	Cigna Group	.00000	46-1801639				QualCare Management Resources Limited Liability Company	NJ	NIA	Cigna Health and Life Insurance Company	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	00-0000000				Qualient Pharmaceuticals Holdings LP	CYM	NIA	Cigna Spruce Holdings GmbH	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	00-0000000				Qualient Pharmaceuticals Health LLC	CYM	NIA	Qualient Pharmaceuticals Holdings LP	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	45-5569416				QPID Health, LLC	DE	NIA	eviCore healthcare MSI, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	00-0000000				RHP (Thailand) Limited	THA	NIA	Cigna Apac Holdings, Ltd.	Ownership	49.000	Cigna Corporation		
.0901	Cigna Group	.00000	83-1460134				Rise-CG Capitol Hill, LP	DE	NIA	CARING Capitol Hill LP LLC	Ownership	90.000	Cigna Corporation		
.0901	Cigna Group	.00000	84-3254168				Rise-CG JA Lofts Limited Partnership	DE	NIA	JA Lofts Holdings, LLC (.5%); JA Lofts JV Limited Partnership (99.5%)	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	35-1641636				Sagamore Health Network, Inc.	IN	NIA	Cigna Health Corporation	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	46-3593103				SB-SNH LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	85.000	Cigna Corporation		
.0901	Cigna Group	.00000	95-2876207				Secon Properties, LP	CA	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	50.000	South Coast Plaza Associates, LLC (non-affiliate)		
.0901	Cigna Group	.00000	82-1732483				SOMA Apartments Venture LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	90.000	Cigna Corporation		
.0901	Cigna Group	.00000	82-4405071				Specialty Products Acquisitions, LLC	DE	NIA	Medco Health Solutions, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	61-1317695				SpectraCare Health Care Ventures, Inc.	KY	NIA	SpectraCare, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	61-1147068				SpectraCare, Inc.	KY	NIA	Priority Healthcare Corp	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.77399	13-1867829				Sterling Life Insurance Company	IL	IA	Cigna Health and Life Insurance Company	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	47-2658932				Strategic Pharmaceutical Investments, LLC	DE	NIA	Priority Healthcare Corp	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	00-0000000				SureScripts, LLC	VA	NIA	Express Scripts, Inc. 16.7%/Medco Health Solutions, Inc. 16.7%	Ownership	33.400	Cigna Corporation		
.0901	Cigna Group	.00000	87-0903685				Swedesford Road Apartments, LLC	DE	NIA	CARING Berwyn Investor LLC	Ownership	68.600	Cigna Corporation		
.0901	Cigna Group	.00000	22-3474888				Systemed, LLC	DE	NIA	Medco Health Solutions, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	23-3074013				Tel-Drug of Pennsylvania, LLC	PA	NIA	Connecticut General Life Insurance Company	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	46-0427127				Tel-Drug, Inc.	SD	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	00-0000000				Temple Insurance Company Limited	BMU	IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	20-5524622				Tennessee Quest, LLC	TN	NIA	NewQuest, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	75-3108527				TexQuest, LLC	DE	NIA	NewQuest, LLC	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	85-1955731				The Flats at Interbay Holdings, LLC	DE	NIA	The Flats at Interbay JV Limited Partnership	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	85-1955075				The Flats at Interbay JV Limited Partnership	DE	NIA	CARING Interbay Investor LP LLC	Ownership	90.000	Cigna Corporation		
.0901	Cigna Group	.00000	85-1962013				The Flats at Interbay Limited Partnership	DE	NIA	The Flats at Interbay JV Limited Partnership	Ownership	99.500	Cigna Corporation		
.0901	Cigna Group	.00000	46-5264463				Trainer Rx, Inc.	DE	NIA	Cigna Ventures, LLC	Ownership	19.400	Cigna Corporation		
.0901	Cigna Group	.00000	00-0000000				Transwestern Federal, L.L.C.	DE	NIA	Transwestern Federal Holdings, L.L.C.	Ownership	7.616	Cigna Corporation		

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

SCHEDULE Y
PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Location	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Yes/No)	*
.0901	Cigna Group	.00000	00-0000000				Transwestern Federal Holdings, L.L.C.	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	7.616	Cigna Corporation		
.0901	Cigna Group	.65269	75-2305400				United Benefit Life Insurance Company	OH	IA	Provident American Life and Health Insurance Company	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	88-0344624				Universal Claims Administration	NV	NIA	Mediversal, Inc.	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	98-0463704				Vielife Services, Inc.	DE	NIA	Cigna Global Wellbeing Holdings Limited	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	00-0000000				Verity Solutions Group, Inc.	DE	NIA	Cigna Health and Life Insurance Company	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	00-0000000				Westcore CG AC, LLC	DE	NIA	CARING Westcore Holding Investor LLC	Ownership	90.000	Cigna Corporation		
.0901	Cigna Group	.00000	84-3178563				Westcore CG Camelback, LLC	DE	NIA	CARING Westcore Holding Investor LLC	Ownership	90.000	Cigna Corporation		
.0901	Cigna Group	.00000	84-3178563				Westcore CG Cedar Port, LLC	DE	NIA	CARING Westcore Holding Investor LLC	Ownership	90.000	Cigna Corporation		
.0901	Cigna Group	.00000	00-0000000				Westcore CG Commerce, LLC	DE	NIA	CARING Westcore Holding Investor LLC	Ownership	90.000	Cigna Corporation		
.0901	Cigna Group	.00000	84-3178563				Westcore CG Dove Valley I, LLC	DE	NIA	CARING Westcore Holding Investor LLC	Ownership	90.000	Cigna Corporation		
.0901	Cigna Group	.00000	84-3178563				Westcore CG Dove Valley II, LLC	DE	NIA	CARING Westcore Holding Investor LLC	Ownership	90.000	Cigna Corporation		
.0901	Cigna Group	.00000	84-3178563				Westcore CG Fountain Lakes, LLC	DE	NIA	CARING Westcore Holding Investor LLC	Ownership	90.000	Cigna Corporation		
.0901	Cigna Group	.00000	84-3178563				Westcore CG Gateway, LLC	DE	NIA	CARING Westcore Holding Investor LLC	Ownership	90.000	Cigna Corporation		
.0901	Cigna Group	.00000	84-3178563				Westcore CG I-35, LLC	DE	NIA	CARING Westcore Holding Investor LLC	Ownership	90.000	Cigna Corporation		
.0901	Cigna Group	.00000	84-3178563				Westcore CG Mezz, LLC	DE	NIA	CARING Westcore Holding Investor LLC	Ownership	90.000	Cigna Corporation		
.0901	Cigna Group	.00000	84-3178563				Westcore CG Navy, LLC	DE	NIA	CARING Westcore Holding Investor LLC	Ownership	90.000	Cigna Corporation		
.0901	Cigna Group	.00000	84-3178563				Westcore CG Potomac Park, LLC	DE	NIA	CARING Westcore Holding Investor LLC	Ownership	90.000	Cigna Corporation		
.0901	Cigna Group	.00000	84-3178563				Westcore CG Solano, LLC	DE	NIA	CARING Westcore Holding Investor LLC	Ownership	90.000	Cigna Corporation		
.0901	Cigna Group	.00000	84-3178563				Westcore CG Susana, LLC	DE	NIA	CARING Westcore Holding Investor LLC	Ownership	90.000	Cigna Corporation		
.0901	Cigna Group	.00000	00-0000000				Westcore CG Venture, LLC	DE	NIA	CARING Westcore Holding Investor LLC	Ownership	90.000	Cigna Corporation		
.0901	Cigna Group	.00000	87-3624928				Westcore CG Venture II, LLC	DE	NIA	CARING Westcore Holding II Investor LLC	Ownership	90.000	Cigna Corporation		
.0901	Cigna Group	.00000	87-3624928				Westcore CG II AC, LLC	DE	NIA	CARING Westcore Holding II Investor LLC	Ownership	90.000	Cigna Corporation		
.0901	Cigna Group	.00000	87-3624928				Westcore CG II Park 225, LLC	DE	NIA	CARING Westcore Holding II Investor LLC	Ownership	90.000	Cigna Corporation		
.0901	Cigna Group	.00000	85-3567364				Westcore Realty CG Avondale, LLC	DE	NIA	CARING Avondale Investor LLC	Ownership	90.000	Cigna Corporation		
.0901	Cigna Group	.00000	00-0000000				Willow DSP LLC	DE	NIA	Accredo Health, Incorporated	Ownership	100.000	Cigna Corporation		
.0901	Cigna Group	.00000	00-0000000				YCFM Servicios LTDA	BRA	NIA	Cigna Global Holdings, Inc.	Ownership	35.320	Cigna Corporation		

Asterisk	Explanation

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

SCHEDULE Y

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
00000	46-2332355	1EQ Inc. (d/b/a Babyscripts)										
00000	00-0000000	680 Investors LLC										
00000	00-0000000	685 New Hampshire LLC										
00000	82-4794800	9171 Wilshire CPI-CII LLC										
00000	85-1046126	ABS Apartments Venture, L.L.C.										
00000	11-3358535	Accredo Health Group, Inc.										
00000	55-0894449	Accredo Health, Incorporated										
00000	13-3888838	AHG of New York, Inc.										
00000	75-3040465	Airport Holdings, LLC										
00000	35-2562415	Alegis Care Services, LLC										
00000	85-0909305	Alegis Care Services of Colorado, LLC										
00000	81-0400550	Allegiance Benefit Plan Management, Inc.					14,483,677				14,483,677	
00000	03-0507057	Allegiance Care Management, LLC					86,979				86,979	
00000	71-0916514	Allegiance COBRA Services, Inc.					570				570	
12814	20-4433475	Allegiance Life & Health Insurance Company										
00000	26-2201582	Allegiance Provider Direct, LLC					(2,620,034)	(75,513)			(2,695,547)	63,459
00000	20-3851464	Allegiance Re, Inc.										
88366	59-2760189	American Retirement Life Insurance Company		(30,000,000)			(19,474,183)				(49,474,183)	
00000	82-3315524	Arbor Heights Venture LLC										
00000	46-4080861	AristaMD, Inc.										
00000	86-3581583	Arizona Health Plan, Inc.										
00000	00-0000000	Ascent Health Services LLC					(355,124)				(355,124)	
00000	86-1750832	ASM Apartments Venture, L.L.C.										
00000	81-0585518	Benefit Management Corp.	(10,000,000)								(10,000,000)	
00000	81-2650133	Berewick Apartments LLC										
00000	43-1815573	Biopartners in Care, Inc.										
00000	06-1522976	Blodget & Hazard Limited										
10095	52-2259087	Bravo Health Mid-Atlantic, Inc.		15,000,000			(23,636,365)				(8,636,365)	
11524	52-2363406	Bravo Health Pennsylvania, Inc.					(113,777,153)				(113,777,153)	
00000	00-0000000	Breakthrough Behavioral, Inc.										
00000	00-0000000	Breakthrough Behavioral of Texas, Inc.										
00000	27-1713977	Brighter, Inc.					5,096,467				5,096,467	
00000	46-4918521	Buoy Health, Inc.										
00000	61-1162797	Care Continuum, Inc.										
00000	85-0954556	CareAllies Accountable Care Collaborative LLC										
00000	85-0935554	CareAllies Accountable Care Network LLC										
00000	00-0000000	CareAllies Accountable Care Solutions LLC										
00000	26-0180898	CareAllies, Inc.	(10,000,000)				(13,518)				(10,013,518)	
00000	81-2760646	CareAllies, LLC										
10144	20-1089572	CareCore NJ, LLC										

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

SCHEDULE Y

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
00000	45-2681649	CarePlexus, LLC										
00000	83-1400586	CARING 18th & Salmon Investor LLC										
00000	83-2562994	CARING 500 Ygnacio Investor LLC										
00000	84-1960231	CARING 3130 Investor LLC										
00000	83-2318410	CARING 9171 Wilshire Investor LLC										
00000	85-4247420	CARING ABS Investor LLC										
00000	83-2851501	CARING Alta Duraleigh Investor LLC										
00000	83-2851501	CARING Alta Englewood Investor LLC										
00000	85-2966766	CARING Alta Leander Investor LLC										
00000	83-2563284	CARING Alta Woodson Investor LLC										
00000	85-2966766	CARING Avondale Investor LLC										
00000	87-1992977	CARING Berwyn Investor LLC										
00000	32-0570889	CARING Capitol Hill GP LLC										
00000	37-1903297	CARING Capitol Hill LP LLC										
00000	83-2851364	CARING Century Plaza Investor LLC										
00000	85-4265529	CARING Deco Investor LLC										
00000	85-2912145	CARING Elan I Investor LLC										
00000	87-0928526	CARING Elan II Investor LLC										
00000	83-3701937	CARING Firestone Investor LLC										
00000	00-0000000	CARING JA Lofts Investor LP LLC										
00000	00-0000000	CARING JA Lofts Investor GP LLC										
00000	83-2318233	CARING Heights at Bear Creek Investor LLC										
00000	83-1400482	CARING Hillcrest Investor LLC										
00000	84-4410554	CARING IBP Investor LLC										
00000	85-1961034	CARING Interbay Investor GP LLC										
00000	85-1984627	CARING Interbay Investor LP LLC										
00000	83-2339522	CARING Mallory Square Investor LLC										
00000	85-4265529	CARING Montclair Investor LLC										
00000	83-2563138	CARING Soma Investor LLC										
00000	83-2633790	CARING Alexan Enclave Investor LLC										
00000	83-2633886	CARING Orange Collection Investor LLC										
00000	83-8294933	CARING South Coast Subsidiary LLC										
00000	86-1942593	CARING St. Matthew's Investor LLC										
00000	38-4085763	CARING Westcore Holding Investor LLC										
00000	87-3646420	CARING Westcore Holding II Investor LLC										
00000	83-3923178	CARING XR International Investor LLC										
00000	83-4317078	CARING XR 2 International Investor LLC										
00000	84-1843578	CGGL XR 2 International JV LLC										
00000	84-1843578	CGGL XR 2 International Mezz LLC										
00000	45-2604992	CCN NMO, LLC										
00000	33-1039759	CCN-WNY IPA, LLC										
00000	34-1970892	Ceres Sales of Ohio, LLC										
00000	06-1332403	CG Individual Tax Benefit Payments, Inc.										
								(7,788)			(7,788)	
								(6,569)			(6,569)	
								(391)			(391)	

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

SCHEDULE Y

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
00000	06-1332405	CG Life Pension Benefits Payments, Inc.										
00000	06-1332401	CG LINA Pension Benefits Payments, Inc.										
00000	84-2083351	CG-AQ 477 South Market Street LLC										
00000	84-4773972	CG-LEDO IBP Venture LLC										
00000	84-4747045	CG-LEDO IBP I LLC										
00000	84-4755025	CG-LEDO IBP II LLC										
00000	83-2993316	CG-Muller 550 Winchester, LLC										
00000	45-5499889	CG Seventh Street, LLC										
00000	85-0734624	CG/Wood Alta Duraleigh, LLC										
00000	85-0655107	CG/Wood Alta Duraleigh Owner, LLC										
00000	87-2928401	CG/Wood Alta Duraleigh Townhome, LLC										
00000	82-1280312	CG/Wood Alta 601, LLC										
00000	85-2233381	CG/Wood Alta Leander Station, LLC										
00000	81-3313562	CGGL City Parkway LLC										
00000	61-1797835	CGGL Orange Collection LLC										
00000	00-0000000	CGGL Orange Collection Mezz LLC										
00000	84-1921719	CGGL XR International LLC										
00000	84-1843578	CGGL XR 2 International LLC										
00000	00-0000000	CGO Participatos LTDA										
00000	59-3466707	Chiro Alliance Corporation										
00000	81-3389374	CIG-LEI Ygnacio Associates LLC										
00000	86-2964997	CI-GS Elan Everett Phase I, LLC										
00000	86-3726159	CI-GS Elan Everett Phase II, LLC										
00000	82-4774243	CI-GS Portland, LLC										
00000	82-1612980	CI-GS Hillcrest LLC										
00000	00-0000000	Cigna & CMB Asset Management Company Limited										
00000	00-0000000	Cigna & CMB Health Services Company, Ltd.										
00000	00-0000000	Cigna & CMB Life Insurance Company Limited	(19,247,233)	86,776,604							67,529,371	
00000	00-0000000	CIGNA 2000 UK Pension LTD										
00000	27-5402196	Cigna Affiliates Realty Investment Group, LLC		27,019,004							27,019,004	
00000	00-0000000	Cigna Alder Holdings, LLC										
00000	00-0000000	Cigna Apac Holdings, Ltd.										
13733	03-0452349	Cigna Arbor Life Insurance Company		500,000			(3,352)				496,648	
00000	98-1181787	Cigna Beechwood Holdings										
00000	00-0000000	Cigna Bellevue Alpha LLC										
00000	02-0515554	Cigna Benefit Technology Solutions, Inc.										
00000	01-0947889	Cigna Benefits Financing, Inc.					1,245,924				1,245,924	
00000	00-0000000	Cigna Brokerage & Marketing (Thailand) Limited										
00000	00-0000000	Cigna Cedar Holdings, Ltd.										

