



LIFE, AND ACCIDENT AND HEALTH COMPANIES/FRATERNAL BENEFIT SOCIETIES - ASSOCIATION EDITION

ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2022
OF THE CONDITION AND AFFAIRS OF THE

Loyal American Life Insurance Company

NAIC Group Code 0901 0901 NAIC Company Code 65722 Employer's ID Number 63-0343428
(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 05/18/1955 Commenced Business 07/04/1955

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 11501 Alterra Parkway, Suite 500
(Street and Number) Austin, TX, US 78758, 512-451-2224
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address 11501 Alterra Parkway, Suite 500, Austin, TX, US 78758
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 11501 Alterra Parkway, Suite 500
(Street and Number) Austin, TX, US 78758, 512-451-2224
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Website Address www.CignaSupplementalBenefits.com

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

OFFICERS

President	<u>Lindy Marie Hinman #</u>	Secretary	<u>Geneva Campbell Brown #</u>
Treasurer and Chief Accounting Officer	<u>Byron Keith Buescher</u>	Vice President, Chief Financial Officer and Chief Actuary	<u>David Leroy Swanson</u>

OTHER

David Lawrence Chambers, Vice President-Sales and Marketing	<u>Mark Fleming, Vice President and Assistant Treasurer</u>	<u>Joanne Ruth Hart, Vice President and Assistant Treasurer</u>
Scott Ronald Lambert, Vice President and Assistant Treasurer	<u>Mark Edmund Ochal #, General Manager</u>	<u>Kathleen Murphy O'Neil, Vice President</u>
Daniel Ernest Paffumi #, Appointed Actuary	<u>Drew Jerome Reynolds, Vice President and Assistant Treasurer</u>	

DIRECTORS OR TRUSTEES

<u>Lindy Marie Hinman #</u>	<u>Tracy Lyn Labonte #</u>	<u>Mark Edmund Ochal #</u>
<u>David Leroy Swanson</u>	<u>James Yablecki</u>	

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.

Byron Keith Buescher
Treasurer and Chief Accounting Officer

Geneva Campbell Brown
Secretary

David Leroy Swanson
Vice President, Chief Financial Officer and Chief Actuary

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 2022 OF THE Loyal American Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Alabama

NAIC Group Code 0901

DURING THE YEAR 2022

NAIC Company Code 65722

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	428,759			15,099		443,858
2. Annuity considerations	3,200					3,200
3. Deposit-type contract funds	139		XXX		XXX	139
4. Other considerations						
5. Totals (Sum of Lines 1 to 4)	432,098			15,099		447,197
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS						
Life insurance:						
6.1 Paid in cash or left on deposit	10,261					10,261
6.2 Applied to pay renewal premiums	412					412
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	53					53
6.4 Other						
6.5 Totals (Sum of Lines 6.1 to 6.4)	10,726					10,726
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)	10,726					10,726
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits	701,944					701,944
10. Matured endowments	26,600					26,600
11. Annuity benefits	118,461					118,461
12. Surrender values and withdrawals for life contracts	404,504					404,504
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health						
15. Totals	1,251,509					1,251,509
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 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
16. Unpaid December 31, prior year .....	.24	102,421							.24	.102,421
17. Incurred during current year .....	.88	786,854							.88	.786,854
Settled during current year:										
18.1 By payment in full .....	.79	709,491							.79	.709,491
18.2 By payment on compromised claims										
18.3 Totals paid .....	.79	709,491							.79	.709,491
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements .....	.79	709,491							.79	.709,491
19. Unpaid Dec. 31, current year (16+17-18.6)	33	179,784							33	179,784
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year .....	.2,066	37,116,659	(a)	.14	808,500				.2,080	.37,925,159
21. Issued during year .....	.22	190,500							.22	.190,500
22. Other changes to in force (Net)	(164)	(9,947,755)							(164)	(9,947,755)
23. In force December 31 of current year	1,924	27,359,404	(a)	14	808,500				1,938	28,167,904

(a) Includes Individual Credit Life Insurance prior year \$, current year \$

Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior 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 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
	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)	15,398	15,545			2,472
24.1 Federal Employees Health Benefits Plan premium (b)					(175)
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)	(9)	.33			
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancellable (b)					
25.2 Guaranteed renewable (b)	3,834,650	3,841,851			1,632,583
25.3 Non-renewable for stated reasons only (b)					1,566,570
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	3,834,650	3,841,851			1,632,583
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	3,850,039	3,857,429			1,635,179
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products insured under indemnity only products 0				0	and number of persons



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Loyal American Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Alaska

NAIC Group Code 0901

DURING THE YEAR 2022

NAIC Company Code 65722

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance		8,225				8,225
2. Annuity considerations .....		.8				.8
3. Deposit-type contract funds			XXX		XXX	
4. Other considerations						
5. Totals (Sum of Lines 1 to 4)		8,233				8,233
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS						
Life insurance:						
6.1 Paid in cash or left on deposit		315				315
6.2 Applied to pay renewal premiums						
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period		39				39
6.4 Other						
6.5 Totals (Sum of Lines 6.1 to 6.4)		354				354
Annuites:						
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)		354				354
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits						
10. Matured endowments						
11. Annuity benefits		125,280				125,280
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		125,280				125,280
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 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
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	12	183,316	(a)					12	183,316	
21. Issued during year	7	47,000						7	47,000	
22. Other changes to in force (Net)		50								50
23. In force December 31 of current year	19	230,366	(a)					19	230,366	

(a) Includes Individual Credit Life Insurance prior year \$, current year \$
 Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior 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 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
24. Group Policies (b)	150	150			4
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-cancellable (b)					
25.2 Guaranteed renewable (b)	1,822,611	1,822,334		1,420,515	1,464,553
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)	1,822,611	1,822,334		1,420,515	1,464,553
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,822,761	1,822,484		1,420,515	1,464,557

(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 2022 OF THE Loyal American Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Arizona

NAIC Group Code 0901

DURING THE YEAR 2022

NAIC Company Code 65722

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance		53,345				53,345
2. Annuity considerations		42				42
3. Deposit-type contract funds		1,237	XXX		XXX	1,237
4. Other considerations						
5. Totals (Sum of Lines 1 to 4)		54,624				54,624
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS						
Life insurance:						
6.1 Paid in cash or left on deposit		2,336				2,336
6.2 Applied to pay renewal premiums						
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period		149				149
6.4 Other						
6.5 Totals (Sum of Lines 6.1 to 6.4)		2,485				2,485
Annuites:						
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)		2,485				2,485
8. Grand Totals (Lines 6.5 plus 7.4)		2,485				2,485
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits		8,094				8,094
10. Matured endowments		35				35
11. Annuity benefits		466,753				466,753
12. Surrender values and withdrawals for life contracts		346,033				346,033
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health						
15. Totals		820,915				820,915
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 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
16. Unpaid December 31, prior year	1	5,000							1	5,000
17. Incurred during current year	1	3,061							1	3,061
Settled during current year:										
18.1 By payment in full	2	8,061							2	8,061
18.2 By payment on compromised claims										
18.3 Totals paid	2	8,061							2	8,061
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	2	8,061							2	8,061
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT				No. of Policies						
20. In force December 31, prior year	122	2,438,624	(a)						122	2,438,624
21. Issued during year	9	102,500							9	102,500
22. Other changes to in force (Net)	(8)	(414,179)							(8)	(414,179)
23. In force December 31 of current year	123	2,126,945	(a)						123	2,126,945

(a) Includes Individual Credit Life Insurance prior year \$, current year \$
 Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior 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 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
24. Group Policies (b)	1,679	1,605		380	132
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)		3			(55)
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancellable (b)					
25.2 Guaranteed renewable (b)	2,303,316	2,272,955		1,439,979	1,500,888
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)	2,303,316	2,272,955		1,439,979	1,500,888
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	2,304,995	2,274,563		1,440,359	1,500,965

(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 2022 OF THE Loyal American Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Arkansas

NAIC Group Code 0901

DURING THE YEAR 2022

NAIC Company Code 65722

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	190,325			466		190,791
2. Annuity considerations	216					216
3. Deposit-type contract funds	197	XXX			XXX	197
4. Other considerations						
5. Totals (Sum of Lines 1 to 4)	190,738			466		191,204
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS						
Life insurance:						
6.1 Paid in cash or left on deposit	1,261					1,261
6.2 Applied to pay renewal premiums	58					58
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)	1,319					1,319
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)	1,319					1,319
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits	147,447					147,447
10. Matured endowments						
11. Annuity benefits						
12. Surrender values and withdrawals for life contracts	118,640					118,640
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health						
15. Totals	266,087					266,087
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 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
16. Unpaid December 31, prior year	10	33,026							10	33,026
17. Incurred during current year	29	151,639							29	151,639
Settled during current year:										
18.1 By payment in full	30	144,469							30	144,469
18.2 By payment on compromised claims										
18.3 Totals paid	30	144,469							30	144,469
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	30	144,469							30	144,469
19. Unpaid Dec. 31, current year (16+17-18.6)	9	40,196							9	40,196
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	671	9,109,885	(a)	1	75,000				672	9,184,885
21. Issued during year	18	196,500							18	196,500
22. Other changes to in force (Net)	(61)	(689,034)							(61)	(689,034)
23. In force December 31 of current year	628	8,617,351	(a)	1	75,000				629	8,692,351

(a) Includes Individual Credit Life Insurance prior year \$, current year \$

Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior 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 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
24. Group Policies (b)		10,928	11,035		1,344	(1,387)
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-cancellable (b)						
25.2 Guaranteed renewable (b)		4,304,990	4,315,228		2,798,901	2,811,760
25.3 Non-renewable for stated reasons only (b)						
25.4 Other accident only						
25.5 All other (b)						
25.6 Totals (sum of Lines 25.1 to 25.5)		4,304,990	4,315,228		2,798,901	2,811,760
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)		4,315,918	4,326,263		2,800,245	2,810,373

(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 2022 OF THE Loyal American Life Insurance Company

DIRECT BUSINESS IN THE STATE OF California

NAIC Group Code 0901

DURING THE YEAR 2022

NAIC Company Code 65722

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	166,852					166,852
2. Annuity considerations	16,197					16,197
3. Deposit-type contract funds	1,811	XXX			XXX	1,811
4. Other considerations						
5. Totals (Sum of Lines 1 to 4)	184,860					184,860
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS						
Life insurance:						
6.1 Paid in cash or left on deposit	4,254					4,254
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)	4,254					4,254
Annuites:						
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)	4,254					4,254
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits	215,319					215,319
10. Matured endowments	6,889					6,889
11. Annuity benefits	477,526					477,526
12. Surrender values and withdrawals for life contracts	242,725					242,725
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health						
15. Totals	942,459					942,459
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 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
16. Unpaid December 31, prior year	4	20,851							4	20,851
17. Incurred during current year	15	225,254							15	225,254
Settled during current year:										
18.1 By payment in full	16	220,887							16	220,887
18.2 By payment on compromised claims										
18.3 Totals paid	16	220,887							16	220,887
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	16	220,887							16	220,887
19. Unpaid Dec. 31, current year (16+17-18.6)	3	25,218							3	25,218
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	427	10,600,629	(a)						427	10,600,629
21. Issued during year	37	276,500							37	276,500
22. Other changes to in force (Net)	(44)	(1,946,347)							(44)	(1,946,347)
23. In force December 31 of current year	420	8,930,782	(a)						420	8,930,782

(a) Includes Individual Credit Life Insurance prior year \$, current year \$
 Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior 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 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
24. Group Policies (b)	2,597	2,582		750	503
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-cancellable (b)					
25.2 Guaranteed renewable (b)	35,209,160	35,268,620		25,874,302	25,872,484
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)	35,209,160	35,268,620		25,874,302	25,872,484
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	35,211,757	35,271,202		25,875,052	25,872,987

(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 2022 OF THE Loyal American Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Colorado

NAIC Group Code 0901

DURING THE YEAR 2022

NAIC Company Code 65722

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance		49,430				49,430
2. Annuity considerations		30				30
3. Deposit-type contract funds		103	XXX		XXX	103
4. Other considerations						
5. Totals (Sum of Lines 1 to 4)		49,563				49,563
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS						
Life insurance:						
6.1 Paid in cash or left on deposit		643				643
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)		643				643
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)		643				643
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits		109,328				109,328
10. Matured endowments						
11. Annuity benefits		16,602				16,602
12. Surrender values and withdrawals for life contracts		39,344				39,344
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health						
15. Totals		165,274				165,274
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 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
16. Unpaid December 31, prior year										
17. Incurred during current year	4	108,602							4	108,602
Settled during current year:										
18.1 By payment in full	3	108,589							3	108,589
18.2 By payment on compromised claims										
18.3 Totals paid	3	108,589							3	108,589
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	3	108,589							3	108,589
19. Unpaid Dec. 31, current year (16+17-18.6)	1	13							1	13
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	132	2,354,182	(a)						132	2,354,182
21. Issued during year	9	82,000							9	82,000
22. Other changes to in force (Net)	(18)	(204,371)							(18)	(204,371)
23. In force December 31 of current year	123	2,231,811	(a)						123	2,231,811

(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 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
24. Group Policies (b)	424	424			(67)
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-cancellable (b)					
25.2 Guaranteed renewable (b)	2,081,130	2,067,526		887,979	928,631
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)	2,081,130	2,067,526		887,979	928,631
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	2,081,554	2,067,950		887,979	928,564

(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 2022 OF THE Loyal American Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Connecticut

DURING THE YEAR 2022

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 65722

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance		37,253				37,253
2. Annuity considerations		15				15
3. Deposit-type contract funds			XXX		XXX	
4. Other considerations						
5. Totals (Sum of Lines 1 to 4)		37,268				37,268
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS						
Life insurance:						
6.1 Paid in cash or left on deposit		164				164
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)		164				164
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)		164				164
8. Grand Totals (Lines 6.5 plus 7.4)						164
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits		2,358				2,358
10. Matured endowments						
11. Annuity benefits		986				986
12. Surrender values and withdrawals for life contracts		15,395				15,395
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health						
15. Totals		18,739				18,739
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 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
16. Unpaid December 31, prior year										
17. Incurred during current year	1	1,329							1	1,329
Settled during current year:										
18.1 By payment in full	1	1,329							1	1,329
18.2 By payment on compromised claims										
18.3 Totals paid	1	1,329							1	1,329
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	1	1,329							1	1,329
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT				No. of Policies						
20. In force December 31, prior year	53	682,238	(a)						53	682,238
21. Issued during year	7	115,000							7	115,000
22. Other changes to in force (Net)	(2)	(50,000)							(2)	(50,000)
23. In force December 31 of current year	58	747,238	(a)						58	747,238

(a) Includes Individual Credit Life Insurance prior year \$, current year \$
 Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior 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 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
	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)	241	241			(80)
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-cancellable (b)					
25.2 Guaranteed renewable (b)	3,358,084	3,359,837		1,541,654	1,557,140
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)	3,358,084	3,359,837		1,541,654	1,557,140
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	3,358,325	3,360,078		1,541,654	1,557,060

(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 2022 OF THE Loyal American Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Delaware

NAIC Group Code 0901

DURING THE YEAR 2022

NAIC Company Code 65722

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance		21,521				21,521
2. Annuity considerations		15				15
3. Deposit-type contract funds			XXX		XXX	
4. Other considerations						
5. Totals (Sum of Lines 1 to 4)		21,536				21,536
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		94				94
6.4 Other						
6.5 Totals (Sum of Lines 6.1 to 6.4)		94				94
Annuites:						
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)		94				94
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits		2,508				2,508
10. Matured endowments						
11. Annuity benefits						
12. Surrender values and withdrawals for life contracts						
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health						
15. Totals		2,508				2,508
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 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
16. Unpaid December 31, prior year										
17. Incurred during current year	2	32,508							2	32,508
Settled during current year:										
18.1 By payment in full	1	2,508							1	2,508
18.2 By payment on compromised claims										
18.3 Totals paid	1	2,508							1	2,508
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	1	2,508							1	2,508
19. Unpaid Dec. 31, current year (16+17-18.6)	1	30,000							1	30,000
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	32	729,568	(a)						32	729,568
21. Issued during year										
22. Other changes to in force (Net)	1	7,606							1	7,606
23. In force December 31 of current year	33	737,174	(a)						33	737,174

(a) Includes Individual Credit Life Insurance prior year \$, current year \$
 Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior 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 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
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-cancellable (b)					
25.2 Guaranteed renewable (b)	233,338	228,581		88,812	.100,077
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)	233,338	228,581		88,812	.100,077
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	233,338	228,581		88,812	.100,077

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



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Loyal American Life Insurance Company

DIRECT BUSINESS IN THE STATE OF District of Columbia

DURING THE YEAR 2022

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 65722

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance		7,257				7,257
2. Annuity considerations						
3. Deposit-type contract funds			XXX		XXX	
4. Other considerations						
5. Totals (Sum of Lines 1 to 4)		7,257				7,257
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS						
Life insurance:						
6.1 Paid in cash or left on deposit		426				426
6.2 Applied to pay renewal premiums						
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period		112				112
6.4 Other						
6.5 Totals (Sum of Lines 6.1 to 6.4)		538				538
Annuites:						
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)		538				538
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits		27,260				27,260
10. Matured endowments						
11. Annuity benefits						
12. Surrender values and withdrawals for life contracts		17,032				17,032
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health						
15. Totals		44,292				44,292
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 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
16. Unpaid December 31, prior year	1	3,000							1	3,000
17. Incurred during current year	2	27,051							2	27,051
Settled during current year:										
18.1 By payment in full	2	27,051							2	27,051
18.2 By payment on compromised claims										
18.3 Totals paid	2	27,051							2	27,051
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	2	27,051							2	27,051
19. Unpaid Dec. 31, current year (16+17-18.6)	1	3,000							1	3,000
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	31	323,993	(a)						31	323,993
21. Issued during year	2	18,000							2	18,000
22. Other changes to in force (Net)	(3)	(64,599)							(3)	(64,599)
23. In force December 31 of current year	30	277,395	(a)						30	277,395

(a) Includes Individual Credit Life Insurance prior year \$, current year \$
 Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior 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 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
24. Group Policies (b)		550	550			14
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-cancellable (b)						
25.2 Guaranteed renewable (b)		489,404	490,149		229,767	235,909
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)		489,404	490,149		229,767	235,909
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)		489,954	490,699		229,767	235,923

(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 2022 OF THE Loyal American Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Florida

NAIC Group Code 0901

DURING THE YEAR 2022

NAIC Company Code 65722

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	331,634			74		.331,708
2. Annuity considerations	227					227
3. Deposit-type contract funds	693	XXX			XXX	693
4. Other considerations						
5. Totals (Sum of Lines 1 to 4)	332,554			74		332,628
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS						
Life insurance:						
6.1 Paid in cash or left on deposit	13,602					13,602
6.2 Applied to pay renewal premiums						
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	3,025					3,025
6.4 Other						
6.5 Totals (Sum of Lines 6.1 to 6.4)	16,627					16,627
Annuites:						
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)	16,627					16,627
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits	601,171					601,171
10. Matured endowments	3,538					3,538
11. Annuity benefits	503,974					503,974
12. Surrender values and withdrawals for life contracts	1,366,771					1,366,771
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health						
15. Totals	2,475,454					2,475,454
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 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
16. Unpaid December 31, prior year .....	.55	259,548							.55	.259,548
17. Incurred during current year .....	.93	520,279							.93	.520,279
Settled during current year:										
18.1 By payment in full .....	.99	587,178							.99	.587,178
18.2 By payment on compromised claims										
18.3 Totals paid .....	.99	587,178							.99	.587,178
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements .....	.99	587,178							.99	.587,178
19. Unpaid Dec. 31, current year (16+17-18.6)	49	192,649							49	192,649
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	2,274	28,372,720	(a)		2	53,000			2,276	.28,425,720
21. Issued during year	1	3,000							1	.3,000
22. Other changes to in force (Net)	(164)	(3,284,842)			(1)	(50,000)			(165)	(3,334,842)
23. In force December 31 of current year	2,111	25,090,878	(a)		1	3,000			2,112	25,093,878

(a) Includes Individual Credit Life Insurance prior year \$, current year \$

Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4	5
				Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	394	411			(208)
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)	1,514	1,785			(1,027)
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancellable (b)					
25.2 Guaranteed renewable (b)	19,655,762	19,504,103		6,492,522	7,384,784
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)	19,655,762	19,504,103		6,492,522	7,384,784
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	19,657,670	19,506,299		6,492,522	7,383,549

(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 2022 OF THE Loyal American Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Georgia

NAIC Group Code 0901

DURING THE YEAR 2022

NAIC Company Code 65722

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	295,672			1,264		296,936
2. Annuity considerations	92					92
3. Deposit-type contract funds	2,518	XXX			XXX	2,518
4. Other considerations						
5. Totals (Sum of Lines 1 to 4)	298,282			1,264		299,546
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS						
Life insurance:						
6.1 Paid in cash or left on deposit	50,509					50,509
6.2 Applied to pay renewal premiums	1,689					1,689
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	2,212					2,212
6.4 Other						
6.5 Totals (Sum of Lines 6.1 to 6.4)	54,410					54,410
Annuites:						
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)	54,410					54,410
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits	519,810					519,810
10. Matured endowments	16,362					16,362
11. Annuity benefits	12,422					12,422
12. Surrender values and withdrawals for life contracts	147,278					147,278
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health						
15. Totals	695,872					695,872
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 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
16. Unpaid December 31, prior year .....	.24	126,656							.24	.126,656
17. Incurred during current year .....	.93	524,221							.93	.524,221
Settled during current year:										
18.1 By payment in full .....	.76	505,711							.76	.505,711
18.2 By payment on compromised claims										
18.3 Totals paid .....	.76	505,711							.76	.505,711
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements .....	.76	505,711							.76	.505,711
19. Unpaid Dec. 31, current year (16+17-18.6)	41	145,166							41	145,166
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	1,898	16,577,743	(a)	3	75,500				1,901	16,653,243
21. Issued during year .....	.14	153,500							.14	.153,500
22. Other changes to in force (Net)	(141)	(1,294,976)							(141)	(1,294,976)
23. In force December 31 of current year	1,771	15,436,267	(a)	3	75,500				1,774	15,511,767

(a) Includes Individual Credit Life Insurance prior year \$, current year \$

Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior 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)	4,982	5,099		938	(680)
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)	1,935	1,961		294	.76
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancellable (b)					
25.2 Guaranteed renewable (b)	5,174,837	5,145,725		1,697,264	1,836,038
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	5,174,837	5,145,725		1,697,264	1,836,038
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	5,181,754	5,152,785		1,698,496	1,835,434

(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 2022 OF THE Loyal American Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Hawaii

NAIC Group Code 0901

DURING THE YEAR 2022

NAIC Company Code 65722

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance		7,695				7,695
2. Annuity considerations		23				23
3. Deposit-type contract funds		813	XXX		XXX	813
4. Other considerations						
5. Totals (Sum of Lines 1 to 4)		8,531				8,531
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS						
Life insurance:						
6.1 Paid in cash or left on deposit		1,702				1,702
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)		1,702				1,702
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)		1,702				1,702
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits						
10. Matured endowments		25,200				25,200
11. Annuity benefits						
12. Surrender values and withdrawals for life contracts		2,499				2,499
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health						
15. Totals		27,699				27,699
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 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
16. Unpaid December 31, prior year										
17. Incurred during current year		25,200								25,200
Settled during current year:										
18.1 By payment in full		25,200								25,200
18.2 By payment on compromised claims										
18.3 Totals paid		25,200								25,200
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements		25,200								25,200
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	33	680,521	(a)						33	680,521
21. Issued during year										
22. Other changes to in force (Net)	(1)	(350,000)							(1)	(350,000)
23. In force December 31 of current year	32	330,521	(a)						32	330,521

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

ACCIDENT AND HEALTH INSURANCE

	1 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
24. Group Policies (b)	470	470			12
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-cancellable (b)					
25.2 Guaranteed renewable (b)	1,080,845	1,081,011		728,832	748,591
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)	1,080,845	1,081,011		728,832	748,591
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,081,315	1,081,481		728,832	748,603

(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 2022 OF THE Loyal American Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Idaho

NAIC Group Code 0901

DURING THE YEAR 2022

NAIC Company Code 65722

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance		28,828				28,828
2. Annuity considerations						
3. Deposit-type contract funds			XXX		XXX	
4. Other considerations						
5. Totals (Sum of Lines 1 to 4)		28,828				28,828
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS						
Life insurance:						
6.1 Paid in cash or left on deposit		203				203
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)		203				203
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)		203				203
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits		9,858				9,858
10. Matured endowments						
11. Annuity benefits		1,674				1,674
12. Surrender values and withdrawals for life contracts		24,222				24,222
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health						
15. Totals		35,754				35,754
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 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
16. Unpaid December 31, prior year										
17. Incurred during current year	3	.9,833							3	.9,833
Settled during current year:										
18.1 By payment in full	3	.9,833							3	.9,833
18.2 By payment on compromised claims										
18.3 Totals paid	3	.9,833							3	.9,833
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	3	.9,833							3	.9,833
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	60	1,206,673	(a)						60	1,206,673
21. Issued during year	8	.89,535							8	.89,535
22. Other changes to in force (Net)	(8)	(795,746)							(8)	(795,746)
23. In force December 31 of current year	60	500,462	(a)						60	500,462

(a) Includes Individual Credit Life Insurance prior year \$, current year \$
 Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior 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 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
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-cancellable (b)					
25.2 Guaranteed renewable (b)	2,681,223	2,679,565		1,916,346	1,927,662
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)	2,681,223	2,679,565		1,916,346	1,927,662
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	2,681,223	2,679,565		1,916,346	1,927,662

(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 2022 OF THE Loyal American Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Illinois

NAIC Group Code 0901

DURING THE YEAR 2022

NAIC Company Code 65722

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance		273,145				273,145
2. Annuity considerations		23,628				23,628
3. Deposit-type contract funds			XXX		XXX	
4. Other considerations						
5. Totals (Sum of Lines 1 to 4)		296,773				296,773
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS						
Life insurance:						
6.1 Paid in cash or left on deposit		1,446				1,446
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)		1,446				1,446
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)		1,446				1,446
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits		179,391				179,391
10. Matured endowments						
11. Annuity benefits		64,937				64,937
12. Surrender values and withdrawals for life contracts		165,260				165,260
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health						
15. Totals		409,588				409,588
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 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
16. Unpaid December 31, prior year	2	20,419							2	20,419
17. Incurred during current year	23	201,812							23	201,812
Settled during current year:										
18.1 By payment in full	20	178,231							20	178,231
18.2 By payment on compromised claims										
18.3 Totals paid	20	178,231							20	178,231
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	20	178,231							20	178,231
19. Unpaid Dec. 31, current year (16+17-18.6)	5	44,000							5	44,000
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	616	7,545,463	(a)						616	7,545,463
21. Issued during year	18	217,000							18	217,000
22. Other changes to in force (Net)	(57)	(668,256)							(57)	(668,256)
23. In force December 31 of current year	577	7,094,207	(a)						577	7,094,207

(a) Includes Individual Credit Life Insurance prior year \$, current year \$
 Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior 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 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
24. Group Policies (b)	31,589	32,072		70,048	62,281
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-cancellable (b)					
25.2 Guaranteed renewable (b)	9,447,699	9,460,222		4,504,159	4,563,531
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)	9,447,699	9,460,222		4,504,159	4,563,531
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	9,479,288	9,492,294		4,574,207	4,625,812

(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 2022 OF THE Loyal American Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Indiana

NAIC Group Code 0901

DURING THE YEAR 2022

NAIC Company Code 65722

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	233,189			4,235		237,424
2. Annuity considerations	290					290
3. Deposit-type contract funds	538	XXX			XXX	538
4. Other considerations						
5. Totals (Sum of Lines 1 to 4)	234,017			4,235		238,252
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS						
Life insurance:						
6.1 Paid in cash or left on deposit	415					415
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)	415					415
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)	415					415
8. Grand Totals (Lines 6.5 plus 7.4)						415
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits	555,000					555,000
10. Matured endowments	57					57
11. Annuity benefits	14,610					14,610
12. Surrender values and withdrawals for life contracts	572,683					572,683
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health						
15. Totals	1,142,350					1,142,350
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 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
16. Unpaid December 31, prior year	7	84,726							7	84,726
17. Incurred during current year	40	537,865							40	537,865
Settled during current year:										
18.1 By payment in full	38	548,958							38	548,958
18.2 By payment on compromised claims										
18.3 Totals paid	38	548,958							38	548,958
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	38	548,958							38	548,958
19. Unpaid Dec. 31, current year (16+17-18.6)	9	73,633							9	73,633
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	825	11,319,658	(a)	3	175,000				828	11,494,658
21. Issued during year	16	208,000							16	208,000
22. Other changes to in force (Net)	(67)	(1,124,409)							(67)	(1,124,409)
23. In force December 31 of current year	774	10,403,249	(a)	3	175,000				777	10,578,249

(a) Includes Individual Credit Life Insurance prior year \$, current year \$

Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior 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 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
24. Group Policies (b)		3,541	3,633			(30)
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-cancellable (b)						
25.2 Guaranteed renewable (b)		9,071,571	9,123,972		5,990,857	5,987,962
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)		9,071,571	9,123,972		5,990,857	5,987,962
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)		9,075,112	9,127,605		5,990,857	5,987,932

(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 2022 OF THE Loyal American Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Iowa

NAIC Group Code 0901

DURING THE YEAR 2022

NAIC Company Code 65722

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance		75,976				75,976
2. Annuity considerations						
3. Deposit-type contract funds			XXX		XXX	
4. Other considerations						
5. Totals (Sum of Lines 1 to 4)		75,976				75,976
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS						
Life insurance:						
6.1 Paid in cash or left on deposit		287				287
6.2 Applied to pay renewal premiums						
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period		6				6
6.4 Other						
6.5 Totals (Sum of Lines 6.1 to 6.4)		293				293
Annuites:						
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)		293				293
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits		44,361				44,361
10. Matured endowments						
11. Annuity benefits		54,542				54,542
12. Surrender values and withdrawals for life contracts		84,632				84,632
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health						
15. Totals		183,535				183,535
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 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
16. Unpaid December 31, prior year	3	43,566							3	43,566
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full	3	43,566							3	43,566
18.2 By payment on compromised claims										
18.3 Totals paid	3	43,566							3	43,566
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	3	43,566							3	43,566
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT										
20. In force December 31, prior year	117	1,172,504							117	1,172,504
21. Issued during year	9	91,000	(a)						9	91,000
22. Other changes to in force (Net)	(8)	(106,596)							(8)	(106,596)
23. In force December 31 of current year	118	1,156,908	(a)						118	1,156,908

(a) Includes Individual Credit Life Insurance prior year \$, current year \$
 Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior 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 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
24. Group Policies (b)	4,747	4,809		539	(841)
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-cancellable (b)					
25.2 Guaranteed renewable (b)	2,613,525	2,613,658		1,449,069	1,493,056
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)	2,613,525	2,613,658		1,449,069	1,493,056
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	2,618,272	2,618,467		1,449,608	1,492,215

(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 2022 OF THE Loyal American Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Kansas

NAIC Group Code 0901

DURING THE YEAR 2022

NAIC Company Code 65722

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	148,283					148,283
2. Annuity considerations	8					8
3. Deposit-type contract funds	38	XXX			XXX	38
4. Other considerations						
5. Totals (Sum of Lines 1 to 4)	148,329					148,329
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS						
Life insurance:						
6.1 Paid in cash or left on deposit	179					179
6.2 Applied to pay renewal premiums	189					189
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	61					61
6.4 Other						
6.5 Totals (Sum of Lines 6.1 to 6.4)	429					429
Annuites:						
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)	429					429
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits	119,589					119,589
10. Matured endowments	35,311					35,311
11. Annuity benefits	45,823					45,823
12. Surrender values and withdrawals for life contracts	281,454					281,454
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health						
15. Totals	482,177					482,177
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 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
16. Unpaid December 31, prior year	6	35,324							6	35,324
17. Incurred during current year	14	148,450							14	148,450
Settled during current year:										
18.1 By payment in full	16	154,154							16	154,154
18.2 By payment on compromised claims										
18.3 Totals paid	16	154,154							16	154,154
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	16	154,154							16	154,154
19. Unpaid Dec. 31, current year (16+17-18.6)	4	29,620							4	29,620
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	314	5,052,464	(a)						314	5,052,464
21. Issued during year	37	344,000							37	344,000
22. Other changes to in force (Net)	(46)	(2,020,353)							(46)	(2,020,353)
23. In force December 31 of current year	305	3,376,111	(a)						305	3,376,111

(a) Includes Individual Credit Life Insurance prior year \$, current year \$
 Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior 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 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
24. Group Policies (b)		28,918	29,656		15,851	11,262
24.1 Federal Employees Health Benefits Plan premium (b)						
24.2 Credit (Group and Individual)		69	69			(2)
24.3 Collectively renewable policies/certificates (b)						
24.4 Medicare Title XVIII exempt from state taxes or fees						
Other Individual Policies:						
25.1 Non-cancellable (b)						
25.2 Guaranteed renewable (b)		8,046,835	8,096,683		4,678,255	4,570,631
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)		8,046,835	8,096,683		4,678,255	4,570,631
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)		8,075,822	8,126,408		4,694,106	4,581,891

(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 2022 OF THE Loyal American Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Kentucky

NAIC Group Code 0901

DURING THE YEAR 2022

NAIC Company Code 65722

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	207,557					207,557
2. Annuity considerations	93					93
3. Deposit-type contract funds	224	XXX			XXX	224
4. Other considerations						
5. Totals (Sum of Lines 1 to 4)	207,874					207,874
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS						
Life insurance:						
6.1 Paid in cash or left on deposit	1,884					1,884
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)	1,884					1,884
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)	1,884					1,884
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits	61,601					61,601
10. Matured endowments						
11. Annuity benefits	173,339					173,339
12. Surrender values and withdrawals for life contracts	37,967					37,967
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health						
15. Totals	272,907					272,907
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 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
16. Unpaid December 31, prior year	6	40,051							6	40,051
17. Incurred during current year	5	28,080							5	28,080
Settled during current year:										
18.1 By payment in full	10	61,365							10	61,365
18.2 By payment on compromised claims										
18.3 Totals paid	10	61,365							10	61,365
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	10	61,365							10	61,365
19. Unpaid Dec. 31, current year (16+17-18.6)	1	6,766							1	6,766
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	364	4,296,952	(a)						364	4,296,952
21. Issued during year	15	152,000							15	152,000
22. Other changes to in force (Net)	(24)	(236,271)							(24)	(236,271)
23. In force December 31 of current year	355	4,212,681	(a)						355	4,212,681

(a) Includes Individual Credit Life Insurance prior year \$, current year \$
 Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior 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 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
24. Group Policies (b)	1,335	1,389		(18)	(391)
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-cancellable (b)					
25.2 Guaranteed renewable (b)	4,871,591	4,923,551		2,828,974	2,830,226
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	4,871,591	4,923,551		2,828,974	2,830,226
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	4,872,926	4,924,940		2,828,956	2,829,835

(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 2022 OF THE Loyal American Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Louisiana

NAIC Group Code 0901

DURING THE YEAR 2022

NAIC Company Code 65722

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	208,129					208,129
2. Annuity considerations	127					127
3. Deposit-type contract funds	186	XXX			XXX	186
4. Other considerations						
5. Totals (Sum of Lines 1 to 4)	208,442					208,442
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS						
Life insurance:						
6.1 Paid in cash or left on deposit	4,711					4,711
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)	4,711					4,711
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)	4,711					4,711
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits	184,428					184,428
10. Matured endowments	278					278
11. Annuity benefits						
12. Surrender values and withdrawals for life contracts	63,278					63,278
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health						
15. Totals	247,984					247,984
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page						
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)						

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 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
16. Unpaid December 31, prior year	12	112,448							12	112,448
17. Incurred during current year	19	156,256							19	156,256
Settled during current year:										
18.1 By payment in full	22	181,963							22	181,963
18.2 By payment on compromised claims										
18.3 Totals paid	22	181,963							22	181,963
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	22	181,963							22	181,963
19. Unpaid Dec. 31, current year (16+17-18.6)	9	86,741							9	86,741
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	756	16,552,492	(a)						756	16,552,492
21. Issued during year	16	152,000							16	152,000
22. Other changes to in force (Net)	(62)	(1,360,446)							(62)	(1,360,446)
23. In force December 31 of current year	710	15,344,046	(a)						710	15,344,046

(a) Includes Individual Credit Life Insurance prior year \$, current year \$
 Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior 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 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
24. Group Policies (b)	205,211	206,267		63,733	11,385
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)	331	331			909
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancellable (b)					
25.2 Guaranteed renewable (b)	4,068,115	4,082,896		1,852,542	1,800,033
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	4,068,115	4,082,896		1,852,542	1,800,033
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	4,273,657	4,289,494		1,916,275	1,812,327

(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 2022 OF THE Loyal American Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Maine

NAIC Group Code 0901

DURING THE YEAR 2022

NAIC Company Code 65722

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance		46,394				46,394
2. Annuity considerations		193				193
3. Deposit-type contract funds			XXX		XXX	
4. Other considerations						
5. Totals (Sum of Lines 1 to 4)		46,587				46,587
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS						
Life insurance:						
6.1 Paid in cash or left on deposit		333				333
6.2 Applied to pay renewal premiums						
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period		90				90
6.4 Other						
6.5 Totals (Sum of Lines 6.1 to 6.4)		423				423
Annuites:						
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)		423				423
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits		67,716				67,716
10. Matured endowments						
11. Annuity benefits		24,347				24,347
12. Surrender values and withdrawals for life contracts		5,497				5,497
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health						
15. Totals		97,560				97,560
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 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
16. Unpaid December 31, prior year	7	30,632							7	30,632
17. Incurred during current year	7	57,462							7	57,462
Settled during current year:										
18.1 By payment in full	10	66,512							10	66,512
18.2 By payment on compromised claims										
18.3 Totals paid	10	66,512							10	66,512
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	10	66,512							10	66,512
19. Unpaid Dec. 31, current year (16+17-18.6)	4	21,582							4	21,582
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	225	3,182,102	(a)						225	3,182,102
21. Issued during year	3	25,000							3	25,000
22. Other changes to in force (Net)	(11)	(85,960)							(11)	(85,960)
23. In force December 31 of current year	217	3,121,142	(a)						217	3,121,142

(a) Includes Individual Credit Life Insurance prior year \$, current year \$
 Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior 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 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
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-cancellable (b)					
25.2 Guaranteed renewable (b)	2,635,528	2,634,443		1,566,984	1,565,806
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)	2,635,528	2,634,443		1,566,984	1,565,806
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	2,635,528	2,634,443		1,566,984	1,565,806

(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 2022 OF THE Loyal American Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Maryland

NAIC Group Code 0901

DURING THE YEAR 2022

NAIC Company Code 65722

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance		93,193				93,193
2. Annuity considerations		425				425
3. Deposit-type contract funds		1,739	XXX		XXX	1,739
4. Other considerations						
5. Totals (Sum of Lines 1 to 4)		95,357				95,357
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS						
Life insurance:						
6.1 Paid in cash or left on deposit		2,256				2,256
6.2 Applied to pay renewal premiums						
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period		43				43
6.4 Other						
6.5 Totals (Sum of Lines 6.1 to 6.4)		2,299				2,299
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)		2,299				2,299
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits		160,720				160,720
10. Matured endowments						
11. Annuity benefits		52,939				52,939
12. Surrender values and withdrawals for life contracts		37,584				37,584
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health						
15. Totals		251,243				251,243
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 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
16. Unpaid December 31, prior year	6	33,148							6	33,148
17. Incurred during current year	10	140,104							10	140,104
Settled during current year:										
18.1 By payment in full	13	160,078							13	160,078
18.2 By payment on compromised claims										
18.3 Totals paid	13	160,078							13	160,078
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	13	160,078							13	160,078
19. Unpaid Dec. 31, current year (16+17-18.6)	3	13,174							3	13,174
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	239	2,873,979	(a)						239	2,873,979
21. Issued during year	8	121,000							8	121,000
22. Other changes to in force (Net)	(20)	(208,092)							(20)	(208,092)
23. In force December 31 of current year	227	2,786,887	(a)						227	2,786,887

(a) Includes Individual Credit Life Insurance prior year \$, current year \$
 Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior 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 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
24. Group Policies (b)		2,413	2,529			(271)
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-cancellable (b)						
25.2 Guaranteed renewable (b)		710,233	697,079		222,888	273,983
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)		710,233	697,079		222,888	273,983
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)		712,646	699,608		222,888	273,712

(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 2022 OF THE Loyal American Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Massachusetts

DURING THE YEAR 2022

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 65722

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance		46,066		256		46,322
2. Annuity considerations		152				152
3. Deposit-type contract funds		420	XXX		XXX	420
4. Other considerations						
5. Totals (Sum of Lines 1 to 4)		46,638		256		46,894
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS						
Life insurance:						
6.1 Paid in cash or left on deposit		395				395
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)		395				395
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)		395				395
8. Grand Totals (Lines 6.5 plus 7.4)		395				395
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits		200,129				200,129
10. Matured endowments						
11. Annuity benefits		1,706				1,706
12. Surrender values and withdrawals for life contracts		321,786				321,786
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health						
15. Totals		523,621				523,621
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 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
16. Unpaid December 31, prior year	5	80,870							5	80,870
17. Incurred during current year	11	141,347							11	141,347
Settled during current year:										
18.1 By payment in full	13	196,620							13	196,620
18.2 By payment on compromised claims										
18.3 Totals paid	13	196,620							13	196,620
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	13	196,620							13	196,620
19. Unpaid Dec. 31, current year (16+17-18.6)	3	25,597							3	25,597
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	262	4,538,990	(a)	1	29,900				263	4,568,890
21. Issued during year	2	11,000							2	11,000
22. Other changes to in force (Net)	(23)	(452,746)			(8,900)				(23)	(461,646)
23. In force December 31 of current year	241	4,097,244	(a)	1	21,000				242	4,118,244

(a) Includes Individual Credit Life Insurance prior year \$, current year \$

Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior 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 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
24. Group Policies (b) .....		.377	377			(36)
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-cancellable (b)						
25.2 Guaranteed renewable (b)		402,326	400,091		137,306	.157,003
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)		402,326	400,091		137,306	.157,003
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)		402,703	400,468		137,306	.156,967

(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 2022 OF THE Loyal American Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Michigan

NAIC Group Code 0901

DURING THE YEAR 2022

NAIC Company Code 65722

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	115,197			920		116,117
2. Annuity considerations	49,297					49,297
3. Deposit-type contract funds	115	XXX			XXX	115
4. Other considerations						
5. Totals (Sum of Lines 1 to 4)	164,609			920		165,529
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS						
Life insurance:						
6.1 Paid in cash or left on deposit	1,568					1,568
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)	1,568					1,568
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)	1,568					1,568
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits	27,475					27,475
10. Matured endowments						
11. Annuity benefits	161,216					161,216
12. Surrender values and withdrawals for life contracts	422,691					422,691
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health						
15. Totals	611,382					611,382
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 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
16. Unpaid December 31, prior year	3	10,500							3	10,500
17. Incurred during current year	8	35,166							8	35,166
Settled during current year:										
18.1 By payment in full	7	27,475							7	27,475
18.2 By payment on compromised claims										
18.3 Totals paid	7	27,475							7	27,475
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	7	27,475							7	27,475
19. Unpaid Dec. 31, current year (16+17-18.6)	4	18,191							4	18,191
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	223	4,743,513	(a)						223	4,743,513
21. Issued during year	20	199,153							20	199,153
22. Other changes to in force (Net)	(35)	(1,949,425)			1	50,000			(34)	(1,899,425)
23. In force December 31 of current year	208	2,993,241	(a)	1	50,000				209	3,043,241

(a) Includes Individual Credit Life Insurance prior year \$, current year \$

Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior 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 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
24. Group Policies (b)		3,761	3,763		600	(292)
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-cancellable (b)						
25.2 Guaranteed renewable (b)		8,298,660	8,322,855		4,548,999	4,599,428
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)		8,298,660	8,322,855		4,548,999	4,599,428
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)		8,302,421	8,326,618		4,549,599	4,599,136

(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 2022 OF THE Loyal American Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Minnesota

NAIC Group Code 0901

DURING THE YEAR 2022

NAIC Company Code 65722

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance		38,048				38,048
2. Annuity considerations		162,862				162,862
3. Deposit-type contract funds		57	XXX		XXX	57
4. Other considerations						
5. Totals (Sum of Lines 1 to 4)		200,967				200,967
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS						
Life insurance:						
6.1 Paid in cash or left on deposit		473				473
6.2 Applied to pay renewal premiums						
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period		483				483
6.4 Other						
6.5 Totals (Sum of Lines 6.1 to 6.4)		956				956
Annuites:						
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)		956				956
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits		97,152				97,152
10. Matured endowments		2,963				2,963
11. Annuity benefits		323,627				323,627
12. Surrender values and withdrawals for life contracts		195,802				195,802
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health						
15. Totals		619,544				619,544
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 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
16. Unpaid December 31, prior year	3	37,662							3	37,662
17. Incurred during current year	22	85,557							22	85,557
Settled during current year:										
18.1 By payment in full	16	99,082							16	99,082
18.2 By payment on compromised claims										
18.3 Totals paid	16	99,082							16	99,082
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	16	99,082							16	99,082
19. Unpaid Dec. 31, current year (16+17-18.6)	9	24,137							9	24,137
POLICY EXHIBIT				No. of Policies						
20. In force December 31, prior year	239	2,394,113	(a)						239	2,394,113
21. Issued during year	7	62,000							7	62,000
22. Other changes to in force (Net)	(18)	(104,761)							(18)	(104,761)
23. In force December 31 of current year	228	2,351,352	(a)						228	2,351,352

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

ACCIDENT AND HEALTH INSURANCE

	1 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
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-cancellable (b)					
25.2 Guaranteed renewable (b)	5,859,175	5,876,262		3,660,722	3,720,691
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	5,859,175	5,876,262		3,660,722	3,720,691
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	5,859,175	5,876,262		3,660,722	3,720,691

(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 2022 OF THE Loyal American Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Mississippi

NAIC Group Code 0901

DURING THE YEAR 2022

NAIC Company Code 65722

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	225,656			918		226,574
2. Annuity considerations	2,261					2,261
3. Deposit-type contract funds	267	XXX			XXX	267
4. Other considerations						
5. Totals (Sum of Lines 1 to 4)	228,184			918		229,102
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS						
Life insurance:						
6.1 Paid in cash or left on deposit	3,654					3,654
6.2 Applied to pay renewal premiums	174					174
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)	3,828					3,828
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)	3,828					3,828
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits	288,636					288,636
10. Matured endowments						
11. Annuity benefits	16,012					16,012
12. Surrender values and withdrawals for life contracts	249,608					249,608
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health						
15. Totals	554,256					554,256
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 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
16. Unpaid December 31, prior year	12	54,645							12	54,645
17. Incurred during current year	45	388,769							45	388,769
Settled during current year:										
18.1 By payment in full	40	285,741							40	285,741
18.2 By payment on compromised claims										
18.3 Totals paid	40	285,741							40	285,741
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	40	285,741							40	285,741
19. Unpaid Dec. 31, current year (16+17-18.6)	17	157,673							17	157,673
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	936	14,062,197	(a)	8	206,480				944	14,268,677
21. Issued during year	16	182,500							16	182,500
22. Other changes to in force (Net)	(85)	(1,919,074)		(1)	(161,680)				(86)	(2,080,754)
23. In force December 31 of current year	867	12,325,623	(a)	7	44,800				874	12,370,423

(a) Includes Individual Credit Life Insurance prior year \$, current year \$

Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior 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 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
	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)	276,463	281,882		133,151	49,375
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)	52	52			(1)
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancellable (b)					
25.2 Guaranteed renewable (b)	5,296,445	5,311,223		3,528,553	3,500,503
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	5,296,445	5,311,223		3,528,553	3,500,503
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	5,572,960	5,593,157		3,661,704	3,549,877

(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 2022 OF THE Loyal American Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Missouri

NAIC Group Code 0901

DURING THE YEAR 2022

NAIC Company Code 65722

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	159,043			284		159,327
2. Annuity considerations	222					222
3. Deposit-type contract funds		XXX			XXX	
4. Other considerations						
5. Totals (Sum of Lines 1 to 4)	159,265			284		159,549
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS						
Life insurance:						
6.1 Paid in cash or left on deposit	2,033					2,033
6.2 Applied to pay renewal premiums						
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	19					19
6.4 Other						
6.5 Totals (Sum of Lines 6.1 to 6.4)	2,052					2,052
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)	2,052					2,052
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits	244,319					244,319
10. Matured endowments	1,761					1,761
11. Annuity benefits	50,517					50,517
12. Surrender values and withdrawals for life contracts	111,759					111,759
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health						
15. Totals	408,356					408,356
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 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
16. Unpaid December 31, prior year	12	86,320							12	86,320
17. Incurred during current year	23	198,215							23	198,215
Settled during current year:										
18.1 By payment in full	26	239,119							26	239,119
18.2 By payment on compromised claims										
18.3 Totals paid	26	239,119							26	239,119
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	26	239,119							26	239,119
19. Unpaid Dec. 31, current year (16+17-18.6)	9	45,416							9	45,416
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	652	9,044,257	(a)	1	100,000				653	9,144,257
21. Issued during year	26	290,000							26	290,000
22. Other changes to in force (Net)	(54)	(1,620,991)							(54)	(1,620,991)
23. In force December 31 of current year	624	7,713,266	(a)	1	100,000				625	7,813,266

(a) Includes Individual Credit Life Insurance prior year \$, current year \$

Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior 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 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
24. Group Policies (b)		7,837	7,997		11,209	9,132
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-cancellable (b)						
25.2 Guaranteed renewable (b)		4,766,647	4,747,791		2,254,576	2,403,279
25.3 Non-renewable for stated reasons only (b)						
25.4 Other accident only						
25.5 All other (b)						
25.6 Totals (sum of Lines 25.1 to 25.5)		4,766,647	4,747,791		2,254,576	2,403,279
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)		4,774,484	4,755,788		2,265,785	2,412,411

(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 2022 OF THE Loyal American Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Montana

NAIC Group Code 0901

DURING THE YEAR 2022

NAIC Company Code 65722

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance		11,264				11,264
2. Annuity considerations .....		.8				.8
3. Deposit-type contract funds			XXX		XXX	
4. Other considerations						
5. Totals (Sum of Lines 1 to 4)		11,272				11,272
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS						
Life insurance:						
6.1 Paid in cash or left on deposit		195				195
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)		195				195
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)		195				195
8. Grand Totals (Lines 6.5 plus 7.4)		195				195
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits						
10. Matured endowments						
11. Annuity benefits		27,652				27,652
12. Surrender values and withdrawals for life contracts		113,686				113,686
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health						
15. Totals		141,338				141,338
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 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
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	16	105,882	(a)					16	105,882	
21. Issued during year	8	47,000						8	47,000	
22. Other changes to in force (Net)	1	10,000						1	10,000	
23. In force December 31 of current year	25	162,882	(a)					25	162,882	

(a) Includes Individual Credit Life Insurance prior year \$, current year \$
 Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior 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 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
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-cancellable (b)					
25.2 Guaranteed renewable (b)	1,077,661	1,084,143		600,476	608,576
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)	1,077,661	1,084,143		600,476	608,576
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,077,661	1,084,143		600,476	608,576

(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 2022 OF THE Loyal American Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Nebraska

NAIC Group Code 0901

DURING THE YEAR 2022

NAIC Company Code 65722

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance		62,748				62,748
2. Annuity considerations .....		.8				.8
3. Deposit-type contract funds		5,241	XXX		XXX	5,241
4. Other considerations						
5. Totals (Sum of Lines 1 to 4)		67,997				67,997
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS						
Life insurance:						
6.1 Paid in cash or left on deposit		228				228
6.2 Applied to pay renewal premiums						
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period .....		.4				.4
6.4 Other						
6.5 Totals (Sum of Lines 6.1 to 6.4)		232				232
Annuites:						
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)		232				232
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits		5,019				5,019
10. Matured endowments		131				131
11. Annuity benefits						
12. Surrender values and withdrawals for life contracts		26,294				26,294
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health						
15. Totals		31,444				31,444
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 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
16. Unpaid December 31, prior year										
17. Incurred during current year	1	.5,150							1	.5,150
Settled during current year:										
18.1 By payment in full	1	.5,150							1	.5,150
18.2 By payment on compromised claims										
18.3 Totals paid	1	.5,150							1	.5,150
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	1	.5,150							1	.5,150
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	91	896,139	(a)						91	896,139
21. Issued during year	6	62,000							6	62,000
22. Other changes to in force (Net)	(3)	(35,852)							(3)	(35,852)
23. In force December 31 of current year	94	922,287	(a)						94	922,287

(a) Includes Individual Credit Life Insurance prior year \$, current year \$
 Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior 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 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
24. Group Policies (b)	3,459	3,399		11,571	11,053
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-cancellable (b)					
25.2 Guaranteed renewable (b)	2,404,468	2,411,818		1,335,393	1,337,254
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)	2,404,468	2,411,818		1,335,393	1,337,254
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	2,407,927	2,415,217		1,346,964	1,348,307

(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 2022 OF THE Loyal American Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Nevada

NAIC Group Code 0901

DURING THE YEAR 2022

NAIC Company Code 65722

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance		37,352				37,352
2. Annuity considerations		6				6
3. Deposit-type contract funds		4,882	XXX		XXX	4,882
4. Other considerations						
5. Totals (Sum of Lines 1 to 4)		42,240				42,240
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS						
Life insurance:						
6.1 Paid in cash or left on deposit		1,428				1,428
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)		1,428				1,428
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)		1,428				1,428
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits		47,768				47,768
10. Matured endowments		16,483				16,483
11. Annuity benefits						
12. Surrender values and withdrawals for life contracts		9,467				9,467
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health						
15. Totals		73,718				73,718
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 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
16. Unpaid December 31, prior year	1	755							1	755
17. Incurred during current year	5	63,251							5	63,251
Settled during current year:										
18.1 By payment in full	6	64,006							6	64,006
18.2 By payment on compromised claims										
18.3 Totals paid	6	64,006							6	64,006
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	6	64,006							6	64,006
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	84	3,178,834	(a)						84	3,178,834
21. Issued during year	5	43,000							5	43,000
22. Other changes to in force (Net)	(7)	(849,476)							(7)	(849,476)
23. In force December 31 of current year	82	2,372,358	(a)						82	2,372,358

(a) Includes Individual Credit Life Insurance prior year \$, current year \$
 Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior 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 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
24. Group Policies (b)	159	159			4
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-cancellable (b)					
25.2 Guaranteed renewable (b)	799,731	791,485		466,120	488,452
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)	799,731	791,485		466,120	488,452
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	799,890	791,644		466,120	488,456

(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 2022 OF THE Loyal American Life Insurance Company

DIRECT BUSINESS IN THE STATE OF New Hampshire

NAIC Group Code 0901

DURING THE YEAR 2022

NAIC Company Code 65722

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance		11,262				11,262
2. Annuity considerations		15				15
3. Deposit-type contract funds			XXX		XXX	
4. Other considerations						
5. Totals (Sum of Lines 1 to 4)		11,277				11,277
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS						
Life insurance:						
6.1 Paid in cash or left on deposit		162				162
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)		162				162
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)		162				162
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits		10,439				10,439
10. Matured endowments						
11. Annuity benefits		59,986				59,986
12. Surrender values and withdrawals for life contracts		97,107				97,107
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health						
15. Totals		167,532				167,532
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 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
16. Unpaid December 31, prior year										
17. Incurred during current year	3	62,096							3	62,096
Settled during current year:										
18.1 By payment in full	1	10,408							1	10,408
18.2 By payment on compromised claims										
18.3 Totals paid	1	10,408							1	10,408
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	1	10,408							1	10,408
19. Unpaid Dec. 31, current year (16+17-18.6)	2	51,688							2	51,688
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	51	918,291	(a)						51	918,291
21. Issued during year	1	2,000							1	2,000
22. Other changes to in force (Net)	(2)	(48,860)							(2)	(48,860)
23. In force December 31 of current year	50	871,431	(a)						50	871,431

