



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 Code09010901NAIC Company Code65722Employer's ID Number63-0343428
(Current)(Prior)

Organized under the Laws ofOhio, State of Domicile or Port of EntryOH

Country of DomicileUnited States of America

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

Incorporated/Organized05/18/1955Commenced Business07/04/1955

Statutory Home Office1300 East Ninth StreetCleveland, OH, US 44114
(Street and Number)(City or Town, State, Country and Zip Code)

Main Administrative Office11501 Alterra Parkway, Suite 500Austin, TX, US 78758512-451-2224
(Street and Number)(City or Town, State, Country and Zip Code)(Area Code) (Telephone Number)

Mail Address11501 Alterra Parkway, Suite 500Austin, TX, US 78758
(Street and Number or P.O. Box)(City or Town, State, Country and Zip Code)

Primary Location of Books and Records11501 Alterra Parkway, Suite 500Austin, TX, US 78758512-451-2224
(Street and Number)(City or Town, State, Country and Zip Code)(Area Code) (Telephone Number)

Internet Website Addresswww.CignaSupplementalBenefits.com

Statutory Statement ContactRenee Wilkins Feldman512-531-1465
(Name)(Area Code) (Telephone Number)
CSBFinRpt@cigna.com512-467-1399
(E-mail Address)(FAX Number)

OFFICERS

PresidentLindy Marie Hinman #SecretaryGeneva Campbell Brown #

Treasurer and Chief Accounting OfficerByron Keith BuescherVice President, Chief Financial Officer and Chief ActuaryDavid Leroy Swanson

OTHER

David Lawrence Chambers, Vice President-Sales and MarketingMark Fleming, Vice President and Assistant TreasurerJoanne Ruth Hart, Vice President and Assistant Treasurer

Scott Ronald Lambert, Vice President and Assistant TreasurerMark Edmund Ochal #, General ManagerKathleen Murphy O'Neil, Vice President

Daniel Ernest Paffumi #, Appointed ActuaryDrew Jerome Reynolds, Vice President and Assistant Treasurer

DIRECTORS OR TRUSTEES

Lindy Marie Hinman #Tracy Lyn Labonte #Mark Edmund Ochal #

David Leroy SwansonJames Yablecki

State ofPennsylvaniaSS

County ofPhiladelphia

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 BuescherTreasurer and Chief Accounting Officer

Geneva Campbell BrownSecretary

David Leroy SwansonVice 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

DURING THE YEAR 2022

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 65722

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	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	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)	15,398	15,545		2,472	(175)
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)	(9)	33		124	(2,575)
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	3,834,650	3,841,851		1,632,583	1,566,570
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)	3,834,650	3,841,851		1,632,583	1,566,570
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	3,850,039	3,857,429		1,635,179	1,563,820

(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 Alaska
NAIC Group Code 0901

DURING THE YEAR 2022
NAIC Company Code 65722

LIFE INSURANCE

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

DURING THE YEAR 2022

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 65722

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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
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)	2,485				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	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	1	5,000							1	5,000
17. Incurred during current year Settled during current year:	1	3,061							1	3,061
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	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)	1,679	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-cancelable (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

DURING THE YEAR 2022

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 65722

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	10	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	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)	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-cancelable (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

DURING THE YEAR 2022

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 65722

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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
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)	4,254				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	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	4	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	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)	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-cancelable (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

DURING THE YEAR 2022

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 65722

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year	4	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	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)	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-cancelable (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
NAIC Group Code 0901

DURING THE YEAR 2022
NAIC Company Code 65722

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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)					
8. Grand Totals (Lines 6.5 plus 7.4)	164				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	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year	1	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	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)	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-cancelable (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	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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
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)	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	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year	2	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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	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
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)	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	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	1	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	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)	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-cancelable (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

DURING THE YEAR 2022

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 65722

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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
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)	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	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	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	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)	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-cancelable (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	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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
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)	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	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	24	126,656							24	126,656
17. Incurred during current year Settled during current year:	93	524,221							93	524,221
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-cancelable (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

DURING THE YEAR 2022

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 65722

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year		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	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)	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-cancelable (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



DURING THE YEAR 2022

NAIC Company Code 65722

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year	3	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

ACCIDENT AND HEALTH INSURANCE

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



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

DIRECT BUSINESS IN THE STATE OF Illinois

DURING THE YEAR 2022

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 65722

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	2	20,419							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	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)	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-cancelable (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

DURING THE YEAR 2022

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 65722

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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)					
8. Grand Totals (Lines 6.5 plus 7.4)	415				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	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	7	84,726							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	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)	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-cancelable (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

LIFE INSURANCE

DURING THE YEAR 2022
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	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
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)	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	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	3	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					No. of Policies					
20. In force December 31, prior year	117	1,172,504	(a)						117	1,172,504
21. Issued during year	9	91,000							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	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)	4,747	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-cancelable (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

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	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
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)	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	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	6	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	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)	28,918	29,656		15,851	11,262
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)	69	69			(2)
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	8,046,835	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	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	6	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	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)	1,335	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-cancelable (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	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	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	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)	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-cancelable (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

DURING THE YEAR 2022

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 65722

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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
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)	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	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	7	30,632							7	30,632
17. Incurred during current year Settled during current year:	7	57,462							7	57,462
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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	2,635,528	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	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	6	33,148							6	33,148
17. Incurred during current year Settled during current year:	10	140,104							10	140,104
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	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)	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-cancelable (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	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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)					
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	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	5	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	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)	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-cancelable (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	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	3	10,500							3	10,500
17. Incurred during current year Settled during current year:	8	35,166							8	35,166
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	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)	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-cancelable (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	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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
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)	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	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	3	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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	5,859,175	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

DURING THE YEAR 2022

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 65722

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	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	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)	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-cancelable (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

DURING THE YEAR 2022

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 65722

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	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	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)	7,837	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-cancelable (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	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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)					
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	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims										
18.3 Totals paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements										
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	1,077,661	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	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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
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)	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	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year	1	5,150							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	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)	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-cancelable (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

DURING THE YEAR 2022

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 65722

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	1	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	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)	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-cancelable (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

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	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	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year	3	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	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)	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-cancelable (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
NAIC Group Code 0901

LIFE INSURANCE

DURING THE YEAR 2022
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
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)	1,003				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	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	10	61,210							10	61,210
17. Incurred during current year Settled during current year:	10	60,231							10	60,231
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	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)	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-cancelable (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	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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)					
8. Grand Totals (Lines 6.5 plus 7.4)	715				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	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	1	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	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)	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-cancelable (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
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)	1,719				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	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	1	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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	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

DURING THE YEAR 2022

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 65722

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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)					
8. Grand Totals (Lines 6.5 plus 7.4)	16,889				16,889
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	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	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	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)	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-cancelable (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	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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)					
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	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year	1	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	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)	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-cancelable (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

LIFE INSURANCE

DURING THE YEAR 2022

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	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	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	2	10,000							2	10,000
17. Incurred during current year Settled during current year:	17	266,944							17	266,944
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	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)	5,102	5,152		854	(19,172)
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	4,430,505	4,427,955		1,837,170	1,874,454
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)	4,430,505	4,427,955		1,837,170	1,874,454
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	4,435,607	4,433,107		1,838,024	1,855,282

(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 Oklahoma
NAIC Group Code 0901

LIFE INSURANCE

DURING THE YEAR 2022
NAIC Company Code 65722

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	129,436		224		129,660
2. Annuity considerations	106				106
3. Deposit-type contract funds		XXX		XXX	
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	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	4	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	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)	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-cancelable (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