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SCHEDULE Y

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

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NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
00000	98-1137759	Cigna Chestnut Holdings, Ltd.										
00000	27-3396038	Cigna Corporate Services, LLC										
00000	82-4991898	Cigna Corporation (A Delaware corporation and ultimate parent company)	2,751,000,000								2,751,000,000	
00000	00-0000000	Cigna Data Services (Shanghai) Company Limited										
00000	59-2600475	Cigna Dental Health Of California, Inc.	(13,000,000)				757,187				(12,242,813)	
11175	59-2675861	Cigna Dental Health Of Colorado, Inc.	(2,000,000)				(1,030,579)				(3,030,579)	
95380	59-2676987	Cigna Dental Health Of Delaware, Inc.					(17,587)				(17,587)	
52021	59-1611217	Cigna Dental Health Of Florida, Inc.	(7,000,000)				(4,218,546)				(11,218,546)	
00000	06-1351097	Cigna Dental Health of Illinois, Inc.										
52024	59-2625350	Cigna Dental Health Of Kansas, Inc.	(250,000)				(218,680)				(468,680)	
52108	59-2619589	Cigna Dental Health Of Kentucky, Inc.	(3,000,000)				(1,248,294)				(4,248,294)	
48119	20-2844020	Cigna Dental Health Of Maryland, Inc.	(2,750,000)				(1,038,381)				(3,788,381)	
11160	06-1582068	Cigna Dental Health Of Missouri, Inc.	(1,200,000)				(541,091)				(1,741,091)	
11167	59-2308062	Cigna Dental Health Of New Jersey, Inc.	(1,189,000)				(1,760,923)				(2,949,923)	
95179	56-1803464	Cigna Dental Health Of North Carolina, Inc.					(723,113)				(723,113)	
47805	59-2579774	Cigna Dental Health Of Ohio, Inc.	(2,500,000)				(994,312)				(3,494,312)	
47041	52-1220578	Cigna Dental Health Of Pennsylvania, Inc.										
			(1,900,000)				(735,138)				(2,635,138)	
95037	59-2676977	Cigna Dental Health Of Texas, Inc.	(9,000,000)				(4,861,215)				(13,861,215)	
52617	52-2188914	Cigna Dental Health Of Virginia, Inc.	(1,275,000)				(685,912)				(1,960,912)	
47013	86-0807222	Cigna Dental Health Plan Of Arizona, Inc.										
			(4,100,000)				997,877				(3,102,123)	
00000	59-2308055	Cigna Dental Health, Inc.	(14,836,000)				30,717,715				15,881,715	
00000	58-1136865	Cigna Direct Marketing Company, Inc.										
00000	98-1155943	Cigna Elmwood Holdings, SPRL										
00000	00-0000000	Cigna Europe Insurance Company S.A.-N.V.										
00000	00-0000000	Cigna European Services (UK) Limited										
00000	62-1724116	Cigna Federal Benefits, Inc.										
00000	51-0389196	Cigna Global Holdings, Inc.	(125,658,651)	140,200,000			(2,974)				14,538,375	
00000	68-0676638	Cigna Global Insurance Company Limited						(2,872,369)			(2,872,369)	
00000	98-0210110	Cigna Global Reinsurance Company, Ltd.	(9,951,000)				(44,833)	(34,390,801)			(44,386,634)	(112,104,769)
00000	00-0000000	Cigna Global Wellbeing Holdings Limited										
00000	00-0000000	Cigna Global Wellbeing Solutions Limited		14,878,125							14,878,125	
67369	59-1031071	Cigna Health and Life Insurance Company	(2,416,541,714)	(32,932,903)			179,323,782	46,099,615			(2,224,051,220)	74,029,664
00000	62-1312478	Cigna Health Corporation	(104,000,000)				73,675,384				(30,324,616)	
00000	23-1728483	Cigna Health Management, Inc.					31,866,134				31,866,134	
00000	00-0000000	Cigna Health Solution India Pvt. Ltd.										
00000	23-2741293	Cigna Healthcare Benefits, Inc.										
00000	84-0985843	Cigna Healthcare Holdings, Inc.										
95599	52-1404350	Cigna HealthCare Mid-Atlantic, Inc.										
95125	86-0334392	Cigna HealthCare of Arizona, Inc.		55,000,000			(21,810,391)	(161,470)			33,028,139	1,446,088

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

SCHEDULE Y

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
00000	95-3310115	Cigna HealthCare of California, Inc.	115,000,000				(31,264,931)	(3,873,957)			79,861,112	9,760,444
95604	84-1004500	Cigna HealthCare of Colorado, Inc.		8,000,000		(184,375)	(5,458,751)	(57,980)			2,298,894	36,222
95660	06-1141174	Cigna HealthCare of Connecticut, Inc.					(504,246)	(1,180)			(505,426)	737
95136	59-2089259	Cigna HealthCare of Florida, Inc.					(302,854)	(105,020)			(407,874)	65,610
96229	58-1641057	Cigna HealthCare of Georgia, Inc.		80,000,000		(28,750)	(47,078,135)	(32,996)			32,860,119	32,037
95602	36-3385638	Cigna HealthCare of Illinois, Inc.					(9,575,284)	(861,132)			(10,436,416)	1,667,959
95525	35-1679172	Cigna HealthCare of Indiana, Inc.					(8,779)	(1,360)			(10,139)	850
95477	01-0418220	Cigna HealthCare of Maine, Inc.										
95220	02-0402111	Cigna HealthCare of Massachusetts, Inc.										
95493	02-0387749	Cigna HealthCare of New Hampshire, Inc.					(9,686)				(9,686)	
95500	22-2720890	Cigna HealthCare of New Jersey, Inc.					(59,434)	(18,060)			(77,494)	11,283
95132	56-1479515	Cigna HealthCare of North Carolina, Inc.		45,000,000			(45,703,210)	(3,523,071)			(4,226,281)	3,175,435
95121	23-2301807	Cigna HealthCare of Pennsylvania, Inc.										
95708	06-1185590	Cigna HealthCare of South Carolina, Inc.		5,000,000			(10,785,098)	(4,380)			(5,789,478)	2,736
95635	36-3359925	Cigna HealthCare of St. Louis, Inc.		3,000,000			(4,641,382)	(46,580)			(1,687,962)	29,100
95606	62-1218053	Cigna HealthCare of Tennessee, Inc.					(1,994,406)				(1,994,406)	428,260
95383	74-2767437	Cigna HealthCare of Texas, Inc.	(15,000,000)				(4,108,008)	(149,259)			(19,257,267)	887,745
95518	62-1230908	Cigna HealthCare of Utah, Inc.										
00000	02-0495422	Cigna Healthcare, Inc.					25,983				25,983	
00000	00-0000000	Cigna HLA Technology Services Company Limited										
00000	06-1059331	Cigna Holding Company	135,609,651	(800,000,000)		213,125	(8,381)				(664,185,605)	
00000	23-3009279	Cigna Holdings Overseas, Inc.										
00000	06-1072796	Cigna Holdings, Inc.		(421,700,000)			(20,778)				(421,720,778)	
00000	00-0000000	Cigna Hong Kong Holdings Company Limited										
00000	27-1903785	Cigna Insurance Agency, LLC										
00000	00-0000000	Cigna Insurance Management Services (DIFC), Ltd.										
00000	00-0000000	Cigna Insurance Middle East S.A.L.					4,692,032				4,692,032	
00000	00-0000000	Cigna Insurance Public Company Limited										
00000	00-0000000	Cigna Insurance Services (Europe) Limited										
00000	23-2924152	Cigna Integratedcare, Inc.										
00000	51-0402128	Cigna Intellectual Property, Inc.										
00000	51-0111677	Cigna International Corporation, Inc.					(7,355,064)				(7,355,064)	
00000	52-0291385	Cigna International Finance, Inc.										
00000	00-0000000	Cigna International Health Services Kenya Limited										
00000	00-0000000	Cigna International Health Services Sdn. Bhd.										
00000	00-0000000	Cigna International Health Services, BVBA										
00000	30-0526216	Cigna International Health Services, LLC										

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

SCHEDULE Y

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
00000	00-0000000	Cigna International Marketing (Thailand) Limited										
00000	00-0000000	Cigna International Services Australia Pty Ltd.										
00000	23-2610178	Cigna International Services, Inc.										
00000	06-1095823	Cigna Investment Group, Inc.					(1,474)				(1,474)	
00000	06-0861092	Cigna Investments, Inc.					42,756,575				42,756,575	
00000	00-0000000	Cigna Korea Chusik Heosa (A/K/A Cigna Korea Company Limited)										
00000	98-1146864	Cigna Laurel Holdings, Ltd.										
00000	00-0000000	Cigna Legal Protection U.K. Ltd.										
00000	AA-1560515	Cigna Life Insurance Company of Canada					(5,533,063)				(5,533,063)	
00000	AA-1240009	Cigna Life Insurance Company of Europe S.A.-N.V.					737,104				737,104	
00000	00-0000000	Cigna Life Insurance New Zealand Limited										
00000	46-4110289	Cigna Linden Holdings, Inc.										
00000	98-1232512	Cigna Magnolia Holdings, Ltd.										
00000	23-2741294	Cigna Managed Care Benefits Company					23,852,335				23,852,335	
00000	89-3374500	Cigna Management Company LLC										
00000	98-1154657	Cigna Myrtle Holdings, Ltd.										
61727	34-0970995	Cigna National Health Insurance Company					(6,643,889)				(6,643,889)	
00000	00-0000000	Cigna Nederland Gamma B.V.										
00000	00-0000000	Cigna New Zealand Holdings Limited										
00000	00-0000000	Cigna Oak Holdings, Ltd.										
00000	98-1232443	Cigna Palmetto Holdings, Ltd.										
00000	46-4099800	Cigna Poplar Holdings, Inc.										
00000	06-1071502	Cigna RE Corporation										
00000	06-1567902	Cigna Resource Manager, Inc.										
00000	00-0000000	Cigna Sa?l?k Hayat ve Emeklilik A.?										
00000	00-0000000	Cigna Services Middle East FZE										
00000	00-0000000	Cigna Spruce Holdings GmbH										
00000	00-0000000	Cigna Taiwan Life Assurance Company Limited										2,383,992
00000	00-0000000	Cigna Teak Holdings, LLC										
00000	00-0000000	Cigna Turkey Danismanlik Hizmetleri, A.S (A/K/A Cigna Turkey Consultancy Services, A.S.)										
00000	83-1069280	Cigna Ventures, LLC	(35,000,000)	93,044,208							58,044,208	
00000	00-0000000	Cigna Walnut Holdings, Ltd.										
00000	00-0000000	Cigna Willow Holdings, Ltd.										
00000	00-0000000	Cigna Worldwide General Insurance Company Limited										
90859	23-2088429	Cigna Worldwide Insurance Company					141,909				141,909	6,162,940

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SCHEDULE Y

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

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

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SCHEDULE Y

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
00000	41-2063830	Express Scripts Administrators LLC										
00000	00-0000000	Express Scripts Canada Co.										
00000	43-1942542	Express Scripts Canada Holding Co.										
00000	27-1490640	Express Scripts Canada Holding, LLC										
00000	00-0000000	Express Scripts Canada Services										
00000	00-0000000	Express Scripts Canada Wholesale										
00000	84-5003423	Express Scripts Health Information Network Partners, Inc.										
00000	45-2884094	Evernorth Health, Inc.					(498,961)				(498,961)	
00000	20-5826948	Express Scripts Pharmaceutical Procurement, LLC										
00000	00-0000000	Express Scripts Pharmacy Atlantic, Ltd.										
00000	00-0000000	Express Scripts Pharmacy Central, Ltd.										
00000	00-0000000	Express Scripts Pharmacy Ontario, Ltd.										
00000	00-0000000	Express Scripts Pharmacy West, Ltd.										
00000	30-0789911	Express Scripts Pharmacy, Inc.										
00000	22-3114423	Express Scripts Sales Operations, Inc.										
00000	20-3126104	Express Scripts Senior Care Holdings, Inc.										
00000	20-3126075	Express Scripts Senior Care, Inc.										
00000	43-1832983	Express Scripts Services Co.										
00000	43-1869712	Express Scripts Specialty Distribution Services, Inc.										
00000	22-2230703	Express Scripts Strategic Development, Inc.										
00000	43-1869714	Express Scripts Utilization Management Company										
00000	43-1420563	Express Scripts, Inc.					146,897,802				146,897,802	
00000	00-0000000	FirstAssist Administration Limited										
00000	23-1914061	Former Cigna Investments, Inc.					(65,288)				(65,288)	
00000	02-0523249	Freco, Inc.										
00000	20-3229217	Freedom Service Company, LLC										
00000	00-0000000	Gillette Ridge Community Council, Inc.										
00000	20-3700105	Gillette Ridge Golf, LLC										
95388	93-1174749	Great-West Healthcare of Illinois, Inc.										
00000	00-0000000	GRG Acquisitions LLC			(93,469)						(93,469)	
00000	00-0000000	Grown Ups New Zealand Limited										
00000	76-0657035	GulfQuest, LP	3,000,000				425,063,496				428,063,496	
00000	87-3650143	Hartford Community Lender Holding LLC										
00000	87-3686301	Hartford Community Lender I LLC										
00000	52-2149519	Hazard Center Investment Company LLC										
00000	04-2992335	Healthbridge Reimbursement & Product Support, Inc.										
00000	26-2159005	Healthbridge, Inc.										