(a) Includes Individual Credit Life Insurance prior year \$, current year \$
 Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior 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 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
24. Group Policies (b)		376	376			10
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-cancellable (b)						
25.2 Guaranteed renewable (b)		279,516	272,677		108,606	130,082
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)		279,516	272,677		108,606	130,082
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)		279,892	273,053		108,606	130,092

(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 2022 OF THE Loyal American Life Insurance Company

DIRECT BUSINESS IN THE STATE OF New Jersey

DURING THE YEAR 2022

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 65722

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance		177,131				177,131
2. Annuity considerations		1,450				1,450
3. Deposit-type contract funds			XXX		XXX	
4. Other considerations						
5. Totals (Sum of Lines 1 to 4)		178,581				178,581
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS						
Life insurance:						
6.1 Paid in cash or left on deposit		962				962
6.2 Applied to pay renewal premiums						
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period		41				41
6.4 Other						
6.5 Totals (Sum of Lines 6.1 to 6.4)		1,003				1,003
Annuites:						
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)		1,003				1,003
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits		84,981				84,981
10. Matured endowments		1,000				1,000
11. Annuity benefits		702				702
12. Surrender values and withdrawals for life contracts		104,798				104,798
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health						
15. Totals		191,481				191,481
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 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
16. Unpaid December 31, prior year	10	61,210							10	61,210
17. Incurred during current year	10	60,231							10	60,231
Settled during current year:										
18.1 By payment in full	12	84,349							12	84,349
18.2 By payment on compromised claims										
18.3 Totals paid	12	84,349							12	84,349
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	12	84,349							12	84,349
19. Unpaid Dec. 31, current year (16+17-18.6)	8	37,092							8	37,092
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	1,113	6,720,579	(a)						1,113	6,720,579
21. Issued during year	14	173,000							14	173,000
22. Other changes to in force (Net)	(67)	(17,640)							(67)	(17,640)
23. In force December 31 of current year	1,060	6,875,939	(a)						1,060	6,875,939

(a) Includes Individual Credit Life Insurance prior year \$, current year \$
 Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior 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 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
24. Group Policies (b)	741	698			(53)
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-cancellable (b)					
25.2 Guaranteed renewable (b)	17,661,601	17,627,472		14,908,753	14,966,076
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)	17,661,601	17,627,472		14,908,753	14,966,076
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	17,662,342	17,628,170		14,908,753	14,966,023

(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 2022 OF THE Loyal American Life Insurance Company

DIRECT BUSINESS IN THE STATE OF New Mexico

DURING THE YEAR 2022

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 65722

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance		57,573				57,573
2. Annuity considerations		15				15
3. Deposit-type contract funds		118	XXX		XXX	118
4. Other considerations						
5. Totals (Sum of Lines 1 to 4)		57,706				57,706
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS						
Life insurance:						
6.1 Paid in cash or left on deposit		715				715
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)		715				715
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)		715				715
8. Grand Totals (Lines 6.5 plus 7.4)						715
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits		53,247				53,247
10. Matured endowments						
11. Annuity benefits						
12. Surrender values and withdrawals for life contracts		3,278				3,278
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health						
15. Totals		56,525				56,525
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 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
16. Unpaid December 31, prior year	1	3,000							1	3,000
17. Incurred during current year	5	53,175							5	53,175
Settled during current year:										
18.1 By payment in full	5	53,175							5	53,175
18.2 By payment on compromised claims										
18.3 Totals paid	5	53,175							5	53,175
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	5	53,175							5	53,175
19. Unpaid Dec. 31, current year (16+17-18.6)	1	3,000							1	3,000
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	109	1,528,080	(a)						109	1,528,080
21. Issued during year	14	122,000							14	122,000
22. Other changes to in force (Net)	(25)	(903,927)							(25)	(903,927)
23. In force December 31 of current year	98	746,153	(a)						98	746,153

(a) Includes Individual Credit Life Insurance prior year \$, current year \$
 Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior 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 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
24. Group Policies (b)		819	819		190	(25)
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-cancellable (b)						
25.2 Guaranteed renewable (b)		1,767,212	1,765,176		406,310	412,864
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)		1,767,212	1,765,176		406,310	412,864
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)		1,768,031	1,765,995		406,500	412,839

(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 2022 OF THE Loyal American Life Insurance Company

DIRECT BUSINESS IN THE STATE OF New York

NAIC Group Code 0901

DURING THE YEAR 2022

NAIC Company Code 65722

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance		13,036				13,036
2. Annuity considerations		97				97
3. Deposit-type contract funds		363	XXX		XXX	363
4. Other considerations						
5. Totals (Sum of Lines 1 to 4)		13,496				13,496
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS						
Life insurance:						
6.1 Paid in cash or left on deposit		1,585				1,585
6.2 Applied to pay renewal premiums						
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period		134				134
6.4 Other						
6.5 Totals (Sum of Lines 6.1 to 6.4)		1,719				1,719
Annuites:						
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)		1,719				1,719
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits		25,100				25,100
10. Matured endowments						
11. Annuity benefits		25,027				25,027
12. Surrender values and withdrawals for life contracts		59,675				59,675
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health						
15. Totals		109,802				109,802
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 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
16. Unpaid December 31, prior year	1	515							1	515
17. Incurred during current year	3	26,000							3	26,000
Settled during current year:										
18.1 By payment in full	2	25,000							2	25,000
18.2 By payment on compromised claims										
18.3 Totals paid	2	25,000							2	25,000
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	2	25,000							2	25,000
19. Unpaid Dec. 31, current year (16+17-18.6)	2	1,515							2	1,515
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	113	1,577,089	(a)						113	1,577,089
21. Issued during year	1	10,000							1	10,000
22. Other changes to in force (Net)	(6)	(600,543)							(6)	(600,543)
23. In force December 31 of current year	108	986,546	(a)						108	986,546

(a) Includes Individual Credit Life Insurance prior year \$, current year \$
 Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior 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 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
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-cancellable (b)					
25.2 Guaranteed renewable (b)	229,142	230,991		173,822	.178,647
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)	229,142	230,991		173,822	.178,647
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	229,142	230,991		173,822	.178,647

(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 2022 OF THE Loyal American Life Insurance Company

DIRECT BUSINESS IN THE STATE OF North Carolina

NAIC Group Code 0901

DURING THE YEAR 2022

NAIC Company Code 65722

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance		500,360				500,360
2. Annuity considerations		225				225
3. Deposit-type contract funds		13,632	XXX		XXX	13,632
4. Other considerations						
5. Totals (Sum of Lines 1 to 4)		514,217				514,217
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS						
Life insurance:						
6.1 Paid in cash or left on deposit		13,381				13,381
6.2 Applied to pay renewal premiums						
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period		3,508				3,508
6.4 Other						
6.5 Totals (Sum of Lines 6.1 to 6.4)		16,889				16,889
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)		16,889				16,889
8. Grand Totals (Lines 6.5 plus 7.4)						
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits		892,197				892,197
10. Matured endowments		31,814				31,814
11. Annuity benefits		272,901				272,901
12. Surrender values and withdrawals for life contracts		220,428				220,428
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health						
15. Totals		1,417,340				1,417,340
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 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
16. Unpaid December 31, prior year	33	288,715							.33	288,715
17. Incurred during current year	100	875,588							100	875,588
Settled during current year:										
18.1 By payment in full	98	911,950							98	911,950
18.2 By payment on compromised claims										
18.3 Totals paid	98	911,950							98	911,950
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	98	911,950							98	911,950
19. Unpaid Dec. 31, current year (16+17-18.6)	35	252,353							35	252,353
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	1,868	23,337,779	(a)						1,868	23,337,779
21. Issued during year .....	.45	460,000							.45	460,000
22. Other changes to in force (Net)	(164)	(1,837,676)							(164)	(1,837,676)
23. In force December 31 of current year	1,749	21,960,103	(a)						1,749	21,960,103

(a) Includes Individual Credit Life Insurance prior year \$, current year \$
 Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior 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 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
	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)	19,325	19,702		3,536	(2,045)
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)	5,337	5,522		4,352	3,787
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancellable (b)					
25.2 Guaranteed renewable (b)	4,330,680	4,378,695		2,575,268	2,552,054
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	4,330,680	4,378,695		2,575,268	2,552,054
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	4,355,342	4,403,919		2,583,156	2,553,796

(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 2022 OF THE Loyal American Life Insurance Company

DIRECT BUSINESS IN THE STATE OF North Dakota

NAIC Group Code 0901

DURING THE YEAR 2022

NAIC Company Code 65722

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance		6,266		286		6,552
2. Annuity considerations						
3. Deposit-type contract funds			XXX		XXX	
4. Other considerations						
5. Totals (Sum of Lines 1 to 4)		6,266		286		6,552
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS						
Life insurance:						
6.1 Paid in cash or left on deposit		143				143
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)		143				143
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)		143				143
8. Grand Totals (Lines 6.5 plus 7.4)		143				143
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits		573				573
10. Matured endowments						
11. Annuity benefits						
12. Surrender values and withdrawals for life contracts		8,014				8,014
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health						
15. Totals		8,587				8,587
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 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
16. Unpaid December 31, prior year										573
17. Incurred during current year	1	573							1	573
Settled during current year:										
18.1 By payment in full	1	573							1	573
18.2 By payment on compromised claims										
18.3 Totals paid	1	573							1	573
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	1	573							1	573
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	18	135,152	(a)		1	125,000			19	260,152
21. Issued during year	5	49,000							5	49,000
22. Other changes to in force (Net)	(2)	(5,559)							(2)	(5,559)
23. In force December 31 of current year	21	178,593	(a)	1	125,000				22	303,593

(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 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
24. Group Policies (b)	11,342	11,468		(9)	(3,129)
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-cancellable (b)					
25.2 Guaranteed renewable (b)	198,229	197,207		178,156	183,094
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)	198,229	197,207		178,156	183,094
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	209,571	208,675		178,147	179,965

(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 2022 OF THE Loyal American Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Ohio

NAIC Group Code 0901

DURING THE YEAR 2022

NAIC Company Code 65722

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	190,234					190,234
2. Annuity considerations	53					53
3. Deposit-type contract funds		XXX			XXX	
4. Other considerations						
5. Totals (Sum of Lines 1 to 4)	190,287					190,287
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS						
Life insurance:						
6.1 Paid in cash or left on deposit	1,036					1,036
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)	1,036					1,036
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)	1,036					1,036
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits	235,294					235,294
10. Matured endowments	23,100					23,100
11. Annuity benefits	578,724					578,724
12. Surrender values and withdrawals for life contracts	462,068					462,068
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health						
15. Totals	1,299,186					1,299,186
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 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
16. Unpaid December 31, prior year	2	10,000							2	10,000
17. Incurred during current year	17	266,944							17	266,944
Settled during current year:										
18.1 By payment in full	17	257,328							17	257,328
18.2 By payment on compromised claims										
18.3 Totals paid	17	257,328							17	257,328
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	17	257,328							17	257,328
19. Unpaid Dec. 31, current year (16+17-18.6)	2	19,616							2	19,616
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	425	11,587,092	(a)						425	11,587,092
21. Issued during year	16	150,500							16	150,500
22. Other changes to in force (Net)	(39)	(3,080,596)							(39)	(3,080,596)
23. In force December 31 of current year	402	8,656,996	(a)						402	8,656,996

(a) Includes Individual Credit Life Insurance prior year \$, current year \$
 Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior 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 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
24. Group Policies (b)	5,102	5,152			854
24.1 Federal Employees Health Benefits Plan premium (b)					(19,172)
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-cancellable (b)					
25.2 Guaranteed renewable (b)	4,430,505	4,427,955			1,837,170
25.3 Non-renewable for stated reasons only (b)					1,874,454
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	4,430,505	4,427,955			1,837,170
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	4,435,607	4,433,107			1,838,024
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products insured under indemnity only products 0 .					



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Loyal American Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Oklahoma

NAIC Group Code 0901

DURING THE YEAR 2022

NAIC Company Code 65722

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	129,436			224		129,660
2. Annuity considerations	106		XXX		XXX	106
3. Deposit-type contract funds						
4. Other considerations						
5. Totals (Sum of Lines 1 to 4)	129,542			224		129,766
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS						
Life insurance:						
6.1 Paid in cash or left on deposit	1,665					1,665
6.2 Applied to pay renewal premiums						
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	158					158
6.4 Other						
6.5 Totals (Sum of Lines 6.1 to 6.4)	1,823					1,823
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)	1,823					1,823
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits	178,955					178,955
10. Matured endowments						
11. Annuity benefits						
12. Surrender values and withdrawals for life contracts	16,590					16,590
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health						
15. Totals	195,545					195,545
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 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
16. Unpaid December 31, prior year	4	24,502							4	24,502
17. Incurred during current year .....	.25	197,848							.25	197,848
Settled during current year:										
18.1 By payment in full .....	.20	178,108							.20	178,108
18.2 By payment on compromised claims										
18.3 Totals paid .....	.20	178,108							.20	178,108
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements .....	.20	178,108							.20	178,108
19. Unpaid Dec. 31, current year (16+17-18.6)	9	44,242							9	44,242
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	311	3,385,574	(a)	3	12,000				314	3,397,574
21. Issued during year .....	.16	141,012							.16	141,012
22. Other changes to in force (Net)	(34)	(547,235)			(3,000)				(34)	(550,235)
23. In force December 31 of current year	293	2,979,351	(a)	3	9,000				296	2,988,351

(a) Includes Individual Credit Life Insurance prior year \$, current year \$

Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior 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 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
24. Group Policies (b)		6,482	6,625		1,225	(704)
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-cancellable (b)						
25.2 Guaranteed renewable (b)		3,518,505	3,512,545		1,695,302	1,764,347
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)		3,518,505	3,512,545		1,695,302	1,764,347
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)		3,524,987	3,519,170		1,696,527	1,763,643

(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 2022 OF THE Loyal American Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Oregon

NAIC Group Code 0901

DURING THE YEAR 2022

NAIC Company Code 65722

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance		53,634				53,634
2. Annuity considerations .....		.8				.8
3. Deposit-type contract funds .....		.9	XXX		XXX	.9
4. Other considerations						
5. Totals (Sum of Lines 1 to 4)		53,651				53,651
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS						
Life insurance:						
6.1 Paid in cash or left on deposit		487				487
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)		487				487
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)		487				487
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits		44,289				44,289
10. Matured endowments						
11. Annuity benefits		10,978				10,978
12. Surrender values and withdrawals for life contracts		14,971				14,971
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health						
15. Totals		70,238				70,238
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 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
16. Unpaid December 31, prior year	1	2,000							1	2,000
17. Incurred during current year	5	76,056							5	76,056
Settled during current year:										
18.1 By payment in full	3	44,056							3	44,056
18.2 By payment on compromised claims										
18.3 Totals paid	3	44,056							3	44,056
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	3	44,056							3	44,056
19. Unpaid Dec. 31, current year (16+17-18.6)	3	34,000							3	34,000
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	95	2,780,352	(a)						95	2,780,352
21. Issued during year	7	41,500							7	41,500
22. Other changes to in force (Net)	(14)	(2,123,500)							(14)	(2,123,500)
23. In force December 31 of current year	88	698,352	(a)						88	698,352

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

ACCIDENT AND HEALTH INSURANCE

	1 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
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-cancellable (b)					
25.2 Guaranteed renewable (b)	18,385,686	18,483,004		13,782,535	13,350,703
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)	18,385,686	18,483,004		13,782,535	13,350,703
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	18,385,686	18,483,004		13,782,535	13,350,703

(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 2022 OF THE Loyal American Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Pennsylvania

NAIC Group Code 0901

DURING THE YEAR 2022

NAIC Company Code 65722

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	222,626					222,626
2. Annuity considerations	132					132
3. Deposit-type contract funds	81	XXX			XXX	81
4. Other considerations						
5. Totals (Sum of Lines 1 to 4)	222,839					222,839
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS						
Life insurance:						
6.1 Paid in cash or left on deposit	1,318					1,318
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)	1,318					1,318
Annuites:						
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)	1,318					1,318
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits	123,540					123,540
10. Matured endowments	6,274					6,274
11. Annuity benefits	274,694					274,694
12. Surrender values and withdrawals for life contracts	259,039					259,039
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health						
15. Totals	663,547					663,547
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 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
16. Unpaid December 31, prior year	1	3,000							1	3,000
17. Incurred during current year	18	157,907							18	157,907
Settled during current year:										
18.1 By payment in full	15	129,709							15	129,709
18.2 By payment on compromised claims										
18.3 Totals paid	15	129,709							15	129,709
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	15	129,709							15	129,709
19. Unpaid Dec. 31, current year (16+17-18.6)	4	31,198							4	31,198
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	496	5,129,458	(a)						496	5,129,458
21. Issued during year	30	337,000							30	337,000
22. Other changes to in force (Net)	(37)	(552,095)							(37)	(552,095)
23. In force December 31 of current year	489	4,914,363	(a)						489	4,914,363

(a) Includes Individual Credit Life Insurance prior year \$, current year \$
 Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior 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 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
24. Group Policies (b)		1,246	1,246		(4)	(263)
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-cancellable (b)						
25.2 Guaranteed renewable (b)		4,188,006	4,169,324		2,026,601	2,151,172
25.3 Non-renewable for stated reasons only (b)						
25.4 Other accident only						
25.5 All other (b)						
25.6 Totals (sum of Lines 25.1 to 25.5)		4,188,006	4,169,324		2,026,601	2,151,172
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)		4,189,252	4,170,570		2,026,597	2,150,909

(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 2022 OF THE Loyal American Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Rhode Island

NAIC Group Code 0901

DURING THE YEAR 2022

NAIC Company Code 65722

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance		13,277				13,277
2. Annuity considerations		30				30
3. Deposit-type contract funds			XXX		XXX	
4. Other considerations						
5. Totals (Sum of Lines 1 to 4)		13,307				13,307
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		55,602				55,602
10. Matured endowments		1,616				1,616
11. Annuity benefits		18,979				18,979
12. Surrender values and withdrawals for life contracts		38,261				38,261
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health						
15. Totals		114,458				114,458
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 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
16. Unpaid December 31, prior year	3	29,199							3	29,199
17. Incurred during current year	7	58,905							7	58,905
Settled during current year:										
18.1 By payment in full	7	55,861							7	55,861
18.2 By payment on compromised claims										
18.3 Totals paid	7	55,861							7	55,861
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	7	55,861							7	55,861
19. Unpaid Dec. 31, current year (16+17-18.6)	3	32,243							3	32,243
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	130	2,286,025	(a)						130	2,286,025
21. Issued during year										
22. Other changes to in force (Net)	(13)	(140,144)							(13)	(140,144)
23. In force December 31 of current year	117	2,145,881	(a)						117	2,145,881

(a) Includes Individual Credit Life Insurance prior year \$, current year \$
 Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior 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 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
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-cancellable (b)					
25.2 Guaranteed renewable (b)	40,767	40,989			35,596
25.3 Non-renewable for stated reasons only (b)					36,739
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	40,767	40,989			35,596
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	40,767	40,989			36,739

(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 2022 OF THE Loyal American Life Insurance Company

DIRECT BUSINESS IN THE STATE OF South Carolina

NAIC Group Code 0901

DURING THE YEAR 2022

NAIC Company Code 65722

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	329,590					329,590
2. Annuity considerations	811					811
3. Deposit-type contract funds	1,402	XXX			XXX	1,402
4. Other considerations						
5. Totals (Sum of Lines 1 to 4)	331,803					331,803
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS						
Life insurance:						
6.1 Paid in cash or left on deposit	10,295					10,295
6.2 Applied to pay renewal premiums						
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	426					426
6.4 Other						
6.5 Totals (Sum of Lines 6.1 to 6.4)	10,721					10,721
Annuites:						
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)	10,721					10,721
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits	283,998					283,998
10. Matured endowments	9,962					9,962
11. Annuity benefits	16,324					16,324
12. Surrender values and withdrawals for life contracts	230,605					230,605
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health						
15. Totals	540,889					540,889
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 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
16. Unpaid December 31, prior year	8	50,670							8	50,670
17. Incurred during current year	44	394,251							44	394,251
Settled during current year:										
18.1 By payment in full	36	290,877							36	290,877
18.2 By payment on compromised claims										
18.3 Totals paid	36	290,877							36	290,877
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	36	290,877							36	290,877
19. Unpaid Dec. 31, current year (16+17-18.6)	16	154,044							16	154,044
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	1,336	19,743,655	(a)						1,336	19,743,655
21. Issued during year	12	164,000							12	164,000
22. Other changes to in force (Net)	(86)	(2,339,830)							(86)	(2,339,830)
23. In force December 31 of current year	1,262	17,567,825	(a)						1,262	17,567,825

(a) Includes Individual Credit Life Insurance prior year \$, current year \$
 Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior 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 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
24. Group Policies (b)	2,325	2,389		469	(169)
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)	3,207	3,323		675	1,193
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancellable (b)					
25.2 Guaranteed renewable (b)	5,149,870	5,136,300		3,218,364	3,236,047
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	5,149,870	5,136,300		3,218,364	3,236,047
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	5,155,402	5,142,012		3,219,508	3,237,071

(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 2022 OF THE Loyal American Life Insurance Company

DIRECT BUSINESS IN THE STATE OF South Dakota

NAIC Group Code 0901

DURING THE YEAR 2022

NAIC Company Code 65722

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance		38,026				38,026
2. Annuity considerations						
3. Deposit-type contract funds			XXX		XXX	
4. Other considerations						
5. Totals (Sum of Lines 1 to 4)		38,026				38,026
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		86				86
6.4 Other						
6.5 Totals (Sum of Lines 6.1 to 6.4)		86				86
Annuites:						
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)		86				86
8. Grand Totals (Lines 6.5 plus 7.4)		86				86
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits		9,950				9,950
10. Matured endowments						
11. Annuity benefits						
12. Surrender values and withdrawals for life contracts		1,007				1,007
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health						
15. Totals		10,957				10,957
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 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
16. Unpaid December 31, prior year	1	4,671							1	4,671
17. Incurred during current year	1	5,027							1	5,027
Settled during current year:										
18.1 By payment in full	2	9,698							2	9,698
18.2 By payment on compromised claims										
18.3 Totals paid	2	9,698							2	9,698
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	2	9,698							2	9,698
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT				No. of Policies						
20. In force December 31, prior year	76	675,179	(a)						76	675,179
21. Issued during year	2	19,000							2	19,000
22. Other changes to in force (Net)	(6)	(43,658)							(6)	(43,658)
23. In force December 31 of current year	72	650,521	(a)						72	650,521

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

ACCIDENT AND HEALTH INSURANCE

	1 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
24. Group Policies (b)	2,773	2,811		651	(119)
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-cancellable (b)					
25.2 Guaranteed renewable (b)	746,674	745,573		530,177	521,857
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)	746,674	745,573		530,177	521,857
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	749,447	748,384		530,828	521,738

(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 2022 OF THE Loyal American Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Tennessee

NAIC Group Code 0901

DURING THE YEAR 2022

NAIC Company Code 65722

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	367,451			2,692		370,143
2. Annuity considerations	621					621
3. Deposit-type contract funds	474		XXX		XXX	474
4. Other considerations						
5. Totals (Sum of Lines 1 to 4)	368,546			2,692		371,238
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS						
Life insurance:						
6.1 Paid in cash or left on deposit	3,784					3,784
6.2 Applied to pay renewal premiums						
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	59					59
6.4 Other						
6.5 Totals (Sum of Lines 6.1 to 6.4)	3,843					3,843
Annuities:						
7.1 Paid in cash or left on deposit	131					131
7.2 Applied to provide paid-up annuities						
7.3 Other						
7.4 Totals (Sum of Lines 7.1 to 7.3)	131					131
8. Grand Totals (Lines 6.5 plus 7.4)	3,974					3,974
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits	613,322			4,946		618,268
10. Matured endowments	5,507					5,507
11. Annuity benefits	1,785					1,785
12. Surrender values and withdrawals for life contracts	141,442					141,442
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health						
15. Totals	762,056			4,946		767,002
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 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
16. Unpaid December 31, prior year .....	.25	125,009							.25	.125,009
17. Incurred during current year .....	.89	584,080			1	2,000			.90	.586,080
Settled during current year:										
18.1 By payment in full .....	.89	613,368			1	2,000			.90	.615,368
18.2 By payment on compromised claims										
18.3 Totals paid .....	.89	613,368			1	2,000			.90	.615,368
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements .....	.89	613,368			1	2,000			.90	.615,368
19. Unpaid Dec. 31, current year (16+17-18.6)	25	95,721							25	95,721
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	1,650	20,797,428	(a)		19	252,368			1,669	.21,049,796
21. Issued during year .....	.24	238,500							.24	.238,500
22. Other changes to in force (Net)	(138)	(2,060,016)			(6)	25,114			(144)	(2,034,902)
23. In force December 31 of current year	1,536	18,975,912	(a)		13	277,482			1,549	19,253,394

(a) Includes Individual Credit Life Insurance prior year \$, current year \$

Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	7,920	8,009		520	(356)
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)	69	69			(2)
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancellable (b)					
25.2 Guaranteed renewable (b)	9,030,661	9,048,581		5,342,530	5,390,942
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)	9,030,661	9,048,581		5,342,530	5,390,942
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	9,038,650	9,056,659		5,343,050	5,390,584

(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 2022 OF THE Loyal American Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Texas

NAIC Group Code 0901

DURING THE YEAR 2022

NAIC Company Code 65722

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	904,778			520		905,298
2. Annuity considerations	168					168
3. Deposit-type contract funds	4,361	XXX			XXX	4,361
4. Other considerations						
5. Totals (Sum of Lines 1 to 4)	909,307			520		909,827
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS						
Life insurance:						
6.1 Paid in cash or left on deposit	8,162					8,162
6.2 Applied to pay renewal premiums						
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	468					468
6.4 Other						
6.5 Totals (Sum of Lines 6.1 to 6.4)	8,630					8,630
Annuites:						
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)	8,630					8,630
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits	509,519					509,519
10. Matured endowments	14					14
11. Annuity benefits	52,100					52,100
12. Surrender values and withdrawals for life contracts	1,707,057					1,707,057
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health						
15. Totals	2,268,690					2,268,690
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 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
16. Unpaid December 31, prior year .....	.29	252,901							.29	.252,901
17. Incurred during current year .....	.59	403,945							.59	.403,945
Settled during current year:										
18.1 By payment in full .....	.67	507,733							.67	.507,733
18.2 By payment on compromised claims										
18.3 Totals paid .....	.67	507,733							.67	.507,733
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements .....	.67	507,733							.67	.507,733
19. Unpaid Dec. 31, current year (16+17-18.6)	21	149,113							21	149,113
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	1,719	16,907,633	(a)		1	50,000			1,720	16,957,633
21. Issued during year .....	.97	993,546							.97	993,546
22. Other changes to in force (Net)	(195)	(1,820,193)							(195)	(1,820,193)
23. In force December 31 of current year	1,621	16,080,986	(a)		1	50,000			1,622	16,130,986

(a) Includes Individual Credit Life Insurance prior year \$, current year \$

Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior 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)	530,629	532,530			289,348
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-cancellable (b)					
25.2 Guaranteed renewable (b)	28,239,119	28,231,194			11,919,144
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	28,239,119	28,231,194			11,919,144
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	28,769,748	28,763,724			12,208,492
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products	0				
insured under indemnity only products	0				

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

insured under indemnity only products 0 | | | | |



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Loyal American Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Utah

NAIC Group Code 0901

DURING THE YEAR 2022

NAIC Company Code 65722

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance		24,430				24,430
2. Annuity considerations		15				15
3. Deposit-type contract funds		120	XXX		XXX	120
4. Other considerations						
5. Totals (Sum of Lines 1 to 4)		24,565				24,565
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS						
Life insurance:						
6.1 Paid in cash or left on deposit		552				552
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)		552				552
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)		552				552
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits		18,694				18,694
10. Matured endowments						
11. Annuity benefits		292,450				292,450
12. Surrender values and withdrawals for life contracts		53,643				53,643
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health						
15. Totals		364,787				364,787
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 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
16. Unpaid December 31, prior year	1	2,757							1	2,757
17. Incurred during current year	3	18,661							3	18,661
Settled during current year:										
18.1 By payment in full	3	18,661							3	18,661
18.2 By payment on compromised claims										
18.3 Totals paid	3	18,661							3	18,661
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	3	18,661							3	18,661
19. Unpaid Dec. 31, current year (16+17-18.6)	1	2,757							1	2,757
POLICY EXHIBIT				No. of Policies						
20. In force December 31, prior year	51	473,847	(a)						51	473,847
21. Issued during year	5	41,000							5	41,000
22. Other changes to in force (Net)	(6)	(98,000)							(6)	(98,000)
23. In force December 31 of current year	50	416,847	(a)						50	416,847

(a) Includes Individual Credit Life Insurance prior year \$, current year \$
 Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior 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 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4	5
				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-cancellable (b)					
25.2 Guaranteed renewable (b)	1,148,759	1,142,016		496,111	509,320
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	1,148,759	1,142,016		496,111	509,320
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,148,759	1,142,016		496,111	509,320

(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 2022 OF THE Loyal American Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Vermont

NAIC Group Code 0901

DURING THE YEAR 2022

NAIC Company Code 65722

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance		93,400				93,400
2. Annuity considerations		244				244
3. Deposit-type contract funds			XXX		XXX	
4. Other considerations						
5. Totals (Sum of Lines 1 to 4)		93,644				93,644
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS						
Life insurance:						
6.1 Paid in cash or left on deposit		112				112
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)		112				112
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)		112				112
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits		97,006				97,006
10. Matured endowments						
11. Annuity benefits						
12. Surrender values and withdrawals for life contracts		60,940				60,940
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health						
15. Totals		157,946				157,946
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 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
16. Unpaid December 31, prior year	1	7,496							1	7,496
17. Incurred during current year	4	96,520							4	96,520
Settled during current year:										
18.1 By payment in full	4	96,520							4	96,520
18.2 By payment on compromised claims										
18.3 Totals paid	4	96,520							4	96,520
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	4	96,520							4	96,520
19. Unpaid Dec. 31, current year (16+17-18.6)	1	7,496							1	7,496
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	284	7,940,755	(a)						284	7,940,755
21. Issued during year	1	25,000							1	25,000
22. Other changes to in force (Net)	(13)	(323,897)							(13)	(323,897)
23. In force December 31 of current year	272	7,641,858	(a)						272	7,641,858

(a) Includes Individual Credit Life Insurance prior year \$, current year \$
 Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior 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 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4	5
				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-cancellable (b)					
25.2 Guaranteed renewable (b)	3,397,648	3,404,183		2,312,782	2,333,944
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)	3,397,648	3,404,183		2,312,782	2,333,944
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	3,397,648	3,404,183		2,312,782	2,333,944

(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 2022 OF THE Loyal American Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Virginia

NAIC Group Code 0901

DURING THE YEAR 2022

NAIC Company Code 65722

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	211,534			74		211,608
2. Annuity considerations	1,951					1,951
3. Deposit-type contract funds	969	XXX			XXX	969
4. Other considerations						
5. Totals (Sum of Lines 1 to 4)	214,454			74		214,528
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS						
Life insurance:						
6.1 Paid in cash or left on deposit	21,671					21,671
6.2 Applied to pay renewal premiums	48					48
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	787					787
6.4 Other						
6.5 Totals (Sum of Lines 6.1 to 6.4)	22,506					22,506
Annuities:						
7.1 Paid in cash or left on deposit	121					121
7.2 Applied to provide paid-up annuities						
7.3 Other						
7.4 Totals (Sum of Lines 7.1 to 7.3)	121					121
8. Grand Totals (Lines 6.5 plus 7.4)	22,627					22,627
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits	223,679					223,679
10. Matured endowments	12,780					12,780
11. Annuity benefits	7,986					7,986
12. Surrender values and withdrawals for life contracts	96,036					96,036
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health						
15. Totals	340,481					340,481
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 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
16. Unpaid December 31, prior year	20	41,376							20	41,376
17. Incurred during current year	38	232,884							38	232,884
Settled during current year:										
18.1 By payment in full	43	232,112							43	232,112
18.2 By payment on compromised claims										
18.3 Totals paid	43	232,112							43	232,112
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	43	232,112							43	232,112
19. Unpaid Dec. 31, current year (16+17-18.6)	15	42,148							15	42,148
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	1,045	12,752,021	(a)		1	3,000			1,046	12,755,021
21. Issued during year	20	256,500							20	256,500
22. Other changes to in force (Net)	(72)	(634,041)							(72)	(634,041)
23. In force December 31 of current year	993	12,374,480	(a)		1	3,000			994	12,377,480

(a) Includes Individual Credit Life Insurance prior year \$, current year \$

Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior 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)	1,206	1,299			33
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)	135	135			(3)
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancellable (b)					
25.2 Guaranteed renewable (b)	1,109,105	1,106,919		946,275	959,985
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)	1,109,105	1,106,919		946,275	959,985
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,110,446	1,108,353		946,275	960,015

(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 2022 OF THE Loyal American Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Washington

DURING THE YEAR 2022

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 65722

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance		95,974				95,974
2. Annuity considerations		7,816				7,816
3. Deposit-type contract funds		172	XXX		XXX	172
4. Other considerations						
5. Totals (Sum of Lines 1 to 4)		103,962				103,962
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS						
Life insurance:						
6.1 Paid in cash or left on deposit		1,661				1,661
6.2 Applied to pay renewal premiums		101				101
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period		39				39
6.4 Other						
6.5 Totals (Sum of Lines 6.1 to 6.4)		1,801				1,801
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)		1,801				1,801
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits		70,390				70,390
10. Matured endowments						
11. Annuity benefits		68,323				68,323
12. Surrender values and withdrawals for life contracts		68,681				68,681
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health						
15. Totals		207,394				207,394
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 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
16. Unpaid December 31, prior year	1	346							1	346
17. Incurred during current year	12	96,634							12	96,634
Settled during current year:										
18.1 By payment in full	10	69,980							10	69,980
18.2 By payment on compromised claims										
18.3 Totals paid	10	69,980							10	69,980
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	10	69,980							10	69,980
19. Unpaid Dec. 31, current year (16+17-18.6)	3	27,000							3	27,000
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	219	1,773,175	(a)						219	1,773,175
21. Issued during year	19	161,000							19	161,000
22. Other changes to in force (Net)	(15)	(153,275)							(15)	(153,275)
23. In force December 31 of current year	223	1,780,900	(a)						223	1,780,900

(a) Includes Individual Credit Life Insurance prior year \$, current year \$
 Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior 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 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
24. Group Policies (b)		228	228			6
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-cancellable (b)						
25.2 Guaranteed renewable (b)		28,808,968	28,860,635		21,493,914	21,044,945
25.3 Non-renewable for stated reasons only (b)						
25.4 Other accident only						
25.5 All other (b)						
25.6 Totals (sum of Lines 25.1 to 25.5)		28,808,968	28,860,635		21,493,914	21,044,945
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)		28,809,196	28,860,863		21,493,914	21,044,951

(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 2022 OF THE Loyal American Life Insurance Company

DIRECT BUSINESS IN THE STATE OF West Virginia

NAIC Group Code 0901

DURING THE YEAR 2022

NAIC Company Code 65722

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	127,528			48		127,576
2. Annuity considerations	474					474
3. Deposit-type contract funds		XXX			XXX	
4. Other considerations						
5. Totals (Sum of Lines 1 to 4)	128,002			48		128,050
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS						
Life insurance:						
6.1 Paid in cash or left on deposit	1,847					1,847
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)	1,847					1,847
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)	1,847					1,847
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits	140,477					140,477
10. Matured endowments	15,752					15,752
11. Annuity benefits						
12. Surrender values and withdrawals for life contracts	68,437					68,437
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health						
15. Totals	224,666					224,666
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 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
16. Unpaid December 31, prior year	9	41,095							9	41,095
17. Incurred during current year	23	151,744							23	151,744
Settled during current year:										
18.1 By payment in full	26	153,842							26	153,842
18.2 By payment on compromised claims										
18.3 Totals paid	26	153,842							26	153,842
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	26	153,842							26	153,842
19. Unpaid Dec. 31, current year (16+17-18.6)	6	38,997							6	38,997
POLICY EXHIBIT				No. of Policies						
20. In force December 31, prior year	683	8,369,704	(a)	1	500				684	8,370,204
21. Issued during year	9	79,500							9	79,500
22. Other changes to in force (Net)	(35)	(263,801)							(35)	(263,801)
23. In force December 31 of current year	657	8,185,403	(a)	1	500				658	8,185,903

(a) Includes Individual Credit Life Insurance prior year \$, current year \$

Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior 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 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
24. Group Policies (b)	3,633	3,633		86	(134)
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-cancellable (b)					
25.2 Guaranteed renewable (b)	1,076,345	1,080,809		446,215	454,135
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)	1,076,345	1,080,809		446,215	454,135
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,079,978	1,084,442		446,301	454,001

(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 2022 OF THE Loyal American Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Wisconsin

NAIC Group Code 0901

DURING THE YEAR 2022

NAIC Company Code 65722

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance		37,041				37,041
2. Annuity considerations		9				9
3. Deposit-type contract funds			XXX		XXX	
4. Other considerations						
5. Totals (Sum of Lines 1 to 4)		37,050				37,050
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS						
Life insurance:						
6.1 Paid in cash or left on deposit		374				374
6.2 Applied to pay renewal premiums						
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period		51				51
6.4 Other						
6.5 Totals (Sum of Lines 6.1 to 6.4)		425				425
Annuites:						
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)		425				425
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits		63,926				63,926
10. Matured endowments						
11. Annuity benefits		78,806				78,806
12. Surrender values and withdrawals for life contracts		82,634				82,634
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health						
15. Totals		225,366				225,366
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 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
16. Unpaid December 31, prior year										
17. Incurred during current year	9	69,321							9	69,321
Settled during current year:										
18.1 By payment in full	7	63,251							7	63,251
18.2 By payment on compromised claims										
18.3 Totals paid	7	63,251							7	63,251
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	7	63,251							7	63,251
19. Unpaid Dec. 31, current year (16+17-18.6)	2	6,070							2	6,070
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	88	1,816,898	(a)						88	1,816,898
21. Issued during year	4	54,000							4	54,000
22. Other changes to in force (Net)	(18)	(563,812)							(18)	(563,812)
23. In force December 31 of current year	74	1,307,086	(a)						74	1,307,086

(a) Includes Individual Credit Life Insurance prior year \$, current year \$
 Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior 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 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
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-cancellable (b)					
25.2 Guaranteed renewable (b)	1,237,976	1,233,361		460,791	454,246
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)	1,237,976	1,233,361		460,791	454,246
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,237,976	1,233,361		460,791	454,246

(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 2022 OF THE Loyal American Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Wyoming

NAIC Group Code 0901

DURING THE YEAR 2022

NAIC Company Code 65722

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance		13,234				13,234
2. Annuity considerations			XXX		XXX	
3. Deposit-type contract funds						
4. Other considerations						
5. Totals (Sum of Lines 1 to 4)		13,234				13,234
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS						
Life insurance:						
6.1 Paid in cash or left on deposit		193				193
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)		193				193
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)		193				193
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits		10,066				10,066
10. Matured endowments						
11. Annuity benefits						
12. Surrender values and withdrawals for life contracts		3,992				3,992
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health						
15. Totals		14,058				14,058
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page						
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)						

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 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
16. Unpaid December 31, prior year										
17. Incurred during current year	1	10,066							1	10,066
Settled during current year:										
18.1 By payment in full	1	10,066							1	10,066
18.2 By payment on compromised claims										
18.3 Totals paid	1	10,066							1	10,066
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	1	10,066							1	10,066
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT										
20. In force December 31, prior year	23	190,182							23	190,182
21. Issued during year	4	40,000	(a)						4	40,000
22. Other changes to in force (Net)	(2)	(13,992)							(2)	(13,992)
23. In force December 31 of current year	25	216,190	(a)						25	216,190

(a) Includes Individual Credit Life Insurance prior year \$, current year \$
 Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior 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 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
24. Group Policies (b)		883	883			22
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-cancellable (b)						
25.2 Guaranteed renewable (b)		463,709	460,532		307,972	320,015
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)		463,709	460,532		307,972	320,015
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)		464,592	461,415		307,972	320,037

(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 2022 OF THE Loyal American Life Insurance Company

DIRECT BUSINESS IN THE STATE OF American Samoa

NAIC Group Code 0901

DURING THE YEAR 2022

NAIC Company Code 65722

LIFE INSURANCE

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

(a) Includes Individual Credit Life Insurance prior year \$, current year \$
 Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior 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 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
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 fee					
Other Individual Policies:					
25.1 Non-cancellable (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 and number of persons insured under indemnity only products



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Loyal American Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Guam

NAIC Group Code 0901

DURING THE YEAR 2022

NAIC Company Code 65722

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance		883				883
2. Annuity considerations						
3. Deposit-type contract funds		274	XXX		XXX	274
4. Other considerations						
5. Totals (Sum of Lines 1 to 4)		1,157				1,157
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS						
Life insurance:						
6.1 Paid in cash or left on deposit		75				75
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)		75				75
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)		75				75
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 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
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	15,900	(a)						2	15,900
21. Issued during year										
22. Other changes to in force (Net)										
23. In force December 31 of current year	2	15,900	(a)						2	15,900

(a) Includes Individual Credit Life Insurance prior year \$, current year \$
 Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior 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 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
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 fee					
Other Individual Policies:					
25.1 Non-cancellable (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 and number of persons insured under indemnity only products

NONE



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Loyal American Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Puerto Rico

NAIC Group Code 0901

DURING THE YEAR 2022

NAIC Company Code 65722

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance		1,593				1,593
2. Annuity considerations						
3. Deposit-type contract funds			XXX		XXX	
4. Other considerations						
5. Totals (Sum of Lines 1 to 4)		1,593				1,593
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS						
Life insurance:						
6.1 Paid in cash or left on deposit		133				133
6.2 Applied to pay renewal premiums						
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period		44				44
6.4 Other						
6.5 Totals (Sum of Lines 6.1 to 6.4)		177				177
Annuites:						
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)		177				177
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 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
16. Unpaid December 31, prior year										
17. Incurred during current year	1	736							1	736
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	736							1	736
POLICY EXHIBIT				No. of Policies						
20. In force December 31, prior year	10	200,714	(a)						10	200,714
21. Issued during year										
22. Other changes to in force (Net)		51								51
23. In force December 31 of current year	10	200,765	(a)						10	200,765

(a) Includes Individual Credit Life Insurance prior year \$, current year \$
 Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior 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 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
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-cancellable (b)					
25.2 Guaranteed renewable (b)		4,143	4,143		3,279
25.3 Non-renewable for stated reasons only (b)					3,205
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)		4,143	4,143		3,279
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)		4,143	4,143		3,279
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products insured under indemnity only products 0 .				0	and number of persons



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Loyal American Life Insurance Company

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

DURING THE YEAR 2022

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 65722

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance		5,280				5,280
2. Annuity considerations						
3. Deposit-type contract funds			XXX		XXX	
4. Other considerations						
5. Totals (Sum of Lines 1 to 4)		5,280				5,280
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS						
Life insurance:						
6.1 Paid in cash or left on deposit		31				31
6.2 Applied to pay renewal premiums						
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period		77				77
6.4 Other						
6.5 Totals (Sum of Lines 6.1 to 6.4)		108				108
Annuites:						
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)		108				108
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits		58,158				58,158
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		58,158				58,158
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 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
16. Unpaid December 31, prior year	2	34,000							2	34,000
17. Incurred during current year	4	41,777							4	41,777
Settled during current year:										
18.1 By payment in full	3	58,065							3	58,065
18.2 By payment on compromised claims										
18.3 Totals paid	3	58,065							3	58,065
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	3	58,065							3	58,065
19. Unpaid Dec. 31, current year (16+17-18.6)	3	17,712							3	17,712
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	23	207,945	(a)						23	207,945
21. Issued during year										
22. Other changes to in force (Net)		(6,087)								(6,087)
23. In force December 31 of current year	23	201,858	(a)						23	201,858

(a) Includes Individual Credit Life Insurance prior year \$, current year \$
 Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior 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 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
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)	91	104			(3)
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancellable (b)					
25.2 Guaranteed renewable (b)	9,250	9,246		1,804	1,917
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)	9,250	9,246		1,804	1,917
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	9,341	9,350		1,804	1,914

(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 2022 OF THE Loyal American Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Northern Mariana Islands

NAIC Group Code 0901

DURING THE YEAR 2022

NAIC Company Code 65722

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance					
2. Annuity considerations					
3. Deposit-type contract funds	42	XXX			42
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	42				42
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 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
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 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
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 fee Other Individual Policies:					
25.1 Non-cancellable (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 and number of persons insured under indemnity only products



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Loyal American Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Canada

NAIC Group Code 0901

DURING THE YEAR 2022

NAIC Company Code 65722

LIFE INSURANCE

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

(a) Includes Individual Credit Life Insurance prior year \$, current year \$
 Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior 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 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
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 fee					
Other Individual Policies:					
25.1 Non-cancellable (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 and number of persons insured under indemnity only products



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Loyal American Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Other Aliens

NAIC Group Code 0901

DURING THE YEAR 2022

NAIC Company Code 65722

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	132,053					132,053
2. Annuity considerations						
3. Deposit-type contract funds	677	XXX			XXX	677
4. Other considerations						
5. Totals (Sum of Lines 1 to 4)	132,730					132,730
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS						
Life insurance:						
6.1 Paid in cash or left on deposit	1,341					1,341
6.2 Applied to pay renewal premiums	286					286
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)	1,627					1,627
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)	1,627					1,627
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits	37,066					37,066
10. Matured endowments						
11. Annuity benefits						
12. Surrender values and withdrawals for life contracts	295,871					295,871
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health						
15. Totals	332,937					332,937
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 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
16. Unpaid December 31, prior year	1	15,000							1	15,000
17. Incurred during current year	1	20,000							1	20,000
Settled during current year:										
18.1 By payment in full	2	35,000							2	35,000
18.2 By payment on compromised claims										
18.3 Totals paid	2	35,000							2	35,000
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	2	35,000							2	35,000
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT				No. of Policies						
20. In force December 31, prior year	149	15,807,838	(a)						149	15,807,838
21. Issued during year										
22. Other changes to in force (Net)	(3)	(1,629,622)							(3)	(1,629,622)
23. In force December 31 of current year	146	14,178,216	(a)						146	14,178,216

(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 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
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 fee					
Other Individual Policies:					
25.1 Non-cancellable (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 and number of persons insured under indemnity only products

NONE



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Loyal American Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Grand Total

NAIC Group Code 0901

DURING THE YEAR 2022

NAIC Company Code 65722

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	7,365,666			27,360		7,393,026
2. Annuity considerations	273,885					273,885
3. Deposit-type contract funds	43,912	XXX			XXX	43,912
4. Other considerations						
5. Totals (Sum of Lines 1 to 4)	7,683,463			27,360		7,710,823
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS						
Life insurance:						
6.1 Paid in cash or left on deposit	178,846					178,846
6.2 Applied to pay renewal premiums	2,957					2,957
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	12,268					12,268
6.4 Other						
6.5 Totals (Sum of Lines 6.1 to 6.4)	194,071					194,071
Annuities:						
7.1 Paid in cash or left on deposit	252					252
7.2 Applied to provide paid-up annuities						
7.3 Other						
7.4 Totals (Sum of Lines 7.1 to 7.3)	252					252
8. Grand Totals (Lines 6.5 plus 7.4)	194,323					194,323
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits	8,468,869			4,946		8,473,815
10. Matured endowments	243,427					243,427
11. Annuity benefits	4,494,710					4,494,710
12. Surrender values and withdrawals for life contracts	9,518,465					9,518,465
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health						
15. Totals	22,725,471			4,946		22,730,417
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 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
16. Unpaid December 31, prior year	358	2,219,030							358	2,219,030
17. Incurred during current year	1,047	8,564,284			1	2,000			1,048	8,566,284
Settled during current year:										
18.1 By payment in full	1,027	8,572,017			1	2,000			1,028	8,574,017
18.2 By payment on compromised claims										
18.3 Totals paid	1,027	8,572,017			1	2,000			1,028	8,574,017
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	1,027	8,572,017			1	2,000			1,028	8,574,017
19. Unpaid Dec. 31, current year (16+17-18.6)	378	2,211,297							378	2,211,297
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	25,857	368,394,635	(a)		59	1,966,248			25,916	370,360,883
21. Issued during year	692	7,038,745							692	7,038,745
22. Other changes to in force (Net)	(2,124)	(51,574,844)			(7)	(148,466)			(2,131)	(51,723,310)
23. In force December 31 of current year	24,425	323,858,536	(a)		52	1,817,782			24,477	325,676,318

(a) Includes Individual Credit Life Insurance prior year \$, current year \$

Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior 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 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4	5
				Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	1,202,653	1,213,912		609,434	240,685
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)	12,731	13,387		5,445	2,297
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancellable (b)					
25.2 Guaranteed renewable (b)	288,051,636	288,225,184		171,582,806	172,202,744
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)	288,051,636	288,225,184		171,582,806	172,202,744
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	289,267,020	289,452,483		172,197,685	172,445,726

(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 2022 OF THE Loyal American Life Insurance Company
FORM FOR CALCULATING THE INTEREST MAINTENANCE RESERVE

INTEREST MAINTENANCE RESERVE

	1 Amount
1. Reserve as of December 31, Prior Year	(139,803)
2. Current year's realized pre-tax capital gains/(losses) of \$ 88,226 transferred into the reserve net of taxes of \$ 18,527	69,699
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)	(70,104)
5. Current year's amortization released to Summary of Operations (Amortization, Line 1, Column 4)	88,857
6. Reserve as of December 31, current year (Line 4 minus Line 5)	(158,961)

AMORTIZATION

Year of Amortization	1 Reserve as of December 31, Prior Year	2 Current Year's Realized Capital Gains/(Losses) Transferred into the Reserve Net of Taxes	3 Adjustment for Current Year's Liability Gains/(Losses) Released From the Reserve	4 Balance Before Reduction for Current Year's Amortization (Cols. 1 + 2 + 3)
1. 2022	78,723	10,134	.....	88,857
2. 2023	(16,313)	19,364	.....	3,051
3. 2024	(21,019)	16,073	.....	(4,946)
4. 2025	(23,276)	11,854	.....	(11,422)
5. 2026	(29,440)	7,518	.....	(21,922)
6. 2027	(31,416)	3,004	.....	(28,412)
7. 2028	(29,078)	613	.....	(28,465)
8. 2029	(31,657)	491	.....	(31,166)
9. 2030	(30,253)	357	.....	(29,896)
10. 2031	(21,199)	220	.....	(20,979)
11. 2032	(11,023)	71	.....	(10,952)
12. 2033	(1,899)	.....	.....	(1,899)
13. 2034	4,232	.....	.....	4,232
14. 2035	6,575	.....	.....	6,575
15. 2036	7,074	.....	.....	7,074
16. 2037	4,958	.....	.....	4,958
17. 2038	2,717	.....	.....	2,717
18. 2039	1,695	.....	.....	1,695
19. 2040	763	.....	.....	763
20. 2041	74	.....	.....	74
21. 2042	(42)	.....	.....	(42)
22. 2043 .....	.....	.....	.....	.....
23. 2044 .....	.....	.....	.....	.....
24. 2045 .....	.....	.....	.....	.....
25. 2046 .....	.....	.....	.....	.....
26. 2047 .....	.....	.....	.....	.....
27. 2048 .....	.....	.....	.....	.....
28. 2049 .....	.....	.....	.....	.....
29. 2050 .....	.....	.....	.....	.....
30. 2051 .....	.....	.....	.....	.....
31. 2052 and Later	.....	.....	.....	.....
32. Total (Lines 1 to 31)	(139,804)	69,699	.....	(70,105)

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Loyal American 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	2,554,733		2,554,733				2,554,733
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	647,623		647,623				647,623
8. Accumulated balances (Lines 1 through 5 - 6 + 7)	3,202,356		3,202,356				3,202,356
9. Maximum reserve	3,325,871		3,325,871				3,325,871
10. Reserve objective	1,950,795		1,950,795				1,950,795
11. 20% of (Line 10 - Line 8)	(250,312)		(250,312)				(250,312)
12. Balance before transfers (Lines 8 + 11)	2,952,044		2,952,044				2,952,044
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)	2,952,044		2,952,044				2,952,044

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Loyal American Life Insurance Company

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

Line Number	NAIC Designation	Description	1 Book/Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	Basic Contribution		Reserve Objective		Maximum Reserve	
							5 Factor	6 Amount (Cols. 4 x 5)	7 Factor	8 Amount (Cols. 4 x 7)	9 Factor	10 Amount (Cols. 4 x 9)
1.		LONG-TERM BONDS	3,675,886	XXX	XXX	3,675,886	0.0000		0.0000		0.0000	
2.1	1	Exempt Obligations	3,675,886	XXX	XXX	3,675,886	0.0002	799	0.0007	2,798	0.0013	5,196
2.2	1	NAIC Designation Category 1.A	3,996,815	XXX	XXX	3,996,815	0.0004	1,119	0.0011	3,078	0.0023	6,436
2.3	1	NAIC Designation Category 1.B	2,798,229	XXX	XXX	2,798,229	0.0006		0.0018		0.0035	
2.4	1	NAIC Designation Category 1.C		XXX	XXX		0.0007	4,874	0.0022	15,319	0.0044	30,639
2.5	1	NAIC Designation Category 1.D	6,963,381	XXX	XXX	6,963,381	0.0009	7,019	0.0027	21,056	0.0055	42,892
2.6	1	NAIC Designation Category 1.E	7,798,550	XXX	XXX	7,798,550	0.0011	26,716	0.0034	82,578	0.0068	165,156
2.7	1	NAIC Designation Category 1.F	24,287,703	XXX	XXX	24,287,703	0.0014	38,374	0.0042	115,122	0.0085	232,986
2.8		Subtotal NAIC 1 (2.1+2.2+2.3+2.4+2.5+2.6+2.7)	73,254,769	XXX	XXX	73,254,769	XXX	78,902	XXX	239,952	XXX	483,305
3.1	2	NAIC Designation Category 2.A	80,534,086	XXX	XXX	80,534,086	0.0021	169,122	0.0063	507,365	0.0105	845,608
3.2	2	NAIC Designation Category 2.B	112,789,336	XXX	XXX	112,789,336	0.0025	281,973	0.0076	857,199	0.0127	1,432,425
3.3	2	NAIC Designation Category 2.C	27,174,555	XXX	XXX	27,174,555	0.0036	97,828	0.0108	293,485	0.0180	489,142
3.4		Subtotal NAIC 2 (3.1+3.2+3.3)	220,497,977	XXX	XXX	220,497,977	XXX	548,923	XXX	1,658,049	XXX	2,767,174
4.1	3	NAIC Designation Category 3.A		XXX	XXX		0.0069		0.0183		0.0262	
4.2	3	NAIC Designation Category 3.B	1,999,775	XXX	XXX	1,999,775	0.0099	19,798	0.0264	52,794	0.0377	75,392
4.3	3	NAIC Designation Category 3.C		XXX	XXX		0.0131		0.0350		0.0500	
4.4		Subtotal NAIC 3 (4.1+4.2+4.3)	1,999,775	XXX	XXX	1,999,775	XXX	19,798	XXX	52,794	XXX	75,392
5.1	4	NAIC Designation Category 4.A		XXX	XXX		0.0184		0.0430		0.0615	
5.2	4	NAIC Designation Category 4.B		XXX	XXX		0.0238		0.0555		0.0793	
5.3	4	NAIC Designation Category 4.C		XXX	XXX		0.0310		0.0724		0.1034	
5.4		Subtotal NAIC 4 (5.1+5.2+5.3)		XXX	XXX		XXX		XXX		XXX	
6.1	5	NAIC Designation Category 5.A		XXX	XXX		0.0472		0.0846		0.1410	
6.2	5	NAIC Designation Category 5.B		XXX	XXX		0.0663		0.1188		0.1980	
6.3	5	NAIC Designation Category 5.C		XXX	XXX		0.0836		0.1498		0.2496	
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)	299,428,407	XXX	XXX	299,428,407	XXX	647,623	XXX	1,950,795	XXX	3,325,871
		PREFERRED STOCKS		XXX	XXX		XXX		XXX		XXX	
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	