DURING THE YEAR 2022

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 65722

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	1	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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	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

DURING THE YEAR 2022

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 65722

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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
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)	1,318				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	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	1	3,000							1	3,000
17. Incurred during current year Settled during current year:	18	157,907							18	157,907
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	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)	1,246	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-cancelable (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

DURING THE YEAR 2022

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 65722

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	3	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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	40,767	40,989		35,596	36,739
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)	40,767	40,989		35,596	36,739
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	40,767	40,989		35,596	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

DURING THE YEAR 2022

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 65722

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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
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)	10,721				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	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	8	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	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)	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-cancelable (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

DURING THE YEAR 2022

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 65722

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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
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)	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	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	1	4,671							1	4,671
17. Incurred during current year Settled during current year:	1	5,027							1	5,027
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	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)	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-cancelable (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

DURING THE YEAR 2022

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 65722

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	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)					
24.3 Collectively renewable policies/certificates (b)	69	69			(2)
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (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

DURING THE YEAR 2022

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 65722

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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
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)	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	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	29	252,901							29	252,901
17. Incurred during current year Settled during current year:	59	403,945							59	403,945
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	116,084
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	28,239,119	28,231,194		11,919,144	11,536,453
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	11,536,453
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	28,769,748	28,763,724		12,208,492	11,652,537

(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 Utah

DURING THE YEAR 2022

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 65722

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	1	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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	1,148,759	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

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	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	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	1	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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	3,397,648	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

DURING THE YEAR 2022

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 65722

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	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-cancelable (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	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	1	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	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)	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-cancelable (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

DURING THE YEAR 2022

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 65722

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	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	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)	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-cancelable (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	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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
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)	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	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year	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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	1,237,976	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

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	13,234				13,234
2.	Annuity considerations					
3.	Deposit-type contract funds		XXX		XXX	
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	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16.	Unpaid December 31, prior year									
17.	Incurred during current year	1	10,066						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					No. of Policies					
20.	In force December 31, prior year	23	190,182	(a)					23	190,182
21.	Issued during year	4	40,000						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	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)	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-cancelable (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

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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

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	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	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims										
18.3 Totals paid										
18.4 Reduction by compromise ..										
18.5 Amount rejected										
18.6 Total settlements										
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	2	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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)					
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					

(b) For health business on indicated lines report: Number of persons insured under PPO managed care 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 Puerto Rico

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	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
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)	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	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year	1	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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	4,143	4,143		3,279	3,205
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)	4,143	4,143		3,279	3,205
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	4,143	4,143		3,279	3,205

(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



DURING THE YEAR 2022

NAIC Company Code 65722

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	2	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

	2019	2018	2017	2016	2015	2014	2013	2012	2011	2010	2009	2008	2007	2006	2005	2004	2003	2002	2001	2000	1999	1998	1997	1996	1995	1994	1993	1992	1991	1990	1989	1988	1987	1986	1985	1984	1983	1982	1981	1980	1979	1978	1977	1976	1975	1974	1973	1972	1971	1970	1969	1968	1967	1966	1965	1964	1963	1962	1961	1960	1959	1958	1957	1956	1955	1954	1953	1952	1951	1950	1949	1948	1947	1946	1945	1944	1943	1942	1941	1940	1939	1938	1937	1936	1935	1934	1933	1932	1931	1930	1929	1928	1927	1926	1925	1924	1923	1922	1921	1920	1919	1918	1917	1916	1915	1914	1913	1912	1911	1910	1909	1908	1907	1906	1905	1904	1903	1902	1901	1900	1899	1898	1897	1896	1895	1894	1893	1892	1891	1890	1889	1888	1887	1886	1885	1884	1883	1882	1881	1880	1879	1878	1877	1876	1875	1874	1873	1872	1871	1870	1869	1868	1867	1866	1865	1864	1863	1862	1861	1860	1859	1858	1857	1856	1855	1854	1853	1852	1851	1850	1849	1848	1847	1846	1845	1844	1843	1842	1841	1840	1839	1838	1837	1836	1835	1834	1833	1832	1831	1830	1829	1828	1827	1826	1825	1824	1823	1822	1821	1820	1819	1818	1817	1816	1815	1814	1813	1812	1811	1810	1809	1808	1807	1806	1805	1804	1803	1802	1801	1800	1799	1798	1797	1796	1795	1794	1793	1792	1791	1790	1789	1788	1787	1786	1785	1784	1783	1782	1781	1780	1779	1778	1777	1776	1775	1774	1773	1772	1771	1770	1769	1768	1767	1766	1765	1764	1763	1762	1761	1760	1759	1758	1757	1756	1755	1754	1753	1752	1751	1750	1749	1748	1747	1746	1745	1744	1743	1742	1741	1740	1739	1738	1737	1736	1735	1734	1733	1732	1731	1730	1729	1728	1727	1726	1725	1724	1723	1722	1721	1720	1719	1718	1717	1716	1715	1714	1713	1712	1711	1710	1709	1708	1707	1706	1705	1704	1703	1702	1701	1700	1699	1698	1697	1696	1695	1694	1693	1692	1691	1690	1689	1688	1687	1686	1685	1684	1683	1682	1681	1680	1679	1678	1677	1676	1675	1674	1673	1672	1671	1670	1669	1668	1667	1666	1665	1664	1663	1662	1661	1660	1659	1658	1657	1656	1655	1654	1653	1652	1651	1650	1649	1648	1647	1646	1645	1644	1643	1642	1641	1640	1639	1638	1637	1636	1635	1634	1633	1632	1631	1630	1629	1628	1627	1626	1625	1624	1623	1622	1621	1620	1619	1618	1617	1616	1615	1614	1613	1612
--	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------

ACCIDENT AND HEALTH INSURANCE

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



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

DIRECT BUSINESS IN THE STATE OF Northern Mariana 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					
2. Annuity considerations					
3. Deposit-type contract funds	42	XXX		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	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims										
18.3 Totals paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements										
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year			(a)							
21. Issued during year										
22. Other changes to in force (Net)										
23. In force December 31 of current year			(a)							

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

ACCIDENT AND HEALTH INSURANCE

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

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

DURING THE YEAR 2022

NAIC Group Code 0901

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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

DURING THE YEAR 2022

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 65722

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	1	15,000							1	15,000
17. Incurred during current year Settled during current year:	1	20,000							1	20,000
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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)					
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					

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

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	7,365,666		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	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	358	2,219,030							358	2,219,030
17. Incurred during current year Settled during current year:	1,047	8,564,284			1	2,000			1,048	8,566,284
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	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)	1,202,653	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-cancelable (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