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

SCHEDULE Y

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
00000	46-2086778	Health-Lynx, LLC										
00000	06-1533555	Healthsource Benefits, Inc.										
00000	02-0467679	Healthsource Properties, Inc.										
00000	02-0387748	Healthsource, Inc.	(100,000,000)								(100,000,000)	
12902	20-8534298	HealthSpring Life & Health Insurance Company, Inc.	79,000,000				(753,233,064)				(674,233,064)	
00000	20-8647386	HealthSpring Management of America, LLC					153,209,750				153,209,750	
11532	65-1129599	HealthSpring of Florida, Inc.	13,000,000				(109,195,474)				(96,195,474)	
00000	26-2353772	HealthSpring Pharmacy of Tennessee, LLC										
00000	26-2353476	HealthSpring Pharmacy Services, LLC										
00000	72-1559530	HealthSpring USA, LLC					191,343,183				191,343,183	
00000	20-1821898	HealthSpring, Inc.					(2,334,711)				(2,334,711)	
00000	81-4139432	Heights at Bear Creek Venture LLC										
00000	20-4266628	Home Physicians Management, LLC										
00000	75-3108521	HouQuest, LLC										
00000	37-1708015	Houston Briar Forest Apartments Limited Partnership										
00000	95-4838551	Ideal Properties II LLC										
00000	35-2041388	IHN, Inc.					(1,719)				(1,719)	
00000	00-0000000	Independent Health Information Technology Services L.L.C.										
00000	82-1655179	Innovative Product Alignment, LLC										
00000	82-0658250	Inside RX, LLC										
00000	81-0425785	Intermountain Underwriters, Inc.					41,669				41,669	
00000	00-0000000	International Pharmaceutical Solutions, GmbH										
00000	84-3406799	JA Lofts Holdings, LLC										
00000	84-3395923	JA Lofts JV Limited Partnership										
00000	00-0000000	Kuwait Emirates Administration Services WLL										
00000	00-0000000	KDM (Thailand) Limited										
00000	20-8064696	Kronos Optimal Health Company					64,041				64,041	
00000	47-5292506	L&C Investments, LLC										
00000	47-4375626	Lakehills CM-CG LLC										
00000	00-0000000	LINA Financial Service										
00000	00-0000000	LINA Life Insurance Company of Korea										11,983,667
65722	63-0343428	Loyal American Life Insurance Company		(35,000,000)			(54,795,787)				(89,795,787)	
00000	58-2593075	Lynnfield Compounding Center, Inc.										
00000	04-3546044	Lynnfield Drug, Inc.										
00000	27-1506930	MAH Pharmacy, LLC										
00000	80-0908244	Mallory Square Partners I, LLC										
00000	88-0241365	Managed Care Consultants, Inc.										
00000	51-0500147	Matrix GPO, LLC										
00000	59-3720653	Matrix Healthcare Services, Inc.										

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

SCHEDULE Y

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
00000	06-1346406	MCC Independent Practice Association of New York, Inc.										
00000	45-4937055	MDLive, Inc.										
00000	00-0000000	MDLive LLC										
00000	00-0000000	MDLivevisit, LLC										
00000	00-0000000	MDLive Provider Services, LLC										
34720	13-3506395	Medco Containment Insurance Company of NY										
63762	42-1425239	Medco Containment Life Insurance Company	(26,800,000)				(9,066,928)				(9,066,928)	
00000	27-3709630	Medco Europe II, LLC					(155,936,311)				(182,736,311)	
00000	46-2166374	Medco Europe, LLC										
00000	84-5017653	Medco Health Information Network Partners, Inc.										
00000	81-0616525	Medco Health Puerto Rico, LLC										
00000	26-3544786	Medco Health Services, Inc.										
00000	22-3461740	Medco Health Solutions, Inc.	26,800,000								26,800,000	
00000	88-0334401	Mediversal, Inc.										
00000	27-3801345	MedSolutions Holdings, Inc.										
00000	87-2810715	Montclair 11 Pine Operating Company LLC										
00000	87-2810715	Montclair 11 Pine Urban Renewal LLC										
00000	87-2772585	Montclair Residences JV LLC										
00000	32-0071543	MSI Health Organization of Texas, Inc.										
00000	27-5492993	MSI HT, LLC										
00000	27-5493148	MSI LT, LLC										
00000	27-5493321	MSI SAR-GW, LLC										
00000	86-1090522	MSIAZ I, LLC										
00000	20-1749733	MSICA I, LLC										
00000	20-1222347	MSICO I, LLC										
00000	55-0840800	MSIFL, LLC										
00000	26-0181185	MSIMD I, LLC										
00000	74-3122235	MSINC I, LLC										
00000	11-3715243	MSINH II, LLC										
00000	03-0524694	MSINH, LLC										
00000	20-1749446	MSINJ I, LLC										
00000	20-1761914	MSINV I, LLC										
00000	55-0840806	MSISC II, LLC										
00000	26-0336736	MSIVT I, LLC										
00000	20-2536458	MSIWA, LLC										
00000	36-4833284	MyM Technology Services, LLC										
00000	82-1350878	myMatrixx Holdings, LLC										
00000	46-2589799	myMatrixx-B, LLC										
00000	00-0000000	NAS Administrative Services Company LLC										
00000	00-0000000	NAS Neuron Health Services, L.L.C.										
00000	00-0000000	NAS United SPV										

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

SCHEDULE Y

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
00000	00-0000000	Neuron LLC										
00000	52-1929677	NewQuest Management Northeast, LLC					160,583,978				160,583,978	
00000	33-1033586	NewQuest Management of Alabama, LLC		40,000,000			270,639,430				310,639,430	
00000	20-4954206	NewQuest Management of Florida, LLC	25,000,000				89,260,876				114,260,876	
00000	77-0632665	NewQuest Management of Illinois, LLC					30,486,063				30,486,063	
00000	45-0633893	NewQuest Management of West Virginia, LLC										
00000	76-0628370	NewQuest, LLC	(121,500,000)	(55,000,000)			(832,388)				(177,332,388)	
00000	82-5244890	Octave Health Group, Inc.										
00000	91-1599329	Olympic Health Management Services, Inc.										
00000	91-1500758	Olympic Health Management Systems, Inc.										
00000	00-0000000	OnePath Life (NZ) Limited										
00000	80-0818758	Patient Provider Alliance, Inc.										
00000	35-1927379	Priority Healthcare Corporation										
00000	59-3761140	Priority Healthcare Distribution, Inc.										
67903	23-1335885	Provident American Life & Health Insurance Company					(195,246)				(195,246)	
00000	00-0000000	PT GAR Indonesia										
00000	AA-5360003	PT Asuransi Cigna										
00000	45-5046449	PUR Arbors Apartments Venture LLC										
00000	46-1801639	QualCare Management Resources Limited Liability Company					(270)				(270)	
00000	00-0000000	Quallent Pharmaceuticals Holdings LP										
00000	00-0000000	Quallent Pharmaceuticals Health LLC										
00000	45-5569416	QPID Health, LLC										
00000	00-0000000	RHP (Thailand) Limited										
00000	83-1460134	Rise-CG Capitol Hill, LP										
00000	84-3254168	Rise-CG JA Lofts Limited Partnership										
00000	35-1641636	Sagamore Health Network, Inc.					973,115				973,115	
00000	46-3593103	SB-SNH LLC										
00000	95-2876207	Secor Properties, LP										
00000	82-1732483	SOMA Apartments Venture LLC										
00000	82-4405071	Specialty Products Acquisitions, LLC										
00000	61-1317695	SpectraCare Health Care Ventures, Inc.										
00000	61-1147068	SpectraCare, Inc.										
77399	13-1867829	Sterling Life Insurance Company	(9,211,053)	(788,947)			(2,017,272)				(12,017,272)	
00000	47-2658932	Strategic Pharmaceutical Investments, LLC										
00000	00-0000000	SureScripts, LLC										
00000	87-0903685	Swedesford Road Apartments, LLC										
00000	22-3474888	Systemed, LLC										
00000	23-3074013	Tel-Drug of Pennsylvania, LLC					(354)				(354)	
00000	46-0427127	Tel-Drug, Inc.	(45,000,000)				(5,948)				(45,005,948)	
00000	00-0000000	Temple Insurance Company Limited					(37,664)				(37,664)	

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SCHEDULE Y

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
00000	20-5524622	Tennessee Quest, LLC	1,500,000								1,500,000	
00000	75-3108527	TexQuest, LLC										
00000	85-1955731	The Flats at Interbay Holdings, LLC										
00000	85-1955075	The Flats at Interbay JV Limited Partnership										
00000	85-1962013	The Flats at Interbay Limited Partnership										
00000	46-5264463	Trainer Rx, Inc.										
00000	00-0000000	Transwestern Federal, L.L.C.										
00000	00-0000000	Transwestern Federal Holdings, L.L.C.										
65269	75-2305400	United Benefit Life Insurance Company					(26,634)				(26,634)	
00000	88-0344624	Universal Claims Administration										
00000	98-0463704	Vielife Services, Inc.										
00000	00-0000000	Verity Solutions Group, Inc.	(20,000,000)								(20,000,000)	
00000	00-0000000	Westcore CG AC, LLC										
00000	84-3178563	Westcore CG Camelback, LLC										
00000	84-3178563	Westcore CG Cedar Port, LLC										
00000	00-0000000	Westcore CG Commerce, LLC										
00000	84-3178563	Westcore CG Dove Valley I, LLC										
00000	84-3178563	Westcore CG Dove Valley II, LLC										
00000	84-3178563	Westcore CG Fountain Lakes, LLC										
00000	84-3178563	Westcore CG Gateway, LLC										
00000	84-3178563	Westcore CG I-35, LLC										
00000	84-3178563	Westcore CG Mezz, LLC										
00000	84-3178563	Westcore CG Navy, LLC										
00000	84-3178563	Westcore CG Potomac Park, LLC										
00000	84-3178563	Westcore CG Solano, LLC										
00000	84-3178563	Westcore CG Susana, LLC										
00000	00-0000000	Westcore CG Venture, LLC										
00000	87-3624928	Westcore CG Venture II, LLC										
00000	87-3624928	Westcore CG II AC, LLC										
00000	87-3624928	Westcore CG II Park 225, LLC										
00000	85-3567364	Westcore Realty CG Avondale, LLC										
00000	00-0000000	Willow DSP LLC										
00000	00-0000000	YCFM Servicos LTDA										
9999999	Control Totals								XXX			

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

SCHEDULE Y

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

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

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SCHEDULE Y

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

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

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

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

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

MARCH FILING	
10. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1? (Not applicable to fraternal benefit societies) ...	NO
11. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	YES
12. Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC by March 1?	NO
13. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 to Exhibit 5 be filed with the state of domicile and electronically with the NAIC by March 1?	YES
14. Will the actuarial opinion on non-guaranteed elements as required in interrogatory #3 to Exhibit 5 be filed with the state of domicile and electronically with the NAIC by March 1?	YES
15. Will the actuarial opinion on X-Factors be filed with the state of domicile and electronically with the NAIC by March 1?	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 American Retirement Life Insurance Company
SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

APRIL FILING

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

AUGUST FILING

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

Explanations:

- 10. The data for this supplement is not required to be filed.
- 12. The data for this supplement is not required to be filed.
- 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.
- 34. 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.
- 42. The data for this supplement is not required to be filed.
- 43. The data for this supplement is not required to be filed.
- 44. The data for this supplement is not required to be filed.
- 45. The data for this supplement is not required to be filed.
- 46. The data for this supplement is not required to be filed.
- 47. The data for this supplement is not required to be filed.
- 48. The data for this supplement is not required to be filed.

Bar Codes:

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



- 12. Trusteed Surplus Statement [Document Identifier 490]



- 15. Actuarial Opinion on X-Factors [Document Identifier 442]



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



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



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




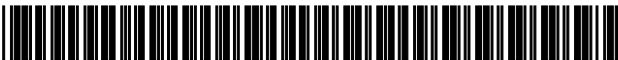






















- 19. Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXV [Document Identifier 446]



- 20. Reasonableness of Assumptions Certification for Implied Guaranteed Rate Method required by Actuarial Guideline XXXVI [Document Identifier 447]



SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

21. Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI [Document Identifier 448]	 8 8 3 6 6 2 0 2 1 4 4 8 0 0 0 0 0
22. Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Market Value) [Document Identifier 449]	 8 8 3 6 6 2 0 2 1 4 4 9 0 0 0 0 0
23. C-3 RBC Certifications Required Under C-3 Phase I [Document Identifier 450]	 8 8 3 6 6 2 0 2 1 4 5 0 0 0 0 0 0
24. C-3 RBC Certifications Required Under C-3 Phase II [Document Identifier 451]	 8 8 3 6 6 2 0 2 1 4 5 1 0 0 0 0 0
25. Actuarial Certifications Related to Annuity Nonforfeiture Ongoing Compliance for Equity Indexed Annuities [Document Identifier 452]	 8 8 3 6 6 2 0 2 1 4 5 2 0 0 0 0 0
26. Modified Guaranteed Annuity Model Regulation [Document Identifier 453]	 8 8 3 6 6 2 0 2 1 4 5 3 0 0 0 0 0
27. Actuarial Certification regarding the use of 2001 Preferred Class Tables required by the Model Regulation Permitting the Recognition of Preferred Mortality Tables for Use in Determining Minimum Reserve Liabilities [Document Identifier 454]	 8 8 3 6 6 2 0 2 1 4 5 4 0 0 0 0 0
28. Workers' Compensation Carve-Out Supplement [Document Identifier 495]	 8 8 3 6 6 2 0 2 1 4 9 5 0 0 0 0 0
30. Medicare Part D Coverage Supplement [Document Identifier 365]	 8 8 3 6 6 2 0 2 1 3 6 5 0 0 0 0 0
31. Relief from the five-year rotation requirement for lead audit partner [Document Identifier 224]	 8 8 3 6 6 2 0 2 1 2 2 4 0 0 0 0 0
32. Relief from the one-year cooling off period for independent CPA [Document Identifier 225]	 8 8 3 6 6 2 0 2 1 2 2 5 0 0 0 0 0
33. Relief from the Requirements for Audit Committees [Document Identifier 226]	 8 8 3 6 6 2 0 2 1 2 2 6 0 0 0 0 0
34. VM-20 Reserves Supplement [Document Identifier 456]	 8 8 3 6 6 2 0 2 1 4 5 6 0 0 0 0 0
37. Long-Term Care Experience Reporting Forms [Document Identifier 306]	 8 8 3 6 6 2 0 2 1 3 0 6 0 0 0 0 0
38. Credit Insurance Experience Exhibit [Document Identifier 230]	 8 8 3 6 6 2 0 2 1 2 3 0 0 0 0 0 0
40. Supplemental Health Care Exhibit (Parts 1, 2 and 3) [Document Identifier 216]	 8 8 3 6 6 2 0 2 1 2 1 6 0 0 0 0 0
41. Supplemental Health Care Exhibit's Expense Allocation Report [Document Identifier 217]	 8 8 3 6 6 2 0 2 1 2 1 7 0 0 0 0 0
42. Actuarial Memorandum Required by Actuarial Guideline XXXVIII 8D [Document Identifier 435]	 8 8 3 6 6 2 0 2 1 4 3 5 0 0 0 0 0
43. Supplemental Term and Universal Life Insurance Reinsurance Exhibit [Document Identifier 345]	 8 8 3 6 6 2 0 2 1 3 4 5 0 0 0 0 0
44. Variable Annuities Supplement [Document Identifier 286]	 8 8 3 6 6 2 0 2 1 2 8 6 0 0 0 0 0
45. Executive Summary of the PBR Actuarial Report [Document Identifier 457]	 8 8 3 6 6 2 0 2 1 4 5 7 0 0 0 0 0
46. Life Summary of the PBR Actuarial Report [Document Identifier 458]	 8 8 3 6 6 2 0 2 1 4 5 8 0 0 0 0 0
47. Variable Annuities Summary of the PBR Actuarial Report [Document Identifier 459]	 8 8 3 6 6 2 0 2 1 4 5 9 0 0 0 0 0
48. Management's Report of Internal Control Over Financial Reporting [Document Identifier 223]	 8 8 3 6 6 2 0 2 1 2 2 3 0 0 0 0 0

OVERFLOW PAGE FOR WRITE-INS

Additional Write-ins for Exhibit of Nonadmitted Assets Line 25

	1	2	3
	Current Year Total Nonadmitted Assets	Prior Year Total Nonadmitted Assets	Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
2504. Suspense		158,093	158,093
2597. Summary of remaining write-ins for Line 25 from overflow page		158,093	158,093

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

Additional Write-ins for Schedule H Part 1 Line 11

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



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

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

FOR THE STATE OF Alabama.....
 NAIC Group Code 0901..... NAIC Company Code 88366.....
 ADDRESS (City, State and Zip Code) Cleveland , OH 44114.....
 Person Completing This Exhibit
 Title Telephone Number