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Loyal American Life Insurance Company

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)
18.		SHORT-TERM BONDS										
19.1	1	Exempt Obligations		XXX..	XXX..		0.0000		0.0000		0.0000	
19.1	1	NAIC Designation Category 1.A		XXX..	XXX..		0.0002		0.0007		0.0013	
19.2	1	NAIC Designation Category 1.B		XXX..	XXX..		0.0004		0.0011		0.0023	
19.3	1	NAIC Designation Category 1.C		XXX..	XXX..		0.0006		0.0018		0.0035	
19.4	1	NAIC Designation Category 1.D		XXX..	XXX..		0.0007		0.0022		0.0044	
19.5	1	NAIC Designation Category 1.E		XXX..	XXX..		0.0009		0.0027		0.0055	
19.6	1	NAIC Designation Category 1.F		XXX..	XXX..		0.0011		0.0034		0.0068	
19.7	1	NAIC Designation Category 1.G		XXX..	XXX..		0.0014		0.0042		0.0085	
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		0.0063		0.0105	
20.2	2	NAIC Designation Category 2.B		XXX..	XXX..		0.0025		0.0076		0.0127	
20.3	2	NAIC Designation Category 2.C		XXX..	XXX..		0.0036		0.0108		0.0180	
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..		0.0069		0.0183		0.0262	
21.2	3	NAIC Designation Category 3.B		XXX..	XXX..		0.0099		0.0264		0.0377	
21.3	3	NAIC Designation Category 3.C		XXX..	XXX..		0.0131		0.0350		0.0500	
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..		0.0184		0.0430		0.0615	
22.2	4	NAIC Designation Category 4.B		XXX..	XXX..		0.0238		0.0555		0.0793	
22.3	4	NAIC Designation Category 4.C		XXX..	XXX..		0.0310		0.0724		0.1034	
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..		0.0472		0.0846		0.1410	
23.2	5	NAIC Designation Category 5.B		XXX..	XXX..		0.0663		0.1188		0.1980	
23.3	5	NAIC Designation Category 5.C		XXX..	XXX..		0.0836		0.1498		0.2496	
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)	299,428,407	XXX	XXX	299,428,407	XXX	647,623	XXX	1,950,795	XXX	3,325,871

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Loyal American Life Insurance Company

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	

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Loyal American Life Insurance Company

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)
1.		COMMON STOCK										
		Unaffiliated - Public		XXX	XXX		0.0000		0.1580 (a)		0.1580 (a)	
		Unaffiliated - Private		XXX	XXX		0.0000		0.1945		0.1945	
		Federal Home Loan Bank		XXX	XXX		0.0000		0.0061		0.0097	
		Affiliated - Life with AVR	57,255,977	XXX	XXX	57,255,977	0.0000		0.0000		0.0000	
		Affiliated - Investment Subsidiary:										
		Fixed Income - Exempt Obligations					XXX		XXX		XXX	
		Fixed Income - Highest Quality					XXX		XXX		XXX	
		Fixed Income - High Quality					XXX		XXX		XXX	
		Fixed Income - Medium Quality					XXX		XXX		XXX	
		Fixed Income - Low Quality					XXX		XXX		XXX	
		Fixed Income - Lower Quality					XXX		XXX		XXX	
		Fixed Income - In/Near Default					XXX		XXX		XXX	
		Unaffiliated Common Stock - Public					0.0000		0.1580 (a)		0.1580 (a)	
		Unaffiliated Common Stock - Private					0.0000		0.1945		0.1945	
		Real Estate					(b)		(b)		(b)	
		Affiliated - Certain Other (See SVO Purposes and Procedures Manual)		XXX	XXX		0.0000		0.1580		0.1580	
		Affiliated - All Other		XXX	XXX		0.0000		0.1945		0.1945	
		Total Common Stock (Sum of Lines 1 through 16)	57,255,977			57,255,977	XXX		XXX		XXX	
18.		REAL ESTATE										
		Home Office Property (General Account only)					0.0000		0.0912		0.0912	
		Investment Properties					0.0000		0.0912		0.0912	
		Properties Acquired in Satisfaction of Debt					0.0000		0.1337		0.1337	
		Total Real Estate (Sum of Lines 18 through 20)					XXX		XXX		XXX	
22.	1	OTHER INVESTED ASSETS										
		INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF BONDS										
		Exempt Obligations		XXX	XXX		0.0000		0.0000		0.0000	
		Highest Quality		XXX	XXX		0.0005		0.0016		0.0033	
		High Quality		XXX	XXX		0.0021		0.0064		0.0106	
		Medium Quality		XXX	XXX		0.0099		0.0263		0.0376	
		Low Quality		XXX	XXX		0.0245		0.0572		0.0817	
		Lower Quality		XXX	XXX		0.0630		0.1128		0.1880	
27.	5	In or Near Default		XXX	XXX		0.0000		0.2370		0.2370	
		Total with Bond Characteristics (Sum of Lines 22 through 28)		XXX	XXX		XXX		XXX		XXX	

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Loyal American Life Insurance Company

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			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

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Loyal American Life Insurance Company

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)
35		INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF COMMON STOCK										
		Unaffiliated Public		XXX	XXX		0.0000		0.1580 (a)		0.1580 (a)	
		Unaffiliated Private		XXX	XXX		0.0000		0.1945		0.1945	
		Affiliated Life with AVR		XXX	XXX		0.0000		0.0000		0.0000	
		Affiliated Certain Other (See SVO Purposes & Procedures Manual)		XXX	XXX		0.0000		0.1580		0.1580	
		Affiliated Other - All Other		XXX	XXX		0.0000		0.1945		0.1945	
		Total with Common Stock Characteristics (Sum of Lines 65 through 69)		XXX	XXX		XXX		XXX		XXX	
		INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF REAL ESTATE										
		Home Office Property (General Account only)					0.0000		0.0912		0.0912	
		Investment Properties					0.0000		0.0912		0.0912	
		Properties Acquired in Satisfaction of Debt					0.0000		0.1337		0.1337	
		Total with Real Estate Characteristics (Sum of Lines 71 through 73)					XXX		XXX		XXX	
		LOW INCOME HOUSING TAX CREDIT INVESTMENTS										
		Guaranteed Federal Low Income Housing Tax Credit					0.0003		0.0006		0.0010	
		Non-guaranteed Federal Low Income Housing Tax Credit					0.0063		0.0120		0.0190	
		Guaranteed State Low Income Housing Tax Credit					0.0003		0.0006		0.0010	
		Non-guaranteed State Low Income Housing Tax Credit					0.0063		0.0120		0.0190	
		All Other Low Income Housing Tax Credit					0.0273		0.0600		0.0975	
		Total LIHTC (Sum of Lines 75 through 79)					XXX		XXX		XXX	
		RESIDUAL TRANCES OR INTERESTS										
		Fixed Income Instruments - Unaffiliated		XXX	XXX		0.0000		0.1580		0.1580	
		Fixed Income Instruments - Affiliated		XXX	XXX		0.0000		0.1580		0.1580	
		Common Stock - Unaffiliated		XXX	XXX		0.0000		0.1580		0.1580	
		Common Stock - Affiliated		XXX	XXX		0.0000		0.1580		0.1580	
		Preferred Stock - Unaffiliated		XXX	XXX		0.0000		0.1580		0.1580	
		Preferred Stock - Affiliated		XXX	XXX		0.0000		0.1580		0.1580	
		Real Estate - Unaffiliated					0.0000		0.1580		0.1580	
		Real Estate - Affiliated					0.0000		0.1580		0.1580	
		Mortgage Loans - Unaffiliated		XXX	XXX		0.0000		0.1580		0.1580	
		Mortgage Loans - Affiliated		XXX	XXX		0.0000		0.1580		0.1580	
		Other - Unaffiliated		XXX	XXX		0.0000		0.1580		0.1580	
		Other - Affiliated		XXX	XXX		0.0000		0.1580		0.1580	
		Total Residual Trances or Interests (Sum of Lines 81 through 92)					XXX		XXX		XXX	
		ALL OTHER INVESTMENTS										
		NAIC 1 Working Capital Finance Investments		XXX			0.0000		0.0042		0.0042	
		NAIC 2 Working Capital Finance Investments		XXX			0.0000		0.0137		0.0137	
		Other Invested Assets - Schedule BA		XXX			0.0000		0.1580		0.1580	
		Other Short-Term Invested Assets - Schedule DA		XXX			0.0000		0.1580		0.1580	
		Total All Other (Sum of Lines 94, 95, 96 and 97)		XXX			XXX		XXX		XXX	
		Total Other Invested Assets - Schedules BA & DA (Sum of Lines 29, 37, 64, 70, 74, 80, 93 and 98)					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 2022 OF THE Loyal American Life Insurance Company

SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT
PART 1 - ANALYSIS OF UNDERWRITING OPERATIONS

	Total		Comprehensive (Hospital and Medical) Individual		Comprehensive (Hospital and Medical) Group		Medicare Supplement		Vision Only		Dental Only		Federal Employees Health Benefits Plan	
	1 Amount	2 %	3 Amount	4 %	5 Amount	6 %	7 Amount	8 %	9 Amount	10 %	11 Amount	12 %	13 Amount	14 %
1. Premiums written	347,512,072	XXX	95,613	XXX	XXX		242,600,266	XXX	XXX		169,025	XXX	XXX	XXX
2. Premiums earned	348,316,966	XXX	98,097	XXX	XXX		243,428,556	XXX	XXX		170,525	XXX	XXX	XXX
3. Incurred claims	219,758,501	63.1	9,844	10.0			180,101,032	74.0			103,190		60.5	
4. Cost containment expenses	396,975	0.1					396,975	0.2						
5. Incurred claims and cost containment expenses (Lines 3 and 4)	220,155,476	63.2	9,844	10.0			180,498,007	74.1			103,190		60.5	
6. Increase in contract reserves	7,782,514	2.2	(25,896)	(26.4)			966,650	0.4						
7. Commissions (a)	53,131,710	15.3	150	0.2			16,654,192	6.8				(4,054)	(2.4)	
8. Other general insurance expenses	40,425,963	11.6	(7,170)	(7.3)			14,187,251	5.8				13,604	8.0	
9. Taxes, licenses and fees	8,402,921	2.4	1,882	1.9			5,210,163	2.1				3,245	1.9	
10. Total other expenses incurred	101,960,594	29.3	(5,138)	(5.2)			36,051,606	14.8				12,795	7.5	
11. Aggregate write-ins for deductions	32,741	0.0	(2)	0.0			5,303	0.0				.31	0.0	
12. Gain from underwriting before dividends or refunds	18,385,640	5.3	119,288	121.6			25,906,989	10.6				54,509	32.0	
13. Dividends or refunds														
14. Gain from underwriting after dividends or refunds	18,385,640	5.3	119,288	121.6			25,906,989	10.6				54,509	32.0	
DETAILS OF WRITE-INS														
1101. Loading	24,180	0.0					3,476	0.0				28	0.0	
1102. Penalties	11,075	0.0	(2)	0.0			3,887	0.0				4	0.0	
1103. Express Script rebates	(2,512)	0.0		0.0			(2,059)	0.0				(1)	0.0	
1198. Summary of remaining write-ins for Line 11 from overflow page	(1)	0.0												
1199. Totals (Lines 1101 thru 1103 plus 1198)(Line 11 above)	32,741	0.0	(2)	0.0			5,303	0.0				31	0.0	

	Medicare Title XVIII		Medicaid Title XIX		Credit A&H		Disability Income		Long-Term Care		Other Health		
	15 Amount	16 %	17 Amount	18 %	19 Amount	20 %	21 Amount	22 %	23 Amount	24 %	25 Amount	26 %	
1. Premiums written		XXX		XXX		XXX	756,325	XXX		XXX	103,890,843	XXX	
2. Premiums earned		XXX		XXX		XXX	788,253	XXX		XXX	103,831,535	XXX	
3. Incurred claims							2,729,104	346.2				36,815,331	35.5
4. Cost containment expenses							2,729,104	346.2				36,815,331	35.5
5. Incurred claims and cost containment expenses (Lines 3 and 4)							(427,241)	(54.2)				7,269,001	7.0
6. Increase in contract reserves							2,726	0.3				36,478,696	35.1
7. Commissions (a)							75,278	9.5				26,157,000	25.2
8. Other general insurance expenses							16,433	2.1	1,454			3,169,744	3.1
9. Taxes, licenses and fees							94,437	12.0	1,454			65,805,440	63.4
10. Total other expenses incurred							(50)	0.0				27,459	0.0
11. Aggregate write-ins for deductions							(1,607,997)	(204.0)	(1,454)			(6,085,695)	(5.9)
12. Gain from underwriting before dividends or refunds													
13. Dividends or refunds													
14. Gain from underwriting after dividends or refunds							(1,607,997)	(204.0)	(1,454)			(6,085,695)	(5.9)
DETAILS OF WRITE-INS													
1101. Loading							(40)	0.0				20,715	0.0
1102. Penalties .....							.21	0.0				7,166	0.0
1103. Express Script rebates							(31)	0.0				(421)	0.0
1198. Summary of remaining write-ins for Line 11 from overflow page												(1)	0.0
1199. Totals (Lines 1101 thru 1103 plus 1198)(Line 11 above)							(50)	0.0				27,459	0.0

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

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Loyal American Life Insurance Company
SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT (Continued)
PART 2. - RESERVES AND LIABILITIES

	1 Total	2 Comprehensive (Hospital and Medical) Individual	3 Comprehensive (Hospital and Medical) Group	4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Medicare Title XVIII	9 Medicaid Title XIX	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health
A. Premium Reserves:													
1. Unearned premiums	9,630,334	9,991		5,561,581		8,164					86,672		3,963,926
2. Advance premiums	2,837,976			2,110,247		4,547					4,316		718,866
3. Reserve for rate credits													
4. Total premium reserves, current year	12,468,310	9,991		7,671,828		12,711					90,988		4,682,792
5. Total premium reserves, prior year	13,083,271	13,426		8,741,624		14,019					124,351		4,189,851
6. Increase in total premium reserves	(614,961)	(3,435)		(1,069,796)		(1,308)					(33,363)		492,941
B. Contract Reserves:													
1. Additional reserves (a)	167,051,703	26,343		15,535,452							2,083,152		149,406,756
2. Reserve for future contingent benefits													
3. Total contract reserves, current year	167,051,703	26,343		15,535,452							2,083,152		149,406,756
4. Total contract reserves, prior year	159,269,189	52,239		14,568,802							2,510,393		142,137,755
5. Increase in contract reserves	7,782,514	(25,896)		966,650							(427,241)		7,269,001
C. Claim Reserves and Liabilities:													
1. Total current year	61,836,599	42,212		21,366,768		9,897					.9,263,034		31,154,688
2. Total prior year	60,859,094	81,246		22,949,504		11,312					8,709,473		29,107,559
3. Increase	977,505	(39,034)		(1,582,736)		(1,415)					553,561		2,047,129

PART 3. - TEST OF PRIOR YEAR'S CLAIM RESERVES AND LIABILITIES

	1 Total	2 Comprehensive (Hospital and Medical) Individual	3 Comprehensive (Hospital and Medical) Group	4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Medicare Title XVIII	9 Medicaid Title XIX	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health
1. Claims paid during the year:													
1.1 On claims incurred prior to current year	40,343,281	.23,513		17,338,629		8,062					2,051,085		20,921,992
1.2 On claims incurred during current year	178,437,715	.25,365		164,345,139		96,543					124,458		13,846,210
2. Claim reserves and liabilities, December 31, current year:													
2.1 On claims incurred prior to current year	15,711,198	3,115		86,042							7,256,986		8,365,055
2.2 On claims incurred during current year	46,125,401	39,097		21,280,726		9,897					2,006,048		22,789,633
3. Test:													
3.1 Lines 1.1 and 2.1	56,054,479	.26,628		17,424,671		8,062					9,308,071		29,287,047
3.2 Claim reserves and liabilities, December 31, prior year	60,859,094	81,246		22,949,504		11,312					8,709,473		29,107,559
3.3 Line 3.1 minus Line 3.2	(4,804,615)	(54,618)		(5,524,833)		(3,250)					598,598		179,488

PART 4. - REINSURANCE

	1 Total	2 Comprehensive (Hospital and Medical) Individual	3 Comprehensive (Hospital and Medical) Group	4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Medicare Title XVIII	9 Medicaid Title XIX	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health
A. Reinsurance Assumed:													
1. Premiums written	65,065,147	.95,572		47,477,661		169,025					749,597		16,573,292
2. Premiums earned	65,661,784	.98,055		47,949,880		170,525					781,505		16,661,820
3. Incurred claims	52,489,805	9,844		38,140,777		103,174					2,727,618		11,508,392
4. Commissions	7,663,849	150		3,051,090		(4,054)					2,948		4,613,714
B. Reinsurance Ceded:													
1. Premiums written	7,459,577			16,627							88,195		7,254,820
2. Premiums earned	7,463,391			16,627							88,479		7,258,905
3. Incurred claims	5,177,028										13,633		5,061,981
4. Commissions	1,127,582										10,622		1,115,939

(a) Includes \$ premium deficiency reserve.

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Loyal American Life Insurance Company

SCHEDULE H - PART 5 - HEALTH CLAIMS

	1 Comprehensive (Hospital and Medical) Individual	2 Comprehensive (Hospital and Medical) Group	3 Medicare Supplement	4 Vision Only	5 Dental Only	6 Federal Employees Health Benefits Plan	7 Medicare Title XVIII	8 Medicaid Title XIX	9 Credit A&H	10 Disability Income	11 Long-Term Care	12 Other Health	13 Total
A. Direct:													
1. Incurred claims			141,959,337							16,079	101,414	30,368,895	172,445,725
2. Beginning claim reserves and liabilities			18,076,681							35,669	329,210	23,281,308	41,722,868
3. Ending claim reserves and liabilities			16,959,971							36,027	317,822	24,657,088	41,970,908
4. Claims paid			143,076,047							15,721	112,802	28,993,115	172,197,685
B. Assumed Reinsurance:													
1. Incurred claims	9,844		38,140,777		103,174					2,727,618		11,508,392	52,489,805
2. Beginning claim reserves and liabilities	81,246		3,504,161		(9,435)					8,563,875		8,953,836	21,093,683
3. Ending claim reserves and liabilities	42,212		3,332,638		(11,925)					9,138,492		8,720,681	21,222,098
4. Claims paid	48,878		38,312,300		105,664					2,153,001		11,741,547	52,361,390
C. Ceded Reinsurance:													
1. Incurred claims										13,633	101,414	5,061,981	5,177,028
2. Beginning claim reserves and liabilities										10,887	329,210	3,164,975	3,505,072
3. Ending claim reserves and liabilities										13,885	317,822	2,252,987	2,584,694
4. Claims paid										10,635	112,802	5,973,969	6,097,406
D. Net:													
1. Incurred claims	9,844		180,100,114		103,174					2,730,064		36,815,306	219,758,502
2. Beginning claim reserves and liabilities	81,246		21,580,842		(9,435)					8,588,657		29,070,169	59,311,479
3. Ending claim reserves and liabilities	42,212		20,292,609		(11,925)					9,160,634		31,124,782	60,608,312
4. Claims paid	48,878		181,388,347		105,664					2,158,087		34,760,693	218,461,669
E. Net Incurred Claims and Cost Containment Expenses:													
1. Incurred claims and cost containment expenses	9,844		180,498,007		103,190					2,729,104		36,815,331	220,155,476
2. Beginning reserves and liabilities	81,246		21,603,708		(9,435)					8,588,657		29,070,169	59,334,345
3. Ending reserves and liabilities	42,212		20,320,155		(11,925)					9,160,634		31,124,782	60,635,858
4. Paid claims and cost containment expenses	48,878		181,781,560		105,680					2,157,127		34,760,718	218,853,963

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Loyal American Life Insurance Company

SCHEDULE S - PART 1 - SECTION 1

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsured	5 Domiciliary Jurisdiction	6 Type of Reinsurance Assumed	7 Type of Business Assumed	8 Amount of In Force at End of Year	9 Reserve	10 Premiums	11 Reinsurance Payable on Paid and Unpaid Losses	12 Modified Coinsurance Reserve	13 Funds Withheld Under Coinsurance
0399999. Total General Account - U.S. Affiliates												
0699999. Total General Account - Non-U.S. Affiliates												
0799999. Total General Account - Affiliates												
.....86231 .....	..39-0989781 ..	..10/20/1978 ..	Transamerica Life Insurance Company	IA.....	.....CO/I.....	.....OL.....	1,333,597	673,986	16,034			
0899999. General Account - U.S. Non-Affiliates							1,333,597	673,986	16,034			
1099999. Total General Account - Non-Affiliates							1,333,597	673,986	16,034			
1199999. Total General Account							1,333,597	673,986	16,034			
1499999. Total Separate Accounts - U.S. Affiliates												
1799999. Total Separate Accounts - Non-U.S. Affiliates												
1899999. Total Separate Accounts - Affiliates												
2199999. Total Separate Accounts - Non-Affiliates												
2299999. Total Separate Accounts												
2399999. Total U.S. (Sum of 0399999, 0899999, 1499999 and 1999999)							1,333,597	673,986	16,034			
2499999. Total Non-U.S. (Sum of 0699999, 0999999, 1799999 and 2099999)												
.....	.....	.....	.....	.....	.....	.....	1,333,597	673,986	16,034			
9999999 - Totals												

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Loyal American Life Insurance Company

SCHEDULE S - PART 1 - SECTION 2

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsured	5 Domiciliary Jurisdiction	6 Type of Reinsurance Assumed	7 Type of Business Assumed	8 Premiums	9 Unearned Premiums	10 Reserve Liability Other Than for Unearned Premiums	11 Reinsurance Payable on Paid and Unpaid Losses	12 Modified Coinsurance Reserve	13 Funds Withheld Under Coinsurance
0399999. Total - U.S. Affiliates												
0699999. Total - Non-U.S. Affiliates												
0799999. Total - Affiliates												
.....66044 .....	..46-0164570 ..	..01/01/1994 ..	Midland National Life	IA	.....OTH/I.....	.....SD.....	.....6,879.....	.....366.....	.....11,342.....	.....4,060.....		
.....63312 .....	..13-1935920 ..	..08/31/2012 ..	Great American Life Insurance Company	OH	.....OTH/I.....	.....A.....	.....889.....	.....249.....	.....2,994.....	.....104.....		
.....63312 .....	..13-1935920 ..	..08/31/2012 ..	Great American Life Insurance Company	OH	.....OTH/I.....	.....LTD1.....	.....2,810.....	.....1,589.....	.....43,659.....	.....1,392.....		
.....63312 .....	..13-1935920 ..	..08/31/2012 ..	Great American Life Insurance Company	OH	.....OTH/I.....	.....MS.....	.....2,100,937.....	.....95,029.....	.....1,030,404.....	.....233,948.....		
.....63312 .....	..13-1935920 ..	..08/31/2012 ..	Great American Life Insurance Company	OH	.....OTH/I.....	.....OM.....	.....1,357.....	.....444.....	.....15,253.....	.....660.....		
.....66583 .....	..39-0493780 ..	..11/15/2017 ..	National Guardian Life Insurance Company	WI	.....OTH/I.....	.....MS.....	.....15,976,703.....	.....178,846.....		.....1,445,563.....		
.....71404 .....	..47-0463747 ..	..08/31/2012 ..	Continental General Insurance Company	TX	.....OTH/I.....	.....A.....	.....520,606.....	.....44,034.....	.....345,981.....	.....54,960.....		
.....71404 .....	..47-0463747 ..	..08/31/2012 ..	Continental General Insurance Company	TX	.....OTH/I.....	.....CIM.....	.....95,572.....	.....9,991.....	.....26,343.....	.....42,213.....		
.....71404 .....	..47-0463747 ..	..08/31/2012 ..	Continental General Insurance Company	TX	.....OTH/I.....	.....D.....	.....117,740.....	.....7,878.....		.....8,996.....		
.....71404 .....	..47-0463747 ..	..08/31/2012 ..	Continental General Insurance Company	TX	.....OTH/I.....	.....LTD1.....	.....746,787.....	.....84,675.....	.....10,494,709.....	.....762,713.....		
.....71404 .....	..47-0463747 ..	..08/31/2012 ..	Continental General Insurance Company	TX	.....OTH/I.....	.....MS.....	.....29,188,212.....	.....2,458,973.....	.....4,989,389.....	.....2,709,842.....		
.....71404 .....	..47-0463747 ..	..08/31/2012 ..	Continental General Insurance Company	TX	.....OTH/I.....	.....OM.....	.....177,353.....	.....14,337.....	.....357,200.....	.....101,070.....		
.....71404 .....	..47-0463747 ..	..08/31/2012 ..	Continental General Insurance Company	TX	.....OTH/I.....	.....SD.....	.....16,458,095.....	.....1,092,162.....	.....103,708,991.....	.....8,309,988.....		
.....71404 .....	..47-0463747 ..	..08/31/2012 ..	Continental General Insurance Company	TX	.....OTH/I.....	.....STM.....	.....17,807.....	.....3,243.....	.....143,516.....	.....9,880.....		
.....71404 .....	..47-0463747 ..	..08/31/2012 ..	Continental General Insurance Company	TX	.....OTH/G.....	.....D.....	.....51,285.....	.....286.....		.....901.....		
.....71404 .....	..47-0463747 ..	..08/31/2012 ..	Continental General Insurance Company	TX	.....OTH/G.....	.....MS.....	.....211,809.....	.....6,892.....	.....7,536.....	.....17,446.....		
.....71404 .....	..47-0463747 ..	..08/31/2012 ..	Continental General Insurance Company	TX	.....OTH/G.....	.....OM.....	.....26,250.....	.....499.....	.....11,044.....	.....9,965.....		
.....71404 .....	..47-0463747 ..	..08/31/2012 ..	Continental General Insurance Company	TX	.....OTH/G.....	.....SD.....	.....(635,945).....	.....40,666.....	.....8,188,176.....	.....259,872.....		
0899999. U.S. Non-Affiliates							65,065,146	4,040,159	129,376,537	13,973,573		
1099999. Total - Non-Affiliates							65,065,146	4,040,159	129,376,537	13,973,573		
1199999. Total U.S. (Sum of 0399999 and 0899999)							65,065,146	4,040,159	129,376,537	13,973,573		
1299999. Total Non-U.S. (Sum of 0699999 and 0999999)							65,065,146	4,040,159	129,376,537	13,973,573		
9999999 - Totals							65,065,146	4,040,159	129,376,537	13,973,573		

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Loyal American Life Insurance Company

SCHEDULE S - PART 2

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

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Loyal American 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	Outstanding Surplus Relief		14 Modified Coinsurance Reserve	15 Funds Withheld Under Coinsurance										
								9 Current Year	10 Prior Year		12 Current Year	13 Prior Year												
039999. Total General Account - Authorized U.S. Affiliates																								
069999. Total General Account - Authorized Non-U.S. Affiliates																								
079999. Total General Account - Authorized Affiliates																								
86231	..39-0989781	04/24/1975	Transamerica Life Insurance Company	IA	YRT/I	OL	1,394,332	46,426	47,760	101,146														
93572	..43-1235868	06/01/1989	RGA Insurance Company	MO	YRT/I	OL	75,639	23	22	543														
93572	..43-1235868	12/15/1989	RGA Insurance Company	MO	YRT/I	OL	39,500	629	577	852														
93572	..43-1235868	09/01/1986	RGA Insurance Company	MO	YRT/I	OL	33,334	385	351	833														
60895	..35-0145825	05/01/1980	American United Life Insurance Company	IN	CO/I	OL	230,000	12,925	15,594	21,292														
60895	..35-0145825	03/01/1965	American United Life Insurance Company	IN	YRT/I	OL	4,823	233	261	523														
60895	..35-0145825	02/14/1962	American United Life Insurance Company	IN	YRT/I	OL				(977)														
88099	..75-1608507	01/01/1975	Optimum Re Insurance Company	TX	YRT/I	OL	12,395	.79	.75	(22)														
86258	..13-2572994	02/01/1990	General Re Life Corporation	CT	YRT/I	OL	8,055	7	7	167														
86258	..13-2572994	12/15/1989	General Re Life Corporation	CT	YRT/I	OL	39,500	629	577	852														
86258	..13-2572994	11/22/1966	General Re Life Corporation	CT	YRT/I	OL	8,000	206	189	274														
86258	..13-2572994	02/12/1965	General Re Life Corporation	CT	YRT/I	OL	340,241	15,064	14,354	12,310														
68276	..48-1024691	07/01/1983	Employers Reassurance Corporation	KS	YRT/I	OL	102,614	.67	.59	1,442														
68276	..48-1024691	07/01/1983	Employers Reassurance Corporation	KS	YRT/I	OL	110,667	3,685	3,419	6,450														
68276	..48-1024691	10/01/1986	Employers Reassurance Corporation	KS	CO/I	OL	33,333	385	351	.802														
91472	..63-0782739	05/17/1972	Globe Life & Accident Insurance Company	NE	CO/I	OL	1,586,576	1,070,783	1,192,872	29,268														
86258	..13-2572994	05/01/1984	General Re Life Corporation	CT	CO/I	OL	2,176,570	2,135,065	2,274,755	264,596														
82627	..06-0839705	04/01/1982	Swiss Re Life & Health America Inc	MO	YRT/I	OL	354,594	21,980	19,693	30,399														
82627	..06-0839705	11/01/2000	Swiss Re Life & Health America Inc	MO	OTH/I	OL				6,231														
88099	..75-1608507	09/01/1980	Optimum Re Insurance Company	TX	CO/I	OL	200,000	101,200	97,400	5,644														
88099	..75-1608507	12/31/1985	Optimum Re Insurance Company	TX	CO/I	OL	1,000,000	275,902	23,823	11,485														
88099	..75-1608507	10/15/1980	Optimum Re Insurance Company	TX	YRT/I	OL	350,252	2,532	2,806	.4,791														
87572	..23-2038295	03/01/1980	Scottish Re (US) Inc	DE	CO/I	OL	10,000	538	.495															
87572	..23-2038295	10/01/1981	Scottish Re (US) Inc	DE	YRT/I	OL	17,702	.33	.35	.814														
87572	..23-2038295	01/01/1986	Scottish Re (US) Inc	DE	YRT/I	OL	116,115	5,074	4,146	.6,215														
88340	..59-2859797	11/01/1991	Hannover Life Reassurance Company Of America	FL	YRT/I	OL	2,828,657	3,110	3,014	73,046														
88340	..59-2859797	07/01/1983	Hannover Life Reassurance Company Of America	FL	YRT/I	OL	1,463,772	1,019	912	22,656														
88340	..59-2859797	07/01/1983	Hannover Life Reassurance Company Of America	FL	YRT/I	OL	182,074	216	245	.8,194														
88340	..59-2859797	04/01/1996	Hannover Life Reassurance Company Of America	FL	CO/I	OL	162,226	628	.586	2,556														
64688	..75-6020048	06/01/1989	SCOR Global Life Americas Reinsurance Company	DE	YRT/I	OL	67,585	.16	.66	.376														
64688	..75-6020048	09/01/1986	SCOR Global Life Americas Reinsurance Company	DE	YRT/I	OL	33,334	385	350	.943														
64688	..75-6020048	08/01/1987	SCOR Global Life Americas Reinsurance Company	DE	YRT/I	OL	33,437	177	.217	.530														
64688	..75-6020048	06/01/1991	SCOR Global Life Americas Reinsurance Company	DE	YRT/I	OL	1,609,009	1,685	1,666	39,794														
88099	..75-1608507	03/01/1976	Optimum Re Insurance Company	TX	YRT/I	OL	32,629	207	.195	.482														
82627	..06-0839705	07/01/1981	Swiss Re Life & Health America Inc	MO	YRT/I	OL				(1,688)														
88099	..75-1608507	03/01/2002	Optimum Re Insurance Company	TX	CO/I	XXXL	6,081,360	140,971	200,949	31,958														
88340	..59-2859797	03/01/2002	Hannover Life Reassurance Company Of America	FL	CO/I	XXXL	8,108,480	187,962	267,933	42,611														
93572	..43-1235868	03/01/2002	RGA Reinsurance Company	MO	CO/I	XXXL	4,054,240	93,981	66,983	21,306														
68713	..84-0499703	03/01/2002	Security Life of Denver Insurance Company	CO	CO/I	XXXL	2,027,120	46,990	133,966	10,653														
63312	..13-1935920	08/31/2012	MassMutual Ascend Life Insurance Company	OH	CO/I	OL	236,017,838	96,093,941	100,308,191	2,544,593														
63312	..13-1935920	08/31/2012	MassMutual Ascend Life Insurance Company	OH	CO/I	FA		79,738,800	.85,541,554	.271,777														
63312	..13-1935920	01/01/2007	MassMutual Ascend Life Insurance Company	OH	CO/I	IA		14,508,188	16,655,845	.2,107														
089999. General Account - Authorized U.S. Non-Affiliates								270,946,003	194,512,126	206,882,293	3,577,824													
109999. Total General Account - Authorized Non-Affiliates								270,946,003	194,512,126	206,882,293	3,577,824													
119999. Total General Account Authorized								270,946,003	194,512,126	206,882,293	3,577,824													
149999. Total General Account - Unauthorized U.S. Affiliates																								
179999. Total General Account - Unauthorized Non-U.S. Affiliates																								
189999. Total General Account - Unauthorized Affiliates																								
219999. Total General Account - Unauthorized Non-Affiliates																								
229999. Total General Account Unauthorized																								
259999. Total General Account - Certified U.S. Affiliates																								
289999. Total General Account - Certified Non-U.S. Affiliates																								

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Loyal American 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	Outstanding Surplus Relief		14 Modified Coinsurance Reserve	15 Funds Withheld Under Coinsurance
								9 Current Year	10 Prior Year		12 Current Year	13 Prior Year		
299999. Total General Account - Certified Affiliates														
329999. Total General Account - Certified Non-Affiliates														
339999. Total General Account Certified														
369999. Total General Account - Reciprocal Jurisdiction U.S. Affiliates														
399999. Total General Account - Reciprocal Jurisdiction Non-U.S. Affiliates														
409999. Total General Account - Reciprocal Jurisdiction Affiliates														
439999. Total General Account - Reciprocal Jurisdiction Non-Affiliates														
449999. Total General Account Reciprocal Jurisdiction														
459999. Total General Account Authorized, Unauthorized, Reciprocal Jurisdiction and Certified							270,946,003	194,512,126	206,882,293	3,577,824				
489999. Total Separate Accounts - Authorized U.S. Affiliates														
519999. Total Separate Accounts - Authorized Non-U.S. Affiliates														
529999. Total Separate Accounts - Authorized Affiliates														
559999. Total Separate Accounts - Authorized Non-Affiliates														
569999. Total Separate Accounts Authorized														
599999. Total Separate Accounts - Unauthorized U.S. Affiliates														
629999. Total Separate Accounts - Unauthorized Non-U.S. Affiliates														
639999. Total Separate Accounts - Unauthorized Affiliates														
669999. Total Separate Accounts - Unauthorized Non-Affiliates														
679999. Total Separate Accounts Unauthorized														
709999. Total Separate Accounts - Certified U.S. Affiliates														
739999. Total Separate Accounts - Certified Non-U.S. Affiliates														
749999. Total Separate Accounts - Certified Affiliates														
779999. Total Separate Accounts - Certified Non-Affiliates														
789999. Total Separate Accounts Certified														
819999. Total Separate Accounts - Reciprocal Jurisdiction U.S. Affiliates														
849999. Total Separate Accounts - Reciprocal Jurisdiction Non-U.S. Affiliates														
859999. Total Separate Accounts - Reciprocal Jurisdiction Affiliates														
889999. Total Separate Accounts - Reciprocal Jurisdiction Non-Affiliates														
899999. Total Separate Accounts Reciprocal Jurisdiction														
909999. Total Separate Accounts Authorized, Unauthorized, Reciprocal Jurisdiction and Certified														
919999. Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3699999, 4199999, 4899999, 5399999, 5999999, 6499999, 7099999, 7599999, 8199999 and 8699999)							270,946,003	194,512,126	206,882,293	3,577,824				
929999. Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2899999, 3199999, 3999999, 4299999, 5199999, 5499999, 6299999, 6599999, 7399999, 7699999, 8499999 and 8799999)														
999999 - Totals							270,946,003	194,512,126	206,882,293	3,577,824				

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Loyal American Life Insurance Company

SCHEDULE S - PART 3 - SECTION 2

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domi- ciliary Juris- diction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Premiums	9 Unearned Premiums (Estimated)	10 Reserve Credit Taken Other than for Unearned Premiums	Outstanding Surplus Relief		13 Modified Coinsurance Reserve	14 Funds Withheld Under Coinsurance
										11 Current Year	12 Prior Year		
0399999.			Total General Account - Authorized U.S. Affiliates										
0699999.			Total General Account - Authorized Non-U.S. Affiliates										
0799999.			Total General Account - Authorized Affiliates										
99724	..73-1155182 ..	06/01/2008	LifeShield National Insurance Company	OK	OTH/G..	LTDI..	1,662						
99724	..73-1155182 ..	06/01/2008	LifeShield National Insurance Company	OK	OTH/G..	OM..	202,255	2,273	239,622				
99724	..73-1155182 ..	06/01/2008	LifeShield National Insurance Company	OK	OTH/G..	SD..	970,950	14,056	324,045				
99724	..73-1155182 ..	06/01/2008	LifeShield National Insurance Company	OK	OTH/I..	A..	1,009,381	29,054	699,393				
99724	..73-1155182 ..	06/01/2008	LifeShield National Insurance Company	OK	OTH/I..	LTDI..	86,533	3,173	49,184				
99724	..73-1155182 ..	06/01/2008	LifeShield National Insurance Company	OK	OTH/I..	OM..	1,321,616	33,997	4,260,649				
99724	..73-1155182 ..	06/01/2008	LifeShield National Insurance Company	OK	OTH/I..	SD..	3,750,619	105,754	8,380,222				
71404	.47-0463747 ..	01/01/2009	Continental General Insurance Company	TX	OTH/I..	LTDI..	99,935	23,138	1,572,132				
62308	..06-0303370 ..	01/01/1984	Connecticut General Life Insurance Co	CT	OTH/I..	A..							
0899999.			General Account - Authorized U.S. Non-Affiliates				7,442,951	211,445	15,525,247				
00000	..AA-1122000 ..	07/01/2019	Lloyds of London	GBR..	CAT/G..	OM..	5,658						
00000	..AA-1122000 ..	07/01/2019	Lloyds of London	GBR..	CAT/G..	A..	10,969						
0999999.			General Account - Authorized Non-U.S. Non-Affiliates				16,627						
1099999.			Total General Account - Authorized Non-Affiliates				7,459,578	211,445	15,525,247				
1199999.			Total General Account Authorized				7,459,578	211,445	15,525,247				
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				7,459,578	211,445	15,525,247				
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										

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Loyal American Life Insurance Company

SCHEDULE S - PART 3 - SECTION 2

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domi- ciliary Juris- diction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Premiums	9 Unearned Premiums (Estimated)	10 Reserve Credit Taken Other than for Unearned Premiums	Outstanding Surplus Relief		13 Modified Coinsurance Reserve	14 Funds Withheld Under Coinsurance
										11 Current Year	12 Prior Year		
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)							7,442,951	211,445	15,525,247				
9299999. Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2899999, 3199999, 3999999, 4299999, 5199999, 5499999, 6299999, 6599999, 7399999, 7699999, 8499999 and 8799999)							16,627						
9999999 - Totals							7,459,578	211,445	15,525,247				

Schedule S - Part 4

N O N E

Schedule S - Part 4 - Bank Footnote

N O N E

Schedule S - Part 5

N O N E

Schedule S - Part 5 - Bank Footnote

N O N E

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Loyal American Life Insurance Company

SCHEDULE S - PART 6Five Year Exhibit of Reinsurance Ceded Business
(\$000 Omitted)

	1 2022	2 2021	3 2020	4 2019	5 2018
A. OPERATIONS ITEMS					
1. Premiums and annuity considerations for life and accident and health contracts	11,037	13,879	16,157	17,989	20,279
2. Commissions and reinsurance expense allowances	1,189	1,915	2,334	2,796	3,962
3. Contract claims	15,903	19,776	18,416	20,793	21,849
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	725	688	1,040	1,197	1,314
9. Aggregate reserves for life and accident and health contracts	210,249	222,278	235,072	247,175	265,366
10. Liability for deposit-type contracts	8,803	9,177	9,640	9,191	9,483
11. Contract claims unpaid	6,385	8,007	7,159	7,706	8,049
12. Amounts recoverable on reinsurance	1,332	1,592	1,818	2,256	2,443
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 2022 OF THE Loyal American 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)	363,650,951		363,650,951
2. Reinsurance (Line 16)	1,862,051	(1,862,051)	
3. Premiums and considerations (Line 15)	183,158	725,130	908,288
4. Net credit for ceded reinsurance	XXX	217,771,086	217,771,086
5. All other admitted assets (balance)	20,616,463		20,616,463
6. Total assets excluding Separate Accounts (Line 26)	386,312,623	216,634,164	602,946,787
7. Separate Account assets (Line 27)			
8. Total assets (Line 28)	386,312,623	216,634,164	602,946,787
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
9. Contract reserves (Lines 1 and 2)	191,389,692	201,445,759	392,835,451
10. Liability for deposit-type contracts (Line 3)	62	8,803,061	8,803,123
11. Claim reserves (Line 4)	52,952,296	6,385,344	59,337,640
12. Policyholder dividends/member refunds/reserves (Lines 5 through 7)			
13. Premium & annuity considerations received in advance (Line 8)	2,842,332		2,842,332
14. Other contract liabilities (Line 9)	3,306,194		3,306,194
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)	30,278,299		30,278,299
20. Total liabilities excluding Separate Accounts (Line 26)	280,768,875	216,634,164	497,403,039
21. Separate Account liabilities (Line 27)			
22. Total liabilities (Line 28)	280,768,875	216,634,164	497,403,039
23. Capital & surplus (Line 38)	105,543,748	XXX	105,543,748
24. Total liabilities, capital & surplus (Line 39)	386,312,623	216,634,164	602,946,787
NET CREDIT FOR CEDED REINSURANCE			
25. Contract reserves	201,445,759		
26. Claim reserves	6,385,344		
27. Policyholder dividends/reserves			
28. Premium & annuity considerations received in advance			
29. Liability for deposit-type contracts	8,803,061		
30. Other contract liabilities			
31. Reinsurance ceded assets	1,862,051		
32. Other ceded reinsurance recoverables			
33. Total ceded reinsurance recoverables	218,496,215		
34. Premiums and considerations	725,130		
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	725,130		
41. Total net credit for ceded reinsurance		217,771,086	

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Loyal American Life Insurance Company

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

Allocated by States and Territories

States, Etc.		Direct Business Only					
		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	6 Totals
1. Alabama	AL	443,858	3,200	9,103		139	456,300
2. Alaska	AK	8,225	8				8,233
3. Arizona	AZ	53,345	.42	2,967		1,237	57,591
4. Arkansas	AR	190,791	216	2,547		197	193,751
5. California	CA	166,852	16,197	27,620	2,249	1,811	214,729
6. Colorado	CO	49,430	30	303	11,381	103	61,247
7. Connecticut	CT	37,253	15	5,436			42,704
8. Delaware	DE	21,521	15				21,536
9. District of Columbia	DC	7,257					7,257
10. Florida	FL	331,708	227	5,780	6,419	693	344,827
11. Georgia	GA	296,936	.92	1,672	16,701	2,518	317,919
12. Hawaii	HI	7,695	.23			813	8,531
13. Idaho	ID	28,828					28,828
14. Illinois	IL	273,145	23,628	572	1,346		298,691
15. Indiana	IN	237,424	290	262		538	238,514
16. Iowa	IA	75,976		2,312			78,288
17. Kansas	KS	148,283	10	913	4,962	.38	154,206
18. Kentucky	KY	207,557	.93	1,231		224	209,105
19. Louisiana	LA	208,129	127	1,976		186	210,418
20. Maine	ME	46,394	193	186			46,773
21. Maryland	MD	93,193	425	123		1,739	95,480
22. Massachusetts	MA	46,322	152			420	46,894
23. Michigan	MI	116,117	49,297			115	165,529
24. Minnesota	MN	38,048	162,860			.57	200,965
25. Mississippi	MS	226,574	2,261	157		267	229,259
26. Missouri	MO	159,327	222	1,098	12,037		172,685
27. Montana	MT	11,264	8				11,272
28. Nebraska	NE	62,748	8		1,913	5,241	69,910
29. Nevada	NV	37,352	6	131		4,882	42,371
30. New Hampshire	NH	11,262	15				11,277
31. New Jersey	NJ	177,131	1,450				178,581
32. New Mexico	NM	57,573	15			118	57,706
33. New York	NY	13,036	.97			363	13,496
34. North Carolina	NC	500,360	225	4,443	10,865	13,632	529,524
35. North Dakota	ND	6,552					6,552
36. Ohio	OH	190,234	.53	2,439			192,726
37. Oklahoma	OK	129,660	106				129,766
38. Oregon	OR	53,634	8			9	53,651
39. Pennsylvania	PA	222,626	132	3,702		.81	226,541
40. Rhode Island	RI	13,277	.30	121			13,428
41. South Carolina	SC	329,590	811	1,708		1,402	333,511
42. South Dakota	SD	38,026					38,026
43. Tennessee	TN	370,143	621	1,587	4,492	474	377,317
44. Texas	TX	905,298	168	13,346		4,361	923,173
45. Utah	UT	24,430	15	267		120	24,832
46. Vermont	VT	93,400	244				93,644
47. Virginia	VA	211,608	1,951	.46		969	214,574
48. Washington	WA	95,974	7,815		2,550	172	106,511
49. West Virginia	WV	127,576	.474				128,050
50. Wisconsin	WI	37,041	9		9,529		46,579
51. Wyoming	WY	13,234		593			13,827
52. American Samoa	AS						
53. Guam	GU	883				274	1,157
54. Puerto Rico	PR	1,593					1,593
55. U.S. Virgin Islands	VI	5,280					5,280
56. Northern Mariana Islands	MP					.42	.42
57. Canada	CAN						
58. Aggregate Other Alien	OT	132,053				677	132,730
59. Total		7,393,026	273,884	92,641	84,444	43,912	7,887,907

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Loyal American 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(es)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
.0901	Cigna Group		46-2332355			1EQ Inc. (d/b/a Babyscripts) .....	..DE....	NIA....	Cigna Ventures, LLC	Ownership.....	10.100 ...	Cigna Corporation .....	...NO....	
.0901	Cigna Group		88-1945947			73 Pond Street Apartments Venture, L.L.C. ....	..DE....	NIA....	CARING Waltham Investor LLC	Ownership.....	.90.000 ...	Cigna Corporation .....	...NO....	
.0901	Cigna Group		00-0000000			680 Investors LLC .....	..CA....	NIA....	SB-SNH LLC	Ownership.....	.85.000 ...	Cigna Corporation .....	...NO....	
.0901	Cigna Group		00-0000000			685 New Hampshire LLC .....	..CA....	NIA....	SB-SNH LLC	Ownership.....	.85.000 ...	Cigna Corporation .....	...NO....	
.0901	Cigna Group		82-4794800			9171 Wilshire CPI-CII LLC .....	..DE....	NIA....	CPI-CII 9171 Wilshire JV LLC	Ownership.....	.90.000 ...	Cigna Corporation .....	...NO....	
.0901	Cigna Group		86-1712743			ABL Apartments Venture, L.L.C. ....	..DE....	NIA....	CARING ABS Investor LLC	Ownership.....	.90.000 ...	Cigna Corporation .....	...NO....	
.0901	Cigna Group		88-4202407			ABL Holding Co., L.L.C. ....	..DE....	NIA....	CARING Brinkman Investor LLC	Ownership.....	.73.000 ...	Cigna Corporation .....	...NO....	
.0901	Cigna Group		88-3747773			ABL Townhomes Venture, L.L.C. ....	..DE....	NIA....	CARING Brinkman Investor LLC	Ownership.....	.75.000 ...	Cigna Corporation .....	...NO....	
.0901	Cigna Group		85-1046126			ABS Apartments Venture, L.L.C. ....	..DE....	NIA....	CARING ABS Investor LLC	Ownership.....	.90.000 ...	Cigna Corporation .....	...NO....	
.0901	Cigna Group		11-3358535			Accredo Health Group, Inc. ....	..DE....	NIA....	Accredo Health, Incorporated	Ownership.....	.100.000 ...	Cigna Corporation .....	...NO....	
.0901	Cigna Group		55-0894449			Accredo Health, Incorporated .....	..DE....	NIA....	Medco Health Solutions, Inc.	Ownership.....	.100.000 ...	Cigna Corporation .....	...NO....	
.0901	Cigna Group		87-4355549			AGA Apartments Venture, L.L.C. ....	..DE....	NIA....	CARING Galleria Investor LLC	Ownership.....	.70.000 ...	Cigna Corporation .....	...NO....	
.0901	Cigna Group		13-3888838			AHG of New York, Inc. ....	..NY....	NIA....	Accredo Health, Incorporated	Ownership.....	.100.000 ...	Cigna Corporation .....	...NO....	
.0901	Cigna Group		75-3040465			Airport Holdings, LLC .....	..NJ....	NIA....	Express Scripts, Inc.	Ownership.....	.100.000 ...	Cigna Corporation .....	...NO....	
.0901	Cigna Group		35-2562415			Alegis Care Services, LLC .....	..DE....	NIA....	Home Physicians Management, LLC	Ownership.....	.100.000 ...	Cigna Corporation .....	...NO....	
.0901	Cigna Group		85-0909305			Alegis Care Services of Colorado, LLC .....	..CO....	NIA....	Home Physicians Management, LLC	Ownership.....	.100.000 ...	Cigna Corporation .....	...NO....	
.0901	Cigna Group		81-0400550			Allegiance Benefit Plan Management, Inc. ....	..MT....	NIA....	Benefit Management Corp.	Ownership.....	.100.000 ...	Cigna Corporation .....	...NO....	
.0901	Cigna Group		03-0507057			Allegiance Care Management, LLC .....	..MT....	NIA....	Benefit Management Corp.	Ownership.....	.100.000 ...	Cigna Corporation .....	...NO....	
.0901	Cigna Group		71-0916514			Allegiance COBRA Services, Inc. ....	..MT....	NIA....	Benefit Management Corp.	Ownership.....	.100.000 ...	Cigna Corporation .....	...NO....	
.0901	Cigna Group	12814	20-4433475			Allegiance Life & Health Insurance Company .....	..MT....	IA....	Benefit Management Corp.	Ownership.....	.95.000 ...	Cigna Corporation .....	...NO....	
.0901	Cigna Group		26-2201582			Allegiance Provider Direct, LLC .....	..MT....	NIA....	Benefit Management Corp.	Ownership.....	.100.000 ...	Cigna Corporation .....	...NO....	
.0901	Cigna Group		20-3851464			Allegiance Re, Inc. ....	..MT....	IA....	Benefit Management Corp.	Ownership.....	.100.000 ...	Cigna Corporation .....	...NO....	
.0901	Cigna Group		88366	59-2760189		American Retirement Life Insurance Company .....	..OH....	DS....	Loyal American Life Insurance Company	Ownership.....	.100.000 ...	Cigna Corporation .....	...NO....	
.0901	Cigna Group		87-4023291			AOP II Apartments Venture, L.L.C. ....	..DE....	IA....	CARING Optimist Park II Investor LLC	Ownership.....	.90.000 ...	Cigna Corporation .....	...NO....	
.0901	Cigna Group		82-3315524			Arbor Heights Venture LLC .....	..DE....	NIA....	Cigna Affiliates Realty Investment Group, LLC	Ownership.....	.90.000 ...	Cigna Corporation .....	...NO....	
.0901	Cigna Group		46-4080861			AristalND, Inc. ....	..DE....	NIA....	Cigna Ventures, LLC	Ownership.....	.11.100 ...	Cigna Corporation .....	...NO....	
.0901	Cigna Group		86-3581583			Arizona Health Plan, Inc. ....	..AZ....	NIA....	Healthsource, Inc.	Ownership.....	.100.000 ...	Cigna Corporation .....	...NO....	
.0901	Cigna Group		00-0000000			Ascent Health Services LLC .....	..DE....	NIA....	Cigna Spruce Holdings GmbH	Ownership.....	.80.000 ...	Cigna Corporation .....	...NO....	
.0901	Cigna Group		86-1750832			ASM Apartments Venture, L.L.C. ....	..DE....	NIA....	CARING St. Matthew's Investor LLC	Ownership.....	.90.000 ...	Cigna Corporation .....	...NO....	
.0901	Cigna Group		81-0585518			Benefit Management Corp. ....	..MT....	NIA....	Connecticut General Corporation	Ownership.....	.100.000 ...	Cigna Corporation .....	...NO....	
.0901	Cigna Group		81-2650133			Berwick Apartments LLC .....	..DE....	NIA....	Cigna Affiliates Realty Investment Group, LLC	Ownership.....	.85.000 ...	Cigna Corporation .....	...NO....	
.0901	Cigna Group		43-1815573			Biopathers in Care, Inc. ....	..MO....	NIA....	Accredo Health, Incorporated	Ownership.....	.100.000 ...	Cigna Corporation .....	...NO....	
.0901	Cigna Group	10095	52-2259087			Bravo Health Mid-Atlantic, Inc. ....	..MD....	IA....	NewQuest Management Northeast, LLC	Ownership.....	.100.000 ...	Cigna Corporation .....	...NO....	
.0901	Cigna Group	11524	52-2363406			Bravo Health Pennsylvania, Inc. ....	..PA....	IA....	NewQuest Management Northeast, LLC	Ownership.....	.100.000 ...	Cigna Corporation .....	...NO....	
.0901	Cigna Group		00-0000000			Breakthrough Behavioral, Inc. ....	..DE....	IA....	MDLIVE, Inc.	Ownership.....	.100.000 ...	Cigna Corporation .....	...NO....	
.0901	Cigna Group		00-0000000			Breakthrough Behavioral of Texas, Inc. ....	..TX....	IA....	Breakthrough Behavioral, Inc.	Ownership.....	.100.000 ...	Cigna Corporation .....	...NO....	
.0901	Cigna Group		27-1713977			Brighter, Inc. ....	..DE....	NIA....	Connecticut General Corporation	Ownership.....	.100.000 ...	Cigna Corporation .....	...NO....	
.0901	Cigna Group		46-4918521			Buoy Health, Inc. ....	..DE....	NIA....	Cigna Ventures, LLC	Ownership.....	.12.200 ...	Cigna Corporation .....	...NO....	
.0901	Cigna Group		47-4991296			Bright Health Group, Inc. ....	..DE....	NIA....	Cigna Health and Life Insurance Company	Ownership.....	.15.500 ...	Cigna Corporation .....	...NO....	
.0901	Cigna Group		61-1162797			Care Continuum, Inc. ....	..KY....	NIA....	SpectraCare Health Care Ventures, Inc.	Ownership.....	.100.000 ...	Cigna Corporation .....	...NO....	
.0901	Cigna Group		85-0954556			CareAllies Accountable Care Collaborative LLC .....	..DE....	NIA....	CareAllies, Inc.	Ownership.....	.100.000 ...	Cigna Corporation .....	...NO....	
.0901	Cigna Group		85-0935554			CareAllies Accountable Care Network LLC .....	..DE....	NIA....	CareAllies, Inc.	Ownership.....	.100.000 ...	Cigna Corporation .....	...NO....	
.0901	Cigna Group		00-0000000			CareAllies Accountable Care Solutions LLC .....	..DE....	NIA....	CareAllies, Inc.	Ownership.....	.100.000 ...	Cigna Corporation .....	...NO....	
.0901	Cigna Group		26-0180898			CareAllies, Inc. ....	..DE....	NIA....	Cigna Holdings, Inc.	Ownership.....	.100.000 ...	Cigna Corporation .....	...NO....	
.0901	Cigna Group		81-2760646			CareAllies, LLC .....	..DE....	NIA....	Connecticut General Life Insurance Company	Ownership.....	.100.000 ...	Cigna Corporation .....	...NO....	