ASSET VALUATION RESERVE

BASIC CONTRIBUTION, RESERVE OBJECTIVE AND MAXIMUM RESERVE CALCULATIONS

DEFAULT COMPONENT

Line Num- ber	NAIC Desig- nation	Description	1	2	3	4	Basic Contribution		Reserve Objective		Maximum Reserve	
			Book/Adjusted Carrying Value	Reclassify Related Party Encumbrances	Add Third Party Encumbrances	Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	5	6	7	8	9	10
							Factor	Amount (Cols.4 x 5)	Factor	Amount (Cols. 4 x 7)	Factor	Amount (Cols. 4 x 9)
LONG-TERM BONDS												
1.		Exempt Obligations	3,675,886	XXX	XXX	3,675,886	0.0000		0.0000		0.0000	
2.1	1	NAIC Designation Category 1.A	3,996,815	XXX	XXX	3,996,815	0.0002	799	0.0007	2,798	0.0013	5,196
2.2	1	NAIC Designation Category 1.B	2,798,229	XXX	XXX	2,798,229	0.0004	1,119	0.0011	3,078	0.0023	6,436
2.3	1	NAIC Designation Category 1.C		XXX	XXX		0.0006		0.0018		0.0035	
2.4	1	NAIC Designation Category 1.D	6,963,381	XXX	XXX	6,963,381	0.0007	4,874	0.0022	15,319	0.0044	30,639
2.5	1	NAIC Designation Category 1.E	7,798,550	XXX	XXX	7,798,550	0.0009	7,019	0.0027	21,056	0.0055	42,892
2.6	1	NAIC Designation Category 1.F	24,287,703	XXX	XXX	24,287,703	0.0011	26,716	0.0034	82,578	0.0068	165,156
2.7	1	NAIC Designation Category 1.G	27,410,091	XXX	XXX	27,410,091	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												
10.	1	Highest Quality		XXX	XXX		0.0005		0.0016		0.0033	
11.	2	High Quality		XXX	XXX		0.0021		0.0064		0.0106	
12.	3	Medium Quality		XXX	XXX		0.0099		0.0263		0.0376	
13.	4	Low Quality		XXX	XXX		0.0245		0.0572		0.0817	
14.	5	Lower Quality		XXX	XXX		0.0630		0.1128		0.1880	
15.	6	In or Near Default		XXX	XXX		0.0000		0.2370		0.2370	
16.		Affiliated Life with AVR		XXX	XXX		0.0000		0.0000		0.0000	
17.		Total Preferred Stocks (Sum of Lines 10 through 16)		XXX	XXX		XXX		XXX		XXX	

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

Line Num- ber	NAIC Desig- nation	Description	1	2	3	4	Basic Contribution		Reserve Objective		Maximum Reserve		
			Book/Adjusted Carrying Value	Reclassify Related Party Encumbrances	Add Third Party Encumbrances	Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	5	6	7	8	9	10	
							Factor	Amount (Cols.4 x 5)	Factor	Amount (Cols. 4 x 7)	Factor	Amount (Cols. 4 x 9)	
SHORT-TERM BONDS													
18.		Exempt Obligations		XXX	XXX		0.0000		0.0000		0.0000		
19.1	1	NAIC Designation Category 1.A		XXX	XXX		0.0002		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	

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

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

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

Line Num- ber	NAIC Desig- nation	Description	1	2	3	4	Basic Contribution		Reserve Objective		Maximum Reserve	
			Book/Adjusted Carrying Value	Reclassify Related Party Encumbrances	Add Third Party Encumbrances	Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	5	6	7	8	9	10
							Factor	Amount (Cols.4 x 5)	Factor	Amount (Cols. 4 x 7)	Factor	Amount (Cols. 4 x 9)
COMMON STOCK												
1.		Unaffiliated - Public		XXX	XXX		0.0000		0.1580 (a)		0.1580 (a)	
2.		Unaffiliated - Private		XXX	XXX		0.0000		0.1945		0.1945	
3.		Federal Home Loan Bank		XXX	XXX		0.0000		0.0061		0.0097	
4.		Affiliated - Life with AVR	57,255,977	XXX	XXX	57,255,977	0.0000		0.0000		0.0000	
Affiliated - Investment Subsidiary:												
5.		Fixed Income - Exempt Obligations					XXX		XXX		XXX	
6.		Fixed Income - Highest Quality					XXX		XXX		XXX	
7.		Fixed Income - High Quality					XXX		XXX		XXX	
8.		Fixed Income - Medium Quality					XXX		XXX		XXX	
9.		Fixed Income - Low Quality					XXX		XXX		XXX	
10.		Fixed Income - Lower Quality					XXX		XXX		XXX	
11.		Fixed Income - In/Near Default					XXX		XXX		XXX	
12.		Unaffiliated Common Stock - Public					0.0000		0.1580 (a)		0.1580 (a)	
13.		Unaffiliated Common Stock - Private					0.0000		0.1945		0.1945	
14.		Real Estate					(b)		(b)		(b)	
15.		Affiliated - Certain Other (See SVO Purposes and Procedures Manual)		XXX	XXX		0.0000		0.1580		0.1580	
16.		Affiliated - All Other		XXX	XXX		0.0000		0.1945		0.1945	
17.		Total Common Stock (Sum of Lines 1 through 16)	57,255,977			57,255,977	XXX		XXX		XXX	
REAL ESTATE												
18.		Home Office Property (General Account only)					0.0000		0.0912		0.0912	
19.		Investment Properties					0.0000		0.0912		0.0912	
20.		Properties Acquired in Satisfaction of Debt					0.0000		0.1337		0.1337	
21.		Total Real Estate (Sum of Lines 18 through 20)					XXX		XXX		XXX	
OTHER INVESTED ASSETS												
INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF BONDS												
22.		Exempt Obligations		XXX	XXX		0.0000		0.0000		0.0000	
23.	1	Highest Quality		XXX	XXX		0.0005		0.0016		0.0033	
24.	2	High Quality		XXX	XXX		0.0021		0.0064		0.0106	
25.	3	Medium Quality		XXX	XXX		0.0099		0.0263		0.0376	
26.	4	Low Quality		XXX	XXX		0.0245		0.0572		0.0817	
27.	5	Lower Quality		XXX	XXX		0.0630		0.1128		0.1880	
28.	6	In or Near Default		XXX	XXX		0.0000		0.2370		0.2370	
29.		Total with Bond Characteristics (Sum of Lines 22 through 28)		XXX	XXX		XXX		XXX		XXX	

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

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

ASSET VALUATION RESERVE (Continued)