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2018			Policies Issued in 2019; 2020; 2021				
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	AR-MS-AA-A-AL	A	NO	0034000	12/28/2012				Medicare Supplement	1,391,499	950,130	68.3	384	3,363	4,484	133.3	1
YES	AR-MS-AA-F-AL	F	NO	0034000	12/28/2012			06/21/2021	Medicare Supplement	746,583	624,955	83.7	259	2,847	789	27.7	1
YES	AR-MS-AA-G-AL	G	NO	0034000	12/28/2012			06/21/2021	Medicare Supplement	197,768	92,986	47.0	94	6	(177)	(2,800.0)	
YES	AR-MSD-AA-F-AL	F	NO	0204000	01/17/2013			06/21/2021	Medicare Supplement	361,940	248,903	68.8	97				
YES	AR-MSD-AA-G-AL	G	NO	0204000	01/17/2013			06/21/2021	Medicare Supplement	263,707	199,930	75.8	90	7,646	2,881	37.7	2
YES	AR-MSD-AA-N-AL	N	NO	0204000	01/17/2013			06/21/2021	Medicare Supplement	78,753	51,444	65.3	39	24,742	17,603	71.1	12
YES	AR-MSX-AA-F-AL	F	NO	0030500	03/27/2015				Medicare Supplement	1,389,927	702,371	50.5	440	45,240	22,821	50.4	15
YES	AR-MSX-AA-G-AL	G	NO	0030500	03/27/2015				Medicare Supplement	1,346,284	848,771	63.0	519	318,375	210,423	66.1	133
YES	AR-MSX-AA-HDF-AL	F	NO	0030500	03/27/2015				Medicare Supplement	71,991	91,725	127.4	75	16,540	8,588	51.9	20
YES	AR-MSX-AA-N-AL	N	NO	0030500	03/27/2015				Medicare Supplement	507,925	326,389	64.3	224	127,990	132,975	103.9	63
0199999. Total Experience on Individual Policies										6,356,377	4,137,604	65.1	2,221	546,750	400,388	73.2	247

GENERAL INTERROGATORIES

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



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

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

FOR THE STATE OF Arizona.....
 NAIC Group Code 0901..... NAIC Company Code 88366.....
 ADDRESS (City, State and Zip Code) Cleveland , OH 44114.....
 Person Completing This Exhibit
 Title Telephone Number

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2018				Policies Issued in 2019; 2020; 2021				
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives	
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned		
YES	AR-MS-1A-A-AZ	A	NO	.0034000	04/03/2013				Medicare Supplement									
YES	AR-MS-1A-F-AZ	F	NO	.0034000	04/03/2013				Medicare Supplement	547,088	417,025	76.2	159	9,875	15,143	153.3	3	
YES	AR-MS-1A-G-AZ	G	NO	.0034000	04/03/2013				Medicare Supplement	282,630	238,019	84.2	99	15,601	11,445	73.4	4	
YES	AR-MS-1A-N-AZ	N	NO	.0034000	04/03/2013				Medicare Supplement	60,209	53,908	89.5	28	5,748	451	7.9	3	
YES	AR-MSD-1A-F-AZ	F	NO	.0204000	06/06/2013				Medicare Supplement	339,254	210,095	61.9	93	5,694	1,095	19.2	1	
YES	AR-MSD-1A-G-AZ	G	NO	.0204000	06/06/2013				Medicare Supplement	259,921	207,940	80.0	89	10	(271)	(2,833.9)		
YES	AR-MSD-1A-N-AZ	N	NO	.0204000	06/06/2013				Medicare Supplement	70,316	62,974	89.6	39	10,042	11,400	113.5	5	
YES	AR-MSX-1A-F-AZ	F	NO	.0030500	04/07/2015				Medicare Supplement	1,693,851	1,302,046	76.9	516	117,372	66,003	56.2	38	
YES	AR-MSX-1A-G-AZ	G	NO	.0030500	04/07/2015				Medicare Supplement	592,906	429,275	72.4	228	491,505	518,039	105.4	196	
YES	AR-MSX-1A-HDF-AZ	F	NO	.0030500	04/07/2015				Medicare Supplement	133,384	79,024	59.2	142	87,705	20,393	23.3	91	
YES	AR-MSX-1A-N-AZ	N	NO	.0030500	04/07/2015				Medicare Supplement	534,961	412,496	77.1	252	196,282	125,494	63.9	90	
0199999. Total Experience on Individual Policies										4,514,520	3,412,803	75.6	1,645	939,834	769,191	81.8	431	

GENERAL INTERROGATORIES

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



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

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

FOR THE STATE OF Arkansas.....
 NAIC Group Code 0901..... NAIC Company Code 88366.....
 ADDRESS (City, State and Zip Code) Cleveland , OH 44114.....
 Person Completing This Exhibit
 Title Telephone Number

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2018				Policies Issued in 2019; 2020; 2021			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	AR-MS-CR-A-AR	A	NO	.0034000	03/06/2013				Medicare Supplement	7,585	10,532	138.9	1	27,428	38,463	140.2	5
YES	AR-MS-CR-F-AR	F	NO	.0034000	03/06/2013				Medicare Supplement	606,895	560,465	90.7	201	18,041	24,857	137.8	6
YES	AR-MS-CR-G-AR	G	NO	.0034000	03/06/2013				Medicare Supplement	7,367,045	6,380,167	86.6	3,814	2,494,629	1,722,882	69.1	1,359
YES	AR-MS-CR-N-AR	N	NO	.0034000	03/06/2013				Medicare Supplement	58,672	33,794	57.6	32	9,558	6,864	71.8	9
YES	AR-MSD-CR-F-AR	F	NO	.0204000	04/02/2013				Medicare Supplement	205,646	118,731	57.7	71	14,046	15,874	113.0	5
YES	AR-MSD-CR-G-AR	G	NO	.0204000	04/02/2013				Medicare Supplement	442,072	384,289	86.9	228	402,924	215,959	53.6	230
YES	AR-MSD-CR-N-AR	N	NO	.0204000	04/02/2013				Medicare Supplement	34,128	37,339	109.4	20	17,951	22,327	124.4	11
YES	AR-MSX-CR-F-AR	F	NO	.0030500	05/22/2015				Medicare Supplement	109,257	65,644	60.1	34	66,527	52,825	79.4	23
YES	AR-MSX-CR-G-AR	G	NO	.0030500	05/22/2015				Medicare Supplement	58,908	57,334	97.3	21	92,755	85,066	91.7	37
YES	AR-MSX-CR-HDF-AR	F	NO	.0030500	05/22/2015				Medicare Supplement	19,777	15,648	79.1	19	22,126	6,733	30.4	24
YES	AR-MSX-CR-N-AR	N	NO	.0030500	05/22/2015				Medicare Supplement	67,240	73,802	109.8	30	49,696	34,618	69.7	23
0199999. Total Experience on Individual Policies										8,977,225	7,727,745	86.1	4,471	3,215,680	2,226,469	69.2	1,732

GENERAL INTERROGATORIES

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

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

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

FOR THE STATE OF Colorado.....
 NAIC Group Code 0901..... NAIC Company Code 88366.....
 ADDRESS (City, State and Zip Code) Cleveland , OH 44114.....
 Person Completing This Exhibit
 Title Telephone Number

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2018				Policies Issued in 2019; 2020; 2021			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	AR-MS-AA-F-CO	F	NO	0034060	05/21/2013				Medicare Supplement	4,769,391	3,947,787	82.8	1,059	16,018	28,227	176.2	3
YES	AR-MS-AA-G-CO	G	NO	0034060	05/21/2013				Medicare Supplement	3,789,214	3,005,501	79.3	1,393	64,774	23,352	36.1	27
YES	AR-MS-AA-N-CO	N	NO	0034060	05/21/2013				Medicare Supplement	836,634	607,441	72.6	417	44,948	68,076	151.5	24
YES	AR-MSD-AA-A-CO	A	NO	0204060	08/23/2013				Medicare Supplement								
YES	AR-MSD-AA-F-CO	F	NO	0204060	08/23/2013				Medicare Supplement	567,672	356,979	62.9	128	4,503	409	9.1	1
YES	AR-MSD-AA-G-CO	G	NO	0204060	08/23/2013				Medicare Supplement	744,950	480,143	64.5	275	30,350	17,512	57.7	15
YES	AR-MSD-AA-N-CO	N	NO	0204060	08/23/2013				Medicare Supplement	194,068	169,062	87.1	91	44,854	36,336	81.0	25
YES	AR-MSX-AA-F-CO	F	NO	0030560	10/12/2015				Medicare Supplement	768,069	499,583	65.0	203	81,651	99,080	121.3	23
YES	AR-MSX-AA-G-CO	G	NO	0030560	10/12/2015				Medicare Supplement	468,864	347,598	74.1	161	412,006	298,438	72.4	154
YES	AR-MSX-AA-HDF-CO	F	NO	0030560	10/12/2015				Medicare Supplement	106,270	39,135	36.8	104	51,434	59,181	115.1	58
YES	AR-MSX-AA-N-CO	N	NO	0030560	10/12/2015				Medicare Supplement	175,455	126,109	71.9	74	82,730	77,884	94.1	36
0199999. Total Experience on Individual Policies										12,420,587	9,579,338	77.1	3,905	833,268	708,496	85.0	366

GENERAL INTERROGATORIES

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



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

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

FOR THE STATE OF Delaware.....
 NAIC Group Code 0901..... NAIC Company Code 88366.....
 ADDRESS (City, State and Zip Code) Cleveland , OH 44114.....
 Person Completing This Exhibit
 Title Telephone Number

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2018			Policies Issued in 2019; 2020; 2021				
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	AR-MS-AA-A-DE	A	NO	.0034060	03/15/2013				Medicare Supplement								
YES	AR-MS-AA-F-DE	F	NO	.0034060	03/15/2013				Medicare Supplement	269,126	168,726	62.7	57	12,159	12,702	104.5	4
YES	AR-MS-AA-G-DE	G	NO	.0034060	03/15/2013				Medicare Supplement	171,727	164,601	95.9	54	44,858	90,844	202.5	16
YES	AR-MS-AA-N-DE	N	NO	.0034060	03/15/2013				Medicare Supplement	87,927	78,554	89.3	39	27,780	35,175	126.6	14
YES	AR-MSD-AA-F-DE	F	NO	.0204060	04/09/2013				Medicare Supplement	78,881	39,023	49.5	18				
YES	AR-MSD-AA-G-DE	G	NO	.0204060	04/09/2013				Medicare Supplement	88,974	71,699	80.6	27	36,775	52,584	143.0	14
YES	AR-MSD-AA-N-DE	N	NO	.0204060	04/09/2013				Medicare Supplement	42,875	33,081	77.2	18	35,615	13,820	38.8	17
YES	AR-MSX-AA-F-DE	F	NO	.0030560	07/24/2015				Medicare Supplement	50,467	35,871	71.1	10	23,624	7,801	33.0	6
YES	AR-MSX-AA-G-DE	G	NO	.0030560	07/24/2015				Medicare Supplement	51,751	21,624	41.8	15	71,343	57,557	80.7	24
YES	AR-MSX-AA-HDF-DE	F	NO	.0030560	07/24/2015				Medicare Supplement	18,957	10,106	53.3	20	23,012	29,342	127.5	20
YES	AR-MSX-AA-N-DE	N	NO	.0030560	07/24/2015				Medicare Supplement	90,025	48,757	54.2	38	67,545	47,418	70.2	28
0199999. Total Experience on Individual Policies										950,708	672,042	70.7	296	342,712	347,243	101.3	143

GENERAL INTERROGATORIES

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



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

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

FOR THE STATE OF Florida.....
 NAIC Group Code 0901..... NAIC Company Code 88366.....
 ADDRESS (City, State and Zip Code) Cleveland , OH 44114.....
 Person Completing This Exhibit
 Title Telephone Number

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2018			Policies Issued in 2019; 2020; 2021				
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	AR-MS-IA-A-FL	A	NO	0034060	01/10/2014				Medicare Supplement	82,736	104,770	126.6	13				
YES	AR-MS-IA-F-FL	F	NO	0034060	01/10/2014				Medicare Supplement	3,414,763	2,182,003	63.9	865	223,522	165,809	74.2	58
YES	AR-MS-IA-G-FL	G	NO	0034060	01/10/2014				Medicare Supplement	3,040,524	2,407,771	79.2	942	995,701	602,181	60.5	308
YES	AR-MS-IA-N-FL	N	NO	0034060	01/10/2014				Medicare Supplement	2,136,853	1,504,966	70.4	956	945,142	493,742	52.2	425
YES	AR-MSD-IA-F-FL	F	NO	0204060	04/24/2014				Medicare Supplement	840,082	585,624	69.7	203	133,804	57,461	42.9	32
YES	AR-MSD-IA-G-FL	G	NO	0204060	04/24/2014				Medicare Supplement	836,241	556,974	66.6	257	360,047	229,133	63.6	111
YES	AR-MSD-IA-N-FL	N	NO	0204060	04/24/2014				Medicare Supplement	303,714	179,920	59.2	131	158,496	89,980	56.8	64
0199999. Total Experience on Individual Policies										10,654,914	7,522,028	70.6	3,367	2,816,713	1,638,306	58.2	998

GENERAL INTERROGATORIES

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



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

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

FOR THE STATE OF Georgia.....
 NAIC Group Code 0901..... NAIC Company Code 88366.....
 ADDRESS (City, State and Zip Code) Cleveland , OH 44114.....
 Person Completing This Exhibit
 Title Telephone Number

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2018				Policies Issued in 2019; 2020; 2021			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	AR-MS-1A-F-GA	F	NO	0034060	07/22/2013			08/07/2020	Medicare Supplement	1,013,219	761,672	75.2	303				
YES	AR-MS-1A-G-GA	G	NO	0034060	07/22/2013			08/07/2020	Medicare Supplement	491,784	405,290	82.4	189	3,503	420	12.0	1
YES	AR-MS-1A-N-GA	N	NO	0034060	07/22/2013			08/07/2020	Medicare Supplement	136,503	133,240	97.6	61	7,535	306	4.1	
YES	AR-MSD-1A-F-GA	F	NO	0204060	10/22/2013			08/07/2020	Medicare Supplement	441,806	264,360	59.8	123				
YES	AR-MSD-1A-G-GA	G	NO	0204060	10/22/2013			08/07/2020	Medicare Supplement	345,675	186,898	54.1	134	2,421	795	32.8	1
YES	AR-MSD-1A-N-GA	N	NO	0204060	10/22/2013			08/07/2020	Medicare Supplement	136,465	139,538	102.3	62	1,803	(117)	(6.5)	1
YES	AR-MSX-1A-F-GA	F	NO	0030560	06/26/2015				Medicare Supplement	4,780,906	3,580,115	74.9	1,669	171,938	136,172	79.2	66
YES	AR-MSX-1A-G-GA	G	NO	0030560	06/26/2015				Medicare Supplement	1,439,660	1,142,962	79.4	507	279,883	178,496	63.8	99
YES	AR-MSX-1A-HDF-GA	F	NO	0030560	06/26/2015				Medicare Supplement	74,336	59,051	79.4	154	51,962	22,952	44.2	74
YES	AR-MSX-1A-N-GA	N	NO	0030560	06/26/2015				Medicare Supplement	627,830	434,973	69.3	306	191,293	124,049	64.8	91
0199999. Total Experience on Individual Policies										9,488,185	7,108,099	74.9	3,508	710,339	463,074	65.2	333

GENERAL INTERROGATORIES

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



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

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

FOR THE STATE OF Illinois.....
 NAIC Group Code 0901..... NAIC Company Code 88366.....
 ADDRESS (City, State and Zip Code) Cleveland , OH 44114.....
 Person Completing This Exhibit
 Title Telephone Number