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Loyal American Life Insurance Company

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

1 Group Code	2 Group Name	3 NAIC Company Code	4 ID Number	5 Federal RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries Or Affiliates	9 Domestic- ciliary Loca- tion	10 Rela- tionship to Report- ing Entity	11 Directly Controlled by (Name of Entity/Person)	12 Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	13 If Control is Owner- ship Provide Per- cen- tage	14 Ultimate Controlling Entity(ies)/Person(s)	15 Is an SCA Filing Re- quired? (Yes/No)	16 *
.0901 ... Cigna Group	10144 ... 20-1089572					CareCore NJ, LLC .....	.. NJ.....IA.....	eviCore healthcare MSI, LLC	Ownership.....	100.000 ...	Cigna Corporation .....	... NO.....		
.0901 ... Cigna Group	45-2681649					CarePlexus, LLC .....	.. DE.....NIA.....	Cigna Health and Life Insurance Company ...	Ownership.....	100.000 ...	Cigna Corporation .....	... NO.....		
.0901 ... Cigna Group	83-1400586					CARING 18th & Salmon Investor LLC .....	.. DE.....NIA.....	Cigna Affiliates Realty Investment Group, LLC	Ownership.....	100.000 ...	Cigna Corporation .....	... NO.....		
.0901 ... Cigna Group	83-2562994					CARING 500 Ygnacio Investor LLC .....	.. DE.....NIA.....	Cigna Affiliates Realty Investment Group, LLC	Ownership.....	100.000 ...	Cigna Corporation .....	... NO.....		
.0901 ... Cigna Group	84-1960231					CARING 3130 Investor LLC .....	.. DE.....NIA.....	Cigna Affiliates Realty Investment Group, LLC	Ownership.....	100.000 ...	Cigna Corporation .....	... NO.....		
.0901 ... Cigna Group	83-2318410					CARING 9171 Wilshire Investor LLC .....	.. DE.....NIA.....	Cigna Affiliates Realty Investment Group, LLC	Ownership.....	100.000 ...	Cigna Corporation .....	... NO.....		
.0901 ... Cigna Group	85-4247420					CARING ABS Investor LLC .....	.. DE.....NIA.....	Cigna Affiliates Realty Investment Group, LLC	Ownership.....	100.000 ...	Cigna Corporation .....	... NO.....		
.0901 ... Cigna Group	83-2851501					CARING Alta Duraleigh Investor LLC .....	.. DE.....NIA.....	Cigna Affiliates Realty Investment Group, LLC	Ownership.....	100.000 ...	Cigna Corporation .....	... NO.....		
.0901 ... Cigna Group	83-2851501					CARING Alta Englewood Investor LLC .....	.. DE.....NIA.....	Cigna Affiliates Realty Investment Group, LLC	Ownership.....	100.000 ...	Cigna Corporation .....	... NO.....		
.0901 ... Cigna Group	85-2966766					CARING Alta Leander Investor LLC .....	.. DE.....NIA.....	Cigna Affiliates Realty Investment Group, LLC	Ownership.....	100.000 ...	Cigna Corporation .....	... NO.....		
.0901 ... Cigna Group	83-2563284					CARING Alta Woodson Investor LLC .....	.. DE.....NIA.....	Cigna Affiliates Realty Investment Group, LLC	Ownership.....	100.000 ...	Cigna Corporation .....	... NO.....		
.0901 ... Cigna Group	85-2966766					CARING Avondale Investor LLC .....	.. DE.....NIA.....	Cigna Affiliates Realty Investment Group, LLC	Ownership.....	100.000 ...	Cigna Corporation .....	... NO.....		
.0901 ... Cigna Group	87-1992977					CARING Berwyn Investor LLC .....	.. DE.....NIA.....	Cigna Affiliates Realty Investment Group, LLC	Ownership.....	100.000 ...	Cigna Corporation .....	... NO.....		
.0901 ... Cigna Group	86-1885283					CARING Brinkman Investor LLC .....	.. DE.....NIA.....	Cigna Affiliates Realty Investment Group, LLC	Ownership.....	100.000 ...	Cigna Corporation .....	... NO.....		
.0901 ... Cigna Group	32-0570889					CARING Capitol Hill GP LLC .....	.. DE.....NIA.....	Cigna Affiliates Realty Investment Group, LLC	Ownership.....	100.000 ...	Cigna Corporation .....	... NO.....		
.0901 ... Cigna Group	37-1903297					CARING Capitol Hill LP LLC .....	.. DE.....NIA.....	Cigna Affiliates Realty Investment Group, LLC	Ownership.....	100.000 ...	Cigna Corporation .....	... NO.....		
.0901 ... Cigna Group	83-2851364					CARING Century Plaza Investor LLC .....	.. DE.....NIA.....	Cigna Affiliates Realty Investment Group, LLC	Ownership.....	100.000 ...	Cigna Corporation .....	... NO.....		
.0901 ... Cigna Group	85-4265529					CARING Deco Investor LLC .....	.. DE.....NIA.....	Cigna Affiliates Realty Investment Group, LLC	Ownership.....	100.000 ...	Cigna Corporation .....	... NO.....		
.0901 ... Cigna Group	85-2912145					CARING Elan I Investor LLC .....	.. DE.....NIA.....	Cigna Affiliates Realty Investment Group, LLC	Ownership.....	100.000 ...	Cigna Corporation .....	... NO.....		
.0901 ... Cigna Group	87-0928526					CARING Elan II Investor LLC .....	.. DE.....NIA.....	Cigna Affiliates Realty Investment Group, LLC	Ownership.....	100.000 ...	Cigna Corporation .....	... NO.....		
.0901 ... Cigna Group	83-3701937					CARING Firestone Investor LLC .....	.. DE.....NIA.....	Cigna Affiliates Realty Investment Group, LLC	Ownership.....	100.000 ...	Cigna Corporation .....	... NO.....		
.0901 ... Cigna Group	87-4803572					CARING Galleria Investor LLC .....	.. DE.....NIA.....	Cigna Affiliates Realty Investment Group, LLC	Ownership.....	100.000 ...	Cigna Corporation .....	... NO.....		
.0901 ... Cigna Group	00-0000000					CARING JA Lofts Investor LP LLC .....	.. DE.....NIA.....	Cigna Affiliates Realty Investment Group, LLC	Ownership.....	100.000 ...	Cigna Corporation .....	... NO.....		
.0901 ... Cigna Group	00-0000000					CARING JA Lofts Investor GP LLC .....	.. DE.....NIA.....	Cigna Affiliates Realty Investment Group, LLC	Ownership.....	100.000 ...	Cigna Corporation .....	... NO.....		
.0901 ... Cigna Group	83-2318233					CARING Heights at Bear Creek Investor LLC .....	.. DE.....NIA.....	Cigna Affiliates Realty Investment Group, LLC	Ownership.....	100.000 ...	Cigna Corporation .....	... NO.....		
.0901 ... Cigna Group	83-1400482					CARING Hillcrest Investor LLC .....	.. DE.....NIA.....	Cigna Affiliates Realty Investment Group, LLC	Ownership.....	100.000 ...	Cigna Corporation .....	... NO.....		
.0901 ... Cigna Group	84-4410554					CARING IBP Investor LLC .....	.. DE.....NIA.....	Cigna Affiliates Realty Investment Group, LLC	Ownership.....	100.000 ...	Cigna Corporation .....	... NO.....		

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Loyal American 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		85-1961034				CARING Interbay Investor GP LLC	DE..	NIA..	Cigna Affiliates Realty Investment Group, LLC	Ownership.....	100.000 ...	Cigna Corporation	NO	
.0901	Cigna Group		85-1984627				CARING Interbay Investor LP LLC	DE..	NIA..	Cigna Affiliates Realty Investment Group, LLC	Ownership.....	100.000 ...	Cigna Corporation	NO	
.0901	Cigna Group		83-2339522				CARING Mallory Square Investor LLC	DE..	NIA..	Cigna Affiliates Realty Investment Group, LLC	Ownership.....	100.000 ...	Cigna Corporation	NO	
.0901	Cigna Group		85-4265529				CARING Montclair Investor LLC	DE..	NIA..	Cigna Affiliates Realty Investment Group, LLC	Ownership.....	100.000 ...	Cigna Corporation	NO	
.0901	Cigna Group		83-2563138				CARING Soma Investor LLC	DE..	NIA..	Cigna Affiliates Realty Investment Group, LLC	Ownership.....	100.000 ...	Cigna Corporation	NO	
.0901	Cigna Group		83-2633790				CARING Alexan Enclave Investor LLC	DE..	NIA..	Cigna Affiliates Realty Investment Group, LLC	Ownership.....	100.000 ...	Cigna Corporation	NO	
.0901	Cigna Group		83-2633886				CARING Orange Collection Investor LLC	DE..	NIA..	Cigna Affiliates Realty Investment Group, LLC	Ownership.....	100.000 ...	Cigna Corporation	NO	
.0901	Cigna Group		86-2627703				CARING Optimist Park II Investor LLC	DE..	NIA..	Cigna Affiliates Realty Investment Group, LLC	Ownership.....	100.000 ...	Cigna Corporation	NO	
.0901	Cigna Group		87-2031777				CARING Slabtown Investor, LLC	DE..	NIA..	Cigna Affiliates Realty Investment Group, LLC	Ownership.....	100.000 ...	Cigna Corporation	NO	
.0901	Cigna Group		83-8294933				CARING South Coast Subsidiary LLC	DE..	NIA..	Cigna Affiliates Realty Investment Group, LLC	Ownership.....	100.000 ...	Cigna Corporation	NO	
.0901	Cigna Group		86-1942593				CARING St. Matthew's Investor LLC	DE..	NIA..	Cigna Affiliates Realty Investment Group, LLC	Ownership.....	100.000 ...	Cigna Corporation	NO	
.0901	Cigna Group		88-2074593				CARING Waltham Investor LLC	DE..	NIA..	Cigna Affiliates Realty Investment Group, LLC	Ownership.....	100.000 ...	Cigna Corporation	NO	
.0901	Cigna Group		38-4085763				CARING Westcore Holding Investor LLC	DE..	NIA..	Cigna Affiliates Realty Investment Group, LLC	Ownership.....	100.000 ...	Cigna Corporation	NO	
.0901	Cigna Group		87-3646420				CARING Westcore Holding II Investor LLC	DE..	NIA..	Cigna Affiliates Realty Investment Group, LLC	Ownership.....	100.000 ...	Cigna Corporation	NO	
.0901	Cigna Group		83-3923178				CARING XR International Investor LLC	DE..	NIA..	Cigna Affiliates Realty Investment Group, LLC	Ownership.....	100.000 ...	Cigna Corporation	NO	
.0901	Cigna Group		83-4317078				CARING XR 2 International Investor LLC	DE..	NIA..	Cigna Affiliates Realty Investment Group, LLC	Ownership.....	100.000 ...	Cigna Corporation	NO	
.0901	Cigna Group		84-1843578				CGGL XR 2 International JV LLC	DE..	NIA..	CARING XR 2 International Investor LLC	Ownership.....	.90.000 ...	Cigna Corporation	NO	
.0901	Cigna Group		84-1843578				CGGL XR 2 International Mezz LLC	DE..	NIA..	CARING XR 2 International Investor LLC	Ownership.....	.90.000 ...	Cigna Corporation	NO	
.0901	Cigna Group		45-2604992				CCN NMO, LLC	NY..	NIA..	eviCore healthcare MSI, LLC	Ownership.....	100.000 ...	Cigna Corporation	NO	
.0901	Cigna Group		33-1039759				CCN-HNY IPA, LLC	NY..	NIA..	eviCore healthcare MSI, LLC	Ownership.....	100.000 ...	Cigna Corporation	NO	
.0901	Cigna Group		34-1970892				Ceres Sales of Ohio, LLC	OH..	NIA..	Cigna Health and Life Insurance Company	Ownership.....	100.000 ...	Cigna Corporation	NO	
.0901	Cigna Group		06-1332403				CG Individual Tax Benefit Payments, Inc.	DE..	NIA..	Connecticut General Corporation	Ownership.....	100.000 ...	Cigna Corporation	NO	
.0901	Cigna Group		06-1332405				CG Life Pension Benefits Payments, Inc.	DE..	NIA..	Connecticut General Corporation	Ownership.....	100.000 ...	Cigna Corporation	NO	
.0901	Cigna Group		06-1332401				CG LINA Pension Benefits Payments, Inc.	DE..	NIA..	Connecticut General Corporation	Ownership.....	100.000 ...	Cigna Corporation	NO	
.0901	Cigna Group		84-2083351				CG-AO 477 South Market Street LLC	DE..	NIA..	CARING Firestone Investor LLC	Ownership.....	.85.000 ...	Cigna Corporation	NO	
.0901	Cigna Group		84-4773972				CG-LEDO IPB Venture LLC	DE..	NIA..	CARING IPB Investor LLC	Ownership.....	.90.000 ...	Cigna Corporation	NO	
.0901	Cigna Group		84-4747045				CG-LEDO IPB I LLC	DE..	NIA..	CARING IPB Investor LLC	Ownership.....	.90.000 ...	Cigna Corporation	NO	
.0901	Cigna Group		84-4755025				CG-LEDO IPB II LLC	DE..	NIA..	CARING IPB Investor LLC	Ownership.....	.90.000 ...	Cigna Corporation	NO	
.0901	Cigna Group		83-2993316				CG-Muller 550 Winchester, LLC	DE..	NIA..	CARING Century Plaza Investor LLC	Ownership.....	.90.000 ...	Cigna Corporation	NO	
.0901	Cigna Group		45-5499889				CG Seventh Street, LLC	DE..	NIA..	Cigna Affiliates Realty Investment Group, LLC	Ownership.....	.87.500 ...	Cigna Corporation	NO	
.0901	Cigna Group		85-0734624				CG/Wood Alta Duraleigh, LLC	DE..	NIA..	CARING Alta Duraleigh Investor LLC	Ownership.....	.90.000 ...	Cigna Corporation	NO	
.0901	Cigna Group		85-0655107				CG/Wood Alta Duraleigh Owner, LLC	DE..	NIA..	CARING Alta Duraleigh Investor LLC	Ownership.....	.90.000 ...	Cigna Corporation	NO	
.0901	Cigna Group		87-2928410				CG/Wood Alta Duraleigh Townhome, LLC	DE..	NIA..	CARING Alta Duraleigh Investor LLC	Ownership.....	.90.000 ...	Cigna Corporation	NO	
.0901	Cigna Group		82-1280312				CG/Wood Alta 601, LLC	DE..	NIA..	Cigna Affiliates Realty Investment Group, LLC	Ownership.....	.90.000 ...	Cigna Corporation	NO	

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Loyal American 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 .....	.....	85-223381	.....	.....	CG/Wood Alta Leander Station, LLC .....	..DE.....	NIA.....	CARING Alta Leander Investor LLC	Ownership.....	.90.000 ...	Cigna Corporation .....	...NO.....	
.0901 ...	Cigna Group .....	.....	81-3313562	.....	.....	CGGL City Parkway LLC .....	..DE.....	NIA.....	CGGL Orange Collection LLC	Ownership.....	.90.000 ...	Cigna Corporation .....	...NO.....	
.0901 ...	Cigna Group .....	.....	61-1797835	.....	.....	CGGL Orange Collection LLC .....	..DE.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC	Ownership.....	.90.000 ...	Cigna Corporation .....	...NO.....	
.0901 ...	Cigna Group .....	.....	00-0000000	.....	.....	CGGL Orange Collection Mezz LLC .....	..DE.....	NIA.....	CARING Orange Collection Investor LLC	Ownership.....	.100.000 ...	Cigna corporation .....	...NO.....	
.0901 ...	Cigna Group .....	.....	84-1921719	.....	.....	CGGL XR International LLC .....	..DE.....	NIA.....	CARING XR International Investor LLC	Ownership.....	.90.000 ...	Cigna Corporation .....	...NO.....	
.0901 ...	Cigna Group .....	.....	84-1843578	.....	.....	CGGL XR 2 International LLC .....	..DE.....	NIA.....	CARING XR 2 International Investor LLC	Ownership.....	.90.000 ...	Cigna Corporation .....	...NO.....	
.0901 ...	Cigna Group .....	.....	59-3466707	.....	.....	Chiro Alliance Corporation .....	..FL.....	NIA.....	eviCore healthcare MSI, LLC	Ownership.....	.100.000 ...	Cigna Corporation .....	...NO.....	
.0901 ...	Cigna Group .....	.....	81-3389374	.....	.....	CIG-LEI Ygnacio Associates LLC .....	..DE.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC	Ownership.....	.90.000 ...	Cigna Corporation .....	...NO.....	
.0901 ...	Cigna Group .....	.....	86-2964997	.....	.....	CI-GS Elan Everett Phase I, LLC .....	..DE.....	NIA.....	CARING Elan I Investor, LLC	Ownership.....	.90.000 ...	Cigna Corporation .....	...NO.....	
.0901 ...	Cigna Group .....	.....	86-3726159	.....	.....	CI-GS Elan Everett Phase II, LLC .....	..DE.....	NIA.....	CARING Elan II Investor, LLC	Ownership.....	.39.000 ...	Cigna Corporation .....	...NO.....	
.0901 ...	Cigna Group .....	.....	82-4774243	.....	.....	CI-GS Portland, LLC .....	..DE.....	NIA.....	CARING 18th & Salmon Investor LLC	Ownership.....	.86.200 ...	Cigna Corporation .....	...NO.....	
.0901 ...	Cigna Group .....	.....	82-1612980	.....	.....	CI-GS Hillcrest LLC .....	..DE.....	NIA.....	CARING Hillcrest Investor LLC	Ownership.....	.90.000 ...	Cigna Corporation .....	...NO.....	
.0901 ...	Cigna Group .....	.....	88-3907567	.....	.....	CI-GS Slabtown, LLC .....	..DE.....	NIA.....	CARING Slabtown Investor LLC	Ownership.....	.85.000 ...	Cigna Corporation .....	...NO.....	
.0901 ...	Cigna Group .....	.....	00-0000000	.....	.....	Cigna & CMB Asset Management Company Limited .....	..CHN.....	NIA.....	Cigna & CMB Life Insurance Company Limited	Ownership.....	.87.350 ...	Cigna Corporation .....	...NO.....	
.0901 ...	Cigna Group .....	.....	00-0000000	.....	.....	Cigna & CMB Health Services Company, Ltd. ....	..CHN.....	NIA.....	Cigna & CMB Life Insurance Company Limited	Ownership.....	.100.000 ...	Cigna Corporation .....	...NO.....	
.0901 ...	Cigna Group .....	.....	00-0000000	.....	.....	Cigna & CMB Life Insurance Company Limited .....	..CHN.....	IA.....	Cigna Health and Life Insurance Company	Ownership.....	.50.000 ...	Cigna Corporation .....	...NO.....	
.0901 ...	Cigna Group .....	.....	00-0000000	.....	.....	CIGNA 2000 UK Pension LTD .....	..GBR.....	NIA.....	Cigna European Services (UK) Limited	Ownership.....	.100.000 ...	Cigna Corporation .....	...NO.....	
.0901 ...	Cigna Group .....	.....	27-5402196	.....	.....	Cigna Affiliates Realty Investment Group, LLC .....	..DE.....	NIA.....	Connecticut General Life Insurance Company	Ownership.....				
.0901 ...	Cigna Group .....	.....	00-0000000	.....	.....	Cigna Alder Holdings, LLC .....	..DE.....	NIA.....	Cigna Apac Holdings, Ltd.	Ownership.....	.100.000 ...	Cigna Corporation .....	...NO.....	
.0901 ...	Cigna Group .....	.....	00-0000000	.....	.....	Cigna Apac Holdings, Ltd. ....	..BMU.....	NIA.....	Cigna Palmetto Holdings, Ltd.	Ownership.....	.100.000 ...	Cigna Corporation .....	...NO.....	
.0901 ...	Cigna Group .....	.....	13733 ...	03-0452349	.....	Cigna Arbor Life Insurance Company .....	..CT.....	IA.....	Connecticut General Corporation	Ownership.....	.100.000 ...	Cigna Corporation .....	...NO.....	
.0901 ...	Cigna Group .....	.....	98-1181787	.....	.....	Cigna Beechwood Holdings .....	..BEL.....	NIA.....	Cigna Elmwood Holdings, SPRL	Ownership.....	.51.000 ...	Cigna Corporation .....	...NO.....	
.0901 ...	Cigna Group .....	.....	00-0000000	.....	.....	Cigna Bellevue Alpha LLC .....	..DE.....	NIA.....	Cigna Holdings Overseas, Inc.	Ownership.....	.100.000 ...	Cigna Corporation .....	...NO.....	
.0901 ...	Cigna Group .....	.....	02-0515554	.....	.....	Cigna Benefit Technology Solutions, Inc. ....	..DE.....	NIA.....	Cigna Health Corporation	Ownership.....	.100.000 ...	Cigna Corporation .....	...NO.....	
.0901 ...	Cigna Group .....	.....	01-0947889	.....	0001489070 ..	Cigna Benefits Financing, Inc. ....	..DE.....	NIA.....	Cigna Investments, Inc.	Ownership.....	.100.000 ...	Cigna Corporation .....	...NO.....	
.0901 ...	Cigna Group .....	.....	00-0000000	.....	.....	Cigna Cedar Holdings, Ltd. ....	..MLT.....	NIA.....	Cigna Apac Holdings, Ltd.	Ownership.....	.100.000 ...	Cigna Corporation .....	...NO.....	
.0901 ...	Cigna Group .....	.....	98-1137759	.....	.....	Cigna Chestnut Holdings, Ltd. ....	..GBR.....	NIA.....	Cigna Walnut Holdings, Ltd.	Ownership.....	.100.000 ...	Cigna Corporation .....	...NO.....	
.0901 ...	Cigna Group .....	.....	27-3396038	.....	.....	Cigna Corporate Services, LLC .....	..DE.....	NIA.....	Cigna Health and Life Insurance Company	Ownership.....	.100.000 ...	Cigna Corporation .....	...NO.....	
.0901 ...	Cigna Group	82-4991898	1739940 ..	US	Cigna Corporation (A Delaware corporation and ultimate parent company)DE.....	UIP.....	Publicly Traded	Ownership.....	.100.000 ...	Publicly TradedNO.....	
.0901 ...	Cigna Group .....	.....	00-0000000	.....	.....	Cigna Data Services (Shanghai) Company Limited .....	..CHN.....	NIA.....	Cigna Hong Kong Holdings Company Limited	Ownership.....	.100.000 ...	Cigna Corporation .....	...NO.....	
.0901 ...	Cigna Group .....	.....	59-2600475	.....	.....	Cigna Dental Health Of California, Inc. ....	..CA.....	NIA.....	Cigna Dental Health, Inc.	Ownership.....	.100.000 ...	Cigna Corporation .....	...NO.....	
.0901 ...	Cigna Group .....	.....	11175 ...	59-2675861	.....	Cigna Dental Health Of Colorado, Inc. ....	..CO.....	IA.....	Cigna Dental Health, Inc.	Ownership.....	.100.000 ...	Cigna Corporation .....	...NO.....	
.0901 ...	Cigna Group .....	.....	95380 ...	59-2676987	.....	Cigna Dental Health Of Delaware, Inc. ....	..DE.....	IA.....	Cigna Dental Health, Inc.	Ownership.....	.100.000 ...	Cigna Corporation .....	...NO.....	
.0901 ...	Cigna Group .....	.....	52021 ...	59-1611217	.....	Cigna Dental Health Of Florida, Inc. ....	..FL.....	IA.....	Cigna Dental Health, Inc.	Ownership.....	.100.000 ...	Cigna Corporation .....	...NO.....	
.0901 ...	Cigna Group .....	.....	06-1351097	.....	.....	Cigna Dental Health Of Illinois, Inc. ....	..IL.....	NIA.....	Cigna Dental Health, Inc.	Ownership.....	.100.000 ...	Cigna Corporation .....	...NO.....	
.0901 ...	Cigna Group .....	.....	52024 ...	59-2625350	.....	Cigna Dental Health Of Kansas, Inc. ....	..KS.....	IA.....	Cigna Dental Health, Inc.	Ownership.....	.100.000 ...	Cigna Corporation .....	...NO.....	
.0901 ...	Cigna Group .....	.....	52108 ...	59-2619589	.....	Cigna Dental Health Of Kentucky, Inc. ....	..KY.....	IA.....	Cigna Dental Health, Inc.	Ownership.....	.100.000 ...	Cigna Corporation .....	...NO.....	
.0901 ...	Cigna Group .....	.....	48119 ...	20-2844020	.....	Cigna Dental Health Of Maryland, Inc. ....	..MD.....	IA.....	Cigna Dental Health, Inc.	Ownership.....	.100.000 ...	Cigna Corporation .....	...NO.....	
.0901 ...	Cigna Group .....	.....	11160 ...	06-1582068	.....	Cigna Dental Health Of Missouri, Inc. ....	..MO.....	IA.....	Cigna Dental Health, Inc.	Ownership.....	.100.000 ...	Cigna Corporation .....	...NO.....	
.0901 ...	Cigna Group .....	.....	11167 ...	59-2308062	.....	Cigna Dental Health Of New Jersey, Inc. ....	..NJ.....	IA.....	Cigna Dental Health, Inc.	Ownership.....	.100.000 ...	Cigna Corporation .....	...NO.....	
.0901 ...	Cigna Group .....	.....	95179 ...	56-1803464	.....	Cigna Dental Health Of North Carolina, Inc. ....	..NC.....	IA.....	Cigna Dental Health, Inc.	Ownership.....	.100.000 ...	Cigna Corporation .....	...NO.....	
.0901 ...	Cigna Group .....	.....	47805 ...	59-2579774	.....	Cigna Dental Health Of Ohio, Inc. ....	..OH.....	IA.....	Cigna Dental Health, Inc.	Ownership.....	.100.000 ...	Cigna Corporation .....	...NO.....	
.0901 ...	Cigna Group .....	.....	47041 ...	52-1220578	.....	Cigna Dental Health Of Pennsylvania, Inc. ....	..PA.....	IA.....	Cigna Dental Health, Inc.	Ownership.....	.100.000 ...	Cigna Corporation .....	...NO.....	

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Loyal American Life Insurance Company

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Loca-tion	Rela-tion-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 Owner-ship Provide Percen-tage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Yes/No)	*
.0901	Cigna Group	95037	59-2676977			Cigna Dental Health Of Texas, Inc. ....		.TX.....IA.....		Cigna Dental Health, Inc.	Ownership.....	100.000 ...	Cigna Corporation	NO.....	
.0901	Cigna Group	52617	52-2188914			Cigna Dental Health Of Virginia, Inc. ....		.VA.....IA.....		Cigna Dental Health, Inc.	Ownership.....	100.000 ...	Cigna Corporation	NO.....	
.0901	Cigna Group	47013	86-0807222			Cigna Dental Health Plan Of Arizona, Inc. ....		.AZ.....IA.....		Cigna Dental Health, Inc.	Ownership.....	100.000 ...	Cigna Corporation	NO.....	
.0901	Cigna Group		59-2308055			Cigna Dental Health, Inc. ....		.FL.....NIA.....		Connecticut General Corporation	Ownership.....	100.000 ...	Cigna Corporation	NO.....	
.0901	Cigna Group		58-1136865			Cigna Direct Marketing Company, Inc. ....		.DE.....NIA.....		Connecticut General Corporation	Ownership.....	100.000 ...	Cigna Corporation	NO.....	
.0901	Cigna Group		98-1155943			Cigna Elmwood Holdings, SPRL .....		.BEL.....NIA.....		Cigna Myrtle Holdings, Ltd.	Ownership.....	100.000 ...	Cigna Corporation	NO.....	
.0901	Cigna Group		00-0000000			Cigna Europe Insurance Company S.A.-N.V. ....		.BEL.....IA.....		Cigna Beechwood Holdings	Ownership.....	.99.999 ...	Cigna Corporation	NO.....	
.0901	Cigna Group		00-0000000			Cigna European Services (UK) Limited .....		.GBR.....NIA.....		Cigna Elmwood Holdings, SPRL	Ownership.....	100.000 ...	Cigna Corporation	NO.....	
.0901	Cigna Group		62-1724116			Cigna Federal Benefits, Inc. ....		.DE.....NIA.....		Connecticut General Corporation	Ownership.....	100.000 ...	Cigna Corporation	NO.....	
.0901	Cigna Group		00-0000000			Cigna Formosa Management Services Company Limited .....		.TWN.....NIA.....		Cigna Walnut Holdings, Ltd.	Ownership.....	100.000 ...	Cigna corporation	NO.....	
.0901	Cigna Group		51-0389196			Cigna Global Holdings, Inc. ....		.DE.....NIA.....		Cigna Holdings, Inc.	Ownership.....	100.000 ...	Cigna Corporation	NO.....	
.0901	Cigna Group		68-0676638			Cigna Global Insurance Company Limited .....		.GGY.....IA.....		Cigna Holdings Overseas, Inc.	Ownership.....	.99.990 ...	Cigna Corporation	NO.....	
.0901	Cigna Group		98-0210110			Cigna Global Reinsurance Company, Ltd. ....		.BNU.....IA.....		Cigna Global Holdings, Inc.	Ownership.....	100.000 ...	Cigna Corporation	NO.....	
.0901	Cigna Group		00-0000000			Cigna Global Wellbeing Holdings Limited .....		.GBR.....NIA.....		Connecticut General Corporation	Ownership.....	.70.000 ...	Cigna Corporation	NO.....	
.0901	Cigna Group		00-0000000			Cigna Global Wellbeing Solutions Limited .....		.GBR.....NIA.....		Cigna Global Wellbeing Holdings Limited	Ownership.....	100.000 ...	Cigna Corporation	NO.....	
.0901	Cigna Group	67369	59-1031071			Cigna Health and Life Insurance Company ....		.CT.....UPD.....			Ownership.....	100.000 ...	Cigna Corporation	NO.....	
.0901	Cigna Group		62-1312478			Cigna Health Corporation .....		.DE.....NIA.....		Connecticut General Corporation	Ownership.....	100.000 ...	Cigna Corporation	NO.....	
.0901	Cigna Group		23-1728483			Cigna Health Management, Inc. ....		.DE.....NIA.....		Connecticut General Corporation	Ownership.....	100.000 ...	Cigna Corporation	NO.....	
.0901	Cigna Group		00-0000000			Cigna Health Solution India Pvt. Ltd. ....		.IND.....NIA.....		Cigna Holdings Overseas, Inc.	Ownership.....	.99.900 ...	Cigna Corporation	NO.....	
.0901	Cigna Group		23-2741293			Cigna Healthcare Benefits, Inc. ....		.DE.....NIA.....		Connecticut General Corporation	Ownership.....	100.000 ...	Cigna Corporation	NO.....	
.0901	Cigna Group		00-0000000			Cigna Healthcare Eastern Technology Services Company .....		.HKG.....NIA.....		Cigna Hong Kong Holdings Company Limited	Ownership.....	100.000 ...	Cigna Corporation	NO.....	
.0901	Cigna Group		84-0985843			Cigna Healthcare Holdings, Inc. ....		.CO.....NIA.....		Connecticut General Corporation	Ownership.....	100.000 ...	Cigna Corporation	NO.....	
.0901	Cigna Group	95599	52-1404350			Cigna HealthCare Mid-Atlantic, Inc. ....		.MD.....NIA.....		Healthsource, Inc.	Ownership.....	100.000 ...	Cigna Corporation	NO.....	
.0901	Cigna Group	95125	86-0334392			Cigna HealthCare of Arizona, Inc. ....		.AZ.....IA.....		Healthsource, Inc.	Ownership.....	100.000 ...	Cigna Corporation	NO.....	
.0901	Cigna Group		95-3310115			Cigna HealthCare of California, Inc. ....		.CA.....NIA.....		Healthsource, Inc.	Ownership.....	100.000 ...	Cigna Corporation	NO.....	
.0901	Cigna Group	95604	84-1004500			Cigna HealthCare of Colorado, Inc. ....		.CO.....IA.....		Healthsource, Inc.	Ownership.....	100.000 ...	Cigna Corporation	NO.....	
.0901	Cigna Group	95660	06-1141174			Cigna HealthCare of Connecticut, Inc. ....		.CT.....IA.....		Healthsource, Inc.	Ownership.....	100.000 ...	Cigna Corporation	NO.....	
.0901	Cigna Group	95136	59-2089259			Cigna HealthCare of Florida, Inc. ....		.FL.....IA.....		Healthsource, Inc.	Ownership.....	100.000 ...	Cigna Corporation	NO.....	
.0901	Cigna Group	96229	58-1641057			Cigna HealthCare of Georgia, Inc. ....		.GA.....IA.....		Healthsource, Inc.	Ownership.....	100.000 ...	Cigna Corporation	NO.....	
.0901	Cigna Group	95602	36-3385638			Cigna HealthCare of Illinois, Inc. ....		.IL.....IA.....		Healthsource, Inc.	Ownership.....	100.000 ...	Cigna Corporation	NO.....	
.0901	Cigna Group	95525	35-1679172			Cigna HealthCare of Indiana, Inc. ....		.IN.....IA.....		Healthsource, Inc.	Ownership.....	100.000 ...	Cigna Corporation	NO.....	
.0901	Cigna Group	95477	01-0418220			Cigna HealthCare of Maine, Inc. ....		.ME.....NIA.....		Healthsource, Inc.	Ownership.....	100.000 ...	Cigna Corporation	NO.....	
.0901	Cigna Group	95220	02-0402111			Cigna HealthCare of Massachusetts, Inc. ....		.MA.....NIA.....		Healthsource, Inc.	Ownership.....	100.000 ...	Cigna Corporation	NO.....	
.0901	Cigna Group	95493	02-0387749			Cigna HealthCare of New Hampshire, Inc. ....		.NH.....IA.....		Healthsource, Inc.	Ownership.....	100.000 ...	Cigna Corporation	NO.....	
.0901	Cigna Group	95500	22-2720890			Cigna HealthCare of New Jersey, Inc. ....		.NJ.....IA.....		Healthsource, Inc.	Ownership.....	100.000 ...	Cigna Corporation	NO.....	
.0901	Cigna Group	95132	56-1479515			Cigna HealthCare of North Carolina, Inc. ....		.NC.....IA.....		Healthsource, Inc.	Ownership.....	100.000 ...	Cigna Corporation	NO.....	
.0901	Cigna Group	95121	23-2301807			Cigna HealthCare of Pennsylvania, Inc. ....		.PA.....NIA.....		Healthsource, Inc.	Ownership.....	100.000 ...	Cigna Corporation	NO.....	
.0901	Cigna Group	95708	06-1185590			Cigna HealthCare of South Carolina, Inc. ....		.SC.....IA.....		Healthsource, Inc.	Ownership.....	100.000 ...	Cigna Corporation	NO.....	
.0901	Cigna Group	95635	36-3359925			Cigna HealthCare of St. Louis, Inc. ....		.MO.....IA.....		Healthsource, Inc.	Ownership.....	100.000 ...	Cigna Corporation	NO.....	
.0901	Cigna Group	95606	62-1218053			Cigna HealthCare of Tennessee, Inc. ....		.TN.....IA.....		Healthsource, Inc.	Ownership.....	100.000 ...	Cigna Corporation	NO.....	
.0901	Cigna Group	95383	74-2767437			Cigna HealthCare of Texas, Inc. ....		.TX.....IA.....		Healthsource, Inc.	Ownership.....	100.000 ...	Cigna Corporation	NO.....	
.0901	Cigna Group	95518	62-1230908			Cigna HealthCare of Utah, Inc. ....		.UT.....NIA.....		Healthsource, Inc.	Ownership.....	100.000 ...	Cigna Corporation	NO.....	
.0901	Cigna Group		02-0495422			Cigna Healthcare, Inc. ....		.VT.....NIA.....		Cigna Healthcare Holdings, Inc.	Ownership.....	100.000 ...	Cigna Corporation	NO.....	
.0901	Cigna Group		00-0000000			Cigna HLA Technology Services Company Limited .....		.HKG.....NIA.....		Cigna Hong Kong Holdings Company Limited	Ownership.....	100.000 ...	Cigna Corporation	NO.....	
.0901	Cigna Group		06-1059331			Cigna Holding Company .....		.DE.....UIP.....		Cigna Corporation	Ownership.....	100.000 ...	Cigna Corporation	NO.....	

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Loyal American 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		23-3009279				Cigna Holdings Overseas, Inc. ....	.DE.	.NIA.	Cigna Global Reinsurance Company, Ltd.	Ownership.....	100.000 ...	Cigna Corporation	NO.....	
.0901	Cigna Group		06-1072796				Cigna Holdings, Inc. ....	.DE.	.UIP.	Cigna Holding Company	Ownership.....	100.000 ...	Cigna Corporation	NO.....	
.0901	Cigna Group		00-0000000				Cigna Hong Kong Holdings Company Limited ....	.HKG.	.NIA.	Cigna Chestnut Holdings, Ltd.	Ownership.....	100.000 ...	Cigna Corporation	NO.....	
.0901	Cigna Group		27-1903785				Cigna Insurance Agency, LLC .....	.CT.	.NIA.	Cigna Health and Life Insurance Company ... Provident American Life and Health Insurance Company	Ownership.....	100.000 ...	Cigna Corporation	NO.....	
.0901	Cigna Group	65269	75-2305400				Cigna Insurance Company .....	.OH.	.IA.	Cigna Insurance Company	Ownership.....	100.000 ...	Cigna Corporation	NO.....	
.0901	Cigna Group		00-0000000				Cigna Insurance Management Services (DIFC), Ltd. ....	.ARE.	.NIA.	Cigna Apac Holdings, Ltd.	Ownership.....	100.000 ...	Cigna Corporation	NO.....	
.0901	Cigna Group		00-0000000				Cigna Insurance Middle East S.A.L. ....	.LBN.	.IA.	Cigna Cedar Holdings, Ltd.	Ownership.....	100.000 ...	Cigna Corporation	NO.....	
.0901	Cigna Group		00-0000000				Cigna Insurance Services (Europe) Limited ..	.GBR.	.NIA.	Cigna Willow Holdings, LTD.	Ownership.....	100.000 ...	Cigna Corporation	NO.....	
.0901	Cigna Group		23-2924152				Cigna Integratedcare, Inc. ....	.DE.	.NIA.	Connecticut General Corporation	Ownership.....	100.000 ...	Cigna Corporation	NO.....	
.0901	Cigna Group		51-0402128				Cigna Intellectual Property, Inc. ....	.DE.	.NIA.	Cigna Holdings, Inc.	Ownership.....	100.000 ...	Cigna Corporation	NO.....	
.0901	Cigna Group		51-0111677				Cigna International Corporation, Inc. ....	.DE.	.NIA.	Cigna Global Holdings, Inc.	Ownership.....	100.000 ...	Cigna Corporation	NO.....	
.0901	Cigna Group		52-0291385				Cigna International Finance, Inc. ....	.DE.	.NIA.	Cigna Investment Group, Inc.	Ownership.....	100.000 ...	Cigna Corporation	NO.....	
.0901	Cigna Group		00-0000000				Cigna International Health Services Kenya Limited .....	.KEN.	.NIA.	Cigna International Health Services, BVBA	Ownership.....	100.000 ...	Cigna Corporation	NO.....	
.0901	Cigna Group		00-0000000				Cigna International Health Services Sdn. Bhd. ....	.MYS.	.NIA.	Cigna Hong Kong Holdings Company Limited ..	Ownership.....	100.000 ...	Cigna Corporation	NO.....	
.0901	Cigna Group		00-0000000				Cigna International Health Services, BVBA ..	.BEL.	.NIA.	Cigna Elmwood Holdings, Ltd.	Ownership.....	.51.000 ...	Cigna Corporation	NO.....	
.0901	Cigna Group		30-0526216				Cigna International Health Services, LLC .....	.FL.	.NIA.	Cigna International Health Services, BVBA	Ownership.....	100.000 ...	Cigna Corporation	NO.....	
.0901	Cigna Group		00-0000000				Cigna International Marketing (Thailand) Limited .....	.THA.	.NIA.	Cigna Global Holdings, Inc.	Ownership.....	.99.900 ...	Cigna Corporation	NO.....	
.0901	Cigna Group		00-0000000				Cigna International Services Australia Pty Ltd. ....	.AUS.	.NIA.	Cigna Chestnut Holdings, Ltd.	Ownership.....	100.000 ...	Cigna Corporation	NO.....	
.0901	Cigna Group		00-0000000				Cigna International Services, Inc. ....	.DE.	.NIA.	Cigna Global Holdings, Inc.	Ownership.....	100.000 ...	Cigna Corporation	NO.....	
.0901	Cigna Group		23-2610178				Cigna Investment Group, Inc. ....	.DE.	.NIA.	Cigna Holdings, Inc.	Ownership.....	100.000 ...	Cigna Corporation	NO.....	
.0901	Cigna Group		06-1095823				Cigna Investments, Inc. ....	.DE.	.NIA.	Cigna Investment Group, Inc.	Ownership.....	100.000 ...	Cigna Corporation	NO.....	
.0901	Cigna Group		06-0861092				Cigna Laurel Holdings, Ltd. ....	.BMU.	.NIA.	Cigna Linden Holdings, Inc.	Ownership.....	100.000 ...	Cigna Corporation	NO.....	
.0901	Cigna Group		98-1146864				Cigna Legal Protection U.K. Ltd. ....	.GBR.	.NIA.	Cigna Willow Holdings, LTD.	Ownership.....	100.000 ...	Cigna Corporation	NO.....	
.0901	Cigna Group		00-0000000				Cigna Life Insurance Company of Canada ....	.CAN.	.IA.	Cigna Chestnut Holdings, Ltd.	Ownership.....	100.000 ...	Cigna Corporation	NO.....	
.0901	Cigna Group		AA-1560515				Cigna Life Insurance Company of Europe S.A.-N.V. ....	.BEL.	.IA.	Cigna Beechwood Holdings	Ownership.....	.99.993 ...	Cigna Corporation	NO.....	
.0901	Cigna Group		AA-1240009				Cigna Linden Holdings, Inc. ....	.DE.	.NIA.	Cigna Holdings Overseas, Inc.	Ownership.....	.82.000 ...	Cigna Corporation	NO.....	
.0901	Cigna Group		46-4110289				Cigna Magnolia Holdings, Ltd. ....	.BMU.	.NIA.	Cigna Palmetto Holdings, Ltd.	Ownership.....	100.000 ...	Cigna Corporation	NO.....	
.0901	Cigna Group		98-1232512				Cigna Managed Care Benefits Company .....	.DE.	.NIA.	Connecticut General Corporation	Ownership.....	100.000 ...	Cigna Corporation	NO.....	
.0901	Cigna Group		23-2741294				Cigna Management Company LLC .....	.DE.	.NIA.	Cigna Health and Life Insurance Company ..	Ownership.....	100.000 ...	Cigna Corporation	NO.....	
.0901	Cigna Group		87-3374500				Cigna Myrtle Holdings, Ltd. ....	.MLT.	.NIA.	Cigna Apac Holdings, Ltd.	Ownership.....	.74.560 ...	Cigna Corporation	NO.....	
.0901	Cigna Group		98-1154657				Cigna National Health Insurance Company .....	.OH.	.IA.	Cigna Health and Life Insurance Company ..	Ownership.....	100.000 ...	Cigna Corporation	NO.....	
.0901	Cigna Group		61727	34-0970995			Cigna Nederland Gamma B.V. ....	.NLD.	.NIA.	Cigna Walnut Holdings, Ltd.	Ownership.....	100.000 ...	Cigna Corporation	NO.....	
.0901	Cigna Group		00-0000000				Cigna Oak Holdings, Ltd. ....	.GBR.	.NIA.	Cigna Elmwood Holdings, SPRL	Ownership.....	100.000 ...	Cigna Corporation	NO.....	
.0901	Cigna Group		00-0000000				Cigna Palmetto Holdings, Ltd. ....	.BMU.	.NIA.	Cigna Laurel Holdings, Ltd.	Ownership.....	100.000 ...	Cigna Corporation	NO.....	
.0901	Cigna Group		98-1232443				Cigna Poplar Holdings, Inc. ....	.DE.	.NIA.	Cigna Holdings Overseas, Inc.	Ownership.....	100.000 ...	Cigna Corporation	NO.....	
.0901	Cigna Group		46-4099800				Cigna RE Corporation .....	.DE.	.NIA.	Connecticut General Corporation	Ownership.....	100.000 ...	Cigna Corporation	NO.....	
.0901	Cigna Group		06-1071502				Cigna Resource Manager, Inc. ....	.DE.	.NIA.	Connecticut General Corporation	Ownership.....	100.000 ...	Cigna Corporation	NO.....	
.0901	Cigna Group		06-1567902				Cigna Services Middle East FZE .....	.ARE.	.NIA.	Cigna Cedar Holdings, Ltd.	Ownership.....	100.000 ...	Cigna Corporation	NO.....	
.0901	Cigna Group		00-0000000				Cigna Spruce Holdings GmbH .....	.CHE.	.NIA.	Cigna Chestnut Holdings, Ltd.	Ownership.....	100.000 ...	Cigna Corporation	NO.....	
.0901	Cigna Group		00-0000000				Cigna Teak Holdings, LLC .....	.DE.	.NIA.	Cigna Global Holdings, Inc.	Ownership.....	100.000 ...	Cigna Corporation	NO.....	
.0901	Cigna Group		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	NO.....	

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.0901	Cigna Group	83-1069280	Cigna Ventures, LLCDE.....	NIA.....	Cigna Health and Life Insurance Company ...	Ownership.....	100.000 ...	Cigna CorporationNO.....	
.0901	Cigna Group .....	.....	00-0000000	.....	.....	Cigna Walnut Holdings, Ltd. ....	..GBR.....	NIA.....	Cigna Apac Holdings, Ltd.	Ownership.....	100.000 ...	Cigna Corporation .....	...NO.....	.....
.0901	Cigna Group .....	.....	00-0000000	.....	.....	Cigna Willow Holdings, Ltd. ....	..GBR.....	NIA.....	Cigna Oak Holdings, Ltd.	Ownership.....	100.000 ...	Cigna Corporation .....	...NO.....	.....
.0901	Cigna Group .....	.....	00-0000000	.....	.....	Cigna Worldwide General Insurance Company Limited .....	..HKG.....	IA.....	Cigna Hong Kong Holdings Company Limited ..	Ownership.....	100.000 ...	Cigna Corporation .....	...NO.....	.....
.0901	Cigna Group	90859	23-2088429	.....	.....	Cigna Worldwide Insurance Company .....	..DE.....	IA.....	Cigna Global Reinsurance Company, Ltd.	Ownership.....	100.000 ...	Cigna Corporation .....	...NO.....	.....
.0901	Cigna Group .....	.....	00-0000000	.....	.....	Claims and Risk Services Limited .....	..SAU.....	IA.....	NAS Neuron Health Services, L.L.C.	Ownership.....	50.000 ...	Cigna Corporation .....	...NO.....	.....
.0901	Cigna Group .....	.....	00-0000000	.....	.....	Cigna Health Insurance Company Limited .....	..IND.....	IA.....	Cigna Holdings Overseas, Inc.	Ownership.....	.49.000 ...	TTK (non-affiliate) .....	...NO.....	.....
.0901	Cigna Group .....	.....	84-1461840	.....	.....	Community Health Network, LLC .....	..MT.....	NIA.....	Benefit Management Corp.	Ownership.....	.50.000 ...	Cigna Corporation .....	...NO.....	.....
.0901	Cigna Group .....	.....	06-1252419	.....	.....	Connecticut General Benefit Payments, Inc. ....	..DE.....	NIA.....	Connecticut General Corporation	Ownership.....	.100.000 ...	Cigna Corporation .....	...NO.....	.....
.0901	Cigna Group .....	.....	06-0840391	.....	.....	Connecticut General Corporation .....	..CT.....	UIP.....	Cigna Holdings, Inc.	Ownership.....	.100.000 ...	Cigna Corporation .....	...NO.....	.....
.0901	Cigna Group	62308	06-0303370	.....	0000023419 ..	Connecticut General Life Insurance Company .....	..CT.....	UIP.....	Connecticut General Corporation	Ownership.....	.100.000 ...	Cigna Corporation .....	...NO.....	.....
.0901	Cigna Group .....	.....	82-4936006	.....	.....	CPI-CII 9171 Wilshire JV LLC .....	..DE.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC	Ownership.....	.90.000 ...	Cigna Corporation .....	...NO.....	.....
.0901	Cigna Group .....	.....	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) .....	...NO.....	.....
.0901	Cigna Group .....	.....	36-4369972	.....	.....	CuraScript, Inc. ....	..DE.....	NIA.....	Express Scripts, Inc.	Ownership.....	.100.000 ...	Cigna Corporation .....	...NO.....	.....
.0901	Cigna Group .....	.....	86-1305728	.....	.....	Deco Apartments JV LLC .....	..DE.....	NIA.....	CARING Deco Investor LLC	Ownership.....	.90.000 ...	Cigna Corporation .....	...NO.....	.....
.0901	Cigna Group .....	.....	86-1334095	.....	.....	Deco Apartments Owner LLC .....	..DE.....	NIA.....	CARING Deco Investor LLC	Ownership.....	.90.000 ...	Cigna Corporation .....	...NO.....	.....
.0901	Cigna Group .....	.....	16-1526641	.....	.....	Diversified NY IPA, Inc. ....	..NY.....	NIA.....	Diversified Pharmaceutical Services, Inc.	Ownership.....	.100.000 ...	Cigna Corporation .....	...NO.....	.....
.0901	Cigna Group .....	.....	41-1627938	.....	.....	Diversified Pharmaceutical Services, Inc. ....	..MN.....	NIA.....	Express Scripts, Inc.	Ownership.....	.100.000 ...	Cigna Corporation .....	...NO.....	.....
.0901	Cigna Group .....	.....	27-3542089	.....	.....	Econdisc Contracting Solutions, LLC .....	..DE.....	NIA.....	Express Scripts Pharmaceutical Procurement LLC (90%)	Ownership.....	.90.000 ...	Cigna Corporation .....	...NO.....	.....
.0901	Cigna Group .....	.....	00-0000000	.....	.....	Egyptian Emirates Administration Services SAE .....	..EGY.....	NIA.....	NAS Neuron Health Services, L.L.C.	Ownership.....	.64.999 ...	Cigna Corporation .....	...NO.....	.....
.0901	Cigna Group .....	.....	00-0000000	.....	.....	ESI Canada .....	..CAN.....	NIA.....	Express Scripts Canada Co. (99.9%); ESI-GP Canada, ULC (0.1%)	Ownership.....	.100.000 ...	Cigna Corporation .....	...NO.....	.....
.0901	Cigna Group .....	.....	00-0000000	.....	.....	ESI GP Canada ULC .....	..CAN.....	NIA.....	Express Scripts Canada Co.	Ownership.....	.100.000 ...	Cigna Corporation .....	...NO.....	.....
.0901	Cigna Group .....	.....	43-1925556	.....	.....	ESI GP Holdings, Inc. ....	..DE.....	NIA.....	Express Scripts, Inc.	Ownership.....	.100.000 ...	Cigna Corporation .....	...NO.....	.....
.0901	Cigna Group .....	.....	00-0000000	.....	.....	ESI GP2 Canada ULC .....	..CAN.....	NIA.....	Express Scripts Canada Co.	Ownership.....	.100.000 ...	Cigna Corporation .....	...NO.....	.....
.0901	Cigna Group .....	.....	74-2974964	.....	.....	ESI Mail Order Processing, Inc. (f/k/a NXI) .....	..DE.....	NIA.....	Express Scripts, Inc.	Ownership.....	.100.000 ...	Cigna Corporation .....	...NO.....	.....
.0901	Cigna Group .....	.....	43-1867735	.....	.....	ESI Mail Pharmacy Service, Inc. ....	..DE.....	NIA.....	Express Scripts, Inc.	Ownership.....	.100.000 ...	Cigna Corporation .....	...NO.....	.....
.0901	Cigna Group .....	.....	43-1925562	.....	.....	ESI Partnership .....	..DE.....	NIA.....	Express Scripts, Inc. (82%); ESI-GP Holdings, Inc. (18%)	Ownership.....	.100.000 ...	Cigna Corporation .....	...NO.....	.....
.0901	Cigna Group .....	.....	41-2006555	.....	.....	ESI Resources, Inc. ....	..MN.....	NIA.....	ESI Partnership	Ownership.....	.100.000 ...	Cigna Corporation .....	...NO.....	.....
.0901	Cigna Group .....	.....	92-1016132	.....	.....	ESSCH Holdings, Inc. ....	..DE.....	NIA.....	Express Scripts, Inc.	Ownership.....	.100.000 ...	Cigna Corporation .....	...NO.....	.....
.0901	Cigna Group .....	.....	94-3107309	.....	.....	Evernorth Behavioral Health of California, Inc. ....	..CA.....	NIA.....	Evernorth Behavioral Health, Inc.	Ownership.....	.100.000 ...	Cigna Corporation .....	...NO.....	.....
.0901	Cigna Group .....	.....	75-2751090	.....	.....	Evernorth Behavioral Health of Texas, Inc. ....	..TX.....	NIA.....	Evernorth Behavioral Health, Inc.	Ownership.....	.100.000 ...	Cigna Corporation .....	...NO.....	.....
.0901	Cigna Group .....	.....	41-1648670	.....	.....	Evernorth Behavioral Health, Inc. ....	..MN.....	NIA.....	Connecticut General Corporation	Ownership.....	.100.000 ...	Cigna Corporation .....	...NO.....	.....
.0901	Cigna Group .....	.....	86-1465626	.....	.....	Evernorth Care Solutions, Inc. ....	..DE.....	NIA.....	Evernorth Health, Inc.	Ownership.....	.100.000 ...	Cigna Corporation .....	...NO.....	.....
.0901	Cigna Group .....	.....	32-0222252	.....	.....	Evernorth Direct Health, LLC .....	..DE.....	NIA.....	Connecticut General Life Insurance Company	Ownership.....	.100.000 ...	Cigna Corporation .....	...NO.....	.....
.0901	Cigna Group .....	.....	85-2732455	.....	.....	Evernorth Enterprise Services, Inc. ....	..DE.....	NIA.....	Express Scripts, Inc.	Ownership.....	.100.000 ...	Cigna Corporation .....	...NO.....	.....
.0901	Cigna Group .....	.....	85-2759151	.....	.....	Evernorth Sales Operations, Inc. ....	..DE.....	NIA.....	Evernorth Health, Inc.	Ownership.....	.100.000 ...	Cigna Corporation .....	...NO.....	.....
.0901	Cigna Group .....	.....	85-2717903	.....	.....	Evernorth Strategic Development, Inc. ....	..DE.....	NIA.....	Cigna Corporation	Ownership.....	.100.000 ...	Cigna Corporation .....	...NO.....	.....
.0901	Cigna Group .....	.....	46-4676347	.....	.....	eviCore 1, LLC .....	..DE.....	NIA.....	Evernorth Health, Inc.	Ownership.....	.100.000 ...	Cigna Corporation .....	...NO.....	.....
.0901	Cigna Group .....	.....	62-1615395	.....	.....	eviCore healthcare MSI, LLC .....	..TN.....	NIA.....	MedSolutions Holdings, Inc.	Ownership.....	.100.000 ...	Cigna Corporation .....	...NO.....	.....
.0901	Cigna Group	13918	27-3175443	.....	.....	Express Reinsurance Company .....	..MO.....	IA.....	Express Scripts, Inc.	Ownership.....	.100.000 ...	Cigna Corporation .....	...NO.....	.....