BASIC CONTRIBUTION, RESERVE OBJECTIVE AND MAXIMUM RESERVE CALCULATIONS

EQUITY AND OTHER INVESTED ASSET COMPONENT

Line Number	NAIC Designation	Description	1 Book/Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	Basic Contribution		Reserve Objective		Maximum Reserve	
							5 Factor	6 Amount (Cols.4 x 5)	7 Factor	8 Amount (Cols. 4 x 7)	9 Factor	10 Amount (Cols. 4 x 9)
		INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF COMMON STOCK										
65.		Unaffiliated Public		XXX	XXX		0.0000		0.1580 (a)		0.1580 (a)	
66.		Unaffiliated Private		XXX	XXX		0.0000		0.1945		0.1945	
67.		Affiliated Life with AVR		XXX	XXX		0.0000		0.0000		0.0000	
68.		Affiliated Certain Other (See SVO Purposes & Procedures Manual)		XXX	XXX		0.0000		0.1580		0.1580	
69.		Affiliated Other - All Other		XXX	XXX		0.0000		0.1945		0.1945	
70.		Total with Common Stock Characteristics (Sum of Lines 65 through 69)		XXX	XXX		XXX		XXX		XXX	
		INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF REAL ESTATE										
71.		Home Office Property (General Account only)					0.0000		0.0912		0.0912	
72.		Investment Properties					0.0000		0.0912		0.0912	
73.		Properties Acquired in Satisfaction of Debt					0.0000		0.1337		0.1337	
74.		Total with Real Estate Characteristics (Sum of Lines 71 through 73)					XXX		XXX		XXX	
		LOW INCOME HOUSING TAX CREDIT INVESTMENTS										
75.		Guaranteed Federal Low Income Housing Tax Credit					0.0003		0.0006		0.0010	
76.		Non-guaranteed Federal Low Income Housing Tax Credit					0.0063		0.0120		0.0190	
77.		Guaranteed State Low Income Housing Tax Credit					0.0003		0.0006		0.0010	
78.		Non-guaranteed State Low Income Housing Tax Credit					0.0063		0.0120		0.0190	
79.		All Other Low Income Housing Tax Credit					0.0273		0.0600		0.0975	
80.		Total LIHTC (Sum of Lines 75 through 79)					XXX		XXX		XXX	
		RESIDUAL TRANCHES OR INTERESTS										
81.		Fixed Income Instruments - Unaffiliated		XXX	XXX		0.0000		0.1580		0.1580	
82.		Fixed Income Instruments - Affiliated		XXX	XXX		0.0000		0.1580		0.1580	
83.		Common Stock - Unaffiliated		XXX	XXX		0.0000		0.1580		0.1580	
84.		Common Stock - Affiliated		XXX	XXX		0.0000		0.1580		0.1580	
85.		Preferred Stock - Unaffiliated		XXX	XXX		0.0000		0.1580		0.1580	
86.		Preferred Stock - Affiliated		XXX	XXX		0.0000		0.1580		0.1580	
87.		Real Estate - Unaffiliated					0.0000		0.1580		0.1580	
88.		Real Estate - Affiliated					0.0000		0.1580		0.1580	
89.		Mortgage Loans - Unaffiliated		XXX	XXX		0.0000		0.1580		0.1580	
90.		Mortgage Loans - Affiliated		XXX	XXX		0.0000		0.1580		0.1580	
91.		Other - Unaffiliated		XXX	XXX		0.0000		0.1580		0.1580	
92.		Other - Affiliated		XXX	XXX		0.0000		0.1580		0.1580	
93.		Total Residual Tranches or Interests (Sum of Lines 81 through 92)					XXX		XXX		XXX	
		ALL OTHER INVESTMENTS										
94.		NAIC 1 Working Capital Finance Investments		XXX			0.0000		0.0042		0.0042	
95.		NAIC 2 Working Capital Finance Investments		XXX			0.0000		0.0137		0.0137	
96.		Other Invested Assets - Schedule BA		XXX			0.0000		0.1580		0.1580	
97.		Other Short-Term Invested Assets - Schedule DA		XXX			0.0000		0.1580		0.1580	
98.		Total All Other (Sum of Lines 94, 95, 96 and 97)		XXX			XXX		XXX		XXX	
99.		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
2. Premiums earned	348,316,966	XXX	98,097	XXX		XXX	243,428,556	XXX		XXX	170,525	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												
5. Incurred claims and cost containment expenses (Lines 3 and 4)							2,729,104	346.2			36,815,331	35.5
6. Increase in contract reserves							(427,241)	(54.2)			7,269,001	7.0
7. Commissions (a)							2,726	0.3			36,478,696	35.1
8. Other general insurance expenses							75,278	9.5			26,157,000	25.2
9. Taxes, licenses and fees							16,433	2.1	1,454		3,169,744	3.1
10. Total other expenses incurred							94,437	12.0	1,454		65,805,440	63.4
11. Aggregate write-ins for deductions							(50)	0.0			27,459	0.0
12. Gain from underwriting before dividends or refunds .							(1,607,997)	(204.0)	(1,454)		(6,085,695)	(5.9)
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								0.0			(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	2	3	4	5	6	7	8	9	10	11	12	13
	Total	Comprehensive (Hospital and Medical) Individual	Comprehensive (Hospital and Medical) Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Medicare Title XVIII	Medicaid Title XIX	Credit A&H	Disability Income	Long-Term Care	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	2	3	4	5	6	7	8	9	10	11	12	13
	Total	Comprehensive (Hospital and Medical) Individual	Comprehensive (Hospital and Medical) Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Medicare Title XVIII	Medicaid Title XIX	Credit A&H	Disability Income	Long-Term Care	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		13,864,210
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	2	3	4	5	6	7	8	9	10	11	12	13
	Total	Comprehensive (Hospital and Medical) Individual	Comprehensive (Hospital and Medical) Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Medicare Title XVIII	Medicaid Title XIX	Credit A&H	Disability Income	Long-Term Care	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	99,935	7,254,820
2. Premiums earned	7,463,391			16,627							88,479	99,381	7,258,905
3. Incurred claims	5,177,028										13,633	101,414	5,061,981
4. Commissions	1,127,582										10,622	1,022	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	2	3	4	5	6	7	8	9	10	11	12	13
	Comprehensive (Hospital and Medical) Individual	Comprehensive (Hospital and Medical) Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Medicare Title XVIII	Medicaid Title XIX	Credit A&H	Disability Income	Long-Term Care	Other Health	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

SCHEDULE S - PART 1 - SECTION 1

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)												
9999999 - Totals							1,333,597	673,986	16,034			

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	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Effective Date	Name of Reinsured	Domiciliary Jurisdiction	Type of Reinsurance Assumed	Type of Business Assumed	Premiums	Unearned Premiums	Reserve Liability Other Than for Unearned Premiums	Reinsurance Payable on Paid and Unpaid Losses	Modified Coinsurance Reserve	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 Comapny	OH.....	...OTH/I.....	A.....	889	249	2,994	104		
...63312	...13-1935920	...08/31/2012	Great American Life Insurance Comapny	OH.....	...OTH/I.....	LTDI.....	2,810	1,589	43,659	1,392		
...63312	...13-1935920	...08/31/2012	Great American Life Insurance Comapny	OH.....	...OTH/I.....	MS.....	2,100,937	95,029	1,030,404	233,948		
...63312	...13-1935920	...08/31/2012	Great American Life Insurance Comapny	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.....	CMM.....	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.....	LTDI.....	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)												
9999999 - Totals							65,065,146	4,040,159	129,376,537	13,973,573		

SCHEDULE S - PART 2

[illegible]

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 Premiums	Outstanding Surplus Relief		14 Modified Coinsurance Reserve	15 Funds Withheld Under Coinsurance
								9	10		12	13		
								Current Year	Prior Year		Current Year	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														
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	01/01/1969	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				
0899999. General Account - Authorized U.S. Non-Affiliates								270,946,003	194,512,126	206,882,293	3,577,824			
1099999. Total General Account - Authorized Non-Affiliates								270,946,003	194,512,126	206,882,293	3,577,824			
1199999. Total General Account Authorized								270,946,003	194,512,126	206,882,293	3,577,824			
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														