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2018				Policies Issued in 2019; 2020; 2021			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	AR-MS-AA-F-IL	F	NO	0034060	02/09/2013				Medicare Supplement	2,899,203	2,174,363	75.0	731	12,433	5,255	42.3	4
YES	AR-MS-AA-G-IL	G	NO	0034060	02/09/2013				Medicare Supplement	603,535	454,422	75.3	183	609	801	131.4	
YES	AR-MS-AA-N-IL	N	NO	0034060	02/09/2013				Medicare Supplement	213,502	229,085	107.3	80	10,390	13,770	132.5	1
YES	AR-MSD-AA-F-IL	F	NO	0204060	04/11/2013				Medicare Supplement	692,625	554,457	80.1	171	5,628	902	16.0	2
YES	AR-MSD-AA-G-IL	G	NO	0204060	04/11/2013				Medicare Supplement	505,492	335,375	66.3	153	2,216	17,464	788.1	1
YES	AR-MSD-AA-N-IL	N	NO	0204060	04/11/2013				Medicare Supplement	154,390	81,666	52.9	63	2,185	1,473	67.4	1
YES	AR-MSX-AA-F-IL	F	NO	0030560	04/27/2015				Medicare Supplement	2,633,910	1,838,878	69.8	745	50,962	32,867	64.5	14
YES	AR-MSX-AA-G-IL	G	NO	0030560	04/27/2015				Medicare Supplement	1,493,921	1,024,929	68.6	540	383,619	350,198	91.3	145
YES	AR-MSX-AA-HDF-IL	F	NO	0030560	04/27/2015				Medicare Supplement	67,290	91,591	136.1	63	16,492	4,092	24.8	17
YES	AR-MSX-AA-N-IL	N	NO	0030560	04/27/2015				Medicare Supplement	1,536,083	1,067,462	69.5	674	171,989	146,444	85.1	79
0199999. Total Experience on Individual Policies										10,799,951	7,852,227	72.7	3,403	656,524	573,265	87.3	264

GENERAL INTERROGATORIES

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



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

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

FOR THE STATE OF Indiana.....
 NAIC Group Code 0901..... NAIC Company Code 88366.....
 ADDRESS (City, State and Zip Code) Cleveland , OH 44114.....
 Person Completing This Exhibit
 Title Telephone Number

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2018			Policies Issued in 2019; 2020; 2021				
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	AR-MS-AA-A-IN	A	NO	0034000	04/02/2013			08/19/2020	Medicare Supplement	3,657	191	5.2	2				
YES	AR-MS-AA-F-IN	F	NO	0034000	04/02/2013			08/19/2020	Medicare Supplement	10,302,950	8,355,451	81.1	3,163	31,904	20,387	63.9	10
YES	AR-MS-AA-G-IN	G	NO	0034000	04/02/2013			08/19/2020	Medicare Supplement	3,197,661	2,418,959	75.6	1,202	69,458	68,825	99.1	26
YES	AR-MS-AA-N-IN	N	NO	0034000	04/02/2013			08/19/2020	Medicare Supplement	1,111,505	1,031,355	92.8	484	37,541	27,917	74.4	16
YES	AR-MSD-AA-F-IN	F	NO	0204000	07/23/2013			08/19/2020	Medicare Supplement	735,856	625,074	84.9	212	10,068	4,753	47.2	2
YES	AR-MSD-AA-G-IN	G	NO	0204000	07/23/2013			08/19/2020	Medicare Supplement	429,322	284,790	66.3	147	10,167	4,932	48.5	3
YES	AR-MSD-AA-N-IN	N	NO	0204000	07/23/2013			08/19/2020	Medicare Supplement	95,740	75,501	78.9	44	14,912	26,407	177.1	7
0199999. Total Experience on Individual Policies										15,876,692	12,791,320	80.6	5,254	174,051	153,222	88.0	64

GENERAL INTERROGATORIES

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



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

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

FOR THE STATE OF Iowa.....
 NAIC Group Code 0901..... NAIC Company Code 88366.....
 ADDRESS (City, State and Zip Code) Cleveland , OH 44114.....
 Person Completing This Exhibit
 Title Telephone Number

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2018				Policies Issued in 2019; 2020; 2021			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	AR-MS-AA-F-1A	F	NO	0034000	02/04/2013			09/20/2019	Medicare Supplement	704,524	598,722	85.0	179				
YES	AR-MS-AA-G-1A	G	NO	0034000	02/04/2013			09/20/2019	Medicare Supplement	4,627,882	4,826,259	104.3	2,146	20,774	10,271	49.4	13
YES	AR-MS-AA-N-1A	N	NO	0034000	02/04/2013			09/20/2019	Medicare Supplement	53,399	50,122	93.9	18				
YES	AR-MSD-AA-F-1A	F	NO	0204000	03/05/2013			09/20/2019	Medicare Supplement	234,710	302,481	128.9	70				
YES	AR-MSD-AA-G-1A	G	NO	0204000	03/05/2013			09/20/2019	Medicare Supplement	536,410	397,226	74.1	268	4,711	3,009	63.9	3
YES	AR-MSD-AA-N-1A	N	NO	0204000	03/05/2013			09/20/2019	Medicare Supplement	30,992	31,686	102.2	13				
YES	AR-MSX-AA-F-1A	F	NO	0030500	05/11/2015				Medicare Supplement	705,714	530,149	75.1	219	69,033	58,239	84.4	25
YES	AR-MSX-AA-G-1A	G	NO	0030500	05/11/2015				Medicare Supplement	297,501	273,553	92.0	123	200,036	132,657	66.3	99
YES	AR-MSX-AA-HDF-1A	F	NO	0030500	05/11/2015				Medicare Supplement	26,643	2,129	8.0	36	14,685	5,909	40.2	21
YES	AR-MSX-AA-N-1A	N	NO	0030500	05/11/2015				Medicare Supplement	164,872	94,662	57.4	74	81,862	84,475	103.2	49
0199999. Total Experience on Individual Policies										7,382,648	7,106,989	96.3	3,146	391,101	294,561	75.3	210

GENERAL INTERROGATORIES

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



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

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

FOR THE STATE OF Kansas.....
 NAIC Group Code 0901..... NAIC Company Code 88366.....
 ADDRESS (City, State and Zip Code) Cleveland , OH 44114.....
 Person Completing This Exhibit
 Title Telephone Number

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2018				Policies Issued in 2019; 2020; 2021			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	AR-MS-AA-F-KS	F	NO	0034060	05/29/2013				Medicare Supplement	5,568,837	4,982,814	89.5	1,445	7,272	5,306	73.0	2
YES	AR-MS-AA-G-KS	G	NO	0034060	05/29/2013				Medicare Supplement	1,726,856	1,558,575	90.3	574	47,053	55,747	118.5	20
YES	AR-MS-AA-N-KS	N	NO	0034060	05/29/2013				Medicare Supplement	533,559	444,232	83.3	231	44,301	27,057	61.1	16
YES	AR-MSD-AA-F-KS	F	NO	0204060	08/05/2013				Medicare Supplement	315,889	207,343	65.6	83	7,929	2,704	34.1	1
YES	AR-MSD-AA-G-KS	G	NO	0204060	08/05/2013				Medicare Supplement	234,203	149,308	63.8	79	6,741	471	7.0	3
YES	AR-MSD-AA-N-KS	N	NO	0204060	08/05/2013				Medicare Supplement	89,581	67,795	75.7	38	59,944	59,319	99.0	29
0199999. Total Experience on Individual Policies										8,468,927	7,410,067	87.5	2,450	173,239	150,603	86.9	71

GENERAL INTERROGATORIES

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



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

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

FOR THE STATE OF Kentucky.....
 NAIC Group Code 0901..... NAIC Company Code 88366.....
 ADDRESS (City, State and Zip Code) Cleveland, OH 44114.....
 Person Completing This Exhibit
 Title Telephone Number

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2018			Policies Issued in 2019; 2020; 2021				
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	AR-MS-AA-A-KY	A	NO	0034060	01/16/2013				Medicare Supplement	4,887,693	3,683,220	75.4	1,189	221,775	324,687	146.4	26
YES	AR-MS-AA-F-KY	F	NO	0034060	01/16/2013				Medicare Supplement	1,337,892	938,430	70.1	453	92,603	176,434	190.5	19
YES	AR-MS-AA-N-KY	N	NO	0034060	01/16/2013				Medicare Supplement	497,719	399,975	80.4	201	129,869	118,432	91.2	37
YES	AR-MSD-AA-A-KY	A	NO	0204060	02/21/2013				Medicare Supplement	565,656	501,088	88.6	131	9,815	14,687	149.6	2
YES	AR-MSD-AA-F-KY	F	NO	0204060	02/21/2013				Medicare Supplement	298,302	231,203	77.5	100	6,159	8,387	136.2	3
YES	AR-MSD-AA-N-KY	N	NO	0204060	02/21/2013				Medicare Supplement	87,829	102,571	116.8	37	62,384	32,515	52.1	33
0199999. Total Experience on Individual Policies										7,675,091	5,856,488	76.3	2,111	522,604	675,141	129.2	120

GENERAL INTERROGATORIES

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



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

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

FOR THE STATE OF Louisiana.....
 NAIC Group Code 0901..... NAIC Company Code 88366.....
 ADDRESS (City, State and Zip Code) Cleveland, OH 44114.....
 Person Completing This Exhibit.....
 Title..... Telephone Number.....

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2018				Policies Issued in 2019; 2020; 2021			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	AR-MS-AA-A-LA	A	NO	0034060	01/23/2013			09/19/2019	Medicare Supplement	3,359	1,437	42.8	1				
YES	AR-MS-AA-F-LA	F	NO	0034060	01/23/2013			09/19/2019	Medicare Supplement	1,620,167	1,137,652	70.2	434	2,537	188	7.4	1
YES	AR-MS-AA-G-LA	G	NO	0034060	01/23/2013			09/19/2019	Medicare Supplement	6,945,170	5,735,336	82.6	3,161	60,186	59,767	99.3	33
YES	AR-MS-AA-N-LA	N	NO	0034060	01/23/2013			09/19/2019	Medicare Supplement	133,966	133,539	99.7	47				
YES	AR-MSD-AA-F-LA	F	NO	0204060	02/21/2013			09/19/2019	Medicare Supplement	350,244	214,818	61.3	96				
YES	AR-MSD-AA-G-LA	G	NO	0204060	02/21/2013			09/19/2019	Medicare Supplement	688,088	568,677	82.6	297	5,172	3,402	65.8	3
YES	AR-MSD-AA-N-LA	N	NO	0204060	02/21/2013			09/19/2019	Medicare Supplement	81,561	107,091	131.3	33				
YES	AR-MSX-AA-A-LA	A	NO	0030560	06/09/2015				Medicare Supplement	3,419	4,363	127.6	1				
YES	AR-MSX-AA-F-LA	F	NO	0030560	06/09/2015				Medicare Supplement	1,363,985	1,090,453	79.9	400	141,956	147,394	103.8	41
YES	AR-MSX-AA-G-LA	G	NO	0030560	06/09/2015				Medicare Supplement	709,433	411,731	58.0	251	328,043	266,046	81.1	127
YES	AR-MSX-AA-HDF-LA	F	NO	0030560	06/09/2015				Medicare Supplement	94,431	62,762	66.5	95	37,710	15,316	40.6	31
YES	AR-MSX-AA-N-LA	N	NO	0030560	06/09/2015				Medicare Supplement	760,032	581,240	76.5	313	74,936	38,514	51.4	33
0199999. Total Experience on Individual Policies										12,753,857	10,049,099	78.8	5,129	650,540	530,626	81.6	269

GENERAL INTERROGATORIES

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



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

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

FOR THE STATE OF Maryland.....
 NAIC Group Code 0901..... NAIC Company Code 88366.....
 ADDRESS (City, State and Zip Code) Cleveland, OH 44114.....
 Person Completing This Exhibit.....
 Title..... Telephone Number.....

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2018			Policies Issued in 2019; 2020; 2021				
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	AR-MS-AA-A-MD	A	NO	0034000	07/02/2013			08/18/2020	Medicare Supplement	87,358	73,216	83.8	31	21,081	23,413	111.1	8
YES	AR-MS-AA-F-MD	F	NO	0034000	07/02/2013			08/18/2020	Medicare Supplement	396,998	235,753	59.4	99	10,604	2,075	19.6	3
YES	AR-MS-AA-G-MD	G	NO	0034000	07/02/2013			08/18/2020	Medicare Supplement	311,940	232,862	74.6	91	10,604	2,075	19.6	3
YES	AR-MS-AA-N-MD	N	NO	0034000	07/02/2013			08/18/2020	Medicare Supplement	115,243	57,570	50.0	44	7,327	11,709	159.8	2
YES	AR-MSD-AA-A-MD	A	NO	0204060	09/26/2013			08/18/2020	Medicare Supplement	17,350	10,203	58.8	6				
YES	AR-MSD-AA-F-MD	F	NO	0204000	09/26/2013			08/18/2020	Medicare Supplement	311,192	222,942	71.6	77				
YES	AR-MSD-AA-G-MD	G	NO	0204000	09/26/2013			08/18/2020	Medicare Supplement	253,252	221,189	87.3	79				
YES	AR-MSD-AA-N-MD	N	NO	0204000	09/26/2013			08/18/2020	Medicare Supplement	158,790	120,078	75.6	62				
0199999. Total Experience on Individual Policies										1,652,125	1,173,814	71.0	489	39,012	37,197	95.3	13

GENERAL INTERROGATORIES

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



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

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

FOR THE STATE OF Mississippi.....
 NAIC Group Code 0901..... NAIC Company Code 88366.....
 ADDRESS (City, State and Zip Code) Cleveland , OH 44114.....
 Person Completing This Exhibit
 Title Telephone Number

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2018			Policies Issued in 2019; 2020; 2021				
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	AR-MS-AA-A-MS	A	NO	0034060	01/22/2013				Medicare Supplement	2,673	(197)	(7.4)	1				
YES	AR-MS-AA-F-MS	F	NO	0034060	01/22/2013				Medicare Supplement	3,216,795	2,302,216	71.6	908	7,868	6,218	79.0	2
YES	AR-MS-AA-G-MS	G	NO	0034060	01/22/2013				Medicare Supplement	534,566	359,379	67.2	191	22,267	24,051	108.0	6
YES	AR-MS-AA-N-MS	N	NO	0034060	01/22/2013				Medicare Supplement	302,424	265,259	87.7	108	17,995	15,946	88.6	7
YES	AR-MSD-AA-A-MS	A	NO	0204000	03/08/2013				Medicare Supplement								
YES	AR-MSD-AA-F-MS	F	NO	0204060	03/08/2013				Medicare Supplement	508,352	389,907	76.7	135	10	(241)	(2,516.5)	
YES	AR-MSD-AA-G-MS	G	NO	0204060	03/08/2013				Medicare Supplement	161,971	146,703	90.6	62	6,147	4,205	68.4	2
YES	AR-MSD-AA-N-MS	N	NO	0204060	03/08/2013				Medicare Supplement	68,114	79,945	117.4	27	45,386	40,502	89.2	22
YES	AR-MSX-AA-F-MS	F	NO	0030560	06/23/2015				Medicare Supplement	1,630,293	1,102,346	67.6	516	140,820	85,154	60.5	50
YES	AR-MSX-AA-G-MS	G	NO	0030500	06/23/2015				Medicare Supplement	648,743	490,788	75.7	248	499,318	343,202	68.7	211
YES	AR-MSX-AA-HDF-MS	F	NO	0030500	06/23/2015				Medicare Supplement	55,907	60,694	108.6	61	54,475	11,045	20.3	65
YES	AR-MSX-AA-N-MS	N	NO	0030500	06/23/2015				Medicare Supplement	755,362	467,556	61.9	363	337,722	350,916	103.9	181
0199999. Total Experience on Individual Policies										7,885,201	5,664,596	71.8	2,620	1,132,008	880,999	77.8	546

GENERAL INTERROGATORIES

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

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

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

FOR THE STATE OF Missouri.....
 NAIC Group Code 0901..... NAIC Company Code 88366.....
 ADDRESS (City, State and Zip Code) Cleveland, OH 44114.....
 Person Completing This Exhibit
 Title Telephone Number