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Loyal American 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(es)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
.0901	Cigna Group .....	.....	41-2063830	.....	.....	Express Scripts Administrators LLC .....	..DE.....NIA.....	Medco Health Solutions, Inc.	Ownership.....	100.000 ..	Cigna Corporation .....	.....	NO.....	.....
.0901	Cigna Group .....	.....	00-0000000	.....	.....	Express Scripts Canada Co. .....	..CAN.....NIA.....	Express Scripts Canada Holding Co.	Ownership.....	100.000 ..	Cigna Corporation .....	.....	NO.....	.....
.0901	Cigna Group .....	.....	43-1942542	.....	.....	Express Scripts Canada Holding Co. .....	..DE.....NIA.....	Express Scripts Inc.	Ownership.....	100.000 ..	Cigna Corporation .....	.....	NO.....	.....
.0901	Cigna Group .....	.....	27-1490640	.....	.....	Express Scripts Canada Holding, LLC .....	..DE.....NIA.....	Express Scripts Canada Holding Co.	Ownership.....	100.000 ..	Cigna Corporation .....	.....	NO.....	.....
.0901	Cigna Group .....	.....	00-0000000	.....	.....	Express Scripts Canada Services .....	..CAN.....NIA.....	GP2 Canada, ULC (0.1%)	Ownership.....	100.000 ..	Cigna Corporation .....	.....	NO.....	.....
.0901	Cigna Group .....	.....	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 .....	.....	NO.....	.....
.0901	Cigna Group .....	.....	84-5003423	.....	.....	Express Scripts Health Information Network Partners, Inc. .....	..DE.....NIA.....	Express Scripts, Inc.	Ownership.....	100.000 ..	Cigna Corporation .....	.....	NO.....	.....
.0901	Cigna Group .....	.....	45-2884094	.....	.....	Evernorth Health, Inc. .....	..DE.....NIA.....	Cigna Corporation	Ownership.....	100.000 ..	Cigna Corporation .....	.....	NO.....	.....
.0901	Cigna Group .....	.....	20-5826948	.....	.....	Express Scripts Pharmaceutical Procurement, LLC .....	..DE.....NIA.....	ESI Mail Pharmacy Service, Inc. (50%); Express Scripts, Inc. (50%)	Ownership.....	100.000 ..	Cigna Corporation .....	.....	NO.....	.....
.0901	Cigna Group .....	.....	00-0000000	.....	.....	Express Scripts Pharmacy Atlantic, Ltd. .....	..CAN.....NIA.....	Express Scripts Canada Services	Ownership.....	100.000 ..	Cigna Corporation .....	.....	NO.....	.....
.0901	Cigna Group .....	.....	00-0000000	.....	.....	Express Scripts Pharmacy Central, Ltd. .....	..CAN.....NIA.....	Express Scripts Canada Services	Ownership.....	100.000 ..	Cigna Corporation .....	.....	NO.....	.....
.0901	Cigna Group .....	.....	00-0000000	.....	.....	Express Scripts Pharmacy Ontario, Ltd. .....	..CAN.....NIA.....	Express Scripts Canada Services	Ownership.....	100.000 ..	Cigna Corporation .....	.....	NO.....	.....
.0901	Cigna Group .....	.....	00-0000000	.....	.....	Express Scripts Pharmacy West, Ltd. .....	..CAN.....NIA.....	Express Scripts Canada Services	Ownership.....	100.000 ..	Cigna Corporation .....	.....	NO.....	.....
.0901	Cigna Group .....	.....	30-0789911	.....	.....	Express Scripts Pharmacy, Inc. .....	..DE.....NIA.....	Medco Health Services, Inc.	Ownership.....	100.000 ..	Cigna Corporation .....	.....	NO.....	.....
.0901	Cigna Group .....	.....	22-3114423	.....	.....	Express Scripts Sales Operations, Inc. .....	..NJ.....NIA.....	ESI Mail Pharmacy Service, Inc.	Ownership.....	100.000 ..	Cigna Corporation .....	.....	NO.....	.....
.0901	Cigna Group .....	.....	20-3126104	.....	.....	Express Scripts Senior Care Holdings LLC .....	..DE.....NIA.....	ESSCH Holdings, Inc.	Ownership.....	100.000 ..	Cigna Corporation .....	.....	NO.....	.....
.0901	Cigna Group .....	.....	20-3126075	.....	.....	Express Scripts Senior Care, Inc. .....	..DE.....NIA.....	ESSCH Holdings, Inc.	Ownership.....	100.000 ..	Cigna Corporation .....	.....	NO.....	.....
.0901	Cigna Group .....	.....	43-1832983	.....	.....	Express Scripts Services Co. .....	..DE.....NIA.....	Express Scripts, Inc.	Ownership.....	100.000 ..	Cigna Corporation .....	.....	NO.....	.....
.0901	Cigna Group .....	.....	43-1869712	.....	.....	Express Scripts Specialty Distribution Services, Inc. .....	..DE.....NIA.....	Express Scripts, Inc.	Ownership.....	100.000 ..	Cigna Corporation .....	.....	NO.....	.....
.0901	Cigna Group .....	.....	22-2230703	.....	.....	Express Scripts Strategic Development, Inc. .....	..NJ.....NIA.....	Express Scripts, Inc.	Ownership.....	100.000 ..	Cigna Corporation .....	.....	NO.....	.....
.0901	Cigna Group .....	.....	43-1869714	.....	.....	Express Scripts Utilization Management Company .....	..DE.....NIA.....	Express Scripts, Inc.	Ownership.....	100.000 ..	Cigna Corporation .....	.....	NO.....	.....
.0901	Cigna Group .....	.....	43-1420563	.....	.....	Express Scripts, Inc. .....	..DE.....NIA.....	Evernorth Health, Inc.	Ownership.....	100.000 ..	Cigna Corporation .....	.....	NO.....	.....
.0901	Cigna Group .....	.....	00-0000000	.....	.....	FirstAssist Administration Limited .....	..GBR.....NIA.....	Cigna Willow Holdings, LTD.	Ownership.....	100.000 ..	Cigna Corporation .....	.....	NO.....	.....
.0901	Cigna Group .....	.....	23-1914061	.....	.....	Former Cigna Investments, Inc. .....	..DE.....NIA.....	Cigna Investment Group, Inc.	Ownership.....	100.000 ..	Cigna Corporation .....	.....	NO.....	.....
.0901	Cigna Group .....	.....	88-3762943	.....	.....	Forsyth Health, LLC .....	..DE.....NIA.....	Express Scripts, Inc.	Ownership.....	100.000 ..	Cigna Corporation .....	.....	NO.....	.....
.0901	Cigna Group .....	.....	02-0523249	.....	.....	Freco, Inc. .....	..FL.....NIA.....	Priority Healthcare Corporation	Ownership.....	100.000 ..	Cigna Corporation .....	.....	NO.....	.....
.0901	Cigna Group .....	.....	20-3229217	.....	.....	Freedom Service Company, LLC .....	..FL.....NIA.....	Lynnfield Drug, Inc.	Ownership.....	100.000 ..	Cigna Corporation .....	.....	NO.....	.....
.0901	Cigna Group .....	.....	00-0000000	.....	.....	Gillette Ridge Community Council, Inc. .....	..CT.....NIA.....	Connecticut General Life Insurance Company	Ownership.....	100.000 ..	Cigna Corporation .....	.....	NO.....	.....
.0901	Cigna Group .....	.....	20-3700105	.....	.....	Gillette Ridge Golf, LLC .....	..DE.....NIA.....	Connecticut General Life Insurance Company	Ownership.....	100.000 ..	Cigna Corporation .....	.....	NO.....	.....
.0901	Cigna Group	95388	93-1174749	.....	.....	Great-West Healthcare of Illinois, Inc. .....	..IL.....NIA.....	Cigna Healthcare Holdings, Inc.	Ownership.....	100.000 ..	Cigna Corporation .....	.....	NO.....	.....
.0901	Cigna Group .....	.....	00-0000000	.....	.....	GRG Acquisitions LLC .....	..DE.....NIA.....	Connecticut General Life Insurance Company	Ownership.....	100.000 ..	Cigna Corporation .....	.....	NO.....	.....
.0901	Cigna Group .....	.....	76-0657035	.....	.....	GulfQuest, LP .....	..TX.....NIA.....	HouQuest, LLC	Ownership.....	99.000 ..	Cigna Corporation .....	.....	NO.....	.....
.0901	Cigna Group .....	.....	87-3650143	.....	.....	Hartford Community Lender Holding LLC .....	..DE.....NIA.....	Cigna Health and Life Insurance Company	Ownership.....	100.000 ..	Cigna Corporation .....	.....	NO.....	.....
.0901	Cigna Group .....	.....	87-3686301	.....	.....	Hartford Community Lender I LLC .....	..DE.....NIA.....	Hartford Community Lender Holding LLC	Ownership.....	100.000 ..	Cigna Corporation .....	.....	NO.....	.....
.0901	Cigna Group .....	.....	52-2149519	.....	.....	Hazard Center Investment Company LLC .....	..DE.....NIA.....	Connecticut General Life Insurance Company	Ownership.....	100.000 ..	Cigna Corporation .....	.....	NO.....	.....
.0901	Cigna Group .....	.....	04-2992335	.....	.....	Healthbridge Reimbursement & Product Support, Inc. .....	..MA.....NIA.....	Priority Healthcare Corporation	Ownership.....	100.000 ..	Cigna Corporation .....	.....	NO.....	.....
.0901	Cigna Group .....	.....	26-2159005	.....	.....	Healthbridge, Inc. .....	..DE.....NIA.....	Express Scripts, Inc.	Ownership.....	100.000 ..	Cigna Corporation .....	.....	NO.....	.....
.0901	Cigna Group .....	.....	46-2086778	.....	.....	Health-Lynx, LLC .....	..NJ.....NIA.....	Cigna Health and Life Insurance Company	Ownership.....	100.000 ..	Cigna Corporation .....	.....	NO.....	.....
.0901	Cigna Group .....	.....	06-1533555	.....	.....	Healthsource Benefits, Inc. .....	..DE.....NIA.....	Connecticut General Corporation	Ownership.....	100.000 ..	Cigna Corporation .....	.....	NO.....	.....

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Loyal American 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	02-046769	.....	.....	.....	Healthsource Properties, Inc. ....	.. NH.....	.. NIA.....	Healthsource, Inc. ....	.....	Ownership.....	100.000 ...	Cigna Corporation .....	... NO.....	.....
.0901 ... Cigna Group	02-0387748	.....	0000855587 ..	.....	Healthsource, Inc. ....	.. DE.....	.. NIA.....	Cigna Health Corporation .....	.....	Ownership.....	100.000 ...	Cigna Corporation .....	... NO.....	.....
.0901 ... Cigna Group	12902	20-8534298	.....	.....	HealthSpring Life & Health Insurance Company, Inc. ....	.. TX.....	.. IA.....	NewQuest, LLC .....	.....	Ownership.....	100.000 ...	Cigna Corporation .....	... NO.....	.....
.0901 ... Cigna Group	20-8647386	.....	.....	HealthSpring Management of America, LLC .....	.. DE.....	.. NIA.....	NewQuest, LLC .....	.....	Ownership.....	100.000 ...	Cigna Corporation .....	... NO.....	.....
.0901 ... Cigna Group	11532	65-1129599	.....	.....	HealthSpring of Florida, Inc. ....	.. FL.....	.. IA.....	NewQuest, LLC .....	.....	Ownership.....	100.000 ...	Cigna Corporation .....	... NO.....	.....
.0901 ... Cigna Group	26-2353772	.....	.....	HealthSpring Pharmacy of Tennessee, LLC .....	.. DE.....	.. NIA.....	HealthSpring Pharmacy Services, LLC .....	.....	Ownership.....	100.000 ...	Cigna Corporation .....	... NO.....	.....
.0901 ... Cigna Group	26-2353476	.....	.....	HealthSpring Pharmacy Services, LLC .....	.. DE.....	.. NIA.....	NewQuest, LLC .....	.....	Ownership.....	100.000 ...	Cigna Corporation .....	... NO.....	.....
.0901 ... Cigna Group	72-1559530	0001339553	HealthSpring USA, LLC TN.....	.. NIA.....	NewQuest, LLC	Ownership.....	100.000 ...	Cigna Corporation NO.....
.0901 ... Cigna Group	20-1821898	.....	.....	HealthSpring, Inc. ....	.. DE.....	.. NIA.....	Connecticut General Corporation .....	.....	Ownership.....	100.000 ...	Cigna Corporation .....	... NO.....	.....
.0901 ... Cigna Group	81-4139432	.....	.....	.....	Heights at Bear Creek Borrower LLC .....	.. DE.....	.. NIA.....	CARING Heights At Bear Creek Investor LLC .....	.....	Ownership.....	.80.000 ...	Cigna Corporation .....	... NO.....	.....
.0901 ... Cigna Group	81-4139432	.....	.....	.....	Heights at Bear Creek Mezzanine LLC .....	.. DE.....	.. NIA.....	CARING Heights At Bear Creek Investor LLC .....	.....	Ownership.....	.80.000 ...	Cigna Corporation .....	... NO.....	.....
.0901 ... Cigna Group	81-4139432	.....	.....	Heights at Bear Creek Venture LLC .....	.. DE.....	.. NIA.....	Cigna Affiliates Realty Investment Group, LLC .....	.....	Ownership.....	.90.000 ...	Cigna Corporation .....	... NO.....	.....
.0901 ... Cigna Group	20-4266628	.....	.....	Home Physicians Management, LLC .....	.. DE.....	.. NIA.....	NewQuest, LLC .....	.....	Ownership.....	100.000 ...	Cigna Corporation .....	... NO.....	.....
.0901 ... Cigna Group	75-3108521	.....	.....	.....	HouQuest, LLC .....	.. DE.....	.. NIA.....	NewQuest, LLC .....	.....	Ownership.....	100.000 ...	Cigna Corporation .....	... NO.....	.....
.0901 ... Cigna Group	37-1708015	.....	.....	Houston Briar Forest Apartments Limited Partnership .....	.. DE.....	.. NIA.....	Cigna Affiliates Realty Investment Group, LLC .....	.....	Ownership.....	.80.000 ...	Cigna Corporation .....	... NO.....	.....
.0901 ... Cigna Group	95-4838551	.....	.....	.....	Ideal Properties II LLC .....	.. CA.....	.. NIA.....	Cigna Affiliates Realty Investment Group, LLC .....	.....	Ownership.....	.85.000 ...	Cigna Corporation .....	... NO.....	.....
.0901 ... Cigna Group	35-2041388	.....	.....	.....	IHN, Inc. ....	.. IN.....	.. NIA.....	Connecticut General Corporation .....	.....	Ownership.....	100.000 ...	Cigna Corporation .....	... NO.....	.....
.0901 ... Cigna Group	00-0000000	.....	.....	Independent Health Information Technology Services L.L.C. ....	.. ARE.....	.. NIA.....	NAS Neuron Health Services, L.L.C. ....	.....	Ownership.....	.50.000 ...	Cigna Corporation .....	... NO.....	.....
.0901 ... Cigna Group	82-1655179	.....	.....	Innovative Product Alignment, LLC .....	.. DE.....	.. NIA.....	Express Scripts, Inc. ....	.....	Ownership.....	100.000 ...	Cigna Corporation .....	... NO.....	.....
.0901 ... Cigna Group	82-0658250	.....	.....	Inside RX, LLC .....	.. DE.....	.. NIA.....	Express Scripts, Inc. ....	.....	Ownership.....	100.000 ...	Cigna Corporation .....	... NO.....	.....
.0901 ... Cigna Group	81-0425785	.....	.....	Intermountain Underwriters, Inc. ....	.. MT.....	.. NIA.....	Benefit Management Corp. ....	.....	Ownership.....	100.000 ...	Cigna Corporation .....	... NO.....	.....
.0901 ... Cigna Group	00-0000000	.....	.....	International Pharmaceutical Solutions, GmbH .....	.. CHE.....	.. NIA.....	Cigna Holdings Overseas, Inc. ....	.....	Ownership.....	100.000 ...	Cigna Corporation .....	... NO.....	.....
.0901 ... Cigna Group	84-3406799	.....	.....	JA Lofts Holdings, LLC .....	.. DE.....	.. NIA.....	JA Lofts JV Limited Partnership .....	.....	Ownership.....	100.000 ...	Cigna Corporation .....	... NO.....	.....
.0901 ... Cigna Group	84-3395923	.....	.....	JA Lofts JV Limited Partnership .....	.. DE.....	.. NIA.....	CARING JA Lofts Investor LP LLC .....	.....	Ownership.....	.90.000 ...	Cigna Corporation .....	... NO.....	.....
.0901 ... Cigna Group	00-0000000	.....	.....	Kuwait Emirates Administration Services WLL .....	.. KWT.....	.. NIA.....	NAS Administrative Services Company LLC .....	.....	Ownership.....	.90.000 ...	Cigna Corporation .....	... NO.....	.....
.0901 ... Cigna Group	20-8064696	.....	.....	Kronos Optimal Health Company .....	.. AZ.....	.. NIA.....	Connecticut General Corporation .....	.....	Ownership.....	100.000 ...	Cigna Corporation .....	... NO.....	.....
.0901 ... Cigna Group	47-5292506	.....	.....	L&C Investments, LLC .....	.. DE.....	.. NIA.....	Express Scripts, Inc. ....	.....	Ownership.....	100.000 ...	Cigna Corporation .....	... NO.....	.....
.0901 ... Cigna Group	47-4375626	.....	.....	Lakehills CM-CG LLC .....	.. DE.....	.. NIA.....	Cigna Affiliates Realty Investment Group, LLC .....	.....	Ownership.....	.90.000 ...	Cigna Corporation .....	... NO.....	.....
.0901 ... Cigna Group	65722	63-0343428	.....	.....	Loyal American Life Insurance Company .....	.. OH.....	.. RE.....	Cigna Health and Life Insurance Company .....	.....	Ownership.....	100.000 ...	Cigna Corporation .....	... NO.....	.....
.0901 ... Cigna Group	58-2593075	.....	.....	Lynnfield Compounding Center, Inc. ....	.. FL.....	.. NIA.....	Priority Healthcare Corporation .....	.....	Ownership.....	100.000 ...	Cigna Corporation .....	... NO.....	.....
.0901 ... Cigna Group	04-3546044	.....	.....	Lynnfield Drug, Inc. ....	.. FL.....	.. NIA.....	Priority Healthcare Corporation .....	.....	Ownership.....	100.000 ...	Cigna Corporation .....	... NO.....	.....
.0901 ... Cigna Group	27-1506930	.....	.....	MAH Pharmacy, LLC .....	.. DE.....	.. NIA.....	Medeo Health Solutions, Inc. ....	.....	Ownership.....	100.000 ...	Cigna Corporation .....	... NO.....	.....
.0901 ... Cigna Group	80-0908244	.....	.....	Mallory Square Partners I, LLC .....	.. DE.....	.. NIA.....	Cigna Affiliates Realty Investment Group, LLC .....	.....	Ownership.....	.80.000 ...	Cigna Corporation .....	... NO.....	.....
.0901 ... Cigna Group	88-0241365	.....	.....	Managed Care Consultants, Inc. ....	.. NV.....	.. NIA.....	Cigna Health Corporation .....	.....	Ownership.....	100.000 ...	Cigna Corporation .....	... NO.....	.....
.0901 ... Cigna Group	51-0500147	.....	.....	Matrix GPO, LLC .....	.. IN.....	.. NIA.....	Priority Healthcare Corporation .....	.....	Ownership.....	100.000 ...	Cigna Corporation .....	... NO.....	.....
.0901 ... Cigna Group	59-3720653	.....	.....	Matrix Healthcare Services, Inc. ....	.. FL.....	.. NIA.....	MyMatrixx Holdings, LLC .....	.....	Ownership.....	100.000 ...	Cigna Corporation .....	... NO.....	.....
.0901 ... Cigna Group	06-1346406	.....	.....	MCC Independent Practice Association of New York, Inc. ....	.. NY.....	.. NIA.....	Evernorth Health, Inc. ....	.....	Ownership.....	.100.000 ...	Cigna Corporation .....	... NO.....	.....
.0901 ... Cigna Group	45-4937055	.....	.....	MDLlive, Inc. ....	.. DE.....	.. NIA.....	Evernorth Health, Inc. ....	.....	Ownership.....	.97.230 ...	Cigna Corporation .....	... NO.....	.....
.0901 ... Cigna Group	00-0000000	.....	.....	MDLlive LLC .....	.. DE.....	.. NIA.....	MDLlive, Inc. ....	.....	Ownership.....	100.000 ...	Cigna Corporation .....	... NO.....	.....
.0901 ... Cigna Group	00-0000000	.....	.....	MDLlivevisit, LLC .....	.. FL.....	.. NIA.....	MDLlive, Inc. ....	.....	Ownership.....	100.000 ...	Cigna Corporation .....	... NO.....	.....
.0901 ... Cigna Group	00-0000000	.....	.....	MDLlive Provider Services, LLC .....	.. FL.....	.. NIA.....	MDLlive, Inc. ....	.....	Ownership.....	100.000 ...	Cigna Corporation .....	... NO.....	.....

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Loyal American 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	Domi-ciliary Loca-tion	Rela-tion-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 Owner-ship Provide Percen-tage	Ultimate Controlling Entity(es)/Person(s)	Is an SCA Filing Re-quired? (Yes/No)	*
.0901 ...	Cigna Group	34720 ...	13-3506395			Medco Containment Insurance Company of NY .....	.. NY.....	.. IA.....	Medco Health Solutions, Inc.	Ownership.....	100.000 ...	Cigna Corporation .....	... NO.....	
.0901 ...	Cigna Group	63762 ...	42-1425239			Medco Containment Life Insurance Company .....	.. PA.....	.. IA.....	Medco Health Solutions, Inc.	Ownership.....	100.000 ...	Cigna Corporation .....	... NO.....	
.0901 ...	Cigna Group		27-3709630			Medco Europe II, LLC .....	.. DE.....	.. NIA.....	Medco Europe, LLC	Ownership.....	100.000 ...	Cigna Corporation .....	... NO.....	
.0901 ...	Cigna Group		46-2166374			Medco Europe, LLC .....	.. DE.....	.. NIA.....	Medco Health Solutions, Inc.	Ownership.....	100.000 ...	Cigna Corporation .....	... NO.....	
.0901 ...	Cigna Group					Medco Health Information Network Partners, Inc. .....	.. DE.....	.. NIA.....	Medco Health Solutions, Inc.	Ownership.....	100.000 ...	Cigna Corporation .....	... NO.....	
.0901 ...	Cigna Group		84-5017653			Medco Health Puerto Rico, LLC .....	.. DE.....	.. NIA.....	Medco Health Solutions, Inc.	Ownership.....	100.000 ...	Cigna Corporation .....	... NO.....	
.0901 ...	Cigna Group		81-0616525			Medco Health Services, Inc. .....	.. DE.....	.. NIA.....	Medco Health Solutions, Inc.	Ownership.....	100.000 ...	Cigna Corporation .....	... NO.....	
.0901 ...	Cigna Group		26-3544786			Medco Health Solutions, Inc. .....	.. DE.....	.. NIA.....	Evernorth Health, Inc.	Ownership.....	100.000 ...	Cigna Corporation .....	... NO.....	
.0901 ...	Cigna Group		22-3461740			Mediversal, Inc. .....	.. NV.....	.. NIA.....	Connecticut General Corporation	Ownership.....	100.000 ...	Cigna Corporation .....	... NO.....	
.0901 ...	Cigna Group		88-0334401			MedSolutions Holdings, Inc. .....	.. DE.....	.. NIA.....	eviCore 1, LLC	Ownership.....	100.000 ...	Cigna Corporation .....	... NO.....	
.0901 ...	Cigna Group		27-3801345			Montclair 11 Pine Operating Company LLC .....	.. DE.....	.. NIA.....	CARING Montclair Investor LLC	Ownership.....	90.000 ...	Cigna Corporation .....	... NO.....	
.0901 ...	Cigna Group		87-2810715			Montclair 11 Pine Urban Renewal LLC .....	.. DE.....	.. NIA.....	CARING Montclair Investor LLC	Ownership.....	90.000 ...	Cigna Corporation .....	... NO.....	
.0901 ...	Cigna Group		87-2790325			Montclair Residences JV LLC .....	.. DE.....	.. NIA.....	CARING Montclair Investor LLC	Ownership.....	90.000 ...	Cigna Corporation .....	... NO.....	
.0901 ...	Cigna Group		87-2772585			MSI Health Organization of Texas, Inc. .....	.. TX.....	.. NIA.....	eviCore healthcare MSI, LLC	Ownership.....	100.000 ...	Cigna Corporation .....	... NO.....	
.0901 ...	Cigna Group		32-0071543			MSI HT, LLC .....	.. TN.....	.. NIA.....	eviCore healthcare MSI, LLC	Ownership.....	100.000 ...	Cigna Corporation .....	... NO.....	
.0901 ...	Cigna Group		27-5492993			MSI LT, LLC .....	.. TN.....	.. NIA.....	eviCore healthcare MSI, LLC	Ownership.....	100.000 ...	Cigna Corporation .....	... NO.....	
.0901 ...	Cigna Group		27-5493148			MSI SAR-GW, LLC .....	.. TN.....	.. NIA.....	eviCore healthcare MSI, LLC	Ownership.....	100.000 ...	Cigna Corporation .....	... NO.....	
.0901 ...	Cigna Group		27-5493321			MSIAZ I, LLC .....	.. TN.....	.. NIA.....	eviCore healthcare MSI, LLC	Ownership.....	100.000 ...	Cigna Corporation .....	... NO.....	
.0901 ...	Cigna Group		86-1090522			MSICA I, LLC .....	.. TN.....	.. NIA.....	eviCore healthcare MSI, LLC	Ownership.....	100.000 ...	Cigna Corporation .....	... NO.....	
.0901 ...	Cigna Group		20-1749733			MSICO I, LLC .....	.. TN.....	.. NIA.....	eviCore healthcare MSI, LLC	Ownership.....	100.000 ...	Cigna Corporation .....	... NO.....	
.0901 ...	Cigna Group		20-1222347			MSIFL, LLC .....	.. TN.....	.. NIA.....	eviCore healthcare MSI, LLC	Ownership.....	100.000 ...	Cigna Corporation .....	... NO.....	
.0901 ...	Cigna Group		55-0840800			MSIMD I, LLC .....	.. TN.....	.. NIA.....	eviCore healthcare MSI, LLC	Ownership.....	100.000 ...	Cigna Corporation .....	... NO.....	
.0901 ...	Cigna Group		26-0181185			MSINC I, LLC .....	.. TN.....	.. NIA.....	eviCore healthcare MSI, LLC	Ownership.....	100.000 ...	Cigna Corporation .....	... NO.....	
.0901 ...	Cigna Group		74-3122235			MSINH II, LLC .....	.. TN.....	.. NIA.....	eviCore healthcare MSI, LLC	Ownership.....	100.000 ...	Cigna Corporation .....	... NO.....	
.0901 ...	Cigna Group		11-3715243			MSINH III, LLC .....	.. TN.....	.. NIA.....	eviCore healthcare MSI, LLC	Ownership.....	100.000 ...	Cigna Corporation .....	... NO.....	
.0901 ...	Cigna Group		03-0524694			MSINV I, LLC .....	.. TN.....	.. NIA.....	eviCore healthcare MSI, LLC	Ownership.....	100.000 ...	Cigna Corporation .....	... NO.....	
.0901 ...	Cigna Group		20-1749446			MSINV II, LLC .....	.. TN.....	.. NIA.....	eviCore healthcare MSI, LLC	Ownership.....	100.000 ...	Cigna Corporation .....	... NO.....	
.0901 ...	Cigna Group		20-1761914			MSINV III, LLC .....	.. TN.....	.. NIA.....	eviCore healthcare MSI, LLC	Ownership.....	100.000 ...	Cigna Corporation .....	... NO.....	
.0901 ...	Cigna Group		55-0840806			MSISCI II, LLC .....	.. TN.....	.. NIA.....	eviCore healthcare MSI, LLC	Ownership.....	100.000 ...	Cigna Corporation .....	... NO.....	
.0901 ...	Cigna Group		26-0336736			MSIVT I, LLC .....	.. TN.....	.. NIA.....	eviCore healthcare MSI, LLC	Ownership.....	100.000 ...	Cigna Corporation .....	... NO.....	
.0901 ...	Cigna Group		20-2536458			MSIWA, LLC .....	.. TN.....	.. NIA.....	eviCore healthcare MSI, LLC	Ownership.....	100.000 ...	Cigna Corporation .....	... NO.....	
.0901 ...	Cigna Group		36-4833284			MyM Technology Services, LLC .....	.. FL.....	.. NIA.....	MyMatrixx Holdings, LLC	Ownership.....	100.000 ...	Cigna Corporation .....	... NO.....	
.0901 ...	Cigna Group		82-1350878			myMatrixx Holdings, LLC .....	.. DE.....	.. NIA.....	Express Scripts, Inc.	Ownership.....	100.000 ...	Cigna Corporation .....	... NO.....	
.0901 ...	Cigna Group		46-2589799			myMatrixx-B, LLC .....	.. FL.....	.. NIA.....	Matrix Healthcare Services, Inc.	Ownership.....	100.000 ...	Cigna Corporation .....	... NO.....	
.0901 ...	Cigna Group		00-0000000			NAS Administrative Services Company LLC .....	.. ARE.....	.. NIA.....	NAS Neuron Health Services, L.L.C.	Ownership.....	.99.000 ...	Cigna Corporation .....	... NO.....	
.0901 ...	Cigna Group		00-0000000			NAS Neuron Health Services, L.L.C. .....	.. ARE.....	.. NIA.....	Cigna Chestnut Holdings, Ltd.	Ownership.....	.34.000 ...	Cigna Corporation .....	... NO.....	
.0901 ...	Cigna Group		00-0000000			NAS United SPV .....	.. CYM.....	.. NIA.....	NAS Neuron Health Services, L.L.C.	Ownership.....	.100.000 ...	Cigna Corporation .....	... NO.....	
.0901 ...	Cigna Group		00-0000000			Neuron LLC .....	.. ARE.....	.. NIA.....	NAS Neuron Health Services, L.L.C.	Ownership.....	.99.000 ...	Cigna Corporation .....	... NO.....	
.0901 ...	Cigna Group		52-1929677			NewQuest Management Northeast, LLC .....	.. DE.....	.. NIA.....	NewQuest, LLC	Ownership.....	100.000 ...	Cigna Corporation .....	... NO.....	
.0901 ...	Cigna Group		33-1033586			NewQuest Management of Alabama, LLC .....	.. AL.....	.. NIA.....	NewQuest, LLC	Ownership.....	100.000 ...	Cigna Corporation .....	... NO.....	
.0901 ...	Cigna Group		20-4954206			NewQuest Management of Florida, LLC .....	.. FL.....	.. NIA.....	NewQuest, LLC	Ownership.....	100.000 ...	Cigna Corporation .....	... NO.....	
.0901 ...	Cigna Group		77-0632665			NewQuest Management of Illinois, LLC .....	.. IL.....	.. NIA.....	NewQuest, LLC	Ownership.....	100.000 ...	Cigna Corporation .....	... NO.....	
.0901 ...	Cigna Group		45-0633893			NewQuest Management of West Virginia, LLC .....	.. DE.....	.. NIA.....	NewQuest, LLC	Ownership.....	100.000 ...	Cigna Corporation .....	... NO.....	
.0901 ...	Cigna Group		76-0628370			NewQuest, LLC .....	.. TX.....	.. NIA.....	HealthSpring, Inc.	Ownership.....	100.000 ...	Cigna Corporation .....	... NO.....	
.0901 ...	Cigna Group		82-5244890			Octave Health Group, Inc. .....	.. DE.....	.. NIA.....	Cigna Ventures, LLC	Ownership.....	.10.100 ...	Cigna Corporation .....	... NO.....	
.0901 ...	Cigna Group		91-1599329			Olympic Health Management Services, Inc. ....	.. WA.....	.. NIA.....	Olympic Health Management Systems, Inc.	Ownership.....	.100.000 ...	Cigna Corporation .....	... NO.....	
.0901 ...	Cigna Group		91-1500758			Olympic Health Management Systems, Inc. ....	.. WA.....	.. NIA.....	Sterling Life Insurance Company	Ownership.....	.100.000 ...	Cigna Corporation .....	... NO.....	
.0901 ...	Cigna Group		80-0818750			Patient Provider Alliance, Inc. .....	.. DE.....	.. NIA.....	Brighter, Inc.	Ownership.....	.100.000 ...	Cigna Corporation .....	... NO.....	
.0901 ...	Cigna Group		35-1927379			Priority Healthcare Corporation .....	.. IN.....	.. NIA.....	CuraScript, Inc.	Ownership.....	.100.000 ...	Cigna Corporation .....	... NO.....	

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Loyal American 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 .....	.....	59-3761140	.....	.....	Priority Healthcare Distribution, Inc .....	..FL.....	....NIA.....	Priority Healthcare Corp	Ownership.....	100.000	Cigna Corporation .....	....NO.....	.....
.0901	Cigna Group	67903	23-1335885	.....	.....	Provident American Life & Health Insurance Company .....	..OH.....	....IA.....	Cigna National Health Insurance Company ...	Ownership.....	100.000	Cigna Corporation .....	....NO.....	.....
.0901	Cigna Group .....	.....	00-0000000	.....	.....	PT GAR Indonesia .....	..IDN.....	....NIA.....	Cigna Holdings Overseas, Inc.	Ownership.....	.99.160	Cigna Corporation .....	....NO.....	.....
.0901	Cigna Group .....	.....	45-5046449	.....	.....	PUR Arbors Apartments Venture LLC .....	..DE.....	....NIA.....	Cigna Affiliates Realty Investment Group, LLC	Ownership.....	.87.500	Cigna Corporation .....	....NO.....	.....
.0901	Cigna Group .....	.....	46-1801639	.....	.....	QualCare Management Resources Limited Liability Company .....	..NJ.....	....NIA.....	Cigna Health and Life Insurance Company ...	Ownership.....	100.000	Cigna Corporation .....	....NO.....	.....
.0901	Cigna Group .....	.....	00-0000000	.....	.....	Quallent Pharmaceuticals Holdings LP .....	..CYM.....	....NIA.....	Cigna Spruce Holdings GmbH	Ownership.....	100.000	Cigna Corporation .....	....NO.....	.....
.0901	Cigna Group .....	.....	00-0000000	.....	.....	Quallent Pharmaceuticals Health LLC .....	..CYM.....	....NIA.....	Quallent Pharmaceuticals Holdings LP	Ownership.....	100.000	Cigna Corporation .....	....NO.....	.....
.0901	Cigna Group .....	.....	45-5569416	.....	.....	QPID Health, LLC .....	..DE.....	....NIA.....	eviCore healthcare MSI, LLC	Ownership.....	100.000	Cigna Corporation .....	....NO.....	.....
.0901	Cigna Group .....	.....	83-1460134	.....	.....	Rise-CG Capitol Hill, LP .....	..DE.....	....NIA.....	CARING Capitol Hill LP LLC	Ownership.....	.90.000	Cigna Corporation .....	....NO.....	.....
.0901	Cigna Group .....	.....	84-3254168	.....	.....	JA Lofts Holdings, LLC (.5%); JA Lofts JV .....	..DE.....	....NIA.....	Limited Partnership (99.5%)	Ownership.....	100.000	Cigna Corporation .....	....NO.....	.....
.0901	Cigna Group .....	.....	35-1641636	.....	.....	Sagamore Health Network, Inc. .....	..IN.....	....NIA.....	Cigna Health Corporation	Ownership.....	100.000	Cigna Corporation .....	....NO.....	.....
.0901	Cigna Group .....	.....	46-3593103	.....	.....	SB-SNH LLC .....	..DE.....	....NIA.....	Cigna Affiliates Realty Investment Group, LLC	Ownership.....	.85.000	Cigna Corporation .....	....NO.....	.....
.0901	Cigna Group .....	.....	95-2876207	.....	.....	Secon Properties, LP .....	..CA.....	....NIA.....	Cigna Affiliates Realty Investment Group, LLC	Ownership.....	.50.000	South Coast Plaza Associates, LLC (non-affiliate) .....	....NO.....	.....
.0901	Cigna Group .....	.....	82-1732483	.....	.....	SOMA Apartments Venture LLC .....	..DE.....	....NIA.....	Cigna Affiliates Realty Investment Group, LLC	Ownership.....	.90.000	Cigna Corporation .....	....NO.....	.....
.0901	Cigna Group .....	.....	82-4405071	.....	.....	Specialty Products Acquisitions, LLC .....	..DE.....	....NIA.....	Medco Health Solutions, Inc.	Ownership.....	100.000	Cigna Corporation .....	....NO.....	.....
.0901	Cigna Group .....	.....	61-1317695	.....	.....	SpectraCare Health Care Ventures, Inc. ....	..KY.....	....NIA.....	SpectraCare, Inc.	Ownership.....	100.000	Cigna Corporation .....	....NO.....	.....
.0901	Cigna Group .....	.....	61-1147068	.....	.....	SpectraCare, Inc. ....	..KY.....	....NIA.....	Priority Healthcare Corp	Ownership.....	100.000	Cigna Corporation .....	....NO.....	.....
.0901	Cigna Group	77399	13-1867829	.....	.....	Sterling Life Insurance Company .....	..IL.....	....IA.....	Cigna Health and Life Insurance Company ...	Ownership.....	100.000	Cigna Corporation .....	....NO.....	.....
.0901	Cigna Group .....	.....	47-2658932	.....	.....	Strategic Pharmaceutical Investments, LLC .....	..DE.....	....NIA.....	Priority Healthcare Corp	Ownership.....	100.000	Cigna Corporation .....	....NO.....	.....
.0901	Cigna Group .....	.....	00-0000000	.....	.....	SureScripts, LLC .....	..VA.....	....NIA.....	Express Scripts, Inc. 16.7%/Medco Health Solutions, Inc. 16.7%	Ownership.....	.33.400	Cigna Corporation .....	....NO.....	.....
.0901	Cigna Group .....	.....	87-0903685	.....	.....	Swedesford Road Apartments, LLC .....	..DE.....	....NIA.....	CARING Bala Cynwyd LLC	Ownership.....	.68.600	Cigna Corporation .....	....NO.....	.....
.0901	Cigna Group .....	.....	22-3474888	.....	.....	Systemed, LLC .....	..DE.....	....NIA.....	Medco Health Solutions, Inc.	Ownership.....	100.000	Cigna Corporation .....	....NO.....	.....
.0901	Cigna Group .....	.....	23-3074013	.....	.....	Tel-Drug of Pennsylvania, LLC .....	..PA.....	....NIA.....	Connecticut General Life Insurance Company	Ownership.....	100.000	Cigna Corporation .....	....NO.....	.....
.0901	Cigna Group .....	.....	46-0427127	.....	.....	Tel-Drug, Inc. ....	..SD.....	....NIA.....	Connecticut General Corporation	Ownership.....	100.000	Cigna Corporation .....	....NO.....	.....
.0901	Cigna Group .....	.....	00-0000000	.....	.....	Temple Insurance Company Limited .....	..BMU.....	....IA.....	Healthsource, Inc.	Ownership.....	100.000	Cigna Corporation .....	....NO.....	.....
.0901	Cigna Group .....	.....	20-5524622	.....	.....	Tennessee Quest, LLC .....	..TN.....	....NIA.....	NewQuest, LLC	Ownership.....	100.000	Cigna Corporation .....	....NO.....	.....
.0901	Cigna Group .....	.....	75-3108527	.....	.....	TexQuest, LLC .....	..DE.....	....NIA.....	NewQuest, LLC	Ownership.....	100.000	Cigna Corporation .....	....NO.....	.....
.0901	Cigna Group .....	.....	85-1955731	.....	.....	The Flats at Interbay Holdings, LLC .....	..DE.....	....NIA.....	CARING Interbay Investor LP LLC	Ownership.....	100.000	Cigna Corporation .....	....NO.....	.....
.0901	Cigna Group .....	.....	85-1955075	.....	.....	The Flats at Interbay JV Limited Partnership .....	..DE.....	....NIA.....	CARING Interbay Investor LP LLC	Ownership.....	.90.000	Cigna Corporation .....	....NO.....	.....
.0901	Cigna Group .....	.....	85-1962013	.....	.....	The Flats at Interbay Limited Partnership .....	..DE.....	....NIA.....	CARING Interbay Investor LP LLC	Ownership.....	.99.500	Cigna Corporation .....	....NO.....	.....
.0901	Cigna Group .....	.....	46-5264463	.....	.....	Trainer Rx, Inc. ....	..DE.....	....NIA.....	Cigna Ventures, LLC	Ownership.....	.19.400	Cigna Corporation .....	....NO.....	.....
.0901	Cigna Group .....	.....	00-0000000	.....	.....	Transwestern Federal, L.L.C. ....	..DE.....	....NIA.....	Transwestern Federal Holdings, L.L.C.	Ownership.....	.7.616	Cigna Corporation .....	....NO.....	.....
.0901	Cigna Group .....	.....	00-0000000	.....	.....	Transwestern Federal Holdings, L.L.C. ....	..DE.....	....NIA.....	Cigna Affiliates Realty Investment Group, LLC	Ownership.....	.7.616	Cigna Corporation .....	....NO.....	.....
.0901	Cigna Group .....	.....	88-0344624	.....	.....	Universal Claims Administration .....	..NV.....	....NIA.....	Mediversal, Inc.	Ownership.....	100.000	Cigna Corporation .....	....NO.....	.....
.0901	Cigna Group .....	.....	98-0463704	.....	.....	Vielife Services, Inc. ....	..DE.....	....NIA.....	Cigna Global Wellbeing Holdings Limited ...	Ownership.....	100.000	Cigna Corporation .....	....NO.....	.....
.0901	Cigna Group .....	.....	00-0000000	.....	.....	Verity Solutions Group, Inc. ....	..DE.....	....NIA.....	Cigna Health and Life Insurance Company ...	Ownership.....	100.000	Cigna Corporation .....	....NO.....	YES.....
.0901	Cigna Group .....	.....	00-0000000	.....	.....	Westcore CG AC, LLC .....	..DE.....	....NIA.....	CARING Westcore Holding Investor LLC	Ownership.....	.90.000	Cigna Corporation .....	....NO.....	.....
.0901	Cigna Group .....	.....	84-3178563	.....	.....	Westcore CG Camelback, LLC .....	..DE.....	....NIA.....	CARING Westcore Holding Investor LLC	Ownership.....	.90.000	Cigna Corporation .....	....NO.....	.....
.0901	Cigna Group .....	.....	84-3178563	.....	.....	Westcore CG Cedar Port, LLC .....	..DE.....	....NIA.....	CARING Westcore Holding Investor LLC	Ownership.....	.90.000	Cigna Corporation .....	....NO.....	.....
.0901	Cigna Group .....	.....	00-0000000	.....	.....	Westcore CG Commerce, LLC .....	..DE.....	....NIA.....	CARING Westcore Holding Investor LLC	Ownership.....	.90.000	Cigna Corporation .....	....NO.....	.....

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Loyal American Life Insurance Company

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

1 Group Code	2 Group Name	3 NAIC Company Code	4 ID Number	5 Federal RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries Or Affiliates	9 Domestic- ciliary Loca- tion	10 Rela- tionship to Reporting Entity	11 Directly Controlled by (Name of Entity/Person)	12 Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	13 If Control is Owner- ship Provide Per- centage	14 Ultimate Controlling Entity(ies)/Person(s)	15 Is an SCA Filing Re- quired? (Yes/No)	16 *
.0901 ...	Cigna Group .....	.....	84-3178563 ..	.....	.....	Westcore CG Dove Valley I, LLC .....	..DE.....	.....NIA.....	CARING Westcore Holding Investor LLC	Ownership.....	.90.000	Cigna Corporation .....	...NO.....	.....
.0901 ...	Cigna Group .....	.....	84-3178563 ..	.....	.....	Westcore CG Dove Valley II, LLC .....	..DE.....	.....NIA.....	CARING Westcore Holding Investor LLC	Ownership.....	.90.000	Cigna Corporation .....	...NO.....	.....
.0901 ...	Cigna Group .....	.....	84-3178563 ..	.....	.....	Westcore CG Eisenhauer, LLC .....	..DE.....	.....NIA.....	CARING Westcore Holding Investor LLC	Ownership.....	.90.000	Cigna Corporation .....	...NO.....	.....
.0901 ...	Cigna Group .....	.....	84-3178563 ..	.....	.....	Westcore CG II Eisenhauer, LLC .....	..DE.....	.....NIA.....	CARING Westcore Holding Investor LLC	Ownership.....	.90.000	Cigna Corporation .....	...NO.....	.....
.0901 ...	Cigna Group .....	.....	84-3178563 ..	.....	.....	Westcore CG Fountain Lakes, LLC .....	..DE.....	.....NIA.....	CARING Westcore Holding Investor LLC	Ownership.....	.90.000	Cigna Corporation .....	...NO.....	.....
.0901 ...	Cigna Group .....	.....	84-3178563 ..	.....	.....	Westcore CG Gateway, LLC .....	..DE.....	.....NIA.....	CARING Westcore Holding Investor LLC	Ownership.....	.90.000	Cigna Corporation .....	...NO.....	.....
.0901 ...	Cigna Group .....	.....	84-3178563 ..	.....	.....	Westcore CG I-35, LLC .....	..DE.....	.....NIA.....	CARING Westcore Holding Investor LLC	Ownership.....	.90.000	Cigna Corporation .....	...NO.....	.....
.0901 ...	Cigna Group .....	.....	84-3178563 ..	.....	.....	Westcore CG Navy, LLC .....	..DE.....	.....NIA.....	CARING Westcore Holding Investor LLC	Ownership.....	.90.000	Cigna Corporation .....	...NO.....	.....
.0901 ...	Cigna Group .....	.....	84-3178563 ..	.....	.....	Westcore CG Potomac Park, LLC .....	..DE.....	.....NIA.....	CARING Westcore Holding Investor LLC	Ownership.....	.90.000	Cigna Corporation .....	...NO.....	.....
.0901 ...	Cigna Group .....	.....	84-3178563 ..	.....	.....	Westcore CG Solano, LLC .....	..DE.....	.....NIA.....	CARING Westcore Holding Investor LLC	Ownership.....	.90.000	Cigna Corporation .....	...NO.....	.....
.0901 ...	Cigna Group .....	.....	84-3178563 ..	.....	.....	Westcore CG Susana, LLC .....	..DE.....	.....NIA.....	CARING Westcore Holding Investor LLC	Ownership.....	.90.000	Cigna Corporation .....	...NO.....	.....
.0901 ...	Cigna Group .....	.....	00-0000000 ..	.....	.....	Westcore CG Venture, LLC .....	..DE.....	.....NIA.....	CARING Westcore Holding Investor LLC	Ownership.....	.90.000	Cigna Corporation .....	...NO.....	.....
.0901 ...	Cigna Group .....	.....	87-3624928 ..	.....	.....	Westcore CG Venture II, LLC .....	..DE.....	.....NIA.....	CARING Westcore Holding II Investor LLC	Ownership.....	.90.000	Cigna Corporation .....	...NO.....	.....
.0901 ...	Cigna Group .....	.....	87-3624928 ..	.....	.....	Westcore CG II AC, LLC .....	..DE.....	.....NIA.....	CARING Westcore Holding II Investor LLC	Ownership.....	.90.000	Cigna Corporation .....	...NO.....	.....
.0901 ...	Cigna Group .....	.....	87-3624928 ..	.....	.....	Westcore CG II Park 225, LLC .....	..DE.....	.....NIA.....	CARING Westcore Holding II Investor LLC	Ownership.....	.90.000	Cigna Corporation .....	...NO.....	.....
.0901 ...	Cigna Group .....	.....	87-3624928 ..	.....	.....	Westcore CG II Union Cross, LLC .....	..DE.....	.....NIA.....	CARING Westcore Holding II Investor LLC	Ownership.....	.90.000	Cigna Corporation .....	...NO.....	.....
.0901 ...	Cigna Group .....	.....	00-0000000 ..	.....	.....	Willow DSP LLC .....	..DE.....	.....NIA.....	Accredo Health, Incorporated	Ownership.....	100.000	Cigna Corporation .....	...NO.....	.....
.0901 ...	Cigna Group	00-0000000	YCFM Servicos LTDABRA.....NIA.....	Cigna Global Holdings, Inc.	Ownership.....	.35.320	Cigna CorporationNO.....	