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 Premiums	Outstanding Surplus Relief		14 Modified Coinsurance Reserve	15 Funds Withheld Under Coinsurance
								9	10		12	13		
								Current Year	Prior Year		Current Year	Prior Year		
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								270,946,003	194,512,126	206,882,293	3,577,824			
4899999. Total Separate Accounts - Authorized U.S. Affiliates														
5199999. Total Separate Accounts - Authorized Non-U.S. Affiliates														
5299999. Total Separate Accounts - Authorized Affiliates														
5599999. Total Separate Accounts - Authorized Non-Affiliates														
5699999. Total Separate Accounts Authorized														
5999999. Total Separate Accounts - Unauthorized U.S. Affiliates														
6299999. Total Separate Accounts - Unauthorized Non-U.S. Affiliates														
6399999. Total Separate Accounts - Unauthorized Affiliates														
6699999. Total Separate Accounts - Unauthorized Non-Affiliates														
6799999. Total Separate Accounts Unauthorized														
7099999. Total Separate Accounts - Certified U.S. Affiliates														
7399999. Total Separate Accounts - Certified Non-U.S. Affiliates														
7499999. Total Separate Accounts - Certified Affiliates														
7799999. Total Separate Accounts - Certified Non-Affiliates														
7899999. Total Separate Accounts Certified														
8199999. Total Separate Accounts - Reciprocal Jurisdiction U.S. Affiliates														
8499999. Total Separate Accounts - Reciprocal Jurisdiction Non-U.S. Affiliates														
8599999. Total Separate Accounts - Reciprocal Jurisdiction Affiliates														
8899999. Total Separate Accounts - Reciprocal Jurisdiction Non-Affiliates														
8999999. Total Separate Accounts Reciprocal Jurisdiction														
9099999. Total Separate Accounts Authorized, Unauthorized, Reciprocal Jurisdiction and Certified														
9199999. Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3699999, 4199999, 4899999, 5399999, 5999999, 6499999, 7099999, 7599999, 8199999 and 8699999)								270,946,003	194,512,126	206,882,293	3,577,824			
9299999. Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2899999, 3199999, 3999999, 4299999, 5199999, 5499999, 6299999, 6599999, 7399999, 7699999, 8499999 and 8799999)														
9999999 - Totals								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

SCHEDULE S - PART 6
Five 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)					

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		

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

Allocated by States and Territories

			Direct Business Only					
			1	2	3	4	5	6
States, Etc.			Life (Group and Individual)	Annuities (Group and Individual)	Disability Income (Group and Individual)	Long-Term Care (Group and Individual)	Deposit-Type Contracts	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	Domi-ciliary Location	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Owner-ship Provide Percen-tage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (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.....	
							Cigna Affiliates Realty Investment Group, LLC								
.0901...	Cigna Group		82-3315524				Arbor Heights Venture LLC	..DE....	..NIA.....	LLC	Ownership.....	..90.000...	Cigna Corporation	....NO.....	
.0901...	Cigna Group		46-4080861				AristaMD, 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.....	
							Cigna Affiliates Realty Investment Group, LLC								
.0901...	Cigna Group		81-2650133				Berewick Apartments LLC	..DE....	..NIA.....	LLC	Ownership.....	..85.000...	Cigna Corporation	....NO.....	
.0901...	Cigna Group		43-1815573				Biopartners 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.....	
							CareAllies Accountable Care Collaborative LLC								
.0901...	Cigna Group		85-0954556				CareAllies Accountable Care Network 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.....	
							Connecticut General Life Insurance Company								
.0901...	Cigna Group		81-2760646				CareAllies, LLC	..DE....	..NIA.....		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	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Owner-ship Provide Percen-tage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Yes/No)	*
. 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	Domi-ciliary Location	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Owner-ship Provide Percen-tage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (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 MNO, LLC .....	.. NY.....	..... NIA.....	eviCore healthcare MSI, LLC	Ownership.....	.. 100.000	Cigna Corporation .....	... NO.....	.....
. 0901 ...	Cigna Group .....	.....	33-1039759 ..	.....	.....	.....	CCN-WNY 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-AQ 477 South Market Street LLC .....	.. DE.....	..... NIA.....	CARING Firestone Investor LLC	Ownership.....	.. 85.000	Cigna Corporation .....	... NO.....	.....
. 0901 ...	Cigna Group .....	.....	84-4773972 ..	.....	.....	.....	CG-LEDO IBP Venture LLC .....	.. DE.....	..... NIA.....	CARING IBP Investor LLC	Ownership.....	.. 90.000	Cigna Corporation .....	... NO.....	.....
. 0901 ...	Cigna Group .....	.....	84-4747045 ..	.....	.....	.....	CG-LEDO IBP I LLC .....	.. DE.....	..... NIA.....	CARING IBP Investor LLC	Ownership.....	.. 90.000	Cigna Corporation .....	... NO.....	.....
. 0901 ...	Cigna Group .....	.....	84-4755025 ..	.....	.....	.....	CG-LEDO IBP II LLC .....	.. DE.....	..... NIA.....	CARING IBP 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	Domi-ciliary Location	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Owner-ship Provide Percen-tage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Yes/No)	*
.0901	Cigna Group		85-2233381				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	..100.000	Cigna Corporation	..NO	
.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 Traded	..NO	
.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 Location	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is 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.....	
							Cigna Formosa Management Services Company Limited	..TWN.....	..NIA.....	Cigna Walnut Holdings, Ltd.	Ownership.....	100.000	Cigna corporation	....NO.....	
.0901	Cigna Group		00-0000000				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		88-0210110				Cigna Global Reinsurance Company, Ltd.	..BMU.....	..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.....	
							Connecticut General Life Insurance Company								
.0901	Cigna Group	67369	59-1031071				Cigna Health and Life Insurance Company	..CT.....	..UDP.....		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.....	
							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.....	
							Cigna HLA Technology Services Company Limited								
.0901	Cigna Group		00-0000000					..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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Location	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Owner-ship Provide Percen-tage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (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	Ownership.....	100.000	Cigna Corporation .....	...NO.....	.....
.0901...	Cigna Group	65269	75-2305400 .....	.....	.....	.....	Cigna Insurance Company .....	..OH.....	..IA.....	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 .....	.....	23-2610178 .....	.....	.....	.....	Cigna International Services, Inc. ....	..DE.....	..NIA.....	Cigna Global Holdings, Inc.	Ownership.....	100.000	Cigna Corporation .....	...NO.....	.....
.0901...	Cigna Group .....	.....	06-1095823 .....	.....	.....	.....	Cigna Investment Group, Inc. ....	..DE.....	..NIA.....	Cigna Holdings, Inc.	Ownership.....	100.000	Cigna Corporation .....	...NO.....	.....
.0901...	Cigna Group .....	.....	06-0861092 .....	.....	.....	.....	Cigna Investments, Inc. ....	..DE.....	..NIA.....	Cigna Investment Group, Inc.	Ownership.....	100.000	Cigna Corporation .....	...NO.....	.....
.0901...	Cigna Group .....	.....	98-1146864 .....	.....	.....	.....	Cigna Laurel Holdings, Ltd. ....	..BMU.....	..NIA.....	Cigna Linden Holdings, Inc.	Ownership.....	100.000	Cigna Corporation .....	...NO.....	.....
.0901...	Cigna Group .....	.....	00-0000000 .....	.....	.....	.....	Cigna Legal Protection U.K. Ltd. ....	..GBR.....	..NIA.....	Cigna Willow Holdings, LTD.	Ownership.....	100.000	Cigna Corporation .....	...NO.....	.....
.0901...	Cigna Group .....	.....	AA-1560515 .....	.....	.....	.....	Cigna Life Insurance Company of Canada .....	..CAN.....	..IA.....	Cigna Chestnut Holdings, Ltd.	Ownership.....	100.000	Cigna Corporation .....	...NO.....	.....
.0901...	Cigna Group .....	.....	AA-1240009 .....	.....	.....	.....	Cigna Life Insurance Company of Europe S.A.- N.V. ....	..BEL.....	..IA.....	Cigna Beechwood Holdings	Ownership.....	99.993	Cigna Corporation .....	...NO.....	.....
.0901...	Cigna Group .....	.....	46-4110289 .....	.....	.....	.....	Cigna Linden Holdings, Inc. ....	..DE.....	..NIA.....	Cigna Holdings Overseas, Inc.	Ownership.....	82.000	Cigna Corporation .....	...NO.....	.....
.0901...	Cigna Group .....	.....	98-1232512 .....	.....	.....	.....	Cigna Magnolia Holdings, Ltd. ....	..BMU.....	..NIA.....	Cigna Palmetto Holdings, Ltd.	Ownership.....	100.000	Cigna Corporation .....	...NO.....	.....
.0901...	Cigna Group .....	.....	23-2741294 .....	.....	.....	.....	Cigna Managed Care Benefits Company .....	..DE.....	..NIA.....	Connecticut General Corporation	Ownership.....	100.000	Cigna Corporation .....	...NO.....	.....
.0901...	Cigna Group .....	.....	87-3374500 .....	.....	.....	.....	Cigna Management Company LLC .....	..DE.....	..NIA.....	Cigna Health and Life Insurance Company ...	Ownership.....	100.000	Cigna Corporation .....	...NO.....	.....
.0901...	Cigna Group .....	.....	98-1154657 .....	.....	.....	.....	Cigna Myrtle Holdings, Ltd. ....	..MLT.....	..NIA.....	Cigna Apac Holdings, Ltd.	Ownership.....	74.560	Cigna Corporation .....	...NO.....	.....
.0901...	Cigna Group	61727	34-0970995 .....	.....	.....	.....	Cigna National Health Insurance Company ....	..OH.....	..IA.....	Cigna Health and Life Insurance Company ...	Ownership.....	100.000	Cigna Corporation .....	...NO.....	.....
.0901...	Cigna Group .....	.....	00-0000000 .....	.....	.....	.....	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 .....	.....	98-1232443 .....	.....	.....	.....	Cigna Palmetto Holdings, Ltd. ....	..BMU.....	..NIA.....	Cigna Laurel Holdings, Ltd.	Ownership.....	100.000	Cigna Corporation .....	...NO.....	.....
.0901...	Cigna Group .....	.....	46-4099800 .....	.....	.....	.....	Cigna Poplar Holdings, Inc. ....	..DE.....	..NIA.....	Cigna Holdings Overseas, Inc.	Ownership.....	100.000	Cigna Corporation .....	...NO.....	.....
.0901...	Cigna Group .....	.....	06-1071502 .....	.....	.....	.....	Cigna RE Corporation .....	..DE.....	..NIA.....	Connecticut General Corporation	Ownership.....	100.000	Cigna Corporation .....	...NO.....	.....
.0901...	Cigna Group .....	.....	06-1567902 .....	.....	.....	.....	Cigna Resource Manager, Inc. ....	..DE.....	..NIA.....	Connecticut General Corporation	Ownership.....	100.000	Cigna Corporation .....	...NO.....	.....
.0901...	Cigna Group .....	.....	00-0000000 .....	.....	.....	.....	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.....	.....