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2018				Policies Issued in 2019; 2020; 2021			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	17 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	AR-MS-IA-F-MO	F	NO	0034060	04/11/2013				Medicare Supplement	729,291	476,669	65.4	194				
YES	AR-MS-IA-G-MO	G	NO	0034060	04/11/2013				Medicare Supplement	140,320	120,752	86.1	56				
YES	AR-MS-IA-N-MO	N	NO	0034060	04/11/2013				Medicare Supplement	176,382	113,571	64.4	76				
YES	AR-MSD-IA-F-MO	F	NO	0204060	06/12/2013				Medicare Supplement	167,630	218,254	130.2	42				
YES	AR-MSD-IA-G-MO	G	NO	0204060	06/12/2013				Medicare Supplement	174,235	101,442	58.2	69				
YES	AR-MSD-IA-N-MO	N	NO	0204060	06/12/2013				Medicare Supplement	80,847	52,744	65.2	38				
0199999. Total Experience on Individual Policies										1,468,705	1,083,422	73.8	475				

GENERAL INTERROGATORIES

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



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

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

FOR THE STATE OF Montana.....
 NAIC Group Code 0901..... NAIC Company Code 88366.....
 ADDRESS (City, State and Zip Code) Cleveland , OH 44114.....
 Person Completing This Exhibit
 Title Telephone Number

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2018			Policies Issued in 2019; 2020; 2021				
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	AR-MS-AA-F-MT	F	NO	0034060	01/25/2013				Medicare Supplement	2,468,675	1,849,657	74.9	937	338,187	226,126	66.9	148
YES	AR-MS-AA-G-MT	G	NO	0034060	01/25/2013				Medicare Supplement	1,257,794	1,046,026	83.2	581	984,260	636,410	64.7	562
YES	AR-MS-AA-N-MT	N	NO	0034060	01/25/2013				Medicare Supplement	181,208	239,623	132.2	112	80,243	44,399	55.3	66
YES	AR-MSD-AA-A-MT	A	NO	0204060	03/06/2013				Medicare Supplement								
YES	AR-MSD-AA-F-MT	F	NO	0204060	03/06/2013				Medicare Supplement	384,904	248,709	64.6	140	51,969	49,802	95.8	19
YES	AR-MSD-AA-G-MT	G	NO	0204060	03/06/2013				Medicare Supplement	190,122	183,829	96.7	85	72,154	48,427	67.1	35
YES	AR-MSD-AA-N-MT	N	NO	0204060	03/06/2013				Medicare Supplement	52,251	40,080	76.7	31	12,419	19,057	153.5	11
YES	AR-MSX-AA-F-MT	F	NO	0030560	07/14/2015				Medicare Supplement	281,620	175,119	62.2	91	43,718	24,440	55.9	15
YES	AR-MSX-AA-G-MT	G	NO	0030560	07/14/2015				Medicare Supplement	103,648	75,028	72.4	42	156,683	101,453	64.8	70
YES	AR-MSX-AA-HDF-MT	F	NO	0030560	07/14/2015				Medicare Supplement	20,861	14,305	68.6	24	4,752	120	2.5	6
YES	AR-MSX-AA-N-MT	N	NO	0030560	07/14/2015				Medicare Supplement	53,844	29,143	54.1	27	62,527	34,954	55.9	38
0199999. Total Experience on Individual Policies										4,994,927	3,901,519	78.1	2,070	1,806,912	1,185,189	65.6	970

GENERAL INTERROGATORIES

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



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

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

FOR THE STATE OF Nebraska.....
 NAIC Group Code 0901..... NAIC Company Code 88366.....
 ADDRESS (City, State and Zip Code) Cleveland , OH 44114.....
 Person Completing This Exhibit
 Title Telephone Number

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2018				Policies Issued in 2019; 2020; 2021				
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives	
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned		
YES	AR-MS-AA-A-NE	A	NO	0034000	03/05/2013				Medicare Supplement									
YES	AR-MS-AA-F-NE	F	NO	0034000	03/05/2013				Medicare Supplement	1,082,604	927,167	85.6	261	22,818	10,901	47.8	6	
YES	AR-MS-AA-G-NE	G	NO	0034000	03/05/2013				Medicare Supplement	3,782,665	3,935,254	104.0	1,652	479,362	533,100	111.2	224	
YES	AR-MS-AA-N-NE	N	NO	0034000	03/05/2013				Medicare Supplement	61,139	67,830	110.9	19	26,538	29,140	109.8	11	
YES	AR-MSD-AA-A-NE	A	NO	0204000	04/18/2013				Medicare Supplement									
YES	AR-MSD-AA-F-NE	F	NO	0204000	04/18/2013				Medicare Supplement	143,912	156,332	108.6	38	21,942	22,253	101.4	6	
YES	AR-MSD-AA-G-NE	G	NO	0204000	04/18/2013				Medicare Supplement	412,830	436,394	105.7	192	125,943	69,356	55.1	68	
YES	AR-MSD-AA-N-NE	N	NO	0204000	04/18/2013				Medicare Supplement	16,056	18,378	114.5	7	14,744	8,419	57.1	8	
YES	AR-MSX-AA-F-NE	F	NO	0030500	06/11/2015				Medicare Supplement	881,619	603,549	68.5	296	43,746	41,749	95.4	15	
YES	AR-MSX-AA-G-NE	G	NO	0030500	06/11/2015				Medicare Supplement	541,537	390,842	72.2	216	187,127	95,860	51.2	88	
YES	AR-MSX-AA-HDF-NE	F	NO	0030500	06/11/2015				Medicare Supplement	34,791	20,944	60.2	39	94,338	69,160	73.3	114	
YES	AR-MSX-AA-N-NE	N	NO	0030500	06/11/2015				Medicare Supplement	489,499	345,747	70.6	230	49,041	34,955	71.3	27	
0199999. Total Experience on Individual Policies										7,446,652	6,902,437	92.7	2,950	1,065,599	914,893	85.9	567	

GENERAL INTERROGATORIES

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



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

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

FOR THE STATE OF Nevada.....
 NAIC Group Code 0901..... NAIC Company Code 88366.....
 ADDRESS (City, State and Zip Code) Cleveland , OH 44114.....
 Person Completing This Exhibit
 Title Telephone Number

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2018				Policies Issued in 2019; 2020; 2021			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	AR-MS-AA-F-NV	F	NO	0034000	01/29/2013				Medicare Supplement	4,517,666	3,092,648	68.5	1,203	3,080	1,695	55.0	1
YES	AR-MS-AA-G-NV	G	NO	0034000	01/29/2013				Medicare Supplement	6,389,127	4,857,817	76.0	2,577	65,769	49,784	75.7	34
YES	AR-MS-AA-N-NV	N	NO	0034000	01/29/2013				Medicare Supplement	790,514	599,708	75.9	377	2,814	223	7.9	2
YES	AR-MSD-AA-F-NV	F	NO	0204000	03/01/2013				Medicare Supplement	374,884	255,207	68.1	100				
YES	AR-MSD-AA-G-NV	G	NO	0204000	03/01/2013				Medicare Supplement	542,439	366,785	67.6	213	5,633	1,179	20.9	1
YES	AR-MSD-AA-N-NV	N	NO	0204000	03/01/2013				Medicare Supplement	86,213	61,580	71.4	40				
YES	AR-MSX-AA-F-NV	F	NO	0030500	09/17/2015				Medicare Supplement	1,235,988	941,620	76.2	348	104,268	57,665	55.3	31
YES	AR-MSX-AA-G-NV	G	NO	0030500	09/17/2015				Medicare Supplement	684,371	495,854	72.5	236	189,869	106,634	56.2	69
YES	AR-MSX-AA-HDF-NV	F	NO	0030500	09/17/2015				Medicare Supplement	84,256	24,814	29.5	87	10,710	433	4.0	12
YES	AR-MSX-AA-N-NV	N	NO	0030500	09/17/2015				Medicare Supplement	431,352	333,941	77.4	187	51,981	30,148	58.0	22
0199999. Total Experience on Individual Policies										15,136,811	11,029,974	72.9	5,368	434,124	247,762	57.1	172

GENERAL INTERROGATORIES

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



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

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

FOR THE STATE OF New Hampshire
 NAIC Group Code 0901 NAIC Company Code 88366
 ADDRESS (City, State and Zip Code) Cleveland, OH 44114
 Person Completing This Exhibit
 Title Telephone Number

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2018				Policies Issued in 2019; 2020; 2021			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	AR-MS-1A-F-NH	F	NO	0034000	09/20/2013			06/24/2021	Medicare Supplement	147,968	107,109	72.4	48	16,967	4,694	27.7	5
YES	AR-MS-1A-G-NH	G	NO	0034000	09/20/2013			06/24/2021	Medicare Supplement	1,002,186	560,514	55.9	468	332,242	261,230	78.6	145
YES	AR-MS-1A-N-NH	N	NO	0034000	09/20/2013			06/24/2021	Medicare Supplement	162,509	92,074	56.7	90	20,900	16,317	78.1	10
YES	AR-MSD-1A-F-NH	F	NO	0204000	12/04/2013			06/24/2021	Medicare Supplement	163,570	119,156	72.8	54	10,207	38,419	376.4	3
YES	AR-MSD-1A-G-NH	G	NO	0204000	12/04/2013			06/24/2021	Medicare Supplement	405,110	341,222	84.2	189	103,304	66,170	64.1	48
YES	AR-MSD-1A-N-NH	N	NO	0204000	12/04/2013			06/24/2021	Medicare Supplement	147,211	182,082	123.7	84	16,443	2,692	16.4	9
YES	AR-MSX-1A-F-NH	F	NO	0030500	11/24/2015				Medicare Supplement	441,473	253,748	57.5	120	26,643	10,213	38.3	7
YES	AR-MSX-1A-G-NH	G	NO	0030500	11/24/2015				Medicare Supplement	644,572	350,395	54.4	202	80,761	98,592	122.1	25
YES	AR-MSX-1A-HDF-NH	F	NO	0030500	11/24/2015				Medicare Supplement	38,568	14,204	36.8	34	14,431	12,898	89.4	12
YES	AR-MSX-1A-N-NH	N	NO	0030500	11/24/2015				Medicare Supplement	205,974	169,648	82.4	81	51,560	34,346	66.6	20
0199999. Total Experience on Individual Policies										3,359,141	2,190,152	65.2	1,370	673,458	545,571	81.0	284

GENERAL INTERROGATORIES

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

HN 036 NH



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

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

FOR THE STATE OF New Mexico.....
 NAIC Group Code 0901..... NAIC Company Code 88366.....
 ADDRESS (City, State and Zip Code) Cleveland , OH 44114.....
 Person Completing This Exhibit
 Title Telephone Number

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2018				Policies Issued in 2019; 2020; 2021			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	AR-MS-AA-F-NM	F	NO	0034000	01/02/2013			06/17/2021	Medicare Supplement	484,241	363,200	75.0	153	26,248	23,717	90.4	10
YES	AR-MS-AA-G-NM	G	NO	0034000	01/02/2013			06/17/2021	Medicare Supplement	1,594,350	1,508,653	94.6	916	1,086,444	907,678	83.5	709
YES	AR-MS-AA-N-NM	N	NO	0034000	01/02/2013			06/17/2021	Medicare Supplement	51,859	30,596	59.0	29	11,013	6,393	58.0	7
YES	AR-MSD-AA-F-NM	F	NO	0204000	02/21/2013			06/17/2021	Medicare Supplement	250,923	214,854	85.6	79	27,240	6,831	25.1	9
YES	AR-MSD-AA-G-NM	G	NO	0204000	02/21/2013			06/17/2021	Medicare Supplement	367,720	327,959	89.2	208	124,316	91,493	73.6	83
YES	AR-MSD-AA-N-NM	N	NO	0204000	02/21/2013			06/17/2021	Medicare Supplement	48,508	38,965	80.3	28	25	(295)	(1,182.8)	
YES	AR-MSX-AA-F-NM	F	NO	0030500	06/03/2015				Medicare Supplement	421,765	390,414	92.6	142	92,672	74,829	80.7	32
YES	AR-MSX-AA-G-NM	G	NO	0030500	06/03/2015				Medicare Supplement	198,899	147,211	74.0	81	156,806	65,355	41.7	70
YES	AR-MSX-AA-HDF-NM	F	NO	0030500	06/03/2015				Medicare Supplement	11,271	774	6.9	14	7,932	377	4.7	10
YES	AR-MSX-AA-N-NM	N	NO	0030500	06/03/2015				Medicare Supplement	110,827	67,623	61.0	55	65,303	37,001	56.7	32
0199999. Total Experience on Individual Policies										3,540,362	3,090,249	87.3	1,705	1,597,999	1,213,378	75.9	962

GENERAL INTERROGATORIES

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

360.NM



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

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

FOR THE STATE OF North Carolina.....
 NAIC Group Code 0901..... NAIC Company Code 88366.....
 ADDRESS (City, State and Zip Code) Cleveland , OH 44114.....
 Person Completing This Exhibit
 Title Telephone Number

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2018				Policies Issued in 2019; 2020; 2021			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	AR-MS-AA-F-NC	F	NO	0034060	03/08/2013				Medicare Supplement	2,615,746	1,812,741	69.3	718	27,317	42,880	157.0	5
YES	AR-MS-AA-G-NC	G	NO	0034060	03/08/2013				Medicare Supplement	841,889	635,773	75.5	279	41,681	29,791	71.5	14
YES	AR-MS-AA-N-NC	N	NO	0034060	03/08/2013				Medicare Supplement	247,569	234,150	94.6	105	17,111	12,566	73.4	8
YES	AR-MSD-AA-A-NC	A	NO	0204060	05/23/2013				Medicare Supplement								
YES	AR-MSD-AA-F-NC	F	NO	0204060	05/23/2013				Medicare Supplement	373,766	215,025	57.5	105	6,675	4,034	60.4	1
YES	AR-MSD-AA-G-NC	G	NO	0204060	05/23/2013				Medicare Supplement	192,217	134,032	69.7	71	18,613	5,970	32.1	9
YES	AR-MSD-AA-N-NC	N	NO	0204060	05/23/2013				Medicare Supplement	55,681	56,114	100.8	26	25,570	21,396	83.7	11
YES	AR-MSX-AA-F-NC	F	NO	0030560	04/15/2015				Medicare Supplement	2,629,769	2,137,751	81.3	803	95,007	82,797	87.1	31
YES	AR-MSX-AA-G-NC	G	NO	0030560	04/15/2015				Medicare Supplement	1,857,502	1,285,117	69.2	707	735,372	513,226	69.8	282
YES	AR-MSX-AA-HDF-NC	F	NO	0030560	04/15/2015				Medicare Supplement	61,677	21,760	35.3	63	96,694	42,976	44.4	105
YES	AR-MSX-AA-N-NC	N	NO	0030560	04/15/2015				Medicare Supplement	1,403,813	1,004,649	71.6	711	538,305	376,709	70.0	270
0199999. Total Experience on Individual Policies										10,279,629	7,537,113	73.3	3,588	1,602,346	1,132,344	70.7	736

GENERAL INTERROGATORIES

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



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

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

FOR THE STATE OF North Dakota.....
 NAIC Group Code 0901..... NAIC Company Code 88366.....
 ADDRESS (City, State and Zip Code) Cleveland , OH 44114.....
 Person Completing This Exhibit
 Title Telephone Number

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2018			Policies Issued in 2019; 2020; 2021				
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	AR-MS-AA-A-ND	A	NO	0034000	03/08/2013				Medicare Supplement	38,720	18,346	47.4	11				
YES	AR-MS-AA-F-ND	F	NO	0034000	03/08/2013				Medicare Supplement	48,003	30,311	63.1	18	15,494	6,361	41.1	5
YES	AR-MS-AA-G-ND	G	NO	0034000	03/08/2013				Medicare Supplement	8,249	18,186	220.5	5	3,461	9,445	272.9	1
YES	AR-MSX-AA-N-ND	N	NO	0034000	03/08/2013				Medicare Supplement	68,107	137,749	202.3	22	15,473	8,899	57.5	7
YES	AR-MSX-AA-F-ND	F	NO	0030500	06/30/2015				Medicare Supplement	27,881	22,839	81.9	11	66,274	21,176	32.0	30
YES	AR-MSX-AA-G-ND	G	NO	0030500	06/30/2015				Medicare Supplement	16,037	12,098	75.4	8	2,121	46	2.2	3
YES	AR-MSX-AA-HF-ND	F	NO	0030500	06/30/2015				Medicare Supplement					24,853	5,949	23.9	12
0199999. Total Experience on Individual Policies										206,997	239,529	115.7	75	127,675	51,877	40.6	58