NONE

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ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Loyal American Life Insurance Company

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

1 NAIC Company Code	2 ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred Under Reinsurance Agreements	10 *	11 Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	12 Totals	13 Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
46-2332355	1EQ Inc. (d/b/a Babyscripts)											
88-1945947	73 Pond Street Apartments Venture, L.L.C.											
00-0000000	680 Investors LLC											
00-0000000	685 New Hampshire LLC											
82-4794800	9171 Wilshire CPI-CII LLC											
86-1712743	ABL Apartments Venture, L.L.C.											
88-4202407	ABL Holding Co., L.L.C.											
88-3747773	ABL Townhomes Venture, L.L.C.											
85-1046126	ABS Apartments Venture, L.L.C.											
11-3358535	Accredo Health Group, Inc.											
55-0894449	Accredo Health, Incorporated											
87-4355549	AGA Apartments Venture, L.L.C.											
13-3888838	AHG of New York, Inc.											
75-3040465	Airport Holdings, LLC											
35-2562415	Alegis Care Services, LLC											
85-0909305	Alegis Care Services of Colorado, LLC											
81-0400550	Allegiance Benefit Plan Management, Inc.		(10,000,000)				14,044,456				4,044,456	
03-0507057	Allegiance Care Management, LLC						78,609				78,609	
71-0916514	Allegiance COBRA Services, Inc.						536				536	
12814	20-4433475 Allegiance Life & Health Insurance Company						(1,978,926)	595,552			(1,383,374)	63,699
26-2201582	Allegiance Provider Direct, LLC											
20-3851464	Allegiance Re, Inc.											
88366	59-2760189 American Retirement Life Insurance Company			(40,000,000)			(18,703,142)				(58,703,142)	
87-4023291	AOP II Apartments Venture, L.L.C.											
82-3315524	Arbor Heights Venture LLC											
46-4080861	AristaMD, Inc.											
86-3581583	Arizona Health Plan, Inc.											
00-0000000	Ascent Health Services LLC						(384,803)				(384,803)	
86-1750832	ASM Apartments Venture, L.L.C.											
81-0585518	Benefit Management Corp.											
81-2650133	Berewick Apartments LLC											
43-1815573	Biopartners in Care, Inc.											
10095	52-2259087 Bravo Health Mid-Atlantic, Inc.			42,000,000			(31,329,523)	(56,580)			10,613,897	
11524	52-2363406 Bravo Health Pennsylvania, Inc.						(119,265,673)	(203,267)			(119,468,940)	
00-0000000	Breakthrough Behavioral, Inc.											
00-0000000	Breakthrough Behavioral of Texas, Inc.						428,904				428,904	
27-1713977	Brighter, Inc.											
46-4918521	Buoy Health, Inc.											
47-4991296	Bright Health Group, Inc.											
61-1162797	Care Continuum, Inc.											
85-0954556	CareAllies Accountable Care Collaborative LLC											

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Loyal American Life Insurance Company

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

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	85-093554	CareAllies Accountable Care Network LLC										
	00-000000	CareAllies Accountable Care Solutions LLC										
	26-0180898	CareAllies, Inc.		(28,000,000)				(13,851)				(28,013,851)
	81-2760646	CareAllies, LLC										
10144	20-1089572	CareCore NJ, LLC						(23,012,322)				(23,012,322)
	45-2681649	CarePlexus, LLC										
	83-1400586	CARING 18th & Salmon Investor LLC										
	83-2562994	CARING 500 Ygnacio Investor LLC										
	84-1960231	CARING 3130 Investor LLC										
	83-2318410	CARING 9171 Wilshire Investor LLC										
	85-4247420	CARING ABS Investor LLC										
	83-2851501	CARING Alta Duraleigh Investor LLC										
	83-2851501	CARING Alta Englewood Investor LLC										
	85-2966766	CARING Alta Leander Investor LLC										
	83-2563284	CARING Alta Woodson Investor LLC										
	85-2966766	CARING Avondale Investor LLC										
	87-1992977	CARING Berwyn Investor LLC										
	86-1885283	CARING Brinkman Investor LLC										
	32-0570889	CARING Capitol Hill GP LLC										
	37-1903297	CARING Capitol Hill LP LLC										
	83-2851364	CARING Century Plaza Investor LLC										
	85-4265529	CARING Deco Investor LLC										
	85-2912145	CARING Elan I Investor LLC										
	87-0928526	CARING Elan II Investor LLC										
	83-3701937	CARING Firestone Investor LLC										
	87-4803572	CARING Galleria Investor LLC										
	00-0000000	CARING JA Lofts Investor LP LLC										
	00-0000000	CARING JA Lofts Investor GP LLC										
	83-2318233	CARING Heights at Bear Creek Investor LLC										
	83-1400482	CARING Hillcrest Investor LLC										
	84-4410554	CARING IBP Investor LLC										
	85-1961034	CARING Interbay Investor GP LLC										
	85-1984627	CARING Interbay Investor LP LLC										
	83-2339522	CARING Mallory Square Investor LLC										
	85-4265529	CARING Montclair Investor LLC										
	83-2563138	CARING Soma Investor LLC										
	83-2633790	CARING Alexan Enclave Investor LLC										
	83-2633886	CARING Orange Collection Investor LLC										
	86-2627703	CARING Optimist Park II Investor LLC										
	87-2031777	CARING Slabtown Investor, LLC										
	83-8294933	CARING South Coast Subsidiary LLC										
	86-1942593	CARING St. Matthew's Investor LLC										
	88-2074593	CARING Waltham Investor LLC										

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

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38-4085763		CARING Westcore Holding Investor LLC										
87-3646420		CARING Westcore Holding II Investor LLC										
83-3923178		CARING XR International Investor LLC										
83-4317078		CARING XR 2 International Investor LLC										
84-1843578		CGGL XR 2 International JV LLC										
84-1843578		CGGL XR 2 International Mezz LLC										
45-2604992		CCN NMO, LLC						(10,858)				(10,858)
33-1039759		CCN-WNY IPA, LLC						(10,962)				(10,962)
34-1970892		Ceres Sales of Ohio, LLC						(402)				(402)
06-1332403		CG Individual Tax Benefit Payments, Inc.										
06-1332405		CG Lite Pension Benefits Payments, Inc.										
06-1332401		CG LINA Pension Benefits Payments, Inc.										
84-2083351		CG-AQ 477 South Market Street LLC										
84-4773972		CG-LEDO IBP Venture LLC										
84-4747045		CG-LEDO IBP I LLC										
84-4755025		CG-LEDO IBP II LLC										
83-2993316		CG-Muller 550 Winchester, LLC										
45-5499889		CG Seventh Street, LLC										
85-0734624		CG/Wood Alta Duraleigh, LLC										
85-0655107		CG/Wood Alta Duraleigh Owner, LLC										
87-2928401		CG/Wood Alta Duraleigh Townhome, LLC										
82-1280312		CG/Wood Alta 601, LLC										
85-2233381		CG/Wood Alta Leander Station, LLC										
81-3313562		CGGL City Parkway LLC										
61-1797835		CGGL Orange Collection LLC										
00-0000000		CGGL Orange Collection Mezz LLC										
84-1921719		CGGL XR International LLC										
84-1843578		CGGL XR 2 International LLC										
59-3466707		Chiro Alliance Corporation										
81-3389374		CIG-LEI Ygnacio Associates LLC										
86-2964997		CI-GS Elan Everett Phase I, LLC										
86-3726159		CI-GS Elan Everett Phase II, LLC										
82-4774243		CI-GS Portland, LLC										
82-1612980		CI-GS Hillcrest LLC										
88-3907567		CI-GS Slabtown, LLC										
00-0000000		Cigna & CMB Asset Management Company Limited										
00-0000000		Cigna & CMB Health Services Company, Ltd.										
00-0000000		Cigna & CMB Life Insurance Company Limited										
00-0000000		CIGNA 2000 UK Pension LTD										
27-5402196		Cigna Affiliates Realty Investment Group, LLC										
00-0000000		Cigna Alder Holdings, LLC				171,856,136						171,856,136

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Loyal American Life Insurance Company

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

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.....	00-0000000	Cigna Apac Holdings, Ltd.										
.... 13733	03-0452349	Cigna Arbor Life Insurance Company						(3,494)				(3,494)
.....	98-1181787	Cigna Beechwood Holdings										
.....	00-0000000	Cigna Bellevue Alpha LLC										
.....	02-0515554	Cigna Benefit Technology Solutions, Inc. ..										
.....	01-0947889	Cigna Benefits Financing, Inc.						1,252,920				1,252,920
.....	00-0000000	Cigna Cedar Holdings, Ltd.										
.....	98-1137759	Cigna Chestnut Holdings, Ltd.										
.....	27-3396038	Cigna Corporate Services, LLC										
.....	82-4991898	Cigna Corporation (A Delaware corporation and ultimate parent company)	3,135,000,000									3,135,000,000
.....	00-0000000	Cigna Data Services (Shanghai) Company Limited										
.....	59-2600475	Cigna Dental Health Of California, Inc.	(14,500,000)					1,121,429				(13,378,571)
.... 11175	59-2675861	Cigna Dental Health Of Colorado, Inc.	(2,000,000)					(829,879)				(2,829,879)
.... 95380	59-2676987	Cigna Dental Health Of Delaware, Inc.						(11,119)				(11,119)
.... 52021	59-1611217	Cigna Dental Health Of Florida, Inc.	(9,000,000)					(3,595,791)				(12,595,791)
.... 52024	59-2625350	Cigna Dental Health Of Illinois, Inc.	(250,000)					(212,152)				(462,152)
.... 52108	59-2619589	Cigna Dental Health Of Kansas, Inc.	(2,500,000)					(1,005,696)				(3,505,696)
.... 48119	20-2844020	Cigna Dental Health Of Kentucky, Inc.	(3,000,000)					(858,879)				(3,858,879)
.... 11160	06-1582068	Cigna Dental Health Of Missouri, Inc.	(1,500,000)					(460,611)				(1,960,611)
.... 11167	59-2308062	Cigna Dental Health Of New Jersey, Inc.	(1,498,000)					(1,566,826)				(3,064,826)
.... 95179	56-1803464	Cigna Dental Health Of North Carolina, Inc.						(650,843)				(650,843)
.... 47805	59-2579774	Cigna Dental Health Of Ohio, Inc.	(1,250,000)					(884,223)				(2,134,223)
.... 47041	52-1220578	Cigna Dental Health Of Pennsylvania, Inc.	(2,400,000)					(467,259)				(2,867,259)
.... 95037	59-2676977	Cigna Dental Health Of Texas, Inc.	(8,500,000)					(3,893,012)				(12,393,012)
.... 52617	52-2188914	Cigna Dental Health Of Virginia, Inc.	(1,600,000)					(571,707)				(2,171,707)
.... 47013	86-0807222	Cigna Dental Health Plan Of Arizona, Inc.	(3,500,000)					4,759,577				1,259,577
.....	59-2308055	Cigna Dental Health, Inc.	(6,502,000)					23,907,582				17,405,582
.... 58-1136865		Cigna Direct Marketing Company, Inc.										
.... 98-1155943		Cigna Elmwood Holdings, SPRL										
.....	00-0000000	Cigna Europe Insurance Company S.A.-N.V.										
.....	00-0000000	Cigna European Services (UK) Limited										
.....	62-1724116	Cigna Federal Benefits, Inc.										
.....	00-0000000	Cigna Formosa Management Services Company Limited										
.....	51-0389196	Cigna Global Holdings, Inc.	(184,961,692)	119,000,000				(18,755)				(65,980,447)
.... 68-0676638		Cigna Global Insurance Company Limited						(8,324,061)				(10,561,265)
.... 98-0210110		Cigna Global Reinsurance Company, Ltd.	37,000,000					(79,730)				(31,808,105)
.... 00-0000000		Cigna Global Wellbeing Holdings Limited						(68,728,375)				(182,113,537)
.... 00-0000000		Cigna Global Wellbeing Solutions Limited										

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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)
....67369	59-1031071	Cigna Health and Life Insurance Company .....	....(1,493,193,074)	....(243,399,283)			....(95,237,748)	....53,979,341			....(1,777,850,764)	....173,274,050
	62-1312478	Cigna Health Corporation .....	....(14,000,000)				....90,570,713				....76,570,713	
	23-1728483	Cigna Health Management, Inc. ....		....75,000,000			....24,029,474				....99,029,474	
	00-0000000	Cigna Health Solution India Pvt. Ltd.										
	23-2741293	Cigna Healthcare Benefits, Inc.										
	00-0000000	Cigna Healthcare Eastern Technology Services Company										
	84-0985843	Cigna Healthcare Holdings, Inc.										
....95599	52-1404350	Cigna HealthCare Mid-Atlantic, Inc.										
....95125	86-0334392	Cigna HealthCare of Arizona, Inc. ....					....(26,380,737)	....488,754			....(25,891,983)	....586,999
....95604	95-3310115	Cigna HealthCare of California, Inc. ....	....(9,000,000)				....(27,380,310)	....5,664,132			....(30,716,178)	....3,961,976
....95660	84-1004500	Cigna HealthCare of Colorado, Inc. ....		....9,000,000			....(8,153,699)	....(35,565)			....810,736	....14,703
....95136	06-1141174	Cigna HealthCare of Connecticut, Inc. ....					....(675,816)	....(855)			....(676,671)	....299
....96229	59-2089259	Cigna HealthCare of Florida, Inc. ....					....(381,358)	....(81,810)			....(463,168)	....26,633
....95602	58-1641057	Cigna HealthCare of Georgia, Inc. ....		....170,000,000			....(65,137,149)	....6,351,021			....111,213,872	....13,004
....95525	36-3385638	Cigna HealthCare of Illinois, Inc. ....					....(11,163,690)	....941,278			....(10,222,412)	....677,061
....95477	35-1679172	Cigna HealthCare of Indiana, Inc. ....					....(7,323)	....(795)			....(8,118)	....345
....95220	01-0418220	Cigna HealthCare of Maine, Inc.										
....95493	02-0402111	Cigna HealthCare of Massachusetts, Inc.										
....95500	02-0387749	Cigna HealthCare of New Hampshire, Inc. ....					....(6,023)				....(6,023)	
....95132	22-2720890	Cigna HealthCare of New Jersey, Inc. ....	....(5,500,000)				....(13,504)	....(1,890)			....(5,515,394)	....1,288,978
....95121	56-1479515	Cigna HealthCare of North Carolina, Inc. ....		....22,000,000			....(50,180,992)	....1,998,941			....(26,182,051)	....4,580
....95708	23-2301807	Cigna HealthCare of Pennsylvania, Inc.										
....95635	06-1185590	Cigna HealthCare of South Carolina, Inc. ....					....(10,967,141)	....(2,985)			....(10,970,126)	....1,111
....95606	36-3359925	Cigna HealthCare of St. Louis, Inc. ....					....(2,687,357)	....(34,530)			....(2,721,887)	....11,813
....95383	62-1218053	Cigna HealthCare of Tennessee, Inc. ....					....(2,311,538)				....(2,311,538)	....173,840
....95518	74-2767437	Cigna HealthCare of Texas, Inc. ....	....(7,500,000)	....60,000,000			....(4,399,408)	....1,960,390			....50,060,982	....360,355
	02-0495422	Cigna Healthcare, Inc. ....					....13,330				....13,330	
	00-0000000	Cigna HLA Technology Services Company Limited										
	06-1059331	Cigna Holding Company .....	....83,300,000				....(6,550)				....83,293,450	
	23-3009279	Cigna Holdings Overseas, Inc.										
	06-1072796	Cigna Holdings, Inc. ....	....101,661,692	....(1,227,000,000)			....(82,801)				....(1,125,421,109)	
	00-0000000	Cigna Hong Kong Holdings Company Limited										
....65269	27-1903785	Cigna Insurance Agency, LLC										
	75-2305400	Cigna Insurance Company .....						....(27,046)				....(27,046)
	00-0000000	Cigna Insurance Management Services (DIFC), Ltd.										
	00-0000000	Cigna Insurance Middle East S.A.L.										
	00-0000000	Cigna Insurance Services (Europe) Limited										
	23-2924152	Cigna Integratedcare, Inc.										
	51-0402128	Cigna Intellectual Property, Inc.										
	51-0111677	Cigna International Corporation, Inc.(7,628,030)			(7,628,030)	

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

1 NAIC Company Code	2 ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred Under Reinsurance Agreements	10 *	11 Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	12 Totals	13 Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
.....	52-0291385	Cigna International Finance, Inc.										
.....	00-0000000	Cigna International Health Services Kenya Limited										
.....	00-0000000	Cigna International Health Services Sdn. Bhd.										
.....	00-0000000	Cigna International Health Services, BVBA										
.....	30-0526216	Cigna International Health Services, LLC										
.....	00-0000000	Cigna International Marketing (Thailand) Limited										
.....	00-0000000	Cigna International Services Australia Pty Ltd.										
.....	23-2610178	Cigna International Services, Inc.										
.....	06-1095823	Cigna Investment Group, Inc.						(1,232)				(1,232)
.....	06-0861092	Cigna Investments, Inc.						48,880,958				48,880,958
.....	98-1146864	Cigna Laurel Holdings, Ltd.										
.....	00-0000000	Cigna Legal Protection U.K. Ltd.										
.....	AA-1560515	Cigna Life Insurance Company of Canada						(6,916,463)				(6,916,463)
.....	AA-1240009	Cigna Life Insurance Company of Europe S.A.-N.V.										(3,589)
.....	46-4110289	Cigna Linden Holdings, Inc.						(3,589)				
.....	98-1232512	Cigna Magnolia Holdings, Ltd.										
.....	23-2741294	Cigna Managed Care Benefits Company						24,431,542				24,431,542
.....	89-3374500	Cigna Management Company LLC										(1,050,000,000)
.....	98-1154657	Cigna Myrtle Holdings, Ltd.										
.....	61727	Cigna National Health Insurance Company	3,253,804	746,196				(16,049,058)				(12,049,058)
.....	00-0000000	Cigna Nederland Gamma B.V.										
.....	00-0000000	Cigna Oak Holdings, Ltd.										
.....	98-1232443	Cigna Palmetto Holdings, Ltd.										
.....	46-4099800	Cigna Poplar Holdings, Inc.										
.....	06-1071502	Cigna RE Corporation		100,000								100,000
.....	06-1567902	Cigna Resource Manager, Inc.										
.....	00-0000000	Cigna Services Middle East FZE										
.....	00-0000000	Cigna Spruce Holdings GmbH										
.....	00-0000000	Cigna Teak Holdings, LLC										
.....	00-0000000	Cigna Turkey Danismanlik Hizmetleri, A.S (A/K/A Cigna Turkey Consultancy Services, A.S.)										
.....	83-1069280	Cigna Ventures, LLC		113,638,329								113,638,329
.....	00-0000000	Cigna Walnut Holdings, Ltd.										
.....	00-0000000	Cigna Willow Holdings, Ltd.										
.....	00-0000000	Cigna Worldwide General Insurance Company Limited										
.....	90859	Cigna Worldwide Insurance Company	(37,000,000)					120,000				(36,880,000)
	23-2088429											1,717,790

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		Claims and Risk Services Limited										
		ManipalCigna Health Insurance Company Limited										
		Community Health Network, LLC										
		Connecticut General Benefit Payments, Inc.										
		Connecticut General Corporation										
62308	06-0303370	Connecticut General Life Insurance Company		74,900,000							74,896,875	
		(70,000,000)		1,170,065								
		CPI-CII 9171 Wilshire JV LLC										
		CR Washington Street Investors LP										
		CuraScript, Inc.										
		Deco Apartments JV LLC										
		Deco Apartments Owner LLC										
		Diversified NY IPA, Inc.										
		Diversified Pharmaceutical Services, Inc.										
		27-3542089 Econdisc Contracting Solutions, LLC										
		00-0000000 Egyptian Emirates Administration Services SAE										
		00-0000000 ESI Canada										
		00-0000000 ESI GP Canada ULC										
		43-1925556 ESI GP Holdings, Inc.										
		00-0000000 ESI GP2 Canada ULC										
		74-2974964 ESI Mail Order Processing, Inc. (f/k/a NXI)										
		43-1867735 ESI Mail Pharmacy Service, Inc.										
		43-1925562 ESI Partnership										
		41-2006555 ESI Resources, Inc.										
		92-1016132 ESSCH Holdings, Inc.										
		94-3107309 Evernorth Behavioral Health of California, Inc.										
		75-2751090 Evernorth Behavioral Health of Texas, Inc.										
		41-1648670 Evernorth Behavioral Health, Inc.		(135,000,000)								
		86-1465626 Evernorth Care Solutions, Inc.										
		32-0222252 Evernorth Direct Health, LLC										
		85-2732455 Evernorth Enterprise Services, Inc.										
		85-2759151 Evernorth Sales Operations, Inc.										
		85-2717903 Evernorth Strategic Development, Inc.										
		46-4676347 eviCore 1, LLC										
		62-1615395 eviCore healthcare MS1, LLC						22,996,578				
13918	27-3175443 Express Reinsurance Company										22,996,578	
	41-2063830 Express Scripts Administrators LLC											
	00-0000000 Express Scripts Canada Co.											

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43-1942542		Express Scripts Canada Holding Co.										
27-1490640		Express Scripts Canada Holding, LLC										
00-0000000		Express Scripts Canada Services										
00-0000000		Express Scripts Canada Wholesale										
84-5003423		Express Scripts Health Information Network Partners, Inc.										
45-2884094		Evernorth Health, Inc.										
20-5826948		Express Scripts Pharmaceutical Procurement, LLC										
00-0000000		Express Scripts Pharmacy Atlantic, Ltd.										
00-0000000		Express Scripts Pharmacy Central, Ltd.										
00-0000000		Express Scripts Pharmacy Ontario, Ltd.										
00-0000000		Express Scripts Pharmacy West, Ltd.										
30-0789911		Express Scripts Pharmacy, Inc.										
22-3114423		Express Scripts Sales Operations, Inc.										
20-3126104		Express Scripts Senior Care Holdings, Inc.										
20-3126075		Express Scripts Senior Care, Inc.										
43-1832983		Express Scripts Services Co.										
43-1869712		Express Scripts Specialty Distribution Services, Inc.										
22-2230703		Express Scripts Strategic Development, Inc.										
43-1869714		Express Scripts Utilization Management Company										
43-1420563		Express Scripts, Inc.						98,890,987				98,890,987
00-0000000		FirstAssist Administration Limited										
23-1914061		Former Cigna Investments, Inc.							(54,237)			(54,237)
88-3762943		Forsyth Health, LLC										
02-0523249		Freco, Inc.										
20-3229217		Freedom Service Company, LLC										
00-0000000		Gillette Ridge Community Council, Inc.										
20-3700105		Gillette Ridge Golf, LLC										
95388	93-1174749	Great-West Healthcare of Illinois, Inc.										
	00-0000000	GRG Acquisitions LLC			(72,173)							(72,173)
	76-0657035	GulfQuest, LP						340,006,266				340,006,266
	87-3650143	Hartford Community Lender Holding LLC										
	87-3686301	Hartford Community Lender I LLC										
	52-2149519	Hazard Center Investment Company LLC										
	04-2992335	Healthbridge Reimbursement & Product Support, Inc.										
	26-2159005	Healthbridge, Inc.										
	46-2086778	Health-Lynx, LLC										
	06-1533555	Healthsource Benefits, Inc.										
	02-0467679	Healthsource Properties, Inc.										

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											Totals	
	02-0387748	Healthsource, Inc.	22,000,000	640,000,000			(1,190)				661,998,810	
12902	20-8534298	HealthSpring Life & Health Insurance Company, Inc.	150,000,000				(654,786,017)				(504,786,017)	
	20-8647386	HealthSpring Management of America, LLC ..	220,000,000				204,221,778				424,221,778	
11532	65-1129599	HealthSpring of Florida, Inc.		15,000,000			(54,567,289)				(39,567,289)	
	26-235372	HealthSpring Pharmacy of Tennessee, LLC ..										
	26-2353476	HealthSpring Pharmacy Services, LLC ..										
	72-1559530	HealthSpring USA, LLC ..					188,340,537				188,340,537	
	20-1821898	HealthSpring, Inc.					(401,898)				(401,898)	
	81-4139432	Heights at Bear Creek Borrower LLC ..										
	81-4139432	Heights at Bear Creek Mezzanine LLC ..										
	81-4139432	Heights at Bear Creek Venture LLC ..										
	20-4266628	Home Physicians Management, LLC ..										
	75-3108521	HouQuest, LLC ..										
	37-1708015	Houston Briar Forest Apartments Limited Partnership ..										
	95-4838551	Ideal Properties II LLC ..										
	35-2041388	IHN, Inc.					(1,482)				(1,482)	
	00-0000000	Independent Health Information Technology Services L.L.C.										
	82-1655179	Innovative Product Alignment, LLC ..										
	82-0658250	Inside RX, LLC ..										
	81-0425785	Intermountain Underwriters, Inc.					16,757				16,757	
	00-0000000	International Pharmaceutical Solutions, GmbH ..										
	84-3406799	JA Lofts Holdings, LLC ..										
	84-3395923	JA Lofts JV Limited Partnership ..										
	00-0000000	Kuwait Emirates Administration Services WLL ..										
	20-8064696	Kronos Optimal Health Company ..					(2,608)				(2,608)	
	47-5292506	L&C Investments, LLC ..										
	47-4375626	Lakehills CM-CG LLC ..										
65722	63-0343428	Loyal American Life Insurance Company ..	(21,017,979)	(3,982,021)			(72,873,882)				(97,873,882)	
	58-2593075	Lynnfield Compounding Center, Inc.										
	04-3546044	Lynnfield Drug, Inc.										
	27-1506930	MAH Pharmacy, LLC ..										
	80-0908244	Mallory Square Partners I, LLC ..										
	88-0241365	Managed Care Consultants, Inc.										
	51-0500147	Matrix GPO, LLC ..										
	59-3720653	Matrix Healthcare Services, Inc.										
	06-1346406	MCC Independent Practice Association of New York, Inc.					(24,264)				(24,264)	
	45-4937055	MDLive, Inc.										
	00-0000000	MDLive LLC ..										

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		00-0000000 MDLivevisit, LLC										
		00-0000000 MDLive Provider Services, LLC										
34720	13-3506395	Medco Containment Insurance Company of NY										
63762	42-1425239	Medco Containment Life Insurance Company		90,000,000								86,452,710
	27-3709630	Medco Europe II, LLC		(32,300,000)				(3,547,290)				(141,702,181)
	46-2166374	Medco Europe, LLC						(109,402,181)				
	84-5017653	Medco Health Information Network Partners, Inc.										
	81-0616525	Medco Health Puerto Rico, LLC										
	26-3544786	Medco Health Services, Inc.										
	22-3461740	Medco Health Solutions, Inc.	32,300,000	(90,000,000)								(57,700,000)
	88-0334401	Mediversal, Inc.										
	27-3801345	MedSolutions Holdings, Inc.										
	87-2810715	Montclair 11 Pine Operating Company LLC										
	87-2810715	Montclair 11 Pine Urban Renewal LLC										
	87-2772585	Montclair Residences JV LLC										
	32-0071543	MSI Health Organization of Texas, Inc.						(2,015,236)				(2,015,236)
	27-5492993	MSI HT, LLC										
	27-5493148	MSI LT, LLC										
	27-5493321	MSI SAR-GW, LLC										
	86-1090522	MSIAZ I, LLC										
	20-1749733	MSICA I, LLC										
	20-1222347	MSICO I, LLC										
	55-0840800	MSIFL, LLC										
	26-0181185	MSIMD I, LLC										
	74-3122235	MSINC I, LLC										
	11-3715243	MSINH II, LLC										
	03-0524694	MSINH, LLC										
	20-1749446	MSINJ I, LLC										
	20-1761914	MSINV I, LLC										
	55-0840806	MSISC II, LLC										
	26-0336736	MSIVT I, LLC										
	20-2536458	MSIWA, LLC										
	36-4833284	MyM Technology Services, LLC										
	82-1350878	myMatrixx Holdings, LLC										
	46-2589799	myMatrixx-B, LLC										
	00-0000000	NAS Administrative Services Company LLC										
	00-0000000	NAS Neuron Health Services, L.L.C.										
	00-0000000	NAS United SPV										
	00-0000000	Neuron LLC										
	52-1929677	NewQuest Management Northeast, LLC						191,223,519				191,223,519
	33-1033586	NewQuest Management of Alabama, LLC						261,792,525				261,792,525
	20-4954206	NewQuest Management of Florida, LLC						38,704,353				38,704,353

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

1 NAIC Company Code	2 ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred Under Reinsurance Agreements	10 *	11 Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	12	13 Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
											Totals	
	77-0632665	NewQuest Management of Illinois, LLC						35,618,531				35,618,531
	45-0633893	NewQuest Management of West Virginia, LLC										
	76-0628370	NewQuest, LLC	(590,000,000)					(1,323,856)				(591,323,856)
	82-5244890	Octave Health Group, Inc.										
	91-1599329	Olympic Health Management Services, Inc.										
	91-1500758	Olympic Health Management Systems, Inc.										
	80-0818758	Patient Provider Alliance, Inc.										
	35-1927379	Priority Healthcare Corporation										
	59-3761140	Priority Healthcare Distribution, Inc.										
67903	23-1335885	Provident American Life & Health Insurance Company	(3,253,804)	(746,196)				(174,085)				(4,174,085)
	00-0000000	PT GAR Indonesia										
	45-5046449	PUR Arbors Apartments Venture LLC										
	46-1801639	QualCare Management Resources Limited Liability Company										
	00-0000000	Quallent Pharmaceuticals Holdings LP										
	00-0000000	Quallent Pharmaceuticals Health LLC						(12,587)				(12,587)
	45-5569416	QPID Health, LLC										
	83-1460134	Rise-CG Capitol Hill, LP										
	84-3254168	Rise-CG JA Lofts Limited Partnership										
	35-1641636	Sagamore Health Network, Inc.						967,340				967,340
	46-3593103	SB-SNH LLC										
	95-2876207	Secon Properties, LP										
	82-1732483	SOMA Apartments Venture LLC										
	82-4405071	Specialty Products Acquisitions, LLC										
	61-1317695	SpectraCare Health Care Ventures, Inc.										
	61-1147068	SpectraCare, Inc.										
77399	13-1867829	Sterling Life Insurance Company	(10,788,947)	788,947				(1,877,893)				(11,877,893)
	47-2658932	Strategic Pharmaceutical Investments, LLC										
	00-0000000	SureScripts, LLC										
	87-0903685	Swedesford Road Apartments, LLC										
	22-3474888	Systemed, LLC										
	23-3074013	Tel-Drug of Pennsylvania, LLC										
	46-0427127	Tel-Drug, Inc.										
	00-0000000	Temple Insurance Company Limited						(34,500)				(34,500)
	20-5524622	Tennessee Quest, LLC										
	75-3108527	TexQuest, LLC										
	85-1955731	The Flats at Interbay Holdings, LLC										
	85-1955075	The Flats at Interbay JV Limited Partnership										
	85-1962013	The Flats at Interbay Limited Partnership										
	46-5264463	Trainer Rx, Inc.										

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Loyal American Life Insurance Company

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

1 NAIC Company Code	2 ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred Under Reinsurance Agreements	10 *	11 Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	12	13 Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
.....	00-0000000	Transwestern Federal, L.L.C.										
.....	00-0000000	Transwestern Federal Holdings, L.L.C.										
.....	88-0344624	Universal Claims Administration										
.....	98-0463704	Vielife Services, Inc.										
.....	00-0000000	Verity Solutions Group, Inc.										
.....	00-0000000	Westcore CG AC, LLC										
.....	84-3178563	Westcore CG Camelback, LLC										
.....	84-3178563	Westcore CG Cedar Port, LLC										
.....	00-0000000	Westcore CG Commerce, LLC										
.....	84-3178563	Westcore CG Dove Valley I, LLC										
.....	84-3178563	Westcore CG Dove Valley II, LLC										
.....	84-3178563	Westcore CG Eisenhauer, LLC										
.....	84-3178563	Westcore CG II Eisenhauer, LLC										
.....	84-3178563	Westcore CG Fountain Lakes, LLC										
.....	84-3178563	Westcore CG Gateway, LLC										
.....	84-3178563	Westcore CG I-35, LLC										
.....	84-3178563	Westcore CG Navy, LLC										
.....	84-3178563	Westcore CG Potomac Park, LLC										
.....	84-3178563	Westcore CG Solano, LLC										
.....	84-3178563	Westcore CG Susana, LLC										
.....	00-0000000	Westcore CG Venture, LLC										
.....	87-3624928	Westcore CG Venture II, LLC										
.....	87-3624928	Westcore CG II AC, LLC										
.....	87-3624928	Westcore CG II Park 225, LLC										
.....	87-3624928	Westcore CG II Union Cross, LLC										
.....	00-0000000	Willow DSP LLC										
.....	00-0000000	YCFM Servicos LTDA										
9999999 Control Totals									1	XXX		1

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Loyal American 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 5 Over Column 6 (Yes/No)	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.....
	Provident American Life and Health Insurance Company						
Cigna Insurance Company		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.....

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Loyal American 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 5 Over Column 6 (Yes/No)	8 Granted Disclaimer of Control\\ Affiliation of Column 5 Over Column 6 (Yes/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.....
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.....

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES**REQUIRED FILINGS**

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
SUPPLEMENTAL FILINGS		
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?	YES
16.	Will the actuarial opinion on Separate Accounts Funding Guaranteed Minimum Benefit be filed with the state of domicile and electronically with the NAIC by March 1?	NO
17.	Will the actuarial opinion on Synthetic Guaranteed Investment Contracts be filed with the state of domicile and electronically with the NAIC by March 1?	NO
18.	Will the Reasonableness of Assumptions Certification required by Actuarial Guideline XXXV be filed with the state of domicile and electronically with the NAIC by March 1?	NO
19.	Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXV be filed with the state of domicile and electronically with the NAIC by March 1?	YES
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

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

26. Will the actuarial opinion required by the Modified Guaranteed Annuity Model Regulation be filed with the state of domicile and electronically with the NAIC by March 1?	NO
27. Will the Actuarial Certification regarding the use of 2001 Preferred Class Tables required by the Model Regulation Permitting the Recognition of Preferred Mortality Tables for Use in Determining Minimum Reserve Liabilities be filed with the state of domicile and electronically with the NAIC by March 1?	NO
28. Will the Worker's Compensation Carve-Out Supplement be filed by March 1? (Not applicable to fraternal benefit societies)	NO
29. Will Supplemental Schedule O be filed with the state of domicile and the NAIC by March 1?	YES
30. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	NO
31. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	NO
32. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	NO
33. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?	NO
34. Will the VM-20 Reserves Supplement be filed with the state of domicile and the NAIC by March 1?	YES
35. Will the Health Care Receivables Supplement be filed with the state of domicile and the NAIC by March 1?	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?	YES
38. Will the Credit Insurance Experience Exhibit be filed with the state of domicile and the NAIC by April 1? (Not applicable to fraternal benefit societies)	NO
39. Will the Accident and Health Policy Experience Exhibit be filed by April 1?	YES
40. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	NO
41. Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile and the NAIC by April 1?	NO
42. Will the confidential Actuarial Memorandum required by Actuarial Guideline XXXVIII 8D be filed with the state of domicile by April 30?	NO
43. Will the Supplemental Term and Universal Life Insurance Reinsurance Exhibit be filed with the state of domicile and the NAIC by April 1?	YES
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.	
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.	
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.	
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.	
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]

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]

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

21. Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI [Document Identifier 448]

22. Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Market Value) [Document Identifier 449]

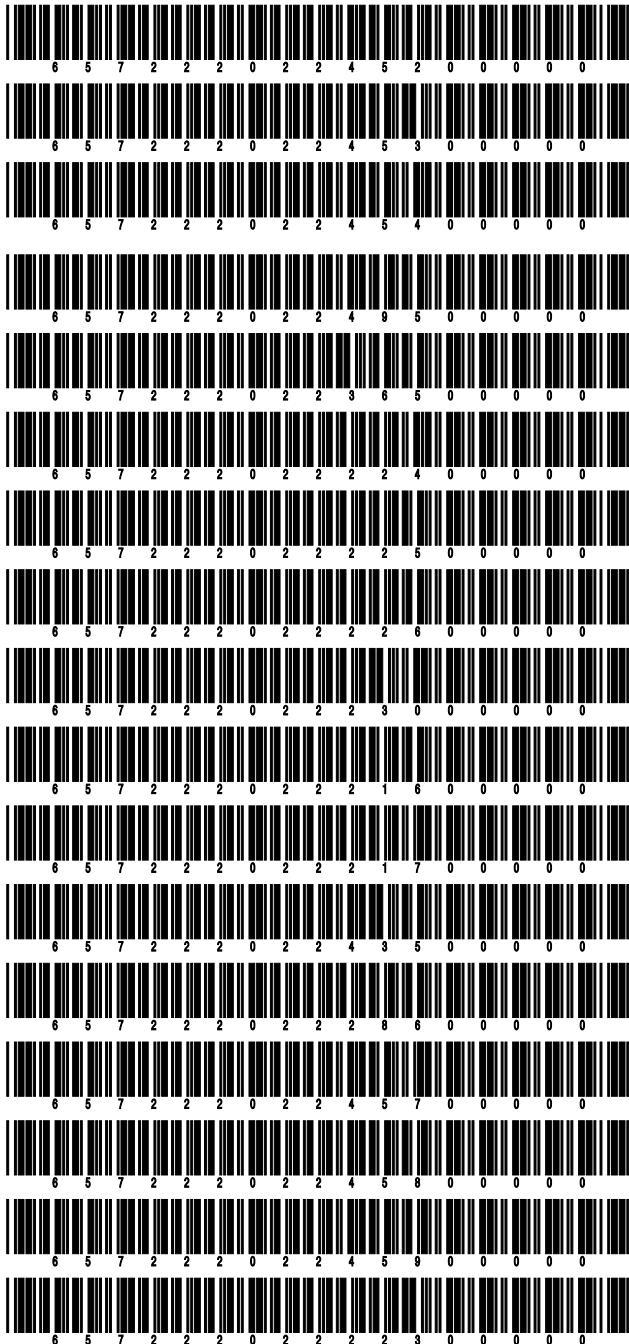
23. C-3 RBC Certifications Required Under C-3 Phase I [Document Identifier 450]

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



SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

- 25. Actuarial Certifications Related to Annuity Nonforfeiture Ongoing Compliance for Equity Indexed Annuities [Document Identifier 452]
- 26. Modified Guaranteed Annuity Model Regulation [Document Identifier 453]
- 27. Actuarial Certification regarding the use of 2001 Preferred Class Tables required by the Model Regulation Permitting the Recognition of Preferred Mortality Tables for Use in Determining Minimum Reserve Liabilities [Document Identifier 454]
- 28. Workers' Compensation Carve-Out Supplement [Document Identifier 495]
- 30. Medicare Part D Coverage Supplement [Document Identifier 365]
- 31. Relief from the five-year rotation requirement for lead audit partner [Document Identifier 224]
- 32. Relief from the one-year cooling off period for independent CPA [Document Identifier 225]
- 33. Relief from the Requirements for Audit Committees [Document Identifier 226]
- 38. Credit Insurance Experience Exhibit [Document Identifier 230]
- 40. Supplemental Health Care Exhibit (Parts 1, 2 and 3) [Document Identifier 216]
- 41. Supplemental Health Care Exhibit's Expense Allocation Report [Document Identifier 217]
- 42. Actuarial Memorandum Required by Actuarial Guideline XXXVIII 8D [Document Identifier 435]
- 44. Variable Annuities Supplement [Document Identifier 286]
- 45. Executive Summary of the PBR Actuarial Report [Document Identifier 457]
- 46. Life Summary of the PBR Actuarial Report [Document Identifier 458]
- 47. Variable Annuities Summary of the PBR Actuarial Report [Document Identifier 459]
- 48. Management's Report of Internal Control Over Financial Reporting [Document Identifier 223]



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Loyal American Life Insurance Company
OVERFLOW PAGE FOR WRITE-INS

Additional Write-ins for Exhibit 2 Line 9.3

	Insurance			5 Investment	6 Fraternal	7 Total			
	1 Life	Accident and Health							
		2 Cost Containment	3 All Other						
09.304. Purchased Services	27,924		3,312,861			3,340,785			
09.397. Summary of remaining write-ins for Line 9.3 from overflow page	27,924		3,312,861			3,340,785			

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Loyal American Life Insurance Company
OVERFLOW PAGE FOR WRITE-INS

Additional Write-ins for Schedule H Part 1 Line 11

	Total		Comprehensive (Hospital and Medical) Individual		Comprehensive (Hospital and Medical) Group		Medicare Supplement		Vision Only		Dental Only		Federal Employees Health Benefits Plan	
	1 Amount	2 %	3 Amount	4 %	5 Amount	6 %	7 Amount	8 %	9 Amount	10 %	11 Amount	12 %	13 Amount	14 %
1104. PDF Interest	(1)	0.0												
1197. Summary of remaining write-ins for Line 11 from overflow page	(1)	0.0												

Additional Write-ins for Schedule H Part 1 Line 11

	Medicare Title XVIII		Medicaid Title XIX		Credit A&H		Disability Income		Long-Term Care		Other Health	
	15 Amount	16 %	17 Amount	18 %	19 Amount	20 %	21 Amount	22 %	23 Amount	24 %	25 Amount	26 %
1104. PDF Interest								0.0			(1)	0.0
1197. Summary of remaining write-ins for Line 11 from overflow page								0.0			(1)	0.0



SUPPLEMENT FOR THE YEAR 2022 OF THE Loyal American Life Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2022
 (To Be Filed by March 1)

FOR THE STATE OF Alabama.....

NAIC Group Code 0901

NAIC Company Code 65722

ADDRESS (City, State and Zip Code) Cleveland, OH 44114

Person Completing This Exhibit Daniel E. Paffumi, FSA, MAAA

Title Appointed Actuary

Telephone Number 330-241-1245

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2019				Policies Issued in 2020; 2021; 2022			
										11	Incurred Claims		14	15	Incurred Claims		18
											Premiums Earned	12	13		16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name					Number of Covered Lives	Premiums Earned	Amount	Number of Covered Lives
.....YES.....	L-6200-AL	H.....	NO.....	0034000	08/29/2008 .....	.....	.....	05/31/2010	Senior Class Medicare Supplement Insurance Plan	5,678	2,304	40.6	1				
.....YES.....	L-6202-AL	J.....	NO.....	0034000	08/29/2008 .....	.....	.....	05/31/2010	Senior Class Medicare Supplement Insurance Plan	60,497	21,997	36.4	8				
.....YES.....	LOYAL-MS-AA-F-AL	F.....	NO.....	0034000	06/01/2010 .....	.....	.....	09/30/2016	Modernized Medicare Supplement Insurance Plan	570,640	292,835	51.3	134				
.....YES.....	LOYAL-MS-AA-G-AL	G.....	NO.....	0034000	06/01/2010 .....	.....	.....	09/30/2016	Modernized Medicare Supplement Insurance Plan	198,742	94,037	47.3	51				
.....YES.....	LOYAL-MS-AA-N-AL	N.....	NO.....	0034000	06/01/2010 .....	.....	.....	09/30/2016	Modernized Medicare Supplement Insurance Plan	97,079	74,582	76.8	35				
0199999. Total Experience on Individual Policies										932,636	485,755	52.1	229				
0299999. Total Experience on Group Policies																	

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: 11501 Alterra Parkway, Suite 500 Austin, TX 78758
 - 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: 11501 Alterra Parkway, Suite 500 Austin, TX 78758
 - Contact Person and Phone Number: David Brosig 1-866-459-4272
- Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2022 OF THE Loyal American Life Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2022
(To Be Filed by March 1)

FOR THE STATE OF Alaska.....
NAIC Group Code 0901 NAIC Company Code 65722
ADDRESS (City, State and Zip Code) Cleveland, OH 44114
Person Completing This Exhibit Daniel E. Paffumi, FSA, MAAA
Title Appointed Actuary Telephone Number 330-241-1245

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2019				Policies Issued in 2020; 2021; 2022			
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12	13	Percent of Premiums Earned		Premiums Earned	16	17	Number of Covered Lives
YES	LOYAL-MS-AA-F-AK	F.	NO	0034000	05/02/2013				Modernized Medicare Supplement Insurance Plan	131,595	124,701	94.8	41	17,080	8,688	50.9	7
YES	LOYAL-MS-AA-G-AK	G.	NO	0034000	05/02/2013				Modernized Medicare Supplement Insurance Plan	370,547	461,920	124.7	171	215,374	167,979	78.0	135
YES	LOYAL-MS-AA-N-AK	N.	NO	0034000	05/02/2013				Modernized Medicare Supplement Insurance Plan	88,192	120,692	136.9	57	299,091	297,911	99.6	261
YES	LOYAL-MSD-AA-A- AK	A.	NO	0204000	08/21/2013				Modernized Medicare Supplement Insurance Plan								
YES	LOYAL-MSD-AA-F- AK	F.	NO	0204000	08/21/2013				Modernized Medicare Supplement Insurance Plan	27,393	28,729	104.9	9	16,665	16,785	100.7	6
YES	LOYAL-MSD-AA-G- AK	G.	NO	0204000	08/21/2013				Modernized Medicare Supplement Insurance Plan	85,436	67,771	79.3	42	106,074	112,947	106.5	62
YES	LOYAL-MSD-AA-N- AK	N.	NO	0204000	08/21/2013				Modernized Medicare Supplement Insurance Plan	18,209	14,028	77.0	14	60,063	46,980	78.2	49
YES	LOYAL-MSX-AA-F- AK	F.	NO	0030500	09/15/2015				Modernized Medicare Supplement Insurance Plan	95,116	95,453	100.4	28	2,463	1,143	46.4	1
YES	LOYAL-MSX-AA-G- AK	G.	NO	0030500	09/15/2015				Modernized Medicare Supplement Insurance Plan	74,842	36,780	49.1	27	25,266	11,245	44.5	12
YES	LOYAL-MSX-AA- HDF-AK	F.	NO	0030500	09/15/2015				Modernized Medicare Supplement Insurance Plan	38,300	8,061	21.0	34	7,958	2,270	28.5	8
YES	LOYAL-MSX-AA-N- AK	N.	NO	0030500	09/15/2015				Modernized Medicare Supplement Insurance Plan	83,718	70,446	84.1	33	19,379	7,103	36.7	10
0199999. Total Experience on Individual Policies										1,013,348	1,028,581	101.5	456	769,413	673,051	87.5	551
0299999. Total Experience on Group Policies																	



SUPPLEMENT FOR THE YEAR 2022 OF THE Loyal American Life Insurance Company

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: 11501 Alterra Parkway, Suite 500 Austin, TX 78758
- 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: 11501 Alterra Parkway, Suite 500 Austin, TX 78758
- 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 2022 OF THE Loyal American Life Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2022
 (To Be Filed by March 1)

FOR THE STATE OF Arizona

NAIC Group Code 0901

NAIC Company Code 65722

ADDRESS (City, State and Zip Code) Cleveland, OH 44114

Person Completing This Exhibit Daniel E. Paffumi, FSA, MAAA

Title Appointed Actuary

Telephone Number 330-241-1245

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2019				Policies Issued in 2020; 2021; 2022			
										11	Incurred Claims		14	15	Incurred Claims		18
											Premiums Earned	12	13		16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name					Number of Covered Lives	Premiums Earned	Amount	Number of Covered Lives
.....YES.....	L-5233-AZ	D.....	.....NO.....	0034000	11/22/2005 .....	.....	.....	05/31/2010	Senior Class Medicare Supplement Insurance Plan	4,007	3,325	83.0	1				
.....YES.....	L-5234-AZ	F.....	.....NO.....	0034000	11/22/2005 .....	.....	.....	05/31/2010	Senior Class Medicare Supplement Insurance Plan	17,599	10,299	58.5	4				
.....YES.....	LOYAL-MS-IA-F-AZ	F.....	.....NO.....	0034000	06/01/2010 .....	.....	.....	09/30/2016	Modernized Medicare Supplement Insurance Plan	51,388	29,102	56.6	11				
.....YES.....	LOYAL-MS-IA-G-AZ	G.....	.....NO.....	0034000	06/01/2010 .....	.....	.....	09/30/2016	Modernized Medicare Supplement Insurance Plan	21,646	15,259	70.5	6				
.....YES.....	LOYAL-MS-IA-N-AZ	N.....	.....NO.....	0034000	06/01/2010 .....	.....	.....	09/30/2016	Modernized Medicare Supplement Insurance Plan	3,380	207	6.1	1				
0199999. Total Experience on Individual Policies										98,020	58,192	59.4	23				
0299999. Total Experience on Group Policies																	

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: 11501 Alterra Parkway, Suite 500 Austin, TX 78758
 - 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: 11501 Alterra Parkway, Suite 500 Austin, TX 78758
 - Contact Person and Phone Number: David Brosig 1-866-459-4272
- Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2022 OF THE Loyal American Life Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2022

(To Be Filed by March 1)

FOR THE STATE OF Arkansas
 NAIC Group Code 0901 NAIC Company Code 65722
 ADDRESS (City, State and Zip Code) Cleveland, OH 44114
 Person Completing This Exhibit Daniel E. Paffumi, FSA, MAAA
 Title Appointed Actuary Telephone Number 330-241-1245

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2019				Policies Issued in 2020; 2021; 2022			
										11	Incurred Claims		14	15	Incurred Claims		18
											Premiums Earned	12	13		Premiums Earned	16	17	Percent of Premiums Earned	Number of Covered Lives
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name								
.....YES.....	L-5234-AR	F.....	NO.....	0034060	09/22/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	62,702	49,011	78.2	23				
.....YES.....	LOYAL-MS-CR-D-AR	D.....	NO.....	0034000	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	6,133	2,377	38.8	2				
.....YES.....	LOYAL-MS-CR-F-AR	F.....	NO.....	0034000	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	1,767,484	1,484,207	84.0	527				
.....YES.....	LOYAL-MS-CR-G-AR	G.....	NO.....	0034000	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	371,789	251,702	67.7	129				
.....YES.....	LOYAL-MS-CR-N-AR	N.....	NO.....	0034000	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	313,197	245,581	78.4	146				
0199999. Total Experience on Individual Policies										2,521,305	2,032,878	80.6	827				
0299999. Total Experience on Group Policies																	

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: 11501 Alterra Parkway, Suite 500 Austin, TX 78758
 - 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: 11501 Alterra Parkway, Suite 500 Austin, TX 78758
 - Contact Person and Phone Number: David Brosig 1-866-459-4272
- Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2022 OF THE Loyal American Life Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2022

(To Be Filed by March 1)

FOR THE STATE OF California
 NAIC Group Code 0901 NAIC Company Code 65722
 ADDRESS (City, State and Zip Code) Cleveland, OH 44114
 Person Completing This Exhibit Daniel E. Paffumi, FSA, MAAA
 Title Appointed Actuary Telephone Number 330-241-1245

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2019				Policies Issued in 2020; 2021; 2022			
										11	Incurred Claims		14	15	Incurred Claims		18
											Premiums Earned	12	13		Premiums Earned	17	Number of Covered Lives
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name								
.....YES.....	LOYAL-MS-AA-A-CA	A.....	NO.....	0034060	04/02/2014				Modernized Medicare Supplement Insurance Plan	9,052	4,186	46.2	3				
.....YES.....	LOYAL-MS-AA-F-CA	F.....	NO.....	0034060	04/02/2014				Modernized Medicare Supplement Insurance Plan	14,966,479	12,301,643	82.2	3,574	150,618	84,041	55.8	42
.....YES.....	LOYAL-MS-AA-G-CA	G.....	NO.....	0034000	04/02/2014				Modernized Medicare Supplement Insurance Plan	11,965,922	9,847,024	82.3	4,225	1,651,248	1,413,459	85.6	611
.....YES.....	LOYAL-MS-AA-N-CA	N.....	NO.....	0034060	04/02/2014				Modernized Medicare Supplement Insurance Plan	5,218,350	4,399,099	84.3	2,233	1,728,252	1,301,827	75.3	812
0199999. Total Experience on Individual Policies										32,159,803	26,551,952	82.6	10,035	3,530,118	2,799,327	79.3	1,465
0299999. Total Experience on Group Policies																	

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: 11501 Alterra Parkway, Suite 500 Austin, TX 78758
 - 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: 11501 Alterra Parkway, Suite 500 Austin, TX 78758
 - Contact Person and Phone Number: David Brosig 1-866-459-4272
- Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2022 OF THE Loyal American Life Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2022

(To Be Filed by March 1)

FOR THE STATE OF Colorado.....

NAIC Group Code 0901

NAIC Company Code 65722

ADDRESS (City, State and Zip Code) Cleveland, OH 44114

Person Completing This Exhibit Daniel E. Paffumi, FSA, MAAA

Title Appointed Actuary

Telephone Number 330-241-1245

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2019			14	Policies Issued in 2020; 2021; 2022			
										11	Incurred Claims			15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12	13	Number of Covered Lives	Premiums Earned	16	17	Number of Covered Lives
.....YES.....	LOYAL-MS-AA-F-C0	F.....	NO.....	0034060	06/01/2010 .....	.....	.....	11/01/2016	Modernized Medicare Supplement Insurance Plan	658,235	425,321	64.6	152	.....	.....	.....
.....YES.....	LOYAL-MS-AA-G-C0	G.....	NO.....	0034060	06/01/2010 .....	.....	.....	11/01/2016	Modernized Medicare Supplement Insurance Plan	199,177	146,213	73.4	56	.....	.....	.....
.....YES.....	LOYAL-MS-AA-N-C0	N.....	NO.....	0034060	06/01/2010 .....	.....	.....	11/01/2016	Modernized Medicare Supplement Insurance Plan	18,803	18,292	97.3	5	.....	.....	.....
0199999. Total Experience on Individual Policies																	
0299999. Total Experience on Group Policies																	

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: 11501 Alterra Parkway, Suite 500 Austin, TX 78758
 - 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: 11501 Alterra Parkway, Suite 500 Austin, TX 78758
 - 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 2022 OF THE Loyal American Life Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2022

(To Be Filed by March 1)

FOR THE STATE OF Connecticut.....

NAIC Group Code 0901 NAIC Company Code 65722

ADDRESS (City, State and Zip Code) Cleveland, OH 44114

Person Completing This Exhibit Daniel E. Paffumi, FSA, MAAA

Title Appointed Actuary Telephone Number 330-241-1245

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2019				Policies Issued in 2020; 2021; 2022			
										11	Incurred Claims		14	15	Incurred Claims		18
											Premiums Earned	12	13		16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Amount	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
.....YES.....	LOYAL-MS-CR-A-CT	A.....	NO.....	0034060	11/08/2013 .....	.....	.....	.....	Modernized Medicare Supplement Insurance Plan	15,725	16,209	103.1	4	.....	.....	.....	.....
.....YES.....	LOYAL-MS-CR-F-CT	F.....	NO.....	0034000	11/08/2013 .....	.....	.....	.....	Modernized Medicare Supplement Insurance Plan	676,856	562,933	83.2	166	11,792	2,508	21.3	3
.....YES.....	LOYAL-MS-CR-G-CT	G.....	NO.....	0034000	11/08/2013 .....	.....	.....	.....	Modernized Medicare Supplement Insurance Plan	1,091,771	616,279	56.4	275	23,306	7,205	30.9	6
.....YES.....	LOYAL-MS-CR-N-CT	N.....	NO.....	0034000	11/08/2013 .....	.....	.....	.....	Modernized Medicare Supplement Insurance Plan	144,384	80,098	55.5	61	4,675	(143)	(3.1)	2
.....YES.....	LOYAL-MSD-CR-A-CT	A.....	NO.....	0204060	05/23/2014 .....	.....	.....	.....	Modernized Medicare Supplement Insurance Plan	12,298	20,182	164.1	3	.....	.....	.....	.....
0199999. Total Experience on Individual Policies										1,941,034	1,295,701	66.8	509	39,773	9,570	24.1	11
0299999. Total Experience on Group Policies										.....	.....	.....	.....	.....	.....	.....	.....

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: 11501 Alterra Parkway, Suite 500 Austin, TX 78758
 - 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: 11501 Alterra Parkway, Suite 500 Austin, TX 78758
 - Contact Person and Phone Number: David Brosig 1-866-459-4272
- Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2022 OF THE Loyal American Life Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2022
(To Be Filed by March 1)

FOR THE STATE OF Delaware

NAIC Group Code

NAIC Company Code

ADDRESS (City, State and Zip Code)

Person Completing This Report

Title

Telephone Number

NONE

NON-ELECTRONIC 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. 1395s-10(d) for this date.

2.1 Address: _____

2.2 Contact Person and Phone Number: _____

3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address: _____

3.2 Contact Person and Phone Number: _____

4. Explain any policies identified above as policy type "O". _____



SUPPLEMENT FOR THE YEAR 2022 OF THE Loyal American Life Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2022

(To Be Filed by March 1)

FOR THE STATE OF District of Columbia.....
 NAIC Group Code 0901 NAIC Company Code 65722
 ADDRESS (City, State and Zip Code) Cleveland, OH 44114
 Person Completing This Exhibit Daniel E. Paffumi, FSA, MAAA
 Title Appointed Actuary Telephone Number 330-241-1245

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2019				Policies Issued in 2020; 2021; 2022			
										11	Incurred Claims		14	15	Incurred Claims		18
											Premiums Earned	12	13	Percent of Premiums Earned	Premiums Earned	16	17	Percent of Premiums Earned
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name								Number of Covered Lives
YES	LOYAL-MS-AA-F-DC	F.	NO	0034000	05/09/2013				Modernized Medicare Supplement Insurance Plan	30,482	10,762	35.3	8				
YES	LOYAL-MS-AA-G-DC	G.	NO	0034000	05/09/2013				Modernized Medicare Supplement Insurance Plan	70,170	70,631	100.7	26	18,509	13,630	73.6	10
YES	LOYAL-MS-AA-N-DC	N.	NO	0034000	05/09/2013				Modernized Medicare Supplement Insurance Plan	10,978	21,833	198.9	6	2,138	529	24.7	2
YES	LOYAL-MSD-AA-A-DC	A.	NO	0204000	08/05/2013				Modernized Medicare Supplement Insurance Plan								
YES	LOYAL-MSD-AA-F-DC	F.	NO	0204000	08/05/2013				Modernized Medicare Supplement Insurance Plan	110,405	69,407	62.9	28	12,758	2,971	23.3	3
YES	LOYAL-MSD-AA-G-DC	G.	NO	0204000	08/05/2013				Modernized Medicare Supplement Insurance Plan	75,165	54,292	72.2	29	29,476	12,159	41.3	16
YES	LOYAL-MSD-AA-N-DC	N.	NO	0204000	08/05/2013				Modernized Medicare Supplement Insurance Plan	14,530	1,871	12.9	6	3,522	1,752	49.7	2
YES	LOYAL-MSX-AA-F-DC	F.	NO	0030500	06/12/2015				Modernized Medicare Supplement Insurance Plan	66,376	31,044	46.8	19	2,535	2,904	114.6	1
YES	LOYAL-MSX-AA-G-DC	G.	NO	0030500	06/12/2015				Modernized Medicare Supplement Insurance Plan	15,108	5,922	39.2	5	12,857	4,095	31.9	5
YES	LOYAL-MSX-AA-HDF-DC	F.	NO	0030500	06/12/2015				Modernized Medicare Supplement Insurance Plan	2,301	3,166	137.6	2	2,293	40	1.7	2
YES	LOYAL-MSX-AA-N-DC	N.	NO	0030500	06/12/2015				Modernized Medicare Supplement Insurance Plan	10,814	7,862	72.7	5	3,641	770	21.1	1
0199999. Total Experience on Individual Policies										406,329	276,790	68.1	134	87,729	38,850	44.3	42
0299999. Total Experience on Group Policies																	



SUPPLEMENT FOR THE YEAR 2022 OF THE Loyal American Life Insurance Company

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: 11501 Alterra Parkway, Suite 500 Austin, TX 78758
- 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: 11501 Alterra Parkway, Suite 500 Austin, TX 78758
- 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 2022 OF THE Loyal American Life Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2022
(To Be Filed by March 1)

FOR THE STATE OF Florida.....

NAIC Group Code

NAIC Company Code

ADDRESS (City, State and Zip Code)

Person Completing This Exhibit

Title

Telephone Number

1	2	3	4	5	6	7	8	10	Policies Issued Through 2019			Policies Issued in 2020; 2021; 2022			
									Incurred Claims		14	15	Incurred Claims		18
12	13	Percent of Premiums Earned	Number of Covered Lives	16	17	Percent of Premiums Earned	Number of Covered Lives	18							
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Number of Covered Lives	Premiums Earned	Amount	Number of Covered Lives
.....
.....
.....
.....

NONE

GENERAL INSTRUCTIONS

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. 1395s-10(d)(3)(B) for this state.
2.1 Address:,
2.2 Contact Person and Phone Number:
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
3.1 Address:,
3.2 Contact Person and Phone Number:
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2022 OF THE Loyal American Life Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2022
(To Be Filed by March 1)

FOR THE STATE OF Georgia
NAIC Group Code 0901 NAIC Company Code 65722
ADDRESS (City, State and Zip Code) Cleveland, OH 44114
Person Completing This Exhibit Daniel E. Paffumi, FSA, MAAA
Title Appointed Actuary Telephone Number 330-241-1245

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2019				Policies Issued in 2020; 2021; 2022			
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12	13	Percent of Premiums Earned		Premiums Earned	16	17	Number of Covered Lives
.....YES.....	L-6201-GA	I.....	NO.....	0034000	09/22/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	11,492	2,108	18.3	3				
.....YES.....	L-6202-GA	J.....	NO.....	0034000	09/22/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	111,480	85,100	76.3	23				
.....YES.....	LOYAL-MS-IA-F-GA	F.....	NO.....	0034060	06/01/2010			09/30/2016	Modernized Medicare Supplement Insurance Plan	417,400	340,208	81.5	96				
.....YES.....	LOYAL-MS-IA-G-GA	G.....	NO.....	0034060	06/01/2010			09/30/2016	Modernized Medicare Supplement Insurance Plan	154,836	81,142	52.4	47				
.....YES.....	LOYAL-MS-IA-N-GA	N.....	NO.....	0034060	06/01/2010			09/30/2016	Modernized Medicare Supplement Insurance Plan	64,747	12,964	20.0	22				
0199999. Total Experience on Individual Policies										759,955	521,522	68.6	191				
0299999. Total Experience on Group Policies																	

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: 11501 Alterra Parkway, Suite 500 Austin, TX 78758
 - 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: 11501 Alterra Parkway, Suite 500 Austin, TX 78758
 - Contact Person and Phone Number: David Brosig 1-866-459-4272
- Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2022 OF THE Loyal American Life Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2022
 (To Be Filed by March 1)

FOR THE STATE OF Hawaii.....

NAIC Group Code 0901..... NAIC Company Code 65722

ADDRESS (City, State and Zip Code) Cleveland, OH 44114

Person Completing This Exhibit Daniel E. Paffumi, FSA, MAAA

Title Appointed Actuary

Telephone Number 330-241-1245

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2019			Policies Issued in 2020; 2021; 2022				
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
.....YES.....	LOYAL-MS-AA-A-HI	A.....	NO.....	0034060.....	01/03/2014.....				Modernized Medicare Supplement Insurance Plan								
.....YES.....	LOYAL-MS-AA-F-HI	F.....	NO.....	0034060.....	01/03/2014.....				Modernized Medicare Supplement Insurance Plan	200,077	162,248	81.1	75	55,800	54,155	97.1	21
.....YES.....	LOYAL-MS-AA-G-HI	G.....	NO.....	0034060.....	01/03/2014.....				Modernized Medicare Supplement Insurance Plan	342,539	320,876	93.7	160	144,958	175,398	121.0	79
.....YES.....	LOYAL-MS-AA-N-HI	N.....	NO.....	0034060.....	01/03/2014.....				Modernized Medicare Supplement Insurance Plan	20,617	12,549	60.9	12	16,157	16,848	104.3	12
.....YES.....	LOYAL-MSD-AA-F-HI	F.....	NO.....	0204060.....	02/03/2014.....				Modernized Medicare Supplement Insurance Plan	42,229	41,203	97.6	18	3,001	1,584	52.8	1
.....YES.....	LOYAL-MSD-AA-G-HI	G.....	NO.....	0204060.....	02/03/2014.....				Modernized Medicare Supplement Insurance Plan	97,208	50,982	52.4	43	38,043	31,784	83.5	19
.....YES.....	LOYAL-MSD-AA-N-HI	N.....	NO.....	0204060.....	02/03/2014.....				Modernized Medicare Supplement Insurance Plan	8,972	3,030	33.8	5	1,333	(31)	(2.3)	1
0199999. Total Experience on Individual Policies										711,642	590,888	83.0	313	259,292	279,738	107.9	133
0299999. Total Experience on Group Policies																	

GENERAL INTERROGATORIES

- If response in Column 1 is no, give full and complete details
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 - Address: 11501 Alterra Parkway, Suite 500 Austin, TX 78758
 - 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: 11501 Alterra Parkway, Suite 500 Austin, TX 78758
 - Contact Person and Phone Number: David Brosig 1-866-459-4272
- Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2022 OF THE Loyal American Life Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2022
 (To Be Filed by March 1)

FOR THE STATE OF Idaho.....