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 Location	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Owner-ship Provide Percen-tage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Yes/No)	*
. 0901 ...	Cigna Group .....	.....	83-1069280 ..	.....	.....	.....	Cigna Ventures, LLC .....	..DE.....	..NIA.....	Cigna Health and Life Insurance Company ...	Ownership.....	100.000 ...	Cigna Corporation .....	...NO.....	.....
. 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 ..	.....	.....	.....	ManipalCigna 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 ..	.....	.....	.....	Cigna Affiliates Realty Investment Group, 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.....	Charles River Washington Street LLC (non-affiliate)	Ownership.....	33.820 ...	Cigna Corporation .....	...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 ..	.....	.....	.....	Express Scripts Pharmaceutical Procurement LLC (90%) .....	..DE.....	..NIA.....	Express Scripts Pharmaceutical Procurement LLC (90%)	Ownership.....	90.000 ...	Cigna Corporation .....	...NO.....	.....
. 0901 ...	Cigna Group .....	.....	00-0000000 ..	.....	.....	.....	Econdisc Contracting Solutions, LLC .....	..DE.....	..NIA.....	NAS Neuron Health Services, L.L.C.	Ownership.....	64.999 ...	Cigna Corporation .....	...NO.....	.....
. 0901 ...	Cigna Group .....	.....	00-0000000 ..	.....	.....	.....	Egyptian Emirates Administration Services SAE .....	..EGY.....	..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 Canada .....	..CAN.....	..NIA.....	Express Scripts Canada Co.	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, Inc.	Ownership.....	100.000 ...	Cigna Corporation .....	...NO.....	.....
. 0901 ...	Cigna Group .....	.....	74-2974964 ..	.....	.....	.....	ESI Mail Order Processing, Inc. (f/k/a NXI) ..	..DE.....	..NIA.....	Express Scripts Canada Co.	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 ..	.....	.....	.....	Express Scripts, Inc. (82%); ESI-GP Holdings, Inc. (18%) .....	..DE.....	..NIA.....	Express Scripts, Inc. (82%); ESI-GP Holdings, Inc. (18%)	Ownership.....	100.000 ...	Cigna Corporation .....	...NO.....	.....
. 0901 ...	Cigna Group .....	.....	41-2006555 ..	.....	.....	.....	ESI Partnership .....	..MN.....	..NIA.....	Express Scripts, Inc.	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.....	Express Scripts, 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.....	Evernorth Behavioral Health, Inc.	Ownership.....	100.000 ...	Cigna Corporation .....	...NO.....	.....
. 0901 ...	Cigna Group .....	.....	86-1465626 ..	.....	.....	.....	Connecticut General Corporation .....	..DE.....	..NIA.....	Connecticut General Corporation	Ownership.....	100.000 ...	Cigna Corporation .....	...NO.....	.....
. 0901 ...	Cigna Group .....	.....	32-0222252 ..	.....	.....	.....	Evernorth Care Solutions, Inc. ....	..DE.....	..NIA.....	Evernorth Health, Inc.	Ownership.....	100.000 ...	Cigna Corporation .....	...NO.....	.....
. 0901 ...	Cigna Group .....	.....	85-2732455 ..	.....	.....	.....	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.....	Cigna Corporation	Ownership.....	100.000 ...	Cigna Corporation .....	...NO.....	.....
. 0901 ...	Cigna Group .....	.....	85-2717903 ..	.....	.....	.....	Evernorth Strategic Development, Inc. ....	..DE.....	..NIA.....	Evernorth Health, Inc.	Ownership.....	100.000 ...	Cigna Corporation .....	...NO.....	.....
. 0901 ...	Cigna Group .....	.....	46-4676347 ..	.....	.....	.....	eviCore 1, LLC .....	..DE.....	..NIA.....	Cigna Corporation	Ownership.....	100.000 ...	Cigna Corporation .....	...NO.....	.....
. 0901 ...	Cigna Group .....	.....	62-1615395 ..	.....	.....	.....	eviCore healthcare MSI, LLC .....	..TN.....	..NIA.....	Evernorth Health, Inc.	Ownership.....	100.000 ...	Cigna Corporation .....	...NO.....	.....
. 0901 ...	Cigna Group	13918 ..	27-3175443 ..	.....	.....	.....	MedSolutions Holdings, Inc. ....	..MO.....	..IA.....	MedSolutions Holdings, Inc.	Ownership.....	100.000 ...	Cigna Corporation .....	...NO.....	.....
. 0901 ...	Cigna Group .....	.....	Express Reinsurance Company .....	.....	.....	.....	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	Domi-ciliary Location	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Owner-ship Provide Percen-tage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (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.....	Express Scripts Canada Co. (99.9%); ESI- 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. Express Scripts Utilization Management Company .....	.. NJ.....	.. NIA.....	Express Scripts, Inc.	Ownership.....	100.000 ...	Cigna Corporation .....	... NO.....	.....
. 0901 ...	Cigna Group .....	.....	43-1869714 ..	.....	.....	.....	Express Scripts, Inc. ....	.. 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	Domi-ciliary Location	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percen-tage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Yes/No)	*
.0901 ...	Cigna Group .....	.....	02-0467679 ..	.....	.....	.....	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 ..	.....	.....	.....	HealthSpring USA, LLC .....	..TN.....	..NIA.....	NewQuest, LLC	Ownership.....	100.000 ...	Cigna Corporation .....	...NO.....	.....
.0901 ...	Cigna Group .....	.....	20-1821898 ..	.....	0001339553 ..	.....	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 .....	..KIWT.....	..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.....	Medco 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 ..	.....	.....	.....	MDLive, Inc. ....	..DE.....	..NIA.....	Evernorth Health, Inc.	Ownership.....	97.230 ...	Cigna Corporation .....	...NO.....	.....
.0901 ...	Cigna Group .....	.....	00-0000000 ..	.....	.....	.....	MDLive LLC .....	..DE.....	..NIA.....	MDLive, Inc.	Ownership.....	100.000 ...	Cigna Corporation .....	...NO.....	.....
.0901 ...	Cigna Group .....	.....	00-0000000 ..	.....	.....	.....	MDLivevisit, LLC .....	..FL.....	..NIA.....	MDLive, Inc.	Ownership.....	100.000 ...	Cigna Corporation .....	...NO.....	.....
.0901 ...	Cigna Group .....	.....	00-0000000 ..	.....	.....	.....	MDLive Provider Services, LLC .....	..FL.....	..NIA.....	MDLive, 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 Location	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percen-tage	Ultimate Controlling Entity(ies)/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 .....	.....	84-5017653 ..	.....	.....	.....	Medco Health Information Network Partners, Inc. ....	.. DE.....	.. NIA.....	Medco Health Solutions, Inc.	Ownership.....	100.000 ...	Cigna Corporation .....	... NO.....	.....
.0901 ...	Cigna Group .....	.....	81-0616525 ..	.....	.....	.....	Medco Health Puerto Rico, LLC .....	.. DE.....	.. NIA.....	Medco Health Solutions, Inc.	Ownership.....	100.000 ...	Cigna Corporation .....	... NO.....	.....