GENERAL INTERROGATORIES

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



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

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

FOR THE STATE OF Ohio.....
 NAIC Group Code 0901..... NAIC Company Code 88366.....
 ADDRESS (City, State and Zip Code) Cleveland , OH 44114.....
 Person Completing This Exhibit
 Title Telephone Number

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2018				Policies Issued in 2019; 2020; 2021			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	AR-MS-AA-C-OH	C	NO	0034000	03/12/2013			08/06/2020	Medicare Supplement	108,247	131,449	121.4	28				
YES	AR-MS-AA-F-OH	F	NO	0034000	03/12/2013			08/06/2020	Medicare Supplement	1,913,340	1,232,219	64.4	510	8,951	692	7.7	3
YES	AR-MS-AA-G-OH	G	NO	0034000	03/12/2013			08/06/2020	Medicare Supplement	1,786,118	943,040	52.8	570	11,411	4,208	36.9	3
YES	AR-MS-AA-N-OH	N	NO	0034000	03/12/2013			08/06/2020	Medicare Supplement	738,486	505,190	68.4	330	1,737	(142)	(8.2)	1
YES	AR-MSD-AA-F-OH	F	NO	0204000	06/13/2013			08/06/2020	Medicare Supplement	170,251	96,790	56.9	45				
YES	AR-MSD-AA-G-OH	G	NO	0204000	06/13/2013			08/06/2020	Medicare Supplement	208,747	150,764	72.2	66				
YES	AR-MSD-AA-N-OH	N	NO	0204000	06/13/2013			08/06/2020	Medicare Supplement	115,775	117,809	101.8	46	3,208	2,668	83.1	
YES	AR-MSX-AA-A-OH	A	NO	0030500	06/05/2015				Medicare Supplement								
YES	AR-MSX-AA-F-OH	F	NO	0030500	06/05/2015				Medicare Supplement	3,867,469	2,679,551	69.3	1,012	229,167	179,117	78.2	62
YES	AR-MSX-AA-G-OH	G	NO	0030500	06/05/2015				Medicare Supplement	1,609,942	1,317,885	81.9	507	466,515	416,214	89.2	149
YES	AR-MSX-AA-HDF-OH	F	NO	0030500	06/05/2015				Medicare Supplement	191,043	103,015	53.9	174	91,424	31,687	34.7	82
YES	AR-MSX-AA-N-OH	N	NO	0030500	06/05/2015				Medicare Supplement	2,380,168	1,787,212	75.1	1,015	537,181	442,333	82.3	230
0199999. Total Experience on Individual Policies										13,089,586	9,064,925	69.3	4,303	1,349,594	1,076,776	79.8	530

GENERAL INTERROGATORIES

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

HO 0603



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

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

FOR THE STATE OF Oklahoma.....
 NAIC Group Code 0901..... NAIC Company Code 88366.....
 ADDRESS (City, State and Zip Code) Cleveland, OH 44114.....
 Person Completing This Exhibit.....
 Title..... Telephone Number.....

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2018				Policies Issued in 2019; 2020; 2021			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	AR-MS-AA-A-OK	A	NO	0034060	01/07/2013			08/05/2020	Medicare Supplement	4,480	4,423	98.7	2	1,854	164	8.8	1
YES	AR-MS-AA-F-OK	F	NO	0034000	01/07/2013			08/05/2020	Medicare Supplement	3,626,210	2,730,494	75.3	1,019	3,309	3,093	93.5	1
YES	AR-MS-AA-G-OK	G	NO	0034000	01/07/2013			08/05/2020	Medicare Supplement	617,537	598,143	96.9	214	20,135	12,281	61.0	6
YES	AR-MS-AA-N-OK	N	NO	0034000	01/07/2013			08/05/2020	Medicare Supplement	299,645	240,441	80.2	137	6,885	8,613	125.1	2
YES	AR-MSD-AA-F-OK	F	NO	0204000	01/29/2013			08/05/2020	Medicare Supplement	569,971	477,045	83.7	171				
YES	AR-MSD-AA-G-OK	G	NO	0204000	01/29/2013			08/05/2020	Medicare Supplement	184,903	98,665	53.4	63	2,452	41	1.7	1
YES	AR-MSD-AA-N-OK	N	NO	0204000	01/29/2013			08/05/2020	Medicare Supplement	75,764	83,720	110.5	37				
YES	AR-MSX-AA-F-OK	F	NO	0030500	05/18/2015				Medicare Supplement	1,390,214	1,161,235	83.5	470	215,710	122,136	56.6	70
YES	AR-MSX-AA-G-OK	G	NO	0030500	05/18/2015				Medicare Supplement	627,259	538,931	85.9	273	435,180	299,276	68.8	189
YES	AR-MSX-AA-HDF-OK	F	NO	0030500	05/18/2015				Medicare Supplement	34,119	8,079	23.7	31	21,236	17,227	81.1	20
YES	AR-MSX-AA-N-OK	N	NO	0030500	05/18/2015				Medicare Supplement	434,432	372,690	85.8	225	136,902	78,681	57.5	80
0199999. Total Experience on Individual Policies										7,864,533	6,313,864	80.3	2,642	843,663	541,511	64.2	370

GENERAL INTERROGATORIES

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

360.0K



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

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

FOR THE STATE OF Pennsylvania.....
 NAIC Group Code 0901..... NAIC Company Code 88366.....
 ADDRESS (City, State and Zip Code) Cleveland , OH 44114.....
 Person Completing This Exhibit
 Title Telephone Number

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2018				Policies Issued in 2019; 2020; 2021			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	AR-MS-AA-B-PA	B	NO	0034060	03/22/2013			06/17/2021	Medicare Supplement	18,345	7,757	42.3	3				
YES	AR-MS-AA-F-PA	F	NO	0034060	03/22/2013			06/17/2021	Medicare Supplement	14,865,682	10,141,199	68.2	3,780	16,947	11,195	66.1	6
YES	AR-MS-AA-G-PA	G	NO	0034060	03/22/2013			06/17/2021	Medicare Supplement	6,826,981	5,284,683	77.4	2,219	46,565	22,577	48.5	15
YES	AR-MS-AA-N-PA	N	NO	0034060	03/22/2013			06/17/2021	Medicare Supplement	3,652,142	2,768,441	75.8	1,653	188,680	191,050	101.3	103
YES	AR-MSD-AA-F-PA	F	NO	0204060	04/30/2013			06/17/2021	Medicare Supplement	1,013,828	714,794	70.5	274	14,770	14,570	98.6	3
YES	AR-MSD-AA-G-PA	G	NO	0204060	04/30/2013			06/17/2021	Medicare Supplement	840,674	546,917	65.1	282	14,504	8,013	55.2	5
YES	AR-MSD-AA-N-PA	N	NO	0204060	04/30/2013			06/17/2021	Medicare Supplement	554,198	317,514	57.3	256	86,979	62,655	72.0	40
YES	AR-MSX-AA-B-PA	B	NO	0030560	06/19/2015			06/17/2021	Medicare Supplement	16	(400)	(2,511.5)					
YES	AR-MSX-AA-F-PA	F	NO	0030560	06/19/2015				Medicare Supplement	1,712,683	1,063,335	62.1	458	350,607	266,441	76.0	98
YES	AR-MSX-AA-G-PA	G	NO	0030560	06/19/2015				Medicare Supplement	1,370,543	903,116	65.9	468	736,336	613,825	83.4	262
YES	AR-MSX-AA-HDF-PA	F	NO	0030560	06/19/2015				Medicare Supplement	336,702	213,834	63.5	291	70,677	30,696	43.4	62
YES	AR-MSX-AA-N-PA	N	NO	0030560	06/19/2015				Medicare Supplement	2,195,887	1,395,070	63.5	918	327,676	234,702	71.6	145
0199999. Total Experience on Individual Policies										33,387,679	23,356,259	70.0	10,602	1,853,741	1,455,724	78.5	739

GENERAL INTERROGATORIES

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



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

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

FOR THE STATE OF Rhode Island.....
 NAIC Group Code 0901..... NAIC Company Code 88366.....
 ADDRESS (City, State and Zip Code) Cleveland , OH 44114.....
 Person Completing This Exhibit
 Title Telephone Number

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2018			Policies Issued in 2019; 2020; 2021				
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	AR-MS-AA-A-RI	A	NO	0034000	02/21/2013				Medicare Supplement	55,272	30,636	55.4	16	2,517	566	22.5	1
YES	AR-MS-AA-F-RI	F	NO	0034000	02/21/2013				Medicare Supplement	52,438	50,717	96.7	21	1,929	17	0.9	1
YES	AR-MS-AA-N-RI	N	NO	0034000	02/21/2013				Medicare Supplement	31,676	20,623	65.1	16				
YES	AR-MSD-AA-A-RI	A	NO	0204000	04/11/2013				Medicare Supplement								
YES	AR-MSD-AA-F-RI	F	NO	0204000	04/11/2013				Medicare Supplement	35,974	28,591	79.5	12				
YES	AR-MSD-AA-G-RI	G	NO	0204000	04/11/2013				Medicare Supplement	23,359	37,648	161.2	8	8,396	3,461	41.2	3
YES	AR-MSD-AA-N-RI	N	NO	0204000	04/11/2013				Medicare Supplement	22,112	7,051	31.9	10	2,944	1,078	36.6	2
0199999. Total Experience on Individual Policies										220,832	175,265	79.4	83	15,786	5,121	32.4	7

GENERAL INTERROGATORIES

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



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

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

FOR THE STATE OF South Carolina.....
 NAIC Group Code 0901..... NAIC Company Code 88366.....
 ADDRESS (City, State and Zip Code) Cleveland , OH 44114.....
 Person Completing This Exhibit
 Title Telephone Number

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2018				Policies Issued in 2019; 2020; 2021			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	AR-MS-AA-F-SC	F	NO	0034000	01/29/2013			06/24/2021	Medicare Supplement	5,720,758	3,842,403	67.2	1,726	9,948	5,284	53.1	3
YES	AR-MS-AA-G-SC	G	NO	0034000	01/29/2013			06/24/2021	Medicare Supplement	2,070,738	1,577,236	76.2	820	20,857	16,446	78.9	9
YES	AR-MS-AA-N-SC	N	NO	0034000	01/29/2013			06/24/2021	Medicare Supplement	446,940	415,844	93.0	233	16,152	11,017	68.2	6
YES	AR-MSD-AA-F-SC	F	NO	0204000	03/29/2013			06/24/2021	Medicare Supplement	720,665	464,756	64.5	216	94	(73)	(78.1)	
YES	AR-MSD-AA-G-SC	G	NO	0204000	03/29/2013			06/24/2021	Medicare Supplement	422,360	322,750	76.4	171	10,059	4,301	42.8	4
YES	AR-MSD-AA-N-SC	N	NO	0204000	03/29/2013			06/24/2021	Medicare Supplement	91,336	103,291	113.1	47	19,575	10,823	55.3	10
YES	AR-MSX-AA-F-SC	F	NO	0030560	04/20/2015				Medicare Supplement	2,806,611	1,832,673	65.3	870	36,217	18,516	51.1	13
YES	AR-MSX-AA-G-SC	G	NO	0030560	04/20/2015				Medicare Supplement	1,460,649	995,782	68.2	585	430,485	469,994	109.2	190
YES	AR-MSX-AA-HDF-SC	F	NO	0030560	04/20/2015				Medicare Supplement	133,972	75,905	56.7	146	28,632	10,571	36.9	28
YES	AR-MSX-AA-N-SC	N	NO	0030560	04/20/2015				Medicare Supplement	1,091,029	781,107	71.6	544	155,347	117,269	75.5	78
0199999. Total Experience on Individual Policies										14,965,058	10,411,747	69.6	5,358	727,365	664,148	91.3	341

GENERAL INTERROGATORIES

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



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

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

FOR THE STATE OF South Dakota
 NAIC Group Code 0901 NAIC Company Code 88366
 ADDRESS (City, State and Zip Code) Cleveland , OH 44114
 Person Completing This Exhibit
 Title Telephone Number

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2018				Policies Issued in 2019; 2020; 2021			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	AR-MS-AA-F-SD	F	NO	0034060	12/27/2012			08/06/2020	Medicare Supplement	177,630	132,526	74.6	45	3,342	1,809	54.1	1
YES	AR-MS-AA-G-SD	G	NO	0034060	12/27/2012			08/06/2020	Medicare Supplement	40,322	41,993	104.1	13				
YES	AR-MS-AA-N-SD	N	NO	0034060	12/27/2012			08/06/2020	Medicare Supplement	12,046	9,376	77.8	4				
YES	AR-MSD-AA-F-SD	F	NO	0204060	01/24/2013			08/06/2020	Medicare Supplement	33,352	11,202	33.6	10				
YES	AR-MSD-AA-G-SD	G	NO	0204060	01/24/2013			08/06/2020	Medicare Supplement	17,101	8,920	52.2	7				
YES	AR-MSD-AA-N-SD	N	NO	0204060	01/24/2013			08/06/2020	Medicare Supplement	8,377	6,438	76.9	3				
YES	AR-MSX-AA-F-SD	F	NO	0030560	04/16/2015				Medicare Supplement	104,947	60,795	57.9	32	4,547	36,125	794.5	2
YES	AR-MSX-AA-G-SD	G	NO	0030560	04/16/2015				Medicare Supplement	72,078	54,457	75.6	30	104,234	112,454	107.9	44
YES	AR-MSX-AA-HDF-SD	F	NO	0030560	04/16/2015				Medicare Supplement	10,391	3,410	32.8	12	10,553	6,338	60.1	14
YES	AR-MSX-AA-N-SD	N	NO	0030560	04/16/2015				Medicare Supplement	75,905	61,787	81.4	39	33,436	27,273	81.6	18
0199999. Total Experience on Individual Policies										552,149	390,905	70.8	195	156,112	184,000	117.9	79

GENERAL INTERROGATORIES

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



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

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

FOR THE STATE OF Tennessee.....
 NAIC Group Code 0901..... NAIC Company Code 88366.....
 ADDRESS (City, State and Zip Code) Cleveland , OH 44114.....
 Person Completing This Exhibit
 Title Telephone Number

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2018				Policies Issued in 2019; 2020; 2021			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	AR-MS-AA-A-TN	A	NO	0034060	03/21/2013			10/03/2019	Medicare Supplement	15,052	22,254	147.8	3				
YES	AR-MS-AA-F-TN	F	NO	0034060	03/21/2013			10/03/2019	Medicare Supplement	1,643,078	1,013,860	61.7	478				
YES	AR-MS-AA-G-TN	G	NO	0034060	03/21/2013			10/03/2019	Medicare Supplement	4,798,006	4,138,786	86.3	2,190	6,724	9,256	137.6	4
YES	AR-MS-AA-N-TN	N	NO	0034060	03/21/2013			10/03/2019	Medicare Supplement	133,186	106,219	79.8	50				
YES	AR-MSD-AA-F-TN	F	NO	0204060	04/11/2013			10/03/2019	Medicare Supplement	820,683	696,971	84.9	248				
YES	AR-MSD-AA-G-TN	G	NO	0204060	04/11/2013			10/03/2019	Medicare Supplement	1,437,919	1,346,728	93.7	698	12,237	10,974	89.7	6
YES	AR-MSD-AA-N-TN	N	NO	0204060	04/11/2013			10/03/2019	Medicare Supplement	137,025	134,713	98.3	66				
YES	AR-MSX-AA-F-TN	F	NO	0030560	11/02/2015				Medicare Supplement	7,422,815	5,055,809	68.1	2,273	298,264	199,601	66.9	95
YES	AR-MSX-AA-G-TN	G	NO	0030560	11/02/2015				Medicare Supplement	6,109,073	4,760,657	77.9	2,382	1,532,005	1,445,876	94.4	678
YES	AR-MSX-AA-HDF-TN	F	NO	0030560	11/02/2015				Medicare Supplement	142,387	45,179	31.7	170	62,325	17,005	27.3	79
YES	AR-MSX-AA-N-TN	N	NO	0030560	11/02/2015				Medicare Supplement	1,193,809	768,783	64.4	588	219,965	175,306	79.7	127
0199999. Total Experience on Individual Policies										23,853,032	18,089,961	75.8	9,146	2,131,520	1,858,018	87.2	989

GENERAL INTERROGATORIES

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



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

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

FOR THE STATE OF Texas.....
 NAIC Group Code 0901..... NAIC Company Code 88366.....
 ADDRESS (City, State and Zip Code) Cleveland, OH 44114.....
 Person Completing This Exhibit.....
 Title..... Telephone Number.....