NAIC Group Code 0901

NAIC Company Code 65722

ADDRESS (City, State and Zip Code) Cleveland, OH 44114

Person Completing This Exhibit Daniel E. Paffumi, FSA, MAAA

Title Appointed Actuary

Telephone Number 330-241-1245

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2019				Policies Issued in 2020; 2021; 2022			
										11	Incurred Claims		14	15	Incurred Claims		18
											Premiums Earned	12	13	Percent of Premiums Earned	Premiums Earned	16	17	Percent of Premiums Earned	Number of Covered Lives
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name								
.....YES.....	L-5234-ID	F.....	NO.....	0034000	07/26/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	26,174	28,181	107.7	7				
.....YES.....	L-5235-ID	G.....	NO.....	0034000	07/26/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	21,563	15,398	71.4	6				
.....YES.....	L-6202-ID	J.....	NO.....	0034060	08/28/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	183,302	121,305	66.2	45				
.....YES.....	LOYAL-MS-IA-B-ID	B.....	NO.....	0034000	08/04/2010				Modernized Medicare Supplement Insurance Plan	3,104	315	10.1	1				
.....YES.....	LOYAL-MS-IA-F-ID	F.....	NO.....	0034000	06/01/2010			12/01/2018	Modernized Medicare Supplement Insurance Plan	613,612	467,951	76.3	180				
.....YES.....	LOYAL-MS-IA-G-ID	G.....	NO.....	0034000	06/01/2010			12/01/2018	Modernized Medicare Supplement Insurance Plan	161,122	178,658	110.9	61				
.....YES.....	LOYAL-MS-IA-N-ID	N.....	NO.....	0034000	06/01/2010			12/01/2018	Modernized Medicare Supplement Insurance Plan	133,501	119,232	89.3	64				
.....YES.....	LOYAL-MSX-IA-F-MI	F.....	NO.....	0030500	08/04/2015			06/23/2019	Modernized Medicare Supplement Insurance Plan	480,865	352,965	73.4	165				
.....YES.....	LOYAL-MSX-IA-G-MI	G.....	NO.....	0030500	08/04/2015			06/23/2019	Modernized Medicare Supplement Insurance Plan	322,634	193,299	59.9	129				
.....YES.....	LOYAL-MSX-IA-HDF-MI	F.....	NO.....	0030500	08/04/2015			06/23/2019	Modernized Medicare Supplement Insurance Plan	22,250	43,787	196.8	21				
.....YES.....	LOYAL-MSX-IA-N-MI	N.....	NO.....	0030500	08/04/2015			06/23/2019	Modernized Medicare Supplement Insurance Plan	227,174	189,489	83.4	107				
0199999. Total Experience on Individual Policies										2,195,301	1,710,580	77.9	786				
0299999. Total Experience on Group Policies																	



SUPPLEMENT FOR THE YEAR 2022 OF THE Loyal American Life Insurance Company

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.
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3.1 Address: 11501 Alterra Parkway, Suite 500 Austin , TX 78758
- 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 2022 OF THE Loyal American Life Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2022
 (To Be Filed by March 1)

FOR THE STATE OF Illinois.....

NAIC Group Code 0901

NAIC Company Code 65722

ADDRESS (City, State and Zip Code) Cleveland, OH 44114

Person Completing This Exhibit Daniel E. Paffumi, FSA, MAAA

Title Appointed Actuary

Telephone Number 330-241-1245

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2019				Policies Issued in 2020; 2021; 2022			
										11	Incurred Claims		14	15	Incurred Claims		18
											Premiums Earned	12	13		16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name								Number of Covered Lives
.....YES.....	L-5234-IL	F.....	NO.....	0034060	11/07/2005 .....	.....	.....	05/31/2010	Senior Class Medicare Supplement Insurance Plan	204,601	152,983	74.8	33	.....	.....	.....
.....YES.....	L-5235-IL	G.....	NO.....	0034060	11/07/2005 .....	.....	.....	05/31/2010	Senior Class Medicare Supplement Insurance Plan	4,076	6,136	150.5	1	.....	.....	.....
.....YES.....	L-6200-IL	H.....	NO.....	0034060	11/20/2008 .....	.....	.....	05/31/2010	Senior Class Medicare Supplement Insurance Plan	9,937	5,610	56.5	2	.....	.....	.....
.....YES.....	L-6201-IL	I.....	NO.....	0034060	11/20/2008 .....	.....	.....	05/31/2010	Senior Class Medicare Supplement Insurance Plan	7,879	4,442	56.4	1	.....	.....	.....
.....YES.....	L-6202-IL	J.....	NO.....	0034060	11/20/2008 .....	.....	.....	05/31/2010	Senior Class Medicare Supplement Insurance Plan	931,696	527,321	56.6	163	.....	.....	.....
.....YES.....	LOYAL-MS-AA-C-IL	C.....	NO.....	0034060	06/28/2010 .....	.....	.....	01/04/2017	Modernized Medicare Supplement Insurance Plan	5,347	3,572	66.8	1	.....	.....	.....
.....YES.....	LOYAL-MS-AA-D-IL	D.....	NO.....	0034060	06/28/2010 .....	.....	.....	01/04/2017	Modernized Medicare Supplement Insurance Plan	2,428	1,861	76.6	.....	.....	.....	.....
.....YES.....	LOYAL-MS-AA-F-IL	F.....	NO.....	0034060	06/01/2010 .....	.....	.....	01/04/2017	Modernized Medicare Supplement Insurance Plan	3,461,489	2,565,930	74.1	699	.....	.....	.....
.....YES.....	LOYAL-MS-AA-G-IL	G.....	NO.....	0034060	06/01/2010 .....	.....	.....	01/04/2017	Modernized Medicare Supplement Insurance Plan	489,607	333,812	68.2	120	.....	.....	.....
.....YES.....	LOYAL-MS-AA-N-IL	N.....	NO.....	0034060	06/01/2010 .....	.....	.....	01/04/2017	Modernized Medicare Supplement Insurance Plan	719,061	583,629	81.2	201	.....	.....	.....
0199999. Total Experience on Individual Policies										5,836,121	4,185,296	71.7	1,221	.....	.....	.....
0299999. Total Experience on Group Policies										.....	.....	.....	.....	.....	.....	.....



SUPPLEMENT FOR THE YEAR 2022 OF THE Loyal American Life Insurance Company

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: 11501 Alterra Parkway, Suite 500 Austin, TX 78758
- 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: 11501 Alterra Parkway, Suite 500 Austin, TX 78758
- 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 2022 OF THE Loyal American Life Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2022
 (To Be Filed by March 1)

FOR THE STATE OF Indiana.....

NAIC Group Code 0901..... NAIC Company Code 65722

ADDRESS (City, State and Zip Code) Cleveland, OH 44114

Person Completing This Exhibit Daniel E. Paffumi, FSA, MAAA

Title Appointed Actuary..... Telephone Number 330-241-1245

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2019				Policies Issued in 2020; 2021; 2022			
										11	Incurred Claims		14	15	Incurred Claims		18
											Premiums Earned	12	13		16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	11	12	13	14	15	16	17	18
.....YES.....	L-5231-IN.....	B.....	NO.....	0034000.....	12/18/2005.....	.....	.....	05/31/2010.....	Senior Class Medicare Supplement Insurance Plan	4,400	114	2.6	1	.....	.....	.....	.....
.....YES.....	L-5233-IN.....	D.....	NO.....	0034000.....	12/18/2005.....	.....	.....	05/31/2010.....	Senior Class Medicare Supplement Insurance Plan	11	(424)	(3,854.5)	.....	.....	.....	.....	.....
.....YES.....	L-5234-IN.....	F.....	NO.....	0034000.....	12/18/2005.....	.....	.....	05/31/2010.....	Senior Class Medicare Supplement Insurance Plan	314,395	259,339	82.5	49	.....	.....	.....	.....
.....YES.....	L-5235-IN.....	G.....	NO.....	0034000.....	12/18/2005.....	.....	.....	05/31/2010.....	Senior Class Medicare Supplement Insurance Plan	69,775	41,600	59.6	12	.....	.....	.....	.....
.....YES.....	L-6200-IN.....	H.....	NO.....	0034000.....	11/14/2008.....	.....	.....	05/31/2010.....	Senior Class Medicare Supplement Insurance Plan	4,746	17,307	364.7	1	.....	.....	.....	.....
.....YES.....	L-6201-IN.....	I.....	NO.....	0034000.....	11/14/2008.....	.....	.....	05/31/2010.....	Senior Class Medicare Supplement Insurance Plan	12,963	3,708	28.6	3	.....	.....	.....	.....
.....YES.....	L-6202-IN.....	J.....	NO.....	0034000.....	11/14/2008.....	.....	.....	05/31/2010.....	Senior Class Medicare Supplement Insurance Plan	636,265	452,485	71.1	115	.....	.....	.....	.....
.....YES.....	LOYAL-MS-AA-A-IN.....	A.....	NO.....	0034000.....	06/01/2010.....	.....	.....	.....	Modernized Medicare Supplement Insurance Plan	.....	(22)	.....	.....	.....	.....	.....	.....
.....YES.....	LOYAL-MS-AA-B-IN.....	B.....	NO.....	0034000.....	07/26/2010.....	.....	.....	.....	Modernized Medicare Supplement Insurance Plan	2,978	8,562	287.5	1	.....	.....	.....	.....
.....YES.....	LOYAL-MS-AA-C-IN.....	C.....	NO.....	0034000.....	07/26/2010.....	.....	.....	.....	Modernized Medicare Supplement Insurance Plan	10,451	14,414	137.9	2	.....	.....	.....	.....
.....YES.....	LOYAL-MS-AA-D-IN.....	D.....	NO.....	0034000.....	07/26/2010.....	.....	.....	.....	Modernized Medicare Supplement Insurance Plan	20,450	4,504	22.0	5	.....	.....	.....	.....
.....YES.....	LOYAL-MS-AA-F-IN.....	F.....	NO.....	0034000.....	06/01/2010.....	.....	.....	.....	Modernized Medicare Supplement Insurance Plan	3,676,863	3,044,451	82.8	950	8,338	3,573	42.9	3
.....YES.....	LOYAL-MS-AA-G-IN.....	G.....	NO.....	0034000.....	06/01/2010.....	.....	.....	.....	Modernized Medicare Supplement Insurance Plan	1,017,925	792,497	77.9	326	60,476	53,333	88.2	19
.....YES.....	LOYAL-MS-AA-N-IN.....	N.....	NO.....	0034000.....	06/01/2010.....	.....	.....	.....	Modernized Medicare Supplement Insurance Plan	1,430,651	1,192,536	83.4	473	3,015	199	6.6	1
0199999. Total Experience on Individual Policies										7,201,873	5,831,071	81.0	1,938	71,829	57,105	79.5	23



SUPPLEMENT FOR THE YEAR 2022 OF THE Loyal American Life Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2022

(To Be Filed by March 1)

FOR THE STATE OF Indiana.....

NAIC Group Code 0901

NAIC Company Code 65722

ADDRESS (City, State and Zip Code) Cleveland, OH 44114

Person Completing This Exhibit Daniel E. Paffumi, FSA, MAAA

Title Appointed Actuary

Telephone Number 330-241-1245

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2019			Policies Issued in 2020; 2021; 2022						
										11	Incurred Claims		14	15	Incurred Claims		18		
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12	13	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16	17	Percent of Premiums Earned	Number of Covered Lives
0299999. Total Experience on Group Policies																			

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: 11501 Alterra Parkway, Suite 500 Austin, TX 78758
 - 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: 11501 Alterra Parkway, Suite 500 Austin, TX 78758
 - 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 2022 OF THE Loyal American Life Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2022
 (To Be Filed by March 1)

FOR THE STATE OF Iowa.....

NAIC Group Code 0901

NAIC Company Code 65722

ADDRESS (City, State and Zip Code) Cleveland, OH 44114

Person Completing This Exhibit Daniel E. Paffumi, FSA, MAAA

Title Appointed Actuary

Telephone Number 330-241-1245

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2019				Policies Issued in 2020; 2021; 2022			
										11	Incurred Claims		14	15	Incurred Claims		18
											Premiums Earned	12	13	Percent of Premiums Earned	16	17	Percent of Premiums Earned
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name								Number of Covered Lives
.....YES.....	L-5234-1A	F.....	NO.....	0034000	10/31/2005 .....	.....	.....	05/31/2010	Senior Class Medicare Supplement Insurance Plan	177,738	134,684	75.8	40	.....	.....	.....	.....
.....YES.....	L-6200-1A	H.....	NO.....	0034000	09/12/2008 .....	.....	.....	05/31/2010	Senior Class Medicare Supplement Insurance Plan	11	(422)	(3,836.4)	.....	.....	.....	.....	.....
.....YES.....	L-6201-1A	I.....	NO.....	0034000	09/12/2008 .....	.....	.....	05/31/2010	Senior Class Medicare Supplement Insurance Plan	4,028	287	7.1	1	.....	.....	.....	.....
.....YES.....	L-6202-1A	J.....	NO.....	0034000	09/12/2008 .....	.....	.....	05/31/2010	Senior Class Medicare Supplement Insurance Plan	490,310	264,696	54.0	96	.....	.....	.....	.....
.....YES.....	LOYAL-MS-AA-F-IA	F.....	NO.....	0034000	06/01/2010 .....	.....	.....	11/01/2016	Modernized Medicare Supplement Insurance Plan	515,633	450,938	87.5	103	.....	.....	.....	.....
.....YES.....	LOYAL-MS-AA-G-IA	G.....	NO.....	0034000	06/01/2010 .....	.....	.....	11/01/2016	Modernized Medicare Supplement Insurance Plan	39,932	22,488	56.3	10	.....	.....	.....	.....
.....YES.....	LOYAL-MS-AA-N-IA	N.....	NO.....	0034000	06/01/2010 .....	.....	.....	11/01/2016	Modernized Medicare Supplement Insurance Plan	46,291	56,056	121.1	15	.....	.....	.....	.....
0199999. Total Experience on Individual Policies										1,273,943	928,727	72.9	265	.....	.....	.....	.....
0299999. Total Experience on Group Policies										.....	.....	.....	.....	.....	.....	.....	.....

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: 11501 Alterra Parkway, Suite 500 Austin, TX 78758
 - 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: 11501 Alterra Parkway, Suite 500 Austin, TX 78758
 - Contact Person and Phone Number: David Brosig 1-866-459-4272
- Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2022 OF THE Loyal American Life Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2022
 (To Be Filed by March 1)

FOR THE STATE OF Kansas.....

NAIC Group Code 0901 NAIC Company Code 65722

ADDRESS (City, State and Zip Code) Cleveland, OH 44114

Person Completing This Exhibit Daniel E. Paffumi, FSA, MAAA

Title Appointed Actuary Telephone Number 330-241-1245

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2019				Policies Issued in 2020; 2021; 2022			
										11	Incurred Claims		14	15	Incurred Claims		18
											Premiums Earned	12	13	Percent of Premiums Earned	16	17	Percent of Premiums Earned
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name								Number of Covered Lives
.....YES.....	L-6200-KS	H.....	NO.....	0034060	11/04/2008 .....	.....	.....	05/31/2010	Senior Class Medicare Supplement Insurance Plan	4,065	2,277	56.0	1				
.....YES.....	L-6201-KS	I.....	NO.....	0034060	11/04/2008 .....	.....	.....	05/31/2010	Senior Class Medicare Supplement Insurance Plan	12,349	13,625	110.3	3				
.....YES.....	L-6202-KS	J.....	NO.....	0034060	11/04/2008 .....	.....	.....	05/31/2010	Senior Class Medicare Supplement Insurance Plan	313,782	190,822	60.8	54				
.....YES.....	LOYAL-MS-AA-A-KS	A.....	NO.....	0034060	06/01/2010 .....	.....	.....	.....	Modernized Medicare Supplement Insurance Plan	6	(14)	(233.3)					
.....YES.....	LOYAL-MS-AA-F-KS	F.....	NO.....	0034060	06/01/2010 .....	.....	.....	.....	Modernized Medicare Supplement Insurance Plan	2,259,814	1,647,620	72.9	556	20,360	12,303	60.4	6
.....YES.....	LOYAL-MS-AA-G-KS	G.....	NO.....	0034060	06/01/2010 .....	.....	.....	.....	Modernized Medicare Supplement Insurance Plan	410,034	320,638	78.2	131	246,697	188,967	76.6	99
.....YES.....	LOYAL-MS-AA-N-KS	N.....	NO.....	0034060	06/01/2010 .....	.....	.....	.....	Modernized Medicare Supplement Insurance Plan	78,492	66,115	84.2	27	25,482	10,241	40.2	10
0199999. Total Experience on Individual Policies										3,078,542	2,241,083	72.8	772	292,539	211,511	72.3	115
0299999. Total Experience on Group Policies																	

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: 11501 Alterra Parkway, Suite 500 Austin, TX 78758
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- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - Address: 11501 Alterra Parkway, Suite 500 Austin, TX 78758
 - Contact Person and Phone Number: David Brosig 1-866-459-4272
- Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2022 OF THE Loyal American Life Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2022
 (To Be Filed by March 1)

FOR THE STATE OF Kentucky.....

NAIC Group Code 0901 NAIC Company Code 65722

ADDRESS (City, State and Zip Code) Cleveland, OH 44114

Person Completing This Exhibit Daniel E. Paffumi, FSA, MAAA

Title Appointed Actuary Telephone Number 330-241-1245

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2019				Policies Issued in 2020; 2021; 2022			
										11	Incurred Claims		14	15	Incurred Claims		18
											Premiums Earned	12	13		16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	11	12	13	14	15	16	17	18
.....YES.....	L-5231-KY	B.....	.....NO.....	0034060	.....08/26/2005.....	.....	.....	.....	.....05/31/2010.....	.....	.....10,857.....	.....2,635.....	.....24.3.....	.....2.....	.....	.....	.....
.....YES.....	L-5234-KY	F.....	.....NO.....	0034060	.....08/26/2005.....	.....	.....	.....	.....05/31/2010.....	.....	.....179,486.....	.....163,852.....	.....91.3.....	.....34.....	.....	.....	.....
.....YES.....	L-5235-KY	G.....	.....NO.....	0034060	.....08/26/2005.....	.....	.....	.....	.....05/31/2010.....	.....	.....15,931.....	.....3,774.....	.....23.7.....	.....3.....	.....	.....	.....
.....YES.....	LOYAL-MS-AA-A-KY	A.....	.....NO.....	0034060	.....06/01/2010.....	.....	.....	.....	.....	.....	.....4,775.....	.....6,767.....	.....141.7.....	.....2.....	.....1,103.....	.....3,749.....	.....339.9.....1
.....YES.....	LOYAL-MS-AA-B-KY	B.....	.....NO.....	0034000	.....06/01/2010.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
.....YES.....	LOYAL-MS-AA-C-KY	C.....	.....NO.....	0034060	.....06/01/2010.....	.....	.....	.....	.....	.....	.....18,246.....	.....8,986.....	.....49.2.....	.....5.....	.....	.....	.....
.....YES.....	LOYAL-MS-AA-D-KY	D.....	.....NO.....	0034000	.....06/01/2010.....	.....	.....	.....	.....	.....	.....3,765.....	.....844.....	.....22.4.....	.....1.....	.....	.....	.....
.....YES.....	LOYAL-MS-AA-F-KY	F.....	.....NO.....	0034000	.....06/01/2010.....	.....	.....	.....	.....	.....	.....2,361,027.....	.....1,525,861.....	.....64.6.....	.....610.....	.....3,752.....	.....1,654.....	.....44.1.....1
.....YES.....	LOYAL-MS-AA-G-KY	G.....	.....NO.....	0034000	.....06/01/2010.....	.....	.....	.....	.....	.....	.....898,720.....	.....705,084.....	.....78.5.....	.....279.....	.....27,074.....	.....18,977.....	.....70.1.....11
.....YES.....	LOYAL-MS-AA-N-KY	N.....	.....NO.....	0034000	.....06/01/2010.....	.....	.....	.....	.....	.....	.....510,340.....	.....439,595.....	.....86.1.....	.....197.....	.....40,233.....	.....16,883.....	.....42.0.....15
0199999. Total Experience on Individual Policies										.....4,003,147.....	.....2,857,398.....	.....71.4.....	.....1,133.....	.....72,162.....	.....41,263.....	.....57.2.....	.....28.....
0299999. Total Experience on Group Policies										.....	.....	.....	.....	.....	.....	.....	.....

360.KY



SUPPLEMENT FOR THE YEAR 2022 OF THE Loyal American Life Insurance Company

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: 11501 Alterra Parkway, Suite 500 Austin, TX 78758
- 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: 11501 Alterra Parkway, Suite 500 Austin, TX 78758
- 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 2022 OF THE Loyal American Life Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2022
 (To Be Filed by March 1)

FOR THE STATE OF Louisiana.....

NAIC Group Code 0901

NAIC Company Code 65722

ADDRESS (City, State and Zip Code) Cleveland, OH 44114

Person Completing This Exhibit Daniel E. Paffumi, FSA, MAAA

Title Appointed Actuary

Telephone Number 330-241-1245

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2019				Policies Issued in 2020; 2021; 2022			
										11	Incurred Claims		14	15	Incurred Claims		18
											Premiums Earned	12	13	Percent of Premiums Earned	16	17	Percent of Premiums Earned
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name								Number of Covered Lives
.....YES.....	L-5231-LA	B.....	NO.....	0034060	11/09/2005 .....	.....	.....	05/31/2010	Senior Class Medicare Supplement Insurance Plan	498	.....	(597)	.....	(119.9)	.....	.....	.....
.....YES.....	L-5232-LA	C.....	NO.....	0034060	11/09/2005 .....	.....	.....	05/31/2010	Senior Class Medicare Supplement Insurance Plan	7,081	.....	20,045	.....	283.1	.....	.....	.....
.....YES.....	L-5234-LA	F.....	NO.....	0034060	11/09/2005 .....	.....	.....	05/31/2010	Senior Class Medicare Supplement Insurance Plan	59,003	.....	33,674	.....	57.1	.....	9	.....
.....YES.....	L-5235-LA	G.....	NO.....	0034060	11/09/2005 .....	.....	.....	05/31/2010	Senior Class Medicare Supplement Insurance Plan	17,156	.....	4,727	.....	27.6	.....	3	.....
.....YES.....	L-5333-LA	F.....	YES.....	0034060	06/30/2005 .....	.....	.....	05/31/2010	Senior Class Medicare Supplement Insurance Plan	3,927	.....	2,341	.....	59.6	.....	1	.....
.....YES.....	LOYAL-MS-AA-A-LA	A.....	NO.....	0034060	06/01/2010 .....	.....	.....	11/01/2016	Modernized Medicare Supplement Insurance Plan	2,987	.....	3,600	.....	120.5	.....	1	.....
.....YES.....	LOYAL-MS-AA-F-LA	F.....	NO.....	0034060	06/01/2010 .....	.....	.....	11/01/2016	Modernized Medicare Supplement Insurance Plan	475,799	.....	359,671	.....	75.6	.....	104	.....
.....YES.....	LOYAL-MS-AA-G-LA	G.....	NO.....	0034060	06/01/2010 .....	.....	.....	11/01/2016	Modernized Medicare Supplement Insurance Plan	175,561	.....	133,253	.....	75.9	.....	46	.....
.....YES.....	LOYAL-MS-AA-N-LA	N.....	NO.....	0034060	06/01/2010 .....	.....	.....	11/01/2016	Modernized Medicare Supplement Insurance Plan	58,819	.....	29,608	.....	50.3	.....	19	.....
0199999. Total Experience on Individual Policies										800,831	.....	586,322	.....	73.2	.....	183	.....
0299999. Total Experience on Group Policies																	

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: 11501 Alterra Parkway, Suite 500 Austin, TX 78758
 - 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: 11501 Alterra Parkway, Suite 500 Austin, TX 78758
 - Contact Person and Phone Number: David Brosig 1-866-459-4272
- Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2022 OF THE Loyal American Life Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2022
(To Be Filed by March 1)

FOR THE STATE OF Maine.....
NAIC Group Code 0901..... NAIC Company Code 65722

ADDRESS (City, State and Zip Code) Cleveland, OH 44114

Person Completing This Exhibit Daniel E. Paffumi, FSA, MAAA

Title Appointed Actuary..... Telephone Number 330-241-1245

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2019				Policies Issued in 2020; 2021; 2022			
										11	Incurred Claims		14	15	Incurred Claims		18
											Premiums Earned	12	13		16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	11	12	13	Number of Covered Lives	15	16	17	Number of Covered Lives
.....YES.....	LOYAL-MS-CR-A-ME	A.....	NO.....	0034060.....	05/29/2013.....	.....	.....	.....	Modernized Medicare Supplement Insurance Plan	2,908	298	10.2	1.....	.....	.....	.....	.....
.....YES.....	LOYAL-MS-CR-F-ME	F.....	NO.....	0034000.....	05/29/2013.....	.....	.....	.....	Modernized Medicare Supplement Insurance Plan	115,698	82,923	71.7	28.....	10,805	7,696	71.2	3.....
.....YES.....	LOYAL-MS-CR-G-ME	G.....	NO.....	0034000.....	05/29/2013.....	.....	.....	.....	Modernized Medicare Supplement Insurance Plan	1,282,312	828,398	64.6	420.....	123,453	48,109	39.0	41.....
.....YES.....	LOYAL-MS-CR-N-ME	N.....	NO.....	0034000.....	05/29/2013.....	.....	.....	.....	Modernized Medicare Supplement Insurance Plan	259,320	194,551	75.0	125.....	339,091	217,359	64.1	171.....
.....YES.....	LOYAL-MSD-CR-A-ME	A.....	NO.....	0204060.....	07/03/2013.....	.....	.....	.....	Modernized Medicare Supplement Insurance Plan	.....	.....	.....	.....	.....	.....	.....	.....
.....YES.....	LOYAL-MSD-CR-F-ME	F.....	NO.....	0204000.....	07/03/2013.....	.....	.....	.....	Modernized Medicare Supplement Insurance Plan	18,438	9,396	51.0	5.....	.....	.....	.....	.....
.....YES.....	LOYAL-MSD-CR-G-ME	G.....	NO.....	0204000.....	07/03/2013.....	.....	.....	.....	Modernized Medicare Supplement Insurance Plan	158,801	59,376	37.4	53.....	74,352	76,104	102.4	28.....
.....YES.....	LOYAL-MSD-CR-N-ME	N.....	NO.....	0204000.....	07/03/2013.....	.....	.....	.....	Modernized Medicare Supplement Insurance Plan	30,516	46,562	152.6	15.....	77,872	67,863	87.1	39.....
0199999. Total Experience on Individual Policies										1,867,993	1,221,504	65.4	647.....	625,573	417,131	66.7	282.....
0299999. Total Experience on Group Policies										.....	.....	.....	.....	.....	.....	.....	.....

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: 11501 Alterra Parkway, Suite 500 Austin, TX 78758
 - 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: 11501 Alterra Parkway, Suite 500 Austin, TX 78758
 - Contact Person and Phone Number: David Brosig 1-866-459-4272
- Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2022 OF THE Loyal American Life Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2022

(To Be Filed by March 1)

FOR THE STATE OF Maryland.....

NAIC Group Code

NAIC Company Code

ADDRESS (City, State and Zip Code)

Person Completing This Exhibit

Title

Telephone Number

1	2	3	4	5	6	7	8	10	Policies Issued Through 2019			Policies Issued in 2020; 2021; 2022			
									Incurred Claims		14	15	Incurred Claims		18
12	13	Percent of Premiums Earned	Number of Covered Lives	16	17	Percent of Premiums Earned	Number of Covered Lives	18							
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Number of Covered Lives	Premiums Earned	Amount	Number of Covered Lives
.....
.....
.....
.....

NONE

GENERAL INSTRUCTIONS

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. 1395s-10(d)(3)(B) for this state.
2.1 Address:2.2 Contact Person and Phone Number:
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
3.1 Address:3.2 Contact Person and Phone Number:
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2022 OF THE Loyal American Life Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2022

(To Be Filed by March 1)

FOR THE STATE OF Massachusetts

NAIC Group Code NAIC Company Code

ADDRESS (City, State and Zip Code)

Person Completing This Exhibit

Title Telephone Number

1	2	3	4	5	6	7	8	10	Policies Issued Through 2019			Policies Issued in 2020; 2021; 2022		
									Incurred Claims		14	15	Incurred Claims		18
12	13	Percent of Premiums Earned	16	17	Percent of Premiums Earned	Number of Covered Lives	Amount	Number of Covered Lives	Amount	Number of Covered Lives	Amount	Number of Covered Lives	Amount	Number of Covered Lives
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	14	15	18
.....
.....
.....
.....

NONE

GENERAL INSTRUCTIONS

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. 1395s-10(d)(3)(B) for this state.
2.1 Address:
2.2 Contact Person and Phone Number:
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
3.1 Address:
3.2 Contact Person and Phone Number:
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2022 OF THE Loyal American Life Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2022
 (To Be Filed by March 1)

FOR THE STATE OF Michigan.....

NAIC Group Code 0901

NAIC Company Code 65722

ADDRESS (City, State and Zip Code) Cleveland, OH 44114

Person Completing This Exhibit Daniel E. Paffumi, FSA, MAAA

Title Appointed Actuary

Telephone Number 330-241-1245

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2019				Policies Issued in 2020; 2021; 2022			
										11	Incurred Claims		14	15	Incurred Claims		18
											Premiums Earned	12	13	Percent of Premiums Earned	Premiums Earned	16	17	Percent of Premiums Earned
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name								Number of Covered Lives
.....YES.....	L-5234-MI	F.....	NO.....	0034000	09/21/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	23,301	4,125	17.7	3				
.....YES.....	L-6200-MI	H.....	NO.....	0034000	08/19/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	5,697	4,187	73.5	1				
.....YES.....	L-6201-MI	I.....	NO.....	0034000	08/19/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	10,636	2,877	27.0	2				
.....YES.....	L-6202-MI	J.....	NO.....	0034000	08/19/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	260,569	158,072	60.7	45				
.....YES.....	LOYAL-MS-AA-C-MI	C.....	NO.....	0034000	06/01/2010			12/04/2018	Modernized Medicare Supplement Insurance Plan	31,722	13,135	41.4	6				
.....YES.....	LOYAL-MS-AA-D-MI	D.....	NO.....	0034000	06/07/2010			12/04/2018	Modernized Medicare Supplement Insurance Plan	32,126	25,178	78.4	8				
.....YES.....	LOYAL-MS-AA-F-MI	F.....	NO.....	0034000	06/01/2010			12/04/2018	Modernized Medicare Supplement Insurance Plan	2,408,950	1,769,793	73.5	577				
.....YES.....	LOYAL-MS-AA-G-MI	G.....	NO.....	0034000	06/01/2010			12/04/2018	Modernized Medicare Supplement Insurance Plan	592,292	462,885	78.2	155				
.....YES.....	LOYAL-MS-AA-N-MI	N.....	NO.....	0034000	06/01/2010			12/04/2018	Modernized Medicare Supplement Insurance Plan	457,244	274,181	60.0	167				
.....YES.....	LOYAL-MSX-AA-F-MI	F.....	NO.....	0030500	09/24/2015			08/24/2022	Modernized Medicare Supplement Insurance Plan	1,235,044	841,466	68.1	323	115,684	94,786	81.9	30
.....YES.....	LOYAL-MSX-AA-G-MI	G.....	NO.....	0030500	09/24/2015			08/24/2022	Modernized Medicare Supplement Insurance Plan	569,975	331,573	58.2	182	248,065	146,155	58.9	81
.....YES.....	LOYAL-MSX-AA-HDF-MI	F.....	NO.....	0030500	09/24/2015			08/24/2022	Modernized Medicare Supplement Insurance Plan	127,171	61,102	48.0	98	25,051	11,739	46.9	19
.....YES.....	LOYAL-MSX-AA-N-MI	N.....	NO.....	0030500	09/24/2015			08/24/2022	Modernized Medicare Supplement Insurance Plan	518,410	467,994	90.3	202	50,702	29,560	58.3	17
0199999. Total Experience on Individual Policies										6,273,137	4,416,568	70.4	1,769	439,502	282,240	64.2	147
0299999. Total Experience on Group Policies																	



SUPPLEMENT FOR THE YEAR 2022 OF THE Loyal American Life Insurance Company

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: 11501 Alterra Parkway, Suite 500 Austin, TX 78758
- 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: 11501 Alterra Parkway, Suite 500 Austin, TX 78758
- 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 2022 OF THE Loyal American Life Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2022
 (To Be Filed by March 1)

FOR THE STATE OF Minnesota.....

NAIC Group Code 0901

NAIC Company Code 65722

ADDRESS (City, State and Zip Code) Cleveland, OH 44114

Person Completing This Exhibit Daniel E. Paffumi, FSA, MAAA

Title Appointed Actuary

Telephone Number 330-241-1245

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2019				Policies Issued in 2020; 2021; 2022			
										11	Incurred Claims		14	15	Incurred Claims		18
											Premiums Earned	12	13		16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	11	12	13	Number of Covered Lives	15	16	17	Number of Covered Lives
.....YES.....	LOYAL-MS-BASIC-MN	0.....	NO.....	0034000	06/01/2010 .....	.....	.....	.....	Modernized Medicare Supplement Insurance Plan	2,995,628	2,154,316	71.9	1,003	839,595	382,111	45.5	312
.....YES.....	LOYAL-MS-COPAYMENT-MN	0.....	NO.....	0034000	06/01/2010 .....	.....	.....	.....	Modernized Medicare Supplement Insurance Plan	8,832	23,055	261.0	3	3,423	1,102	32.2	5
.....YES.....	LOYAL-MS-EXTENDED-2020-MN	0.....	NO.....	0034000	04/29/2020 .....	.....	.....	.....	Modernized Medicare Supplement Insurance Plan	.....	.....	.....	.....	98,073	40,549	41.3	44
.....YES.....	LOYAL-MS-EXTENDED-MN	0.....	NO.....	0034000	06/01/2010 .....	.....	.....	.....	Modernized Medicare Supplement Insurance Plan	1,566,375	1,293,215	82.6	459	53,099	18,940	35.7	18
0199999. Total Experience on Individual Policies										4,570,835	3,470,586	75.9	1,465	994,190	442,702	44.5	379
0299999. Total Experience on Group Policies										.....	.....	.....	.....	.....	.....	.....	.....

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: 11501 Alterra Parkway, Suite 500 Austin, TX 78758
 - 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: 11501 Alterra Parkway, Suite 500 Austin, TX 78758
 - Contact Person and Phone Number: David Brosig 1-866-459-4272
- Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2022 OF THE Loyal American Life Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2022
 (To Be Filed by March 1)

FOR THE STATE OF Mississippi.....

NAIC Group Code 0901

NAIC Company Code 65722

ADDRESS (City, State and Zip Code) Cleveland, OH 44114

Person Completing This Exhibit Daniel E. Paffumi, FSA, MAAA

Title Appointed Actuary

Telephone Number 330-241-1245

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2019				Policies Issued in 2020; 2021; 2022			
										11	Incurred Claims		14	15	Incurred Claims		18
											Premiums Earned	12	13		16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name								Number of Covered Lives
.....YES.....	L-5234-MS	F.....	NO.....	0034060	07/29/2005	.....	.....	05/31/2010	Senior Class Medicare Supplement Insurance Plan	.....	86,461	.....	72,390	.....	83.7	.....	15.....
.....YES.....	L-5332-MS	D.....	YES.....	0034060	03/11/2005	.....	.....	05/31/2010	Senior Class Medicare Supplement Insurance Plan	.....	.....	.....	(130)	.....	.....	.....	.....
.....YES.....	L-5333-MS	F.....	YES.....	0034060	03/11/2005	.....	.....	05/31/2010	Senior Class Medicare Supplement Insurance Plan	.....	164,238	.....	121,987	.....	74.3	.....	38.....
.....YES.....	L-5334-MS	G.....	YES.....	0034060	03/11/2005	.....	.....	05/31/2010	Senior Class Medicare Supplement Insurance Plan	.....	1,153	.....	5,508	.....	477.7	.....	.....
.....YES.....	L-6200-MS	H.....	NO.....	0034060	11/20/2008	.....	.....	05/31/2010	Senior Class Medicare Supplement Insurance Plan	.....	.....	.....	(34)	.....	.....	.....	.....
.....YES.....	L-6202-MS	J.....	NO.....	0034060	11/20/2008	.....	.....	05/31/2010	Senior Class Medicare Supplement Insurance Plan	.....	461,950	.....	286,748	.....	62.1	.....	84.....
.....YES.....	LOYAL-MS-AA-A-MS	A.....	NO.....	0034060	06/01/2010	.....	.....	11/01/2016	Modernized Medicare Supplement Insurance Plan	.....	9,349	.....	6,217	.....	66.5	.....	4.....
.....YES.....	LOYAL-MS-AA-B-MS	B.....	NO.....	0034060	07/22/2010	.....	.....	11/01/2016	Modernized Medicare Supplement Insurance Plan	.....	6,800	.....	8,472	.....	124.6	.....	2.....
.....YES.....	LOYAL-MS-AA-C-MS	C.....	NO.....	0034060	07/22/2010	.....	.....	11/01/2016	Modernized Medicare Supplement Insurance Plan	.....	12,923	.....	1,365	.....	10.6	.....	3.....
.....YES.....	LOYAL-MS-AA-D-MS	D.....	NO.....	0034000	07/22/2010	.....	.....	11/01/2016	Modernized Medicare Supplement Insurance Plan	.....	1,491	.....	1,890	.....	126.8	.....	.....
.....YES.....	LOYAL-MS-AA-F-MS	F.....	NO.....	0034060	06/01/2010	.....	.....	11/01/2016	Modernized Medicare Supplement Insurance Plan	.....	2,379,041	.....	1,982,102	.....	83.3	.....	557.....
.....YES.....	LOYAL-MS-AA-G-MS	G.....	NO.....	0034000	06/01/2010	.....	.....	11/01/2016	Modernized Medicare Supplement Insurance Plan	.....	352,093	.....	279,130	.....	79.3	.....	94.....
.....YES.....	LOYAL-MS-AA-N-MS	N.....	NO.....	0034000	06/01/2010	.....	.....	11/01/2016	Modernized Medicare Supplement Insurance Plan	.....	283,929	.....	269,034	.....	94.8	.....	98.....
0199999. Total Experience on Individual Policies										.....	3,759,428	.....	3,034,679	.....	80.7	.....	895.....
0299999. Total Experience on Group Policies										.....	.....	.....	.....	.....	.....	.....	.....

360.MS



SUPPLEMENT FOR THE YEAR 2022 OF THE Loyal American Life Insurance Company

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: 11501 Alterra Parkway, Suite 500 Austin, TX 78758
- 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: 11501 Alterra Parkway, Suite 500 Austin, TX 78758
- 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 2022 OF THE Loyal American Life Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2022
 (To Be Filed by March 1)

FOR THE STATE OF Missouri.....

NAIC Group Code 0901 NAIC Company Code 65722

ADDRESS (City, State and Zip Code) Cleveland, OH 44114

Person Completing This Exhibit Daniel E. Paffumi, FSA, MAAA

Title Appointed Actuary Telephone Number 330-241-1245

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2019				Policies Issued in 2020; 2021; 2022			
										11	Incurred Claims		14	15	Incurred Claims		18
											Premiums Earned	12	13		16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	11	12	13	Number of Covered Lives	15	16	17	Number of Covered Lives
.....YES.....	L-6201-M0	I.....	NO.....	0034060	08/26/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	6,442	2,628	40.8	2				
.....YES.....	L-6202-M0	J.....	NO.....	0034060	08/26/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	306,768	273,825	89.3	78				
.....YES.....	LOYAL-MS-IA-A-M0	A.....	NO.....	0034060	06/01/2010				Modernized Medicare Supplement Insurance Plan	4,547	418	9.2	2				
.....YES.....	LOYAL-MS-IA-F-M0	F.....	NO.....	0034060	06/01/2010				Modernized Medicare Supplement Insurance Plan	1,000,740	772,590	77.2	272	7,606	1,833	24.1	2
.....YES.....	LOYAL-MS-IA-G-M0	G.....	NO.....	0034060	06/01/2010				Modernized Medicare Supplement Insurance Plan	230,967	220,443	95.4	74	87,989	56,964	64.7	31
.....YES.....	LOYAL-MS-IA-N-M0	N.....	NO.....	0034060	06/01/2010				Modernized Medicare Supplement Insurance Plan	35,291	4,830	13.7	14	3,974	3,855	97.0	1
0199999. Total Experience on Individual Policies										1,584,755	1,274,734	80.4	442	99,569	62,652	62.9	34
0299999. Total Experience on Group Policies																	

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: 11501 Alterra Parkway, Suite 500 Austin, TX 78758
 - 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: 11501 Alterra Parkway, Suite 500 Austin, TX 78758
 - Contact Person and Phone Number: David Brosig 1-866-459-4272
- Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2022 OF THE Loyal American Life Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2022
 (To Be Filed by March 1)

FOR THE STATE OF Montana.....

NAIC Group Code 0901 NAIC Company Code 65722

ADDRESS (City, State and Zip Code) Cleveland, OH 44114

Person Completing This Exhibit Daniel E. Paffumi, FSA, MAAA

Title Appointed Actuary Telephone Number 330-241-1245

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2019				Policies Issued in 2020; 2021; 2022			
										11	Incurred Claims		14	15	Incurred Claims		18
											Premiums Earned	12	13	Percent of Premiums Earned	16	17	Percent of Premiums Earned
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name								Number of Covered Lives
.....YES.....	L-5234-MT	F.....	NO.....	0034000	09/19/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	5,563	1,448	26.0	1				
.....YES.....	L-6202-MT	J.....	NO.....	0034000	02/25/2009			05/31/2010	Senior Class Medicare Supplement Insurance Plan	660,765	393,994	59.6	136				
.....YES.....	LOYAL-MS-AA-F-MT	F.....	NO.....	0034000	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	128,908	80,930	62.8	32				
.....YES.....	LOYAL-MS-AA-G-MT	G.....	NO.....	0034000	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	56,872	41,931	73.7	17				
.....YES.....	LOYAL-MS-AA-N-MT	N.....	NO.....	0034000	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	16,128	11,654	72.3	6				
0199999. Total Experience on Individual Policies										868,236	529,957	61.0	192				
0299999. Total Experience on Group Policies																	

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: 11501 Alterra Parkway, Suite 500 Austin, TX 78758
 - 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: 11501 Alterra Parkway, Suite 500 Austin, TX 78758
 - Contact Person and Phone Number: David Brosig 1-866-459-4272
- Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2022 OF THE Loyal American Life Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2022
 (To Be Filed by March 1)

FOR THE STATE OF Nebraska.....

NAIC Group Code 0901

NAIC Company Code 65722

ADDRESS (City, State and Zip Code) Cleveland, OH 44114

Person Completing This Exhibit Daniel E. Paffumi, FSA, MAAA

Title Appointed Actuary

Telephone Number 330-241-1245

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2019				Policies Issued in 2020; 2021; 2022			
										11	Incurred Claims		14	15	Incurred Claims		18
											Premiums Earned	12	13		16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name		Amount	Percent of Premiums Earned	Number of Covered Lives		Premiums Earned	Amount	Number of Covered Lives
.....YES.....	L-5234-NE	F.....	NO.....	0034000	09/13/2005 .....	.....	.....	05/31/2010	Senior Class Medicare Supplement Insurance Plan	60,199	56,247	93.4	10	.....	.....	.....
.....YES.....	L-5235-NE	G.....	NO.....	0034000	09/13/2005 .....	.....	.....	05/31/2010	Senior Class Medicare Supplement Insurance Plan	6,038	32,169	532.8	1	.....	.....	.....
.....YES.....	L-6200-NE	H.....	NO.....	0034000	10/08/2008 .....	.....	.....	05/31/2010	Senior Class Medicare Supplement Insurance Plan	4,812	3,024	62.8	1	.....	.....	.....
.....YES.....	L-6202-NE	J.....	NO.....	0034000	10/08/2008 .....	.....	.....	05/31/2010	Senior Class Medicare Supplement Insurance Plan	347,613	176,835	50.9	66	.....	.....	.....
.....YES.....	LOYAL-MS-AA-F-NE	F.....	NO.....	0034000	06/01/2010 .....	.....	.....	11/01/2016	Modernized Medicare Supplement Insurance Plan	724,155	574,736	79.4	157	.....	.....	.....
.....YES.....	LOYAL-MS-AA-G-NE	G.....	NO.....	0034000	06/01/2010 .....	.....	.....	11/01/2016	Modernized Medicare Supplement Insurance Plan	58,160	75,622	130.0	16	.....	.....	.....
.....YES.....	LOYAL-MS-AA-N-NE	N.....	NO.....	0034000	06/01/2010 .....	.....	.....	11/01/2016	Modernized Medicare Supplement Insurance Plan	11,401	5,787	50.8	3	.....	.....	.....
0199999. Total Experience on Individual Policies										1,212,378	924,420	76.2	254	.....	.....	.....
0299999. Total Experience on Group Policies										.....	.....	.....	.....	.....	.....	.....

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: 11501 Alterra Parkway, Suite 500 Austin, TX 78758
 - 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: 11501 Alterra Parkway, Suite 500 Austin, TX 78758
 - Contact Person and Phone Number: David Brosig 1-866-459-4272
- Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2022 OF THE Loyal American Life Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2022
(To Be Filed by March 1)

FOR THE STATE OF Nevada

NAIC Group Code

NAIC Company Code

ADDRESS (City, State and Zip Code)

Person Completing This Exhibit

Title

Telephone Number

1	2	3	4	5	6	7	8	10	Policies Issued Through 2019			Policies Issued in 2020; 2021; 2022			
									Incurred Claims		14	15	Incurred Claims		18
12	13	Percent of Premiums Earned	Number of Covered Lives	16	17	Percent of Premiums Earned	Number of Covered Lives	18							
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Number of Covered Lives	Premiums Earned	Amount	Number of Covered Lives
.....
.....
.....
.....

NONE

GENERAL INSTRUCTIONS

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. 1395s-10(d)(3)(B) for this state.
2.1 Address:,
2.2 Contact Person and Phone Number:
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
3.1 Address:,
3.2 Contact Person and Phone Number:
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2022 OF THE Loyal American Life Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2022

(To Be Filed by March 1)

FOR THE STATE OF New Hampshire.....

NAIC Group Code 0901 NAIC Company Code 65722

ADDRESS (City, State and Zip Code) Cleveland, OH 44114

Person Completing This Exhibit Daniel E. Paffumi, FSA, MAAA

Title Appointed Actuary Telephone Number 330-241-1245

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2019				Policies Issued in 2020; 2021; 2022			
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12	13	Number of Covered Lives	Premiums Earned	16	17	Number of Covered Lives
.....YES.....	LOYAL-MS-IA-F-NH	F.....	NO.....	0034060	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	9,656	3,519	36.4	2				
.....YES.....	LOYAL-MS-IA-G-NH	G.....	NO.....	0034060	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	4,051	246	6.1	1				
0199999. Total Experience on Individual Policies										13,707	3,765	27.5	3				
0299999. Total Experience on Group Policies																	

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: 11501 Alterra Parkway, Suite 500 Austin, TX 78758
 - 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: 11501 Alterra Parkway, Suite 500 Austin, TX 78758
 - Contact Person and Phone Number: David Brosig 1-866-459-4272
- Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2022 OF THE Loyal American Life Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2022
 (To Be Filed by March 1)

FOR THE STATE OF New Jersey.....

NAIC Group Code 0901

NAIC Company Code 65722

ADDRESS (City, State and Zip Code) Cleveland, OH 44114

Person Completing This Exhibit Daniel E. Paffumi, FSA, MAAA

Title Appointed Actuary

Telephone Number 330-241-1245

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2019				Policies Issued in 2020; 2021; 2022			
										11	Incurred Claims		14	15	Incurred Claims		18
											Premiums Earned	12	13		16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	11	12	13	14	15	16	17	18
.....YES.....	LOYAL-MS-AA-C-NJ	C.....	NO.....	0034060	05/16/2013				Modernized Medicare Supplement Insurance Plan	145,674	169,976	116.7	54				
.....YES.....	LOYAL-MS-AA-F-NJ	F.....	NO.....	0034000	05/16/2013				Modernized Medicare Supplement Insurance Plan	6,390,296	5,828,389	91.2	2,008	34,550	18,031	52.2	11
.....YES.....	LOYAL-MS-AA-G-NJ	G.....	NO.....	0034000	05/16/2013				Modernized Medicare Supplement Insurance Plan	6,829,498	6,620,358	96.9	2,823	849,189	871,704	102.7	338
.....YES.....	LOYAL-MS-AA-N-NJ	N.....	NO.....	0034000	05/16/2013				Modernized Medicare Supplement Insurance Plan	1,198,558	1,224,098	102.1	619	870,317	756,188	86.9	437
.....YES.....	LOYAL-MSD-AA-A-NJ	A.....	NO.....	0204000	07/12/2013				Modernized Medicare Supplement Insurance Plan	2,785	2,138	76.8	1				
.....YES.....	LOYAL-MSD-AA-C-NJ	C.....	NO.....	0204060	07/12/2013				Modernized Medicare Supplement Insurance Plan	45,311	68,065	150.2	17				
.....YES.....	LOYAL-MSD-AA-F-NJ	F.....	NO.....	0204000	07/12/2013				Modernized Medicare Supplement Insurance Plan	986,080	753,428	76.4	302				
.....YES.....	LOYAL-MSD-AA-G-NJ	G.....	NO.....	0204000	07/12/2013				Modernized Medicare Supplement Insurance Plan	1,135,683	942,401	83.0	459				
.....YES.....	LOYAL-MSD-AA-N-NJ	N.....	NO.....	0204000	07/12/2013				Modernized Medicare Supplement Insurance Plan	288,400	270,705	93.9	147				
0199999. Total Experience on Individual Policies										17,022,285	15,879,558	93.3	6,430	1,754,056	1,645,923	93.8	786
0299999. Total Experience on Group Policies																	

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: 11501 Alterra Parkway, Suite 500 Austin, TX 78758
 - 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: 11501 Alterra Parkway, Suite 500 Austin, TX 78758
 - Contact Person and Phone Number: David Brosig 1-866-459-4272
- Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2022 OF THE Loyal American Life Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2022

(To Be Filed by March 1)

FOR THE STATE OF New Mexico.....
 NAIC Group Code 0901 NAIC Company Code 65722
 ADDRESS (City, State and Zip Code) Cleveland, OH 44114
 Person Completing This Exhibit Daniel E. Paffumi, FSA, MAAA
 Title Appointed Actuary Telephone Number 330-241-1245

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2019				Policies Issued in 2020; 2021; 2022			
										11	Incurred Claims		14	15	Incurred Claims		18
											Premiums Earned	12	13	Percent of Premiums Earned	Premiums Earned	16	17	Percent of Premiums Earned
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name								Number of Covered Lives
.....YES.....	L-6201-NM	I.....	NO.....	0034000	10/07/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	12,696	3,480	27.4	3				
.....YES.....	L-6202-NM	J.....	NO.....	0034000	10/07/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	202,880	105,781	52.1	41				
.....YES.....	LOYAL-MS-AA-F-NM	F.....	NO.....	0034000	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	200,994	115,672	57.5	47				
.....YES.....	LOYAL-MS-AA-G-NM	G.....	NO.....	0034000	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	38,475	31,775	82.6	11				
.....YES.....	LOYAL-MS-AA-N-NM	N.....	NO.....	0034000	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	13,810	11,489	83.2	5				
0199999. Total Experience on Individual Policies										468,855	268,197	57.2	107				
0299999. Total Experience on Group Policies																	

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: 11501 Alterra Parkway, Suite 500 Austin, TX 78758
 - 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: 11501 Alterra Parkway, Suite 500 Austin, TX 78758
 - Contact Person and Phone Number: David Brosig 1-866-459-4272
- Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2022 OF THE Loyal American Life Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2022

(To Be Filed by March 1)

FOR THE STATE OF New York.....

NAIC Group Code

NAIC Company Code

ADDRESS (City, State and Zip Code)

Person Completing This Exhibit

Title

Telephone Number

1	2	3	4	5	6	7	8	10	Policies Issued Through 2019			Policies Issued in 2020; 2021; 2022			
									Incurred Claims		14	15	Incurred Claims		18
12	13	Percent of Premiums Earned	Number of Covered Lives	16	17	Percent of Premiums Earned	Number of Covered Lives	18							
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Number of Covered Lives	Premiums Earned	Amount	Number of Covered Lives
.....
.....
.....
.....

NONE

GENERAL INSTRUCTIONS

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. 1395s-10(d)(2) for this state.
2.1 Address:2.2 Contact Person and Phone Number:
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
3.1 Address:3.2 Contact Person and Phone Number:
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2022 OF THE Loyal American Life Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2022
 (To Be Filed by March 1)

FOR THE STATE OF North Carolina.....

NAIC Group Code 0901 NAIC Company Code 65722

ADDRESS (City, State and Zip Code) Cleveland, OH 44114

Person Completing This Exhibit Daniel E. Paffumi, FSA, MAAA

Title Appointed Actuary Telephone Number 330-241-1245

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2019				Policies Issued in 2020; 2021; 2022			
										11	Incurred Claims		14	15	Incurred Claims		18
											Premiums Earned	12	13		16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	11	12	13	14	15	16	17	18
.....YES.....	L-5233-NC	D.	NO.	0034000	08/16/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	4,932	8,867	179.8	1				
.....YES.....	L-5234-NC	F.	NO.	0034000	08/16/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	106,324	78,423	73.8	19				
.....YES.....	L-5235-NC	G.	NO.	0034000	08/16/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	6,984	4,055	58.1	1				
.....YES.....	L-6200-NC	H.	NO.	0034000	09/30/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	5,342	11,949	223.7	1				
.....YES.....	L-6201-NC	I.	NO.	0034000	09/30/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	12,065	(1,537)	(12.7)	2				
.....YES.....	L-6202-NC	J.	NO.	0034060	09/30/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	634,044	450,359	71.0	107				
.....YES.....	LOYAL-MS-AA-B-NC	B.	NO.	0034000	07/02/2010			01/31/2017	Modernized Medicare Supplement Insurance Plan	3,269	2,492	76.2	1				
.....YES.....	LOYAL-MS-AA-C-NC	C.	NO.	0034060	07/02/2010			01/31/2017	Modernized Medicare Supplement Insurance Plan	23,705	34,965	147.5	5				
.....YES.....	LOYAL-MS-AA-D-NC	D.	NO.	0034000	07/02/2010			01/31/2017	Modernized Medicare Supplement Insurance Plan	15,476	32,175	207.9	4				
.....YES.....	LOYAL-MS-AA-F-NC	F.	NO.	0034000	06/01/2010			01/31/2017	Modernized Medicare Supplement Insurance Plan	1,202,728	942,436	78.4	266				
.....YES.....	LOYAL-MS-AA-G-NC	G.	NO.	0034000	06/01/2010			01/31/2017	Modernized Medicare Supplement Insurance Plan	297,162	187,785	63.2	79				
.....YES.....	LOYAL-MS-AA-N-NC	N.	NO.	0034000	06/01/2010			01/31/2017	Modernized Medicare Supplement Insurance Plan	184,508	95,621	51.8	66				
0199999. Total Experience on Individual Policies										2,496,539	1,847,590	74.0	552				
0299999. Total Experience on Group Policies																	



SUPPLEMENT FOR THE YEAR 2022 OF THE Loyal American Life Insurance Company

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: 11501 Alterra Parkway, Suite 500 Austin, TX 78758
- 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: 11501 Alterra Parkway, Suite 500 Austin, TX 78758
- 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 2022 OF THE Loyal American Life Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2022

(To Be Filed by March 1)

FOR THE STATE OF North Dakota.....