.0901 ...	Cigna Group .....	.....	26-3544786 ..	.....	.....	.....	Medco Health Services, Inc. ....	.. DE.....	.. NIA.....	Medco Health Solutions, Inc.	Ownership.....	100.000 ...	Cigna Corporation .....	... NO.....	.....
.0901 ...	Cigna Group .....	.....	22-3461740 ..	.....	.....	.....	Medco Health Solutions, Inc. ....	.. DE.....	.. NIA.....	Evernorth Health, Inc.	Ownership.....	100.000 ...	Cigna Corporation .....	... NO.....	.....
.0901 ...	Cigna Group .....	.....	88-0334401 ..	.....	.....	.....	Mediversal, Inc. ....	.. NV.....	.. NIA.....	Connecticut General Corporation	Ownership.....	100.000 ...	Cigna Corporation .....	... NO.....	.....
.0901 ...	Cigna Group .....	.....	27-3801345 ..	.....	.....	.....	MedSolutions Holdings, Inc. ....	.. DE.....	.. NIA.....	eviCore 1, LLC	Ownership.....	100.000 ...	Cigna Corporation .....	... NO.....	.....
.0901 ...	Cigna Group .....	.....	87-2810715 ..	.....	.....	.....	Montclair 11 Pine Operating Company LLC .....	.. DE.....	.. NIA.....	CARING Montclair Investor LLC	Ownership.....	90.000 ...	Cigna Corporation .....	... NO.....	.....
.0901 ...	Cigna Group .....	.....	87-2790325 ..	.....	.....	.....	Montclair 11 Pine Urban Renewal LLC .....	.. DE.....	.. NIA.....	CARING Montclair Investor LLC	Ownership.....	90.000 ...	Cigna Corporation .....	... NO.....	.....
.0901 ...	Cigna Group .....	.....	87-2772585 ..	.....	.....	.....	Montclair Residences JV LLC .....	.. DE.....	.. NIA.....	CARING Montclair Investor LLC	Ownership.....	90.000 ...	Cigna Corporation .....	... NO.....	.....
.0901 ...	Cigna Group .....	.....	32-0071543 ..	.....	.....	.....	MSI Health Organization of Texas, Inc. ....	.. TX.....	.. NIA.....	eviCore healthcare MSI, LLC	Ownership.....	100.000 ...	Cigna Corporation .....	... NO.....	.....
.0901 ...	Cigna Group .....	.....	27-5492993 ..	.....	.....	.....	MSI HT, LLC .....	.. TN.....	.. NIA.....	eviCore healthcare MSI, LLC	Ownership.....	100.000 ...	Cigna Corporation .....	... NO.....	.....
.0901 ...	Cigna Group .....	.....	27-5493148 ..	.....	.....	.....	MSI LT, LLC .....	.. TN.....	.. NIA.....	eviCore healthcare MSI, LLC	Ownership.....	100.000 ...	Cigna Corporation .....	... NO.....	.....
.0901 ...	Cigna Group .....	.....	27-5493321 ..	.....	.....	.....	MSI SAR-GW, LLC .....	.. TN.....	.. NIA.....	eviCore healthcare MSI, LLC	Ownership.....	100.000 ...	Cigna Corporation .....	... NO.....	.....
.0901 ...	Cigna Group .....	.....	86-1090522 ..	.....	.....	.....	MSIAZ I, LLC .....	.. TN.....	.. NIA.....	eviCore healthcare MSI, LLC	Ownership.....	100.000 ...	Cigna Corporation .....	... NO.....	.....
.0901 ...	Cigna Group .....	.....	20-1749733 ..	.....	.....	.....	MSICA I, LLC .....	.. TN.....	.. NIA.....	eviCore healthcare MSI, LLC	Ownership.....	100.000 ...	Cigna Corporation .....	... NO.....	.....
.0901 ...	Cigna Group .....	.....	20-1222347 ..	.....	.....	.....	MSICO I, LLC .....	.. TN.....	.. NIA.....	eviCore healthcare MSI, LLC	Ownership.....	100.000 ...	Cigna Corporation .....	... NO.....	.....
.0901 ...	Cigna Group .....	.....	55-0840800 ..	.....	.....	.....	MSIFL, LLC .....	.. TN.....	.. NIA.....	eviCore healthcare MSI, LLC	Ownership.....	100.000 ...	Cigna Corporation .....	... NO.....	.....
.0901 ...	Cigna Group .....	.....	26-0181185 ..	.....	.....	.....	MSIMD I, LLC .....	.. TN.....	.. NIA.....	eviCore healthcare MSI, LLC	Ownership.....	100.000 ...	Cigna Corporation .....	... NO.....	.....
.0901 ...	Cigna Group .....	.....	74-3122235 ..	.....	.....	.....	MSINC I, LLC .....	.. TN.....	.. NIA.....	eviCore healthcare MSI, LLC	Ownership.....	100.000 ...	Cigna Corporation .....	... NO.....	.....
.0901 ...	Cigna Group .....	.....	11-3715243 ..	.....	.....	.....	MSINH II, LLC .....	.. TN.....	.. NIA.....	eviCore healthcare MSI, LLC	Ownership.....	100.000 ...	Cigna Corporation .....	... NO.....	.....
.0901 ...	Cigna Group .....	.....	03-0524694 ..	.....	.....	.....	MSINH, LLC .....	.. TN.....	.. NIA.....	eviCore healthcare MSI, LLC	Ownership.....	100.000 ...	Cigna Corporation .....	... NO.....	.....
.0901 ...	Cigna Group .....	.....	20-1749446 ..	.....	.....	.....	MSINJ I, LLC .....	.. TN.....	.. NIA.....	eviCore healthcare MSI, LLC	Ownership.....	100.000 ...	Cigna Corporation .....	... NO.....	.....
.0901 ...	Cigna Group .....	.....	20-1761914 ..	.....	.....	.....	MSINV I, LLC .....	.. TN.....	.. NIA.....	eviCore healthcare MSI, LLC	Ownership.....	100.000 ...	Cigna Corporation .....	... NO.....	.....
.0901 ...	Cigna Group .....	.....	55-0840806 ..	.....	.....	.....	MSISC 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 .....	.....	80-0818758 ..	.....	.....	.....	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	Domi-ciliary Location	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percen-tage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (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 ..	.....	.....	.....	Qualient Pharmaceuticals Holdings LP .....	.. CYM.....	..... NIA.....	Cigna Spruce Holdings GmbH	Ownership.....	.. 100.000 ...	Cigna Corporation .....	... NO.....	.....
. 0901 ...	Cigna Group .....	.....	00-0000000 ..	.....	.....	.....	Qualient Pharmaceuticals Health LLC .....	.. CYM.....	..... NIA.....	Qualient 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 ..	.....	.....	.....	Rise-CG JA Lofts Limited Partnership .....	.. DE.....	..... NIA.....	JA Lofts Holdings, LLC (.5%); JA Lofts JV Limited Partnership (99.5%)	Ownership.....	.. 100.000 ...	Cigna Corporation .....	... 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 Berwyn Investor 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 .....	.. BMJ.....	..... 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 ..	.....	.....	.....	Verify Solutions Group, Inc. ....	.. DE.....	..... NIA.....	Cigna Health and Life Insurance Company ...	Ownership.....	.. 100.000 ...	Cigna Corporation .....	... 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	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Loca-tion	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Owner-ship Provide Percen-tage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Yes/No)	*
. 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 Eisenhower, LLC .....	.. DE.....	..... NIA.....	CARING Westcore Holding Investor LLC	Ownership.....	..90.000	Cigna Corporation .....	.... NO.....	.....
. 0901 ...	Cigna Group .....	.....	84-3178563 ..	.....	.....	.....	Westcore CG II Eisenhower, 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 Servicios LTDA .....	..BRA.....	..... NIA.....	Cigna Global Holdings, Inc.	Ownership.....	..35.320	Cigna Corporation .....	.... NO.....	.....

Asterisk	

NONE

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)
	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.										
	27-1713977	Brighter, Inc.					428,904				428,904	
	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

SCHEDULE Y

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

[illegible]

54.2

54.2

54.2

54.2

54.3

54.3

54.3

54.3

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	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
.....	95-3310115	Cigna HealthCare of California, Inc. ....	.....(9,000,000) .....	.....	.....	.....	.....(27,380,310) .....	.....5,664,132 .....	.....	.....	.....(30,716,178) .....	.....3,961,976
.....95604	84-1004500	Cigna HealthCare of Colorado, Inc. ....	.....	.....9,000,000 .....	.....	.....	.....(8,153,699) .....	.....(35,565) .....	.....	.....	.....810,736 .....	.....14,703
.....95660	06-1141174	Cigna HealthCare of Connecticut, Inc. ....	.....	.....	.....	.....	.....(675,816) .....	.....(855) .....	.....	.....	.....(676,671) .....	.....299
.....95136	59-2089259	Cigna HealthCare of Florida, Inc. ....	.....	.....	.....	.....	.....(381,358) .....	.....(81,810) .....	.....	.....	.....(463,168) .....	.....26,633
.....96229	58-1641057	Cigna HealthCare of Georgia, Inc. ....	.....	.....170,000,000 .....	.....	.....	.....(65,137,149) .....	.....6,351,021 .....	.....	.....	.....111,213,872 .....	.....13,004
.....95602	36-3385638	Cigna HealthCare of Illinois, Inc. ....	.....	.....	.....	.....	.....(11,163,690) .....	.....941,278 .....	.....	.....	.....(10,222,412) .....	.....677,061
.....95525	35-1679172	Cigna HealthCare of Indiana, Inc. ....	.....	.....	.....	.....	.....(7,323) .....	.....(795) .....	.....	.....	.....(8,118) .....	.....345
.....95477	01-0418220	Cigna HealthCare of Maine, Inc. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
.....95220	02-0402111	Cigna HealthCare of Massachusetts, Inc. ..	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
.....95493	02-0387749	Cigna HealthCare of New Hampshire, Inc. ..	.....	.....	.....	.....	.....(6,023) .....	.....	.....	.....	.....(6,023) .....	.....
.....95500	22-2720890	Cigna HealthCare of New Jersey, Inc. ....	.....(5,500,000) .....	.....	.....	.....	.....(13,504) .....	.....(1,890) .....	.....	.....	.....(5,515,394) .....	.....1,288,978
.....95132	56-1479515	Cigna HealthCare of North Carolina, Inc. ..	.....	.....22,000,000 .....	.....	.....	.....(50,180,992) .....	.....1,998,941 .....	.....	.....	.....(26,182,051) .....	.....4,580
.....95121	23-2301807	Cigna HealthCare of Pennsylvania, Inc. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
.....95708	06-1185590	Cigna HealthCare of South Carolina, Inc. ..	.....	.....	.....	.....	.....(10,967,141) .....	.....(2,985) .....	.....	.....	.....(10,970,126) .....	.....1,111
.....95635	36-3359925	Cigna HealthCare of St. Louis, Inc. ....	.....	.....	.....	.....	.....(2,687,357) .....	.....(34,530) .....	.....	.....	.....(2,721,887) .....	.....11,813
.....95606	62-1218053	Cigna HealthCare of Tennessee, Inc. ....	.....	.....	.....	.....	.....(2,311,538) .....	.....	.....	.....	.....(2,311,538) .....	.....173,840
.....95383	74-2767437	Cigna HealthCare of Texas, Inc. ....	.....(7,500,000) .....	.....60,000,000 .....	.....	.....	.....(4,399,408) .....	.....1,960,390 .....	.....	.....	.....50,060,982 .....	.....360,355
.....95518	62-1230908	Cigna HealthCare of Utah, Inc. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
.....	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 ..	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
.....	27-1903785	Cigna Insurance Agency, LLC .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
.....65269	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) .....	.....

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	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)
	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)				(3,589)	
	46-4110289	Cigna Linden Holdings, Inc.										
	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)								(1,050,000,000)	
	98-1154657	Cigna Myrtle Holdings, Ltd.										
61727	34-0970995	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	23-2088429	Cigna Worldwide Insurance Company	(37,000,000)				120,000				(36,880,000)	1,717,790

SCHEDULE Y

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

54.6

54.7

54.7

54.7

54.7

54.8

54.8

54.8

54.8

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	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)
	00-0000000	MDLivevisit, LLC										
	00-0000000	MDLive Provider Services, LLC										
34720	13-3506395	Medco Containment Insurance Company of NY		90,000,000			(3,547,290)				86,452,710	
63762	42-1425239	Medco