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2018				Policies Issued in 2019; 2020; 2021			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	AR-MS-AA-A-TX	A	NO	0034060	03/08/2013				Medicare Supplement	868,146	1,259,814	145.1	92	30,304	38,906	128.4	3
YES	AR-MS-AA-F-TX	F	NO	0034000	03/08/2013				Medicare Supplement	11,582,608	8,384,874	72.4	3,127	16,345	7,526	46.0	6
YES	AR-MS-AA-G-TX	G	NO	0034000	03/08/2013				Medicare Supplement	2,567,622	2,059,613	80.2	837	90,062	33,211	36.9	33
YES	AR-MS-AA-N-TX	N	NO	0034000	03/08/2013				Medicare Supplement	576,649	473,685	82.1	223	33,661	16,114	47.9	17
YES	AR-MSD-AA-A-TX	A	NO	0204060	04/08/2013				Medicare Supplement	113,890	116,773	102.5	14	11,172	10,596	94.8	1
YES	AR-MSD-AA-F-TX	F	NO	0204000	04/08/2013				Medicare Supplement	1,726,931	1,274,582	73.8	460				
YES	AR-MSD-AA-G-TX	G	NO	0204000	04/08/2013				Medicare Supplement	1,030,060	1,247,026	121.1	337	5,301	1,830	34.5	1
YES	AR-MSD-AA-N-TX	N	NO	0204000	04/08/2013				Medicare Supplement	384,958	305,996	79.5	161	5,684	8,939	157.3	2
0199999. Total Experience on Individual Policies										18,850,863	15,122,362	80.2	5,251	192,530	117,121	60.8	63

GENERAL INTERROGATORIES

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



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

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

FOR THE STATE OF Utah.....
 NAIC Group Code 0901..... NAIC Company Code 88366.....
 ADDRESS (City, State and Zip Code) Cleveland , OH 44114.....
 Person Completing This Exhibit
 Title Telephone Number

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2018				Policies Issued in 2019; 2020; 2021			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	AR-MS-AA-F-UT	F	NO	0034000	01/17/2013			09/27/2019	Medicare Supplement	503,142	360,508	71.7	156				
YES	AR-MS-AA-G-UT	G	NO	0034000	01/17/2013			09/27/2019	Medicare Supplement	2,121,185	1,890,774	89.1	1,026	37,330	26,178	70.1	22
YES	AR-MS-AA-N-UT	N	NO	0034000	01/17/2013			09/27/2019	Medicare Supplement	101,729	57,922	56.9	52				
YES	AR-MSD-AA-F-UT	F	NO	0204000	04/11/2013			09/27/2019	Medicare Supplement	95,617	58,720	61.4	28				
YES	AR-MSD-AA-G-UT	G	NO	0204000	04/11/2013			09/27/2019	Medicare Supplement	209,948	227,178	108.2	98				
YES	AR-MSD-AA-N-UT	N	NO	0204000	04/11/2013			09/27/2019	Medicare Supplement	11,282	6,857	60.8	5				
YES	AR-MSX-AA-F-UT	F	NO	0030500	04/24/2015				Medicare Supplement	349,509	263,167	75.3	104	72,489	31,851	43.9	25
YES	AR-MSX-AA-G-UT	G	NO	0030500	04/24/2015				Medicare Supplement	177,934	134,027	75.3	64	204,910	154,041	75.2	79
YES	AR-MSX-AA-HDF-UT	F	NO	0030500	04/24/2015				Medicare Supplement	38,891	12,855	33.1	36	13,240	1,050	7.9	15
YES	AR-MSX-AA-N-UT	N	NO	0030500	04/24/2015				Medicare Supplement	310,702	166,997	53.7	141	60,596	29,821	49.2	28
0199999. Total Experience on Individual Policies										3,919,940	3,179,004	81.1	1,710	388,563	242,942	62.5	169

GENERAL INTERROGATORIES

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



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

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

FOR THE STATE OF Virginia.....
 NAIC Group Code 0901..... NAIC Company Code 88366.....
 ADDRESS (City, State and Zip Code) Cleveland, OH 44114.....
 Person Completing This Exhibit
 Title Telephone Number

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2018			Policies Issued in 2019; 2020; 2021				
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	AR-MS-AA-F-VA	F	NO	0034060	10/26/2013			08/05/2020	Medicare Supplement	14,035,491	10,932,262	77.9	4,755	240,059	177,917	74.1	93
YES	AR-MS-AA-G-VA	G	NO	0034060	10/26/2013			08/05/2020	Medicare Supplement	17,414,721	15,308,918	87.9	9,173	3,912,472	3,220,492	82.3	2,304
YES	AR-MS-AA-N-VA	N	NO	0034060	10/26/2013			08/05/2020	Medicare Supplement	1,902,229	1,784,937	93.8	1,256	202,845	204,521	100.8	149
YES	AR-MSX-AA-F-VA	F	NO	0030560	12/31/2015				Medicare Supplement	3,767,763	2,709,765	71.9	1,318	370,404	247,699	66.9	131
YES	AR-MSX-AA-G-VA	G	NO	0030560	12/31/2015				Medicare Supplement	1,327,076	861,267	64.9	550	880,679	646,516	73.4	383
YES	AR-MSX-AA-HDF-VA	F	NO	0030560	12/31/2015				Medicare Supplement	49,758	23,663	47.6	58	40,981	44,311	108.1	50
YES	AR-MSX-AA-N-VA	N	NO	0030560	12/31/2015				Medicare Supplement	734,988	587,910	80.0	361	177,239	101,646	57.3	87
0199999. Total Experience on Individual Policies										39,232,026	32,208,722	82.1	17,471	5,824,678	4,643,101	79.7	3,197

GENERAL INTERROGATORIES

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



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

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

FOR THE STATE OF West Virginia.....
 NAIC Group Code 0901..... NAIC Company Code 88366.....
 ADDRESS (City, State and Zip Code) Cleveland , OH 44114.....
 Person Completing This Exhibit
 Title Telephone Number

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2018				Policies Issued in 2019; 2020; 2021			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	AR-MS-AA-A-WV	A	NO	0034000	01/24/2013				Medicare Supplement	3,317	778	23.5	1				
YES	AR-MS-AA-F-WV	F	NO	0034000	01/24/2013				Medicare Supplement	1,850,176	1,309,628	70.8	486	21,689	107,722	496.7	6
YES	AR-MS-AA-G-WV	G	NO	0034000	01/24/2013				Medicare Supplement	1,650,955	1,278,656	77.4	732	220,504	180,144	81.7	108
YES	AR-MS-AA-N-WV	N	NO	0034000	01/24/2013				Medicare Supplement	216,650	194,429	89.7	104	89,232	64,277	72.0	61
YES	AR-MSD-AA-F-WV	F	NO	0204000	02/27/2013				Medicare Supplement	390,064	259,740	66.6	99	10,850	3,483	32.1	2
YES	AR-MSD-AA-G-WV	G	NO	0204000	02/27/2013				Medicare Supplement	476,276	368,249	77.3	199	104,893	97,436	92.9	50
YES	AR-MSD-AA-N-WV	N	NO	0204000	02/27/2013				Medicare Supplement	75,130	19,949	26.6	32	41,419	18,814	45.4	20
YES	AR-MSX-AA-F-WV	F	NO	0030500	05/19/2015				Medicare Supplement	748,809	484,787	64.7	239	50,641	47,790	94.4	19
YES	AR-MSX-AA-G-WV	G	NO	0030500	05/19/2015				Medicare Supplement	273,690	200,558	73.3	103	73,594	57,012	77.5	32
YES	AR-MSX-AA-HDF-WV	F	NO	0030500	05/19/2015				Medicare Supplement	34,941	7,581	21.7	39	11,328	24,389	215.3	14
YES	AR-MSX-AA-N-WV	N	NO	0030500	05/19/2015				Medicare Supplement	407,375	354,052	86.9	206	79,948	51,617	64.6	46
0199999. Total Experience on Individual Policies										6,127,383	4,478,408	73.1	2,240	704,098	652,683	92.7	358

GENERAL INTERROGATORIES

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



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

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

FOR THE STATE OF Wisconsin.....
 NAIC Group Code 0901..... NAIC Company Code 88366.....
 ADDRESS (City, State and Zip Code) Cleveland , OH 44114.....
 Person Completing This Exhibit
 Title Telephone Number

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2018			Policies Issued in 2019; 2020; 2021				
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	AR-BASCDWI	0	NO	0034060	06/05/2013			08/11/2020	Medicare Supplement	223,021	147,287	66.0	67	1,889	28	1.5	1
YES	AR-BASC-WI	0	NO	0034060	06/05/2013			08/11/2020	Medicare Supplement	4,615,826	3,674,526	79.6	1,323	7,910	2,082	26.3	3
YES	AR-BASCDWIX	0	NO	0030560	03/18/2015				Medicare Supplement	3,356,056	2,409,069	71.8	1,045	358,727	235,665	65.7	150
0199999. Total Experience on Individual Policies										8,194,903	6,230,882	76.0	2,435	368,527	237,776	64.5	154

GENERAL INTERROGATORIES

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



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

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

FOR THE STATE OF Wyoming.....
 NAIC Group Code 0901..... NAIC Company Code 88366.....
 ADDRESS (City, State and Zip Code) Cleveland , OH 44114.....
 Person Completing This Exhibit
 Title Telephone Number

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2018			Policies Issued in 2019; 2020; 2021				
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	AR-MS-AA-A-WY	A	NO	0034000	04/11/2013				Medicare Supplement								
YES	AR-MS-AA-F-WY	F	NO	0034000	04/11/2013				Medicare Supplement	1,807,412	1,320,125	73.0	570	41,569	57,020	137.2	13
YES	AR-MS-AA-G-WY	G	NO	0034000	04/11/2013				Medicare Supplement	3,647,699	3,663,059	100.4	1,749	597,791	701,672	117.4	323
YES	AR-MS-AA-N-WY	N	NO	0034000	04/11/2013				Medicare Supplement	117,010	115,269	98.5	61	22,015	32,758	148.8	14
YES	AR-MSD-AA-A-WY	A	NO	0204000	08/09/2013				Medicare Supplement								
YES	AR-MSD-AA-F-WY	F	NO	0204000	08/09/2013				Medicare Supplement	555,060	418,128	75.3	166	54,112	48,725	90.0	22
YES	AR-MSD-AA-G-WY	G	NO	0204000	08/09/2013				Medicare Supplement	1,295,248	1,038,502	80.2	644	400,877	371,476	92.7	240
YES	AR-MSD-AA-N-WY	N	NO	0204000	08/09/2013				Medicare Supplement	60,409	49,610	82.1	28	36,429	45,645	125.3	22
YES	AR-MSX-AA-F-WY	F	NO	0030500	06/26/2015				Medicare Supplement	333,216	279,472	83.9	112	41,299	53,370	129.2	15
YES	AR-MSX-AA-G-WY	G	NO	0030500	06/26/2015				Medicare Supplement	134,286	110,789	82.5	59	160,263	78,311	48.9	73
YES	AR-MSX-AA-HDF-WY	F	NO	0030500	06/26/2015				Medicare Supplement	38,131	41,977	110.1	42	14,726	1,098	7.5	18
YES	AR-MSX-AA-N-WY	N	NO	0030500	06/26/2015				Medicare Supplement	247,736	161,656	65.3	133	66,391	48,694	73.3	40
0199999. Total Experience on Individual Policies										8,236,208	7,198,586	87.4	3,564	1,435,472	1,438,771	100.2	780

GENERAL INTERROGATORIES

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

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

SCHEDULE O SUPPLEMENT

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

Of The American Retirement Life Insurance Company
ADDRESS (City, State and Zip Code) Cleveland, OH 44114
NAIC Group Code 0901 NAIC Company Code 88366 Employer's Identification Number (FEIN) 59-2760189

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 Section A.

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 Section B.

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 Section C.

Section D -

Table with 5 columns: Years in Which Losses Were Incurred, 1 2017, 2 2018, 3 2019, 4 2020, 5 2021(a). Rows 1-6 showing loss development for Section D.

Section E -

Table with 5 columns: Years in Which Losses Were Incurred, 1 2017, 2 2018, 3 2019, 4 2020, 5 2021(a). Rows 1-6 showing loss development for Section E.

Section F -

Table with 5 columns: Years in Which Losses Were Incurred, 1 2017, 2 2018, 3 2019, 4 2020, 5 2021(a). Rows 1-6 showing loss development for Section F.

Section G -

Table with 5 columns: Years in Which Losses Were Incurred, 1 2017, 2 2018, 3 2019, 4 2020, 5 2021(a). Rows 1-6 showing loss development for Section G.

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

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

SUPPLEMENTAL SCHEDULE O - PART 2

Development of Incurred Losses
(\$000 Omitted)

Section A - Group Accident and Health

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

Section B - Other Accident and Health

1. Prior					
2. 2017	1,007				
3. 2018	XXX	847			
4. 2019	XXX	XXX	1,019		
5. 2020	XXX	XXX	XXX	732	
6. 2021	XXX	XXX	XXX	XXX	718

Section C - Credit Accident and Health

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

Section D -

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

Section E -

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

Section F -

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

Section G -

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

SCHEDULE O SUPPLEMENT

SUPPLEMENTAL SCHEDULE O - PART 3

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

Section A - Group Accident and Health

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

Section B - Other Accident and Health

1. 2017	289,851	286,041	285,827	XXX	XXX
2. 2018	XXX	343,869	335,148	335,147	XXX
3. 2019	XXX	XXX	357,143	351,438	351,101
4. 2020	XXX	XXX	XXX	303,140	299,828
5. 2021	XXX	XXX	XXX	XXX	302,141

Section C - Credit Accident and Health

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

Section D -

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

Section E -

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

Section F -

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

Section G -

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

SCHEDULE O SUPPLEMENT

SUPPLEMENTAL SCHEDULE O - PART 4

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

Section A - Group Accident and Health

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

Section B - Other Accident and Health

1. 2017	290,858	286,041	285,827	285,834	285,801
2. 2018	XXX	344,716	335,148	335,147	335,206
3. 2019	XXX	XXX	358,162	351,438	351,101
4. 2020	XXX	XXX	XXX	303,872	299,828
5. 2021	XXX	XXX	XXX	XXX	302,859

Section C - Credit Accident and Health

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

Section D -

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

Section E -

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

Section F -

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

Section G -

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

SUPPLEMENTAL SCHEDULE O - PART 5

(\$000 OMITTED)

Reserve and Liability Methodology - Exhibits 6 and 8

Line of Business	1 Methodology	2 Amount
1. Industrial Life		
2. Ordinary Life		19
3. Individual Annuity		
4. Supplementary Contracts		
5. Credit Life		
6. Group Life		
7. Group Annuities		
8. Group Accident and Health		
9. Credit Accident and Health		
10. Other Accident and Health		31,479
11. Total		31,498

Health Care Receivables Supplement - Heading Information

N O N E

Health Care Receivables Supplement - Exhibit 3 - Health Care Receivables

N O N E

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

N O N E