NAIC Group Code 0901 NAIC Company Code 65722

ADDRESS (City, State and Zip Code) Cleveland, OH 44114

Person Completing This Exhibit Daniel E. Paffumi, FSA, MAAA

Title Appointed Actuary Telephone Number 330-241-1245

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2019				Policies Issued in 2020; 2021; 2022			
										11	Incurred Claims		14	15	Incurred Claims		18
											Premiums Earned	12	13		16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Amount	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
.....YES.....	L-6202-ND	J.....	NO.....	0034000	10/21/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	8,752	21,595	246.7	2				
.....YES.....	LOYAL-MS-AA-F-ND	F.....	NO.....	0034000	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	42,201	38,628	91.5	10				
.....YES.....	LOYAL-MS-AA-G-ND	G.....	NO.....	0034000	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	9,782	19,964	204.1	3				
0199999. Total Experience on Individual Policies										60,735	80,187	132.0	15				
0299999. Total Experience on Group Policies																	

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: 11501 Alterra Parkway, Suite 500 Austin, TX 78758
 - 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: 11501 Alterra Parkway, Suite 500 Austin, TX 78758
 - Contact Person and Phone Number: David Brosig 1-866-459-4272
- Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2022 OF THE Loyal American Life Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2022
 (To Be Filed by March 1)

FOR THE STATE OF Ohio.....

NAIC Group Code 0901

NAIC Company Code 65722

ADDRESS (City, State and Zip Code) Cleveland, OH 44114

Person Completing This Exhibit Daniel E. Paffumi, FSA, MAAA

Title Appointed Actuary

Telephone Number 330-241-1245

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2019				Policies Issued in 2020; 2021; 2022			
										11	Incurred Claims		14	15	Incurred Claims		18
											Premiums Earned	12	13		16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name								
.....YES.....	L-5230-OH	A.....	NO.....	0034000	08/10/2005	.....	.....	05/31/2010	Senior Class Medicare Supplement Insurance Plan	1,882	(2,544)	(135.2)	.....	.....	.....	.....	.....
.....YES.....	L-5232-OH	C.....	NO.....	0034000	08/10/2005	.....	.....	05/31/2010	Senior Class Medicare Supplement Insurance Plan	23,780	10,025	42.2	4	.....	.....	.....	.....
.....YES.....	L-5233-OH	D.....	NO.....	0034000	08/10/2005	.....	.....	05/31/2010	Senior Class Medicare Supplement Insurance Plan	28	(1,082)	(3,864.3)	.....	.....	.....	.....	.....
.....YES.....	L-5234-OH	F.....	NO.....	0034000	08/10/2005	.....	.....	05/31/2010	Senior Class Medicare Supplement Insurance Plan	96,057	85,626	89.1	13	.....	.....	.....	.....
.....YES.....	L-5235-OH	G.....	NO.....	0034000	08/10/2005	.....	.....	05/31/2010	Senior Class Medicare Supplement Insurance Plan	23,471	34,298	146.1	4	.....	.....	.....	.....
.....YES.....	L-6201-OH	I.....	NO.....	0034060	09/05/2008	.....	.....	05/31/2010	Senior Class Medicare Supplement Insurance Plan	5,750	1,185	20.6	1	.....	.....	.....	.....
.....YES.....	L-6202-OH	J.....	NO.....	0034060	09/05/2008	.....	.....	05/31/2010	Senior Class Medicare Supplement Insurance Plan	445,577	189,856	42.6	79	.....	.....	.....	.....
.....YES.....	LOYAL-MS-AA-C-OH	C.....	NO.....	0034000	06/01/2010	.....	.....	08/09/2017	Modernized Medicare Supplement Insurance Plan	103,965	91,063	87.6	22	.....	.....	.....	.....
.....YES.....	LOYAL-MS-AA-D-OH	D.....	NO.....	0034000	07/12/2010	.....	.....	08/09/2017	Modernized Medicare Supplement Insurance Plan	7,859	5,166	65.7	2	.....	.....	.....	.....
.....YES.....	LOYAL-MS-AA-F-OH	F.....	NO.....	0034000	06/01/2010	.....	.....	08/09/2017	Modernized Medicare Supplement Insurance Plan	1,192,568	700,075	58.7	252	.....	.....	.....	.....
.....YES.....	LOYAL-MS-AA-G-OH	G.....	NO.....	0034000	06/01/2010	.....	.....	08/09/2017	Modernized Medicare Supplement Insurance Plan	278,573	203,681	73.1	69	.....	.....	.....	.....
.....YES.....	LOYAL-MS-AA-N-OH	N.....	NO.....	0034000	06/01/2010	.....	.....	08/09/2017	Modernized Medicare Supplement Insurance Plan	310,496	165,415	53.3	102	.....	.....	.....	.....
0199999. Total Experience on Individual Policies										2,490,006	1,482,764	59.5	548	.....	.....	.....	.....
0299999. Total Experience on Group Policies										.....	.....	.....	.....	.....	.....	.....	.....

360.OH



SUPPLEMENT FOR THE YEAR 2022 OF THE Loyal American Life Insurance Company

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: 11501 Alterra Parkway, Suite 500 Austin, TX 78758
- 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: 11501 Alterra Parkway, Suite 500 Austin, TX 78758
- 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 2022 OF THE Loyal American Life Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2022
 (To Be Filed by March 1)

FOR THE STATE OF Oklahoma.....
 NAIC Group Code 0901 NAIC Company Code 65722

ADDRESS (City, State and Zip Code) Cleveland, OH 44114
 Person Completing This Exhibit Daniel E. Paffumi, FSA, MAAA
 Title Appointed Actuary Telephone Number 330-241-1245

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2019				Policies Issued in 2020; 2021; 2022				
										11	Incurred Claims		14	15	Incurred Claims		18	
											Premiums Earned	12	13	Percent of Premiums Earned	Premiums Earned	16	17	Percent of Premiums Earned
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name									Number of Covered Lives
.....YES.....	L-5234-OK	F.....	NO.....	0034000	08/18/2005 .....	.....	.....	05/31/2010	Senior Class Medicare Supplement Insurance Plan	104,877	74,744	71.3	18	.....	.....	.....	.....
.....YES.....	L-5235-OK	G.....	NO.....	0034000	08/18/2005 .....	.....	.....	05/31/2010	Senior Class Medicare Supplement Insurance Plan	14,298	7,777	54.4	1	.....	.....	.....	.....
.....YES.....	L-6200-OK	H.....	NO.....	0034060	08/28/2008 .....	.....	.....	05/31/2010	Senior Class Medicare Supplement Insurance Plan	13,491	2,496	18.5	3	.....	.....	.....	.....
.....YES.....	L-6202-OK	J.....	NO.....	0034060	08/28/2008 .....	.....	.....	05/31/2010	Senior Class Medicare Supplement Insurance Plan	368,992	211,983	57.4	64	.....	.....	.....	.....
.....YES.....	LOYAL-MS-AA-A-OK	A.....	NO.....	0034060	06/01/2010 .....	.....	.....	11/01/2016	Modernized Medicare Supplement Insurance Plan	9,005	4,903	54.4	2	.....	.....	.....	.....
.....YES.....	LOYAL-MS-AA-F-OK	F.....	NO.....	0034000	06/01/2010 .....	.....	.....	11/01/2016	Modernized Medicare Supplement Insurance Plan	273,176	240,789	88.1	57	.....	.....	.....	.....
.....YES.....	LOYAL-MS-AA-G-OK	G.....	NO.....	0034000	06/01/2010 .....	.....	.....	11/01/2016	Modernized Medicare Supplement Insurance Plan	32,188	27,037	84.0	8	.....	.....	.....	.....
.....YES.....	LOYAL-MS-AA-N-OK	N.....	NO.....	0034000	06/01/2010 .....	.....	.....	11/01/2016	Modernized Medicare Supplement Insurance Plan	41,259	43,592	105.7	14	.....	.....	.....	.....
0199999. Total Experience on Individual Policies										857,286	613,321	71.5	167	.....	.....	.....	.....
0299999. Total Experience on Group Policies										.....	.....	.....	.....	.....	.....	.....	.....

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: 11501 Alterra Parkway, Suite 500 Austin, TX 78758
 - 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: 11501 Alterra Parkway, Suite 500 Austin, TX 78758
 - Contact Person and Phone Number: David Brosig 1-866-459-4272
- Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2022 OF THE Loyal American Life Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2022

(To Be Filed by March 1)

FOR THE STATE OF Oregon.....
 NAIC Group Code 0901 NAIC Company Code 65722
 ADDRESS (City, State and Zip Code) Cleveland, OH 44114
 Person Completing This Exhibit Daniel E. Paffumi, FSA, MAAA
 Title Appointed Actuary Telephone Number 330-241-1245

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2019				Policies Issued in 2020; 2021; 2022			
										11	Incurred Claims		14	15	Incurred Claims		18
											Premiums Earned	12	13	Percent of Premiums Earned	Premiums Earned	16	17	Percent of Premiums Earned	Number of Covered Lives
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name								
.....YES.....	L-5230-OR	A.....	NO.....	0034060	09/08/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	3,450	1,914	55.5	1				
.....YES.....	L-5234-OR	F.....	NO.....	0034060	09/08/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	28,798	8,252	28.7	6				
.....YES.....	L-5235-OR	G.....	NO.....	0034060	09/08/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	6,832	3,169	46.4	2				
.....YES.....	L-6200-OR	H.....	NO.....	0034060	10/13/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	4,149	821	19.8	1				
.....YES.....	L-6202-OR	J.....	NO.....	0034060	10/13/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	304,052	144,665	47.6	55				
.....YES.....	LOYAL-MS-AA-A-OR	A.....	NO.....	0034060	06/01/2010				Modernized Medicare Supplement Insurance Plan	31	495	1,596.8					
.....YES.....	LOYAL-MS-AA-C-OR	C.....	NO.....	0034060	06/10/2010				Modernized Medicare Supplement Insurance Plan	26,532	16,126	60.8	7	7,653	3,087	40.3	1
.....YES.....	LOYAL-MS-AA-D-OR	D.....	NO.....	0034060	06/10/2010				Modernized Medicare Supplement Insurance Plan	26,525	14,239	53.7	7	3,752	886	23.6	1
.....YES.....	LOYAL-MS-AA-F-OR	F.....	NO.....	0034060	06/01/2010				Modernized Medicare Supplement Insurance Plan	3,800,658	2,906,201	76.5	1,064	638,177	463,835	72.7	169
.....YES.....	LOYAL-MS-AA-G-OR	G.....	NO.....	0034060	06/01/2010				Modernized Medicare Supplement Insurance Plan	8,442,792	6,838,122	81.0	2,850	4,135,820	3,339,387	80.7	1,471
.....YES.....	LOYAL-MS-AA-N-OR	N.....	NO.....	0034060	06/01/2010				Modernized Medicare Supplement Insurance Plan	1,336,361	1,108,321	82.9	484	403,462	405,474	100.5	145
0199999. Total Experience on Individual Policies										13,980,180	11,042,325	79.0	4,477	5,188,864	4,212,669	81.2	1,787
0299999. Total Experience on Group Policies																	



SUPPLEMENT FOR THE YEAR 2022 OF THE Loyal American Life Insurance Company

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: 11501 Alterra Parkway, Suite 500 Austin, TX 78758
- 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: 11501 Alterra Parkway, Suite 500 Austin, TX 78758
- 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 2022 OF THE Loyal American Life Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2022

(To Be Filed by March 1)

FOR THE STATE OF Pennsylvania.....

NAIC Group Code 0901

NAIC Company Code 65722

ADDRESS (City, State and Zip Code) Cleveland, OH 44114

Person Completing This Exhibit Daniel E. Paffumi, FSA, MAAA

Title Appointed Actuary

Telephone Number 330-241-1245

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2019				Policies Issued in 2020; 2021; 2022				
										11	Incurred Claims		14	15	Incurred Claims		18	
											Premiums Earned	12	13		16	17		
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name					Number of Covered Lives	Premiums Earned	Amount	Number of Covered Lives	
.....YES.....	L-5232-PA	C.....	.....NO.....	0034060	12/02/2005	.....	.....	05/31/2010	Senior Class Medicare Supplement Insurance Plan	7,167	4,409	61.5	2	.....	.....	.....	.....
.....YES.....	L-5233-PA	D.....	.....NO.....	0034060	12/02/2005	.....	.....	05/31/2010	Senior Class Medicare Supplement Insurance Plan	25,337	14,015	55.3	6	.....	.....	.....	.....
.....YES.....	L-5234-PA	F.....	.....NO.....	0034060	12/02/2005	.....	.....	05/31/2010	Senior Class Medicare Supplement Insurance Plan	85,193	62,280	73.1	24	.....	.....	.....	.....
.....YES.....	L-5235-PA	G.....	.....NO.....	0034060	12/02/2005	.....	.....	05/31/2010	Senior Class Medicare Supplement Insurance Plan	12,542	5,004	39.9	4	.....	.....	.....	.....
.....YES.....	LOYAL-MS-AA-D-PA	D.....NO.....	0034060	06/10/2010	09/30/2016	Modernized Medicare Supplement Insurance Plan	9,177	10,405	113.4	3
.....YES.....	LOYAL-MS-AA-F-PA	F.....NO.....	0034060	06/01/2010	09/30/2016	Modernized Medicare Supplement Insurance Plan	1,446,356	841,761	58.2	362
.....YES.....	LOYAL-MS-AA-G-PA	G.....NO.....	0034060	06/01/2010	09/30/2016	Modernized Medicare Supplement Insurance Plan	301,222	176,878	58.7	82
.....YES.....	LOYAL-MS-AA-N-PA	N.....NO.....	0034060	06/01/2010	09/30/2016	Modernized Medicare Supplement Insurance Plan	643,186	493,828	76.8	226
0199999. Total Experience on Individual Policies										2,530,180	1,608,580	63.6	709	.....	.....	.....	.....
0299999. Total Experience on Group Policies										.....	.....	.....	.....	.....	.....	.....	.....

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: 11501 Alterra Parkway, Suite 500 Austin, TX 78758
 - 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: 11501 Alterra Parkway, Suite 500 Austin, TX 78758
 - Contact Person and Phone Number: David Brosig 1-866-459-4272
- Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2022 OF THE Loyal American Life Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2022

(To Be Filed by March 15)

FOR THE STATE OF Rhode Island.....

FOR THE STATE OF Rhode Island.....
NAIC Group Code NAIC Company Code

ADDRESS (City, State and Zip Code) _____

ADDRESS (City, State and Zip)
Person Completing This Form

Person Completing This
Title

Title

NONE

NON-ELECTRONIC 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. 1395s-10(d) for this date.

2.1 Address: _____

2.2 Contact Person and Phone Number: _____

3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address: _____

3.2 Contact Person and Phone Number: _____

4. Explain any policies identified above as policy type "O". _____



SUPPLEMENT FOR THE YEAR 2022 OF THE Loyal American Life Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2022

(To Be Filed by March 1)

FOR THE STATE OF South Carolina.....
 NAIC Group Code 0901 NAIC Company Code 65722
 ADDRESS (City, State and Zip Code) Cleveland, OH 44114
 Person Completing This Exhibit Daniel E. Paffumi, FSA, MAAA
 Title Appointed Actuary Telephone Number 330-241-1245

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2019				Policies Issued in 2020; 2021; 2022			
										11	Incurred Claims		14	15	Incurred Claims		18
											Premiums Earned	12	13	Percent of Premiums Earned	Premiums Earned	16	17	Percent of Premiums Earned	Number of Covered Lives
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name								
.....YES.....	L-5234-SC	F.....	NO.....	0034000	12/29/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	129,012	74,414	57.7	30				
.....YES.....	L-5235-SC	G.....	NO.....	0034000	12/29/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	13,280	37,242	280.4	3				
.....YES.....	L-6200-SC	H.....	NO.....	0034000	09/24/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	8,186	2,823	34.5	2				
.....YES.....	L-6201-SC	I.....	NO.....	0034000	09/24/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	39,762	25,897	65.1	11				
.....YES.....	L-6202-SC	J.....	NO.....	0034000	09/24/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	975,504	703,010	72.1	236				
.....YES.....	LOYAL-MS-AA-C-SC	C.....	NO.....	0034000	08/25/2010			09/30/2016	Modernized Medicare Supplement Insurance Plan	14,337	4,451	31.0	4				
.....YES.....	LOYAL-MS-AA-D-SC	D.....	NO.....	0034000	08/25/2010			09/30/2016	Modernized Medicare Supplement Insurance Plan	10,731	40,877	380.9	3				
.....YES.....	LOYAL-MS-AA-F-SC	F.....	NO.....	0034000	06/01/2010			09/30/2016	Modernized Medicare Supplement Insurance Plan	1,960,912	1,343,804	68.5	465				
.....YES.....	LOYAL-MS-AA-G-SC	G.....	NO.....	0034000	06/01/2010			09/30/2016	Modernized Medicare Supplement Insurance Plan	419,458	329,244	78.5	118				
.....YES.....	LOYAL-MS-AA-N-SC	N.....	NO.....	0034000	06/01/2010			09/30/2016	Modernized Medicare Supplement Insurance Plan	200,183	121,925	60.9	72				
0199999. Total Experience on Individual Policies										3,771,365	2,683,687	71.2	944				
0299999. Total Experience on Group Policies																	



SUPPLEMENT FOR THE YEAR 2022 OF THE Loyal American Life Insurance Company

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: 11501 Alterra Parkway, Suite 500 Austin, TX 78758
- 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: 11501 Alterra Parkway, Suite 500 Austin, TX 78758
- 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 2022 OF THE Loyal American Life Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2022

(To Be Filed by March 1)

FOR THE STATE OF South Dakota.....

NAIC Group Code 0901 NAIC Company Code 65722

ADDRESS (City, State and Zip Code) Cleveland, OH 44114

Person Completing This Exhibit Daniel E. Paffumi, FSA, MAAA

Title Appointed Actuary Telephone Number 330-241-1245

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2019				Policies Issued in 2020; 2021; 2022			
										11	Incurred Claims		14	15	Incurred Claims		18
											Premiums Earned	12	13		16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Amount	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
.....YES.....	L-6202-SD	J.....	NO.....	0034060	08/01/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	272,995	158,348	58.0	58				
.....YES.....	LOYAL-MS-AA-A-SD	A.....	NO.....	0034060	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	309	(370)	(119.7)					
.....YES.....	LOYAL-MS-AA-F-SD	F.....	NO.....	0034060	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	179,224	199,996	111.6	40				
.....YES.....	LOYAL-MS-AA-G-SD	G.....	NO.....	0034060	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	13,954	22,741	163.0	4				
.....YES.....	LOYAL-MS-AA-N-SD	N.....	NO.....	0034060	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	2,788	2,216	79.5	1				
0199999. Total Experience on Individual Policies										469,270	382,931	81.6	103				
0299999. Total Experience on Group Policies																	

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: 11501 Alterra Parkway, Suite 500 Austin, TX 78758
 - 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: 11501 Alterra Parkway, Suite 500 Austin, TX 78758
 - Contact Person and Phone Number: David Brosig 1-866-459-4272
- Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2022 OF THE Loyal American Life Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2022
 (To Be Filed by March 1)

FOR THE STATE OF Tennessee.....

NAIC Group Code 0901 NAIC Company Code 65722

ADDRESS (City, State and Zip Code) Cleveland, OH 44114

Person Completing This Exhibit Daniel E. Paffumi, FSA, MAAA

Title Appointed Actuary Telephone Number 330-241-1245

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2019				Policies Issued in 2020; 2021; 2022			
										11	Incurred Claims		14	15	Incurred Claims		18
											Premiums Earned	12	13		16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	11	12	13	Number of Covered Lives	15	16	17	Number of Covered Lives
.....YES.....	L-5234-TN	F.....	NO.....	0034000	09/15/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	76,309	33,537	43.9	12				
.....YES.....	L-5235-TN	G.....	NO.....	0034000	09/15/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	20,807	7,221	34.7	4				
.....YES.....	LOYAL-MS-AA-B-TN	B.....	NO.....	0034060	07/30/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	9,766	1,130	11.6	3				
.....YES.....	LOYAL-MS-AA-C-TN	C.....	NO.....	0034060	07/30/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	9,155	4,328	47.3	2				
.....YES.....	LOYAL-MS-AA-D-TN	D.....	NO.....	0034060	07/30/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	25,526	15,419	60.4	5				
.....YES.....	LOYAL-MS-AA-F-TN	F.....	NO.....	0034060	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	5,409,614	3,877,038	71.7	1,285				
.....YES.....	LOYAL-MS-AA-G-TN	G.....	NO.....	0034060	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	585,384	392,063	67.0	163				
.....YES.....	LOYAL-MS-AA-N-TN	N.....	NO.....	0034060	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	842,844	602,519	71.5	313				
0199999. Total Experience on Individual Policies										6,979,405	4,933,255	70.7	1,787				
0299999. Total Experience on Group Policies																	

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: 11501 Alterra Parkway, Suite 500 Austin, TX 78758
 - 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: 11501 Alterra Parkway, Suite 500 Austin, TX 78758
 - Contact Person and Phone Number: David Brosig 1-866-459-4272
- Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2022 OF THE Loyal American Life Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2022
 (To Be Filed by March 1)

FOR THE STATE OF Texas.....

NAIC Group Code 0901

NAIC Company Code 65722

ADDRESS (City, State and Zip Code) Cleveland, OH 44114

Person Completing This Exhibit Daniel E. Paffumi, FSA, MAAA

Title Appointed Actuary

Telephone Number 330-241-1245

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2019			14	Policies Issued in 2020; 2021; 2022			
										11	Incurred Claims			15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
.....YES.....	L-5230-TX	A.....	NO.....	0034060	02/14/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan			(3)					
.....YES.....	L-5232-TX	C.....	NO.....	0034000	10/19/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	7,010	26,561	378.9	1				
.....YES.....	L-5233-TX	D.....	NO.....	0034000	10/19/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	1,043	87	8.3					
.....YES.....	L-5234-TX	F.....	NO.....	0034000	10/19/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	877,238	454,630	51.8	136				
.....YES.....	L-5235-TX	G.....	NO.....	0034000	10/19/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	73,372	50,487	68.8	14				
.....YES.....	L-5333-TX	F.....	YES.....	0034000	02/14/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	4,176	1,549	37.1	1				
.....YES.....	L-5334-TX	G.....	YES.....	0034000	02/14/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	11,581	7,595	65.6	3				
.....YES.....	L-6200-TX	H.....	NO.....	0034000	09/03/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	298,648	155,251	52.0	57				
.....YES.....	L-6201-TX	I.....	NO.....	0034000	09/03/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	567,754	410,078	72.2	110				
.....YES.....	L-6202-TX	J.....	NO.....	0034000	09/03/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	2,792,182	1,989,026	71.2	454				
.....YES.....	LOYAL-MS-AA-A-TX	A.....	NO.....	0034060	06/01/2010				Modernized Medicare Supplement Insurance Plan	90,201	80,621	89.4	18				
.....YES.....	LOYAL-MS-AA-C-TX	C.....	NO.....	0034000	08/05/2010				Modernized Medicare Supplement Insurance Plan	9,489	(11,571)	(121.9)	2				
.....YES.....	LOYAL-MS-AA-D-TX	D.....	NO.....	0034000	08/05/2010				Modernized Medicare Supplement Insurance Plan	22,277	7,345	33.0	5				
.....YES.....	LOYAL-MS-AA-F-TX	F.....	NO.....	0034000	06/01/2010				Modernized Medicare Supplement Insurance Plan	2,984,001	2,107,077	70.6	587	4,495	432	9.6	1



SUPPLEMENT FOR THE YEAR 2022 OF THE Loyal American Life Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2022

(To Be Filed by March 1)

FOR THE STATE OF Texas.....
 NAIC Group Code 0901 NAIC Company Code 65722
 ADDRESS (City, State and Zip Code) Cleveland, OH 44114
 Person Completing This Exhibit Daniel E. Paffumi, FSA, MAAA
 Title Appointed Actuary Telephone Number 330-241-1245

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2019				Policies Issued in 2020; 2021; 2022			
										11	12 Incurred Claims		13 Percent of Premiums Earned	14 Number of Covered Lives	15	16 Incurred Claims		18 Number of Covered Lives
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	89.2	468	11,572	741	6.4	4
.....YES.....	LOYAL-MS-AA-G-TX	G.....	NO.....	0034000	06/01/2010				Modernized Medicare Supplement Insurance Plan	1,653,763	1,475,247						
.....YES.....	LOYAL-MS-AA-N-TX	N.....	NO.....	0034000	06/01/2010				Modernized Medicare Supplement Insurance Plan	1,074,054	885,440	82.4	371	2,355	31	1.3	1
0199999. Total Experience on Individual Policies										10,466,789	7,639,420	73.0	2,227	18,422	1,204	6.5	6
0299999. Total Experience on Group Policies																	

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: 11501 Alterra Parkway, Suite 500 Austin, TX 78758
 - 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: 11501 Alterra Parkway, Suite 500 Austin, TX 78758
 - Contact Person and Phone Number: David Brosig 1-866-459-4272
- Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2022 OF THE Loyal American Life Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2022

(To Be Filed by March 1)

FOR THE STATE OF Utah.....

NAIC Group Code 0901

NAIC Company Code 65722

ADDRESS (City, State and Zip Code) Cleveland, OH 44114

Person Completing This Exhibit Daniel E. Paffumi, FSA, MAAA

Title Appointed Actuary

Telephone Number 330-241-1245

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2019				Policies Issued in 2020; 2021; 2022			
										11	Incurred Claims		14	15	Incurred Claims		18
											Premiums Earned	12	13		16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name				Number of Covered Lives		Premiums Earned	Amount	Number of Covered Lives
.....YES.....	L-6202-UT	J.....	NO.....	0034000	10/04/2008	.....	.....	05/31/2010	Senior Class Medicare Supplement Insurance Plan	126,175	44,518	35.3	26	.....	.....	.....	.....
.....YES.....	LOYAL-MS-AA-F-UT	F.....	NO.....	0034000	06/01/2010	.....	.....	01/02/2017	Modernized Medicare Supplement Insurance Plan	162,913	111,935	68.7	37	.....	.....	.....	.....
.....YES.....	LOYAL-MS-AA-G-UT	G.....	NO.....	0034000	06/01/2010	.....	.....	01/02/2017	Modernized Medicare Supplement Insurance Plan	48,536	56,638	116.7	15	.....	.....	.....	.....
.....YES.....	LOYAL-MS-AA-N-UT	N.....	NO.....	0034000	06/01/2010	.....	.....	01/02/2017	Modernized Medicare Supplement Insurance Plan	122,215	119,509	97.8	45	.....	.....	.....	.....
0199999. Total Experience on Individual Policies										459,839	332,600	72.3	123	.....	.....	.....	.....
0299999. Total Experience on Group Policies																	

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: 11501 Alterra Parkway, Suite 500 Austin, TX 78758
 - 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: 11501 Alterra Parkway, Suite 500 Austin, TX 78758
 - Contact Person and Phone Number: David Brosig 1-866-459-4272
- Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2022 OF THE Loyal American Life Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2022

(To Be Filed by March 1)

FOR THE STATE OF Vermont.....
 NAIC Group Code 0901 NAIC Company Code 65722
 ADDRESS (City, State and Zip Code) Cleveland, OH 44114
 Person Completing This Exhibit Daniel E. Paffumi, FSA, MAAA
 Title Appointed Actuary Telephone Number 330-241-1245

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2019				Policies Issued in 2020; 2021; 2022			
										11	Incurred Claims		14	15	Incurred Claims		18
											Premiums Earned	12	13		Premiums Earned	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	11	12	13	Number of Covered Lives	15	16	17	Number of Covered Lives
YES	LOYAL-MS-CR-A-VT	A.	NO.	0034060	06/18/2013				Modernized Medicare Supplement Insurance Plan								
YES	LOYAL-MS-CR-F-VT	F.	NO.	0034060	06/18/2013				Modernized Medicare Supplement Insurance Plan	1,385,607	1,052,898	76.0	453	50,434	38,256	75.9	17
YES	LOYAL-MS-CR-G-VT	G.	NO.	0034060	06/18/2013				Modernized Medicare Supplement Insurance Plan	764,052	649,139	85.0	306	420,576	297,067	70.6	192
YES	LOYAL-MS-CR-N-VT	N.	NO.	0034060	06/18/2013				Modernized Medicare Supplement Insurance Plan	375,600	286,886	76.4	208	294,556	184,762	62.7	172
YES	LOYAL-MSD-CR-F-VT	F.	NO.	0204060	07/25/2013				Modernized Medicare Supplement Insurance Plan	36,779	19,933	54.2	12				
YES	LOYAL-MSD-CR-G-VT	G.	NO.	0204060	07/25/2013				Modernized Medicare Supplement Insurance Plan	115,905	79,160	68.3	46	28,967	11,702	40.4	12
YES	LOYAL-MSD-CR-N-VT	N.	NO.	0204060	07/25/2013				Modernized Medicare Supplement Insurance Plan	53,323	24,930	46.8	30	14,294	9,907	69.3	7
0199999. Total Experience on Individual Policies										2,731,266	2,112,946	77.4	1,055	808,827	541,694	67.0	400
0299999. Total Experience on Group Policies																	

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: 11501 Alterra Parkway, Suite 500 Austin, TX 78758
 - 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: 11501 Alterra Parkway, Suite 500 Austin, TX 78758
 - Contact Person and Phone Number: David Brosig 1-866-459-4272
- Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2022 OF THE Loyal American Life Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2022

(To Be Filed by March 1)

FOR THE STATE OF Virginia.....

NAIC Group Code 0901

NAIC Company Code 65722

ADDRESS (City, State and Zip Code) Cleveland , OH 44114

Person Completing This Exhibit Daniel E. Paffumi, FSA, MAAA

Title Appointed Actuary

Telephone Number 330-241-1245

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2019			14	Policies Issued in 2020; 2021; 2022			
										11	Incurred Claims			15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12	13	Number of Covered Lives	Premiums Earned	16	17	Number of Covered Lives
.....YES.....	LOYAL-MS-AA-F-VA	F.....	NO.....	0034000	06/01/2010 .....	.....	.....	11/01/2016	Modernized Medicare Supplement Insurance Plan	544,799	435,169	79.9	132	.....	.....	.....
.....YES.....	LOYAL-MS-AA-G-VA	G.....	NO.....	0034000	06/01/2010 .....	.....	.....	11/01/2016	Modernized Medicare Supplement Insurance Plan	173,100	158,020	91.3	51	.....	.....	.....
.....YES.....	LOYAL-MS-AA-N-VA	N.....	NO.....	0034000	06/01/2010 .....	.....	.....	11/01/2016	Modernized Medicare Supplement Insurance Plan	19,437	12,365	63.6	6	.....	.....	.....
0199999. Total Experience on Individual Policies																	
0299999. Total Experience on Group Policies																	

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: 11501 Alterra Parkway, Suite 500 Austin , TX 78758
 - 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 2022 OF THE Loyal American Life Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2022
 (To Be Filed by March 1)

FOR THE STATE OF Washington.....

NAIC Group Code 0901 NAIC Company Code 65722

ADDRESS (City, State and Zip Code) Cleveland, OH 44114

Person Completing This Exhibit Daniel E. Paffumi, FSA, MAAA

Title Appointed Actuary Telephone Number 330-241-1245

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2019				Policies Issued in 2020; 2021; 2022			
										11	Incurred Claims		14	15	Incurred Claims		18
											Premiums Earned	12	13	Percent of Premiums Earned	16	17	Percent of Premiums Earned
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name								Number of Covered Lives
.....YES.....	LOYAL-MS-CR-F-WA	F.....	NO.....	0034000	06/20/2013 .....	.....	.....	.....	Modernized Medicare Supplement Insurance Plan	1,018,894	697,495	68.5	265	25,673	28,137	109.6	7
.....YES.....	LOYAL-MS-CR-G-WA	G.....	NO.....	0034000	06/20/2013 .....	.....	.....	.....	Modernized Medicare Supplement Insurance Plan	13,413,462	10,406,983	77.6	4,422	1,171,808	711,814	60.7	413
.....YES.....	LOYAL-MS-CR-N-WA	N.....	NO.....	0034000	06/20/2013 .....	.....	.....	.....	Modernized Medicare Supplement Insurance Plan	6,217,689	5,774,227	92.9	3,097	3,591,151	2,718,700	75.7	1,921
.....YES.....	LOYAL-MSD-CR-A-WA	A.....	NO.....	0204000	08/21/2013 .....	.....	.....	.....	Modernized Medicare Supplement Insurance Plan	.....	.....	.....	.....	27	(282)	(1,044.4)	.....
.....YES.....	LOYAL-MSD-CR-F-WA	F.....	NO.....	0204000	08/21/2013 .....	.....	.....	.....	Modernized Medicare Supplement Insurance Plan	406,865	283,332	69.6	105	89,680	70,980	79.1	25
.....YES.....	LOYAL-MSD-CR-G-WA	G.....	NO.....	0204000	08/21/2013 .....	.....	.....	.....	Modernized Medicare Supplement Insurance Plan	2,456,653	1,758,874	71.6	850	513,088	331,926	64.7	181
.....YES.....	LOYAL-MSD-CR-N-WA	N.....	NO.....	0204000	08/21/2013 .....	.....	.....	.....	Modernized Medicare Supplement Insurance Plan	668,381	593,047	88.7	335	395,426	328,163	83.0	197
0199999. Total Experience on Individual Policies										24,181,944	19,513,958	80.7	9,074	5,786,853	4,189,438	72.4	2,744
0299999. Total Experience on Group Policies										.....	.....	.....	.....	.....	.....	.....	.....

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: 11501 Alterra Parkway, Suite 500 Austin, TX 78758
 - 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: 11501 Alterra Parkway, Suite 500 Austin, TX 78758
 - Contact Person and Phone Number: David Brosig 1-866-459-4272
- Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2022 OF THE Loyal American Life Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2022
 (To Be Filed by March 1)

FOR THE STATE OF West Virginia.....

NAIC Group Code 0901

NAIC Company Code 65722

ADDRESS (City, State and Zip Code) Cleveland, OH 44114

Person Completing This Exhibit Daniel E. Paffumi, FSA, MAAA

Title Appointed Actuary

Telephone Number 330-241-1245

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2019				Policies Issued in 2020; 2021; 2022			
										11	Incurred Claims		14	15	Incurred Claims		18
											Premiums Earned	12	13		16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name					Number of Covered Lives	Premiums Earned	Amount	Number of Covered Lives
.....YES.....	L-5232-WV	C.	NO.....	0034000	08/25/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	5,432	3,983	73.3	1				
.....YES.....	L-5234-WV	F.	NO.....	0034000	08/25/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	10,189	8,142	79.9	2				
.....YES.....	L-6202-WV	J.	NO.....	0034060	09/24/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	96,921	72,017	74.3	19				
.....YES.....	LOYAL-MS-AA-D-WV	D.	NO.....	0034000	06/23/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	3,903	205	5.3	1				
.....YES.....	LOYAL-MS-AA-F-WV	F.	NO.....	0034000	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	216,156	116,737	54.0	46				
.....YES.....	LOYAL-MS-AA-G-WV	G.	NO.....	0034000	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	35,720	22,315	62.5	10				
.....YES.....	LOYAL-MS-AA-N-WV	N.	NO.....	0034000	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	70,659	44,196	62.5	22				
0199999. Total Experience on Individual Policies										438,980	267,595	61.0	101				
0299999. Total Experience on Group Policies																	

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: 11501 Alterra Parkway, Suite 500 Austin, TX 78758
 - 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: 11501 Alterra Parkway, Suite 500 Austin, TX 78758
 - Contact Person and Phone Number: David Brosig 1-866-459-4272
- Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2022 OF THE Loyal American Life Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2022

(To Be Filed by March 1)

FOR THE STATE OF Wisconsin.....

NAIC Group Code 0901 NAIC Company Code 65722

ADDRESS (City, State and Zip Code) Cleveland, OH 44114

Person Completing This Exhibit Daniel E. Paffumi, FSA, MAAA

Title Appointed Actuary Telephone Number 330-241-1245

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2019			Policies Issued in 2020; 2021; 2022				
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
.....YES.....	L-5220-WI	0.....	NO.....	0034060	04/23/2004	.....	.....	05/31/2010	Senior Class Medicare Supplement Insurance Plan	57,815	38,704	66.9	9	.....	.....	.....
.....YES.....	LOYAL-MS-WI	0.....	NO.....	0034060	06/01/2010	.....	.....	09/30/2016	Modernized Medicare Supplement Insurance Plan	106,406	54,423	51.1	23	.....	.....	.....
0199999. Total Experience on Individual Policies										164,221	93,127	56.7	32	.....	.....	.....
0299999. Total Experience on Group Policies										.....	.....	.....	.....	.....	.....	.....

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: 11501 Alterra Parkway, Suite 500 Austin, TX 78758
 - 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: 11501 Alterra Parkway, Suite 500 Austin, TX 78758
 - Contact Person and Phone Number: David Brosig 1-866-459-4272
- Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2022 OF THE Loyal American Life Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2022
(To Be Filed by March 1)

FOR THE STATE OF Wyoming
NAIC Group Code 0901 NAIC Company Code 65722
ADDRESS (City, State and Zip Code) Cleveland, OH 44114
Person Completing This Exhibit Daniel E. Paffumi, FSA, MAAA
Title Appointed Actuary Telephone Number 330-241-1245

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2019				Policies Issued in 2020; 2021; 2022			
										11	Incurred Claims		14	15	Incurred Claims		18
											Premiums Earned	12	13		16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	11	12	13	14	15	16	17	18
.....YES.....	L-6202-WY	J.	NO.....	0034060	08/27/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	101,811	106,842	104.9	19				
.....YES.....	LOYAL-MS-AA-F-WY	F.	NO.....	0034000	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	82,416	44,886	54.5	18				
.....YES.....	LOYAL-MS-AA-G-WY	G.	NO.....	0034000	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	10,529	10,484	99.6	3				
.....YES.....	LOYAL-MS-AA-N-WY	N.	NO.....	0034000	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	36,392	24,971	68.6	13				
0199999. Total Experience on Individual Policies										231,148	187,183	81.0	53				
0299999. Total Experience on Group Policies																	

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: 11501 Alterra Parkway, Suite 500 Austin, TX 78758
 - 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: 11501 Alterra Parkway, Suite 500 Austin, TX 78758
 - Contact Person and Phone Number: David Brosig 1-866-459-4272
- Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2022 OF THE Loyal American Life Insurance Company

VM-20 RESERVES SUPPLEMENT – PART 1A

Life Insurance Reserves Valued According to VM-20 by Product Type

For The Year Ended December 31, 2022

(To Be Filed by March 1)

NAIC Group Code	0901	NAIC Company Code 65722		
		Prior Year	Current Year	
		1	2	3
		Reported Reserve	Reported Reserve	Due and Deferred Premium Asset
1.	Post-Reinsurance-Ceded Reserve			
1.1.	Term Life Insurance.....			
1.2.	Universal Life With Secondary Guarantee			
1.3.	Non-Participating Whole Life			
1.4.	Participating Whole Life			
1.5.	Universal Life Without Secondary Guarantee			
1.6.	Variable Universal Life Without Secondary Guarantee			
1.7.	Variable Life Without Secondary Guarantee			
1.8.	Indexed Life Without Secondary Guarantee			
1.9.	Aggregate Write-Ins for Other Products			
2.	Total Post-Reinsurance-Ceded Reserve (Sum of Lines 1.1 through 1.9)			XXX
3.	Pre-Reinsurance-Ceded Reserve			
3.1.	Term Life Insurance.....			
3.2.	Universal Life With Secondary Guarantee			
3.3.	Non-Participating Whole Life			
3.4.	Participating Whole Life			
3.5.	Universal Life Without Secondary Guarantee			
3.6.	Variable Universal Life Without Secondary Guarantee			
3.7.	Variable Life Without Secondary Guarantee			
3.8.	Indexed Life Without Secondary Guarantee			
3.9.	Aggregate Write-Ins for Other Products			
4.	Total Pre-Reinsurance-Ceded Reserve (Sum of Lines 3.1 through 3.9)			XXX
5.	Total Reserves Ceded (Line 4 minus Line 2)			XXX
DETAILS OF WRITE-INS				
1.901.	.....		
1.902.	.....		
1.903.	.....		
1.998.	Summary of remaining write-ins for Line 1.9 from overflow page			
1.999.	Totals (Lines 1.901 thru 1.903 plus 1.998) (Line 1.9 above)			
3.901.	.....		
3.902.	.....		
3.903.	.....		
3.998.	Summary of remaining write-ins for Line 3.9 from overflow page			
3.999.	Totals (Lines 3.901 thru 3.903 plus 3.998) (Line 3.9 above)			

SUPPLEMENT FOR THE YEAR 2022 OF THE Loyal American Life Insurance Company

VM-20 RESERVES SUPPLEMENT – PART 1B

Life Insurance Reserves Valued According to VM-20 by Product Type

For The Year Ended December 31, 2022

(To Be Filed by March 1)

(\$000 Omitted for Face Amounts)

	Current Year											
	SECTION A					SECTION B				SECTION C		
	1 Net Premium Reserve	2 Deterministic Reserve	3 Stochastic Reserve	4 Number of Policies	5 Face Amount	6 Net Premium Reserve	7 Deterministic Reserve	8 Number of Policies	9 Face Amount	10 Net Premium Reserve	11 Number of Policies	12 Face Amount
1. Post-Reinsurance-Ceded Reserve												
1.1. Term Life Insurance				XXX	XXX			XXX	XXX	XXX	XXX	XXX
1.2. Universal Life With Secondary Guarantee				XXX	XXX			XXX	XXX	XXX	XXX	XXX
1.3. Non-Participating Whole Life				XXX	XXX			XXX	XXX	XXX	XXX	XXX
1.4. Participating Whole Life				XXX	XXX			XXX	XXX	XXX	XXX	XXX
1.5. Universal Life Without Secondary Guarantee				XXX	XXX			XXX	XXX	XXX	XXX	XXX
1.6. Variable Universal Life Without Secondary Guarantee				XXX	XXX			XXX	XXX	XXX	XXX	XXX
1.7. Variable Life Without Secondary Guarantee				XXX	XXX			XXX	XXX	XXX	XXX	XXX
1.8. Indexed Life Without Secondary Guarantee				XXX	XXX			XXX	XXX	XXX	XXX	XXX
1.9. Aggregate Write-Ins for Other Products				XXX	XXX			XXX	XXX	XXX	XXX	XXX
2. Total Post-Reinsurance-Ceded Reserve (Sum of Lines 1.1 through 1.9)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
3. Pre-Reinsurance-Ceded Reserve												
3.1. Term Life Insurance												
3.2. Universal Life With Secondary Guarantee												
3.3. Non-Participating Whole Life												
3.4. Participating Whole Life												
3.5. Universal Life Without Secondary Guarantee												
3.6. Variable Universal Life Without Secondary Guarantee												
3.7. Variable Life Without Secondary Guarantee												
3.8. Indexed Life Without Secondary Guarantee												
3.9. Aggregate Write-Ins for Other Products												
4. Total Pre-Reinsurance-Ceded Reserve (Sum of Lines 3.1 through 3.9)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
5. Total Reserves Ceded (Line 4 minus Line 2)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
DETAILS OF WRITE-INS												
1.901.					XXX	XXX			XXX	XXX	XXX	XXX
1.902.					XXX	XXX			XXX	XXX	XXX	XXX
1.903.					XXX	XXX			XXX	XXX	XXX	XXX
1.998. Summary of remaining write-ins for Line 1.9 from overflow page					XXX	XXX			XXX	XXX	XXX	XXX
1.999. Totals (Lines 1.901 thru 1.903 plus 1.998) (Line 1.9 above)					XXX	XXX			XXX	XXX	XXX	XXX
3.901.												
3.902.												
3.903.												
3.998. Summary of remaining write-ins for Line 3.9 from overflow page												
3.999. Totals (Lines 3.901 thru 3.903 plus 3.998) (Line 3.9 above)												

SUPPLEMENT FOR THE YEAR 2022 OF THE Loyal American Life Insurance Company

VM-20 RESERVES SUPPLEMENT – PART 2

Life PBR Exemption

For The Year Ended December 31, 2022

(To Be Filed by March 1)

Life PBR Exemption as defined in the NAIC adopted Valuation Manual (VM)

1. Has the company been allowed a Life PBR Exemption from the reserve requirements of VM-20 of the Valuation Manual by their state of domicile? Yes [] No []
2. If the response to Question 1 is "Yes", then check the source of the "Life PBR Exemption" definition? (Check either 2.1, 2.2 or 2.3)
 - 2.1 NAIC Adopted VM []
 - 2.2 State Statute (SVL) [] Complete items "a" and "b" as appropriate.
 - a. Is the criteria in the State Statute (SVL) different from the NAIC adopted VM? Yes [] No []
 - b. If the answer to "a" above is "Yes", provide the criteria the state has used to allow the Life PBR Exemption (e.g., Group/Legal Entity criteria) and the minimum reserve requirements that are required by the state of domicile (if the minimum reserve requirements are the same as the Adopted VM, write SAME AS NAIC VM):
.....
- 2.3 State Regulation [] Complete items "a" and "b" as appropriate.
 - a. Is the criteria in the State Regulation different from the NAIC adopted VM? Yes [] No []
 - b. If the answer to "a" above is "Yes", provide the criteria of the state's Life PBR Exemption that the company has met and the minimum reserve requirements that are required by the state of domicile (if the minimum reserve requirements are the same as the Adopted VM, write SAME AS NAIC VM):
.....
3. If the criteria for the "Life PBR Exemption" is the same as or substantially similar to the NAIC adopted VM (i.e., Question 2.1 is checked or Question 2.2.a is "No" or Question 2.3.a is "No"), then provide the most recent year that the company filed a statement of exemption that was allowed. If such calendar year is not the current calendar year for this statement, also provide confirmation that the company meets the criteria for utilizing an ongoing statement of exemption, meaning that none of the following apply:
 - 1) the company fails to meet either of the conditions in VM Section II, Subsection 1.G.2,
 - 2) the policies exempted contain those in VM Section II, Subsection 1.G.3, or
 - 3) the domiciliary commissioner contacted the company prior to Sept. 1 and notified them that the statement of exemption was not allowed:
.....

VM-20 RESERVES SUPPLEMENT – PART 3

Other Exclusions from Life PBR

For The Year Ended December 31, 2022

(To Be Filed by March 1)

- 1A. Has the company filed and been granted a Single State Exemption from the reserve requirements of VM-20 of the Valuation Manual by their state of domicile? Yes [] No []
- 1B. If the answer to question 1A is "Yes" please discuss any business not covered under the Single State Exemption.
.....
- 2A. If the answer to question 1A is "Yes", does the company have risks for policies issued outside its state of domicile? Yes [] No []
- 2B. If the answer to question 2A is "Yes" please discuss the risks for policies issued outside the state of domicile, how those risks came to be a responsibility of the company, and why the company would still be considered a Single State Company with such risks.
.....
3. Is all of the company's individual ordinary life insurance business excluded from the requirements of VM-20 pursuant to Section II.B of the Valuation Manual? Yes [] No []



SUPPLEMENT FOR THE YEAR 2022 OF THE Loyal American Life Insurance Company

SCHEDULE O SUPPLEMENT

For The Year Ended December 31, 2022
(To Be Filed by March 1)

Of The Loyal American Life Insurance Company
ADDRESS (City, State and Zip Code) Cleveland, OH 44114
NAIC Group Code 0901 NAIC Company Code 65722 Employer's Identification Number (FEIN) 63-0343428

SUPPLEMENTAL SCHEDULE O - PART 1

Development of Incurred Losses
(\$000 Omitted)

Section A - Group Accident and Health

Years in Which Losses Were Incurred	Cumulative Net Amounts Paid Policyholders				
	1 2018	2 2019	3 2020	4 2021	5 2022(a)
1. Prior	489	543	545	555	2,208
2. 2018	1,728	2,100	2,104	2,114	2,114
3. 2019	XXX	956	1,080	1,097	1,097
4. 2020	XXX	XXX	599	767	777
5. 2021	XXX	XXX	XXX	320	499
6. 2022	XXX	XXX	XXX	XXX	(1,216)

Section B - Other Accident and Health

1. Prior	32,142	40,828	47,428	53,851	62,572
2. 2018	199,044	227,983	230,233	231,273	232,107
3. 2019	XXX	219,498	247,883	249,489	250,133
4. 2020	XXX	XXX	189,924	216,406	217,495
5. 2021	XXX	XXX	XXX	191,447	218,270
6. 2022	XXX	XXX	XXX	XXX	179,577

Section C - Credit Accident and Health

1. Prior					
2. 2018					
3. 2019	XXX				
4. 2020	XX	X			
5. 2021	XX	XX	XXX		
6. 2022	XXX	XX		XXX	

Section D -

1. Prior					
2. 2018					
3. 2019	XXX				
4. 2020	XX	X			
5. 2021	XX	XX	XXX		
6. 2022	XXX	XX		XXX	

Section E -

1. Prior					
2. 2018					
3. 2019	XXX				
4. 2020	XX	X			
5. 2021	XX	XX	XXX		
6. 2022	XXX	XX		XXX	

Section F -

1. Prior					
2. 2018					
3. 2019	XXX				
4. 2020	XX	X			
5. 2021	XX	XX	XXX		
6. 2022	XXX	XX		XXX	

Section G -

1. Prior					
2. 2018					
3. 2019	XXX				
4. 2020	XX	X			
5. 2021	XX	XX	XXX		
6. 2022	XXX	XX		XXX	

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

SUPPLEMENT FOR THE YEAR 2022 OF THE Loyal American 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 2018	2 2019	3 2020	4 2021	5 2022
1. Prior					
2. 2018	3				
3. 2019	XXX	3			
4. 2020	XXX	XXX			
5. 2021	XXX	XXX	XXX		
6. 2022	XXX	XXX	XXX	XXX	

Section B - Other Accident and Health

1. Prior					
2. 2018	528				
3. 2019	XXX	509			
4. 2020	XXX	XXX	421		
5. 2021	XXX	XXX	XXX	400	
6. 2022	XXX	XXX	XXX	XXX	387

Section C - Credit Accident and Health

1. Prior					
2. 2018					
3. 2019	XXX				
4. 2020	XX	XX			
5. 2021	XXX	XX			
6. 2022	XXX	XXX	XXX	XXX	

Section D -

1. Prior					
2. 2018					
3. 2019	XX				
4. 2020	XX	XX			
5. 2021	XXX	XX			
6. 2022	XXX	XXX	XXX	XXX	

Section E -

1. Prior					
2. 2018					
3. 2019	XX				
4. 2020	XX	XX			
5. 2021	XXX	XX			
6. 2022	XXX	XXX	XXX	XXX	

Section F -

1. Prior					
2. 2018					
3. 2019	XX				
4. 2020	XX	XX			
5. 2021	XXX	XX			
6. 2022	XXX	XXX	XXX	XXX	

Section G -

1. Prior					
2. 2018					
3. 2019	XX				
4. 2020	XX	XX			
5. 2021	XXX	XX			
6. 2022	XXX	XXX	XXX	XXX	

SUPPLEMENT FOR THE YEAR 2022 OF THE Loyal American Life Insurance Company
SCHEDULE O SUPPLEMENT

SUPPLEMENTAL SCHEDULE O - PART 3

Development of Incurred Losses

(\$000 Omitted)

Section A - Group Accident and Health

Years in Which Losses Were Incurred	Sum of Net Cumulative Amount Paid Policyholders and Claim Liability and Reserve Outstanding at End of Year				
	1 2018	2 2019	3 2020	4 2021	5 2022
1. 2018	2,356	2,189	2,121	XXX.....	XXX.....
2. 2019	XXX.....	1,367	1,119	1,114.....	XXX.....
3. 2020	XXX.....	XXX.....	977	806.....	793.....
4. 2021	XXX.....	XXX.....	XXX.....	699.....	536.....
5. 2022	XXX.....	XXX.....	XXX.....	XXX.....	(862).....

Section B - Other Accident and Health

1. 2018	239,171	231,529	232,358	XXX.....	XXX.....
2. 2019	XXX.....	260,023	253,124	252,123.....	XXX.....
3. 2020	XXX.....	XXX.....	231,140	221,420.....	219,762.....
4. 2021	XXX.....	XXX.....	XXX.....	237,556.....	225,017.....
5. 2022	XXX.....	XXX.....	XXX.....	XXX.....	225,348.....

Section C - Credit Accident and Health

1. 2018				XXX.....	XXX.....
2. 2019	XXX.....				XXX.....
3. 2020	XXX.....				
4. 2021	XXX.....				
5. 2022	XXX.....	XX	XXX	XXX.....	

Section D -

1. 2018				XXX.....	XXX.....
2. 2019	XXX.....				XXX.....
3. 2020	XXX.....				
4. 2021	XXX.....	XX	XXX		
5. 2022	XXX.....	XX	XXX	XXX.....	

Section E -

1. 2018				XXX.....	XXX.....
2. 2019	XXX.....				XXX.....
3. 2020	XXX.....				
4. 2021	XXX.....	XX	XXX		
5. 2022	XXX.....	XX	XXX	XXX.....	

Section F -

1. 2018				XXX.....	XXX.....
2. 2019	XXX.....				XXX.....
3. 2020	XXX.....				
4. 2021	XXX.....	XX	XXX		
5. 2022	XXX.....	XX	XXX	XXX.....	

Section G -

1. 2018				XXX.....	XXX.....
2. 2019	XXX.....				XXX.....
3. 2020	XXX.....				
4. 2021	XXX.....	XX	XXX		
5. 2022	XXX.....	XX	XXX	XXX.....	

SUPPLEMENT FOR THE YEAR 2022 OF THE Loyal American Life Insurance Company
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 2018	2 2019	3 2020	4 2021	5 2022
1. 2018	2,359	2,189	2,121	2,121	2,114
2. 2019	XXX	1,370	1,119	1,114	1,104
3. 2020	XXX	XXX	977	806	793
4. 2021	XXX	XXX	XXX	699	536
5. 2022	XXX	XXX	XXX	XXX	(862)

Section B - Other Accident and Health

1. 2018	239,699	231,529	232,358	232,273	232,274
2. 2019	XXX	260,551	253,124	252,123	251,566
3. 2020	XXX	XXX	231,561	221,420	219,762
4. 2021	XXX	XXX	XXX	237,956	225,017
5. 2022	XXX	XXX	XXX	XXX	225,745

Section C - Credit Accident and Health

1. 2018					
2. 2019	XXX				
3. 2020	XXX				
4. 2021	XXX	XXX			
5. 2022	XXX	XXX	XXX	XXX	

Section D -

1. 2018					
2. 2019	XXX				
3. 2020	XXX				
4. 2021	XXX	XXX			
5. 2022	XXX	XXX	XXX	XXX	

Section E -

1. 2018					
2. 2019	XXX				
3. 2020	XXX				
4. 2021	XXX	XXX			
5. 2022	XXX	XXX	XXX	XXX	

Section F -

1. 2018					
2. 2019	XXX				
3. 2020	XXX				
4. 2021	XXX	XXX			
5. 2022	XXX	XXX	XXX	XXX	

Section G -

1. 2018					
2. 2019	XXX				
3. 2020	XXX				
4. 2021	XXX	XXX			
5. 2022	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	None	
2. Ordinary Life	Standard Factor	478
3. Individual Annuity	None	
4. Supplementary Contracts	None	
5. Credit Life	None	
6. Group Life	None	
7. Group Annuities	None	
8. Group Accident and Health	Development	307
9. Credit Accident and Health	None	
10. Other Accident and Health	Development	61,530
11. Total		62,315

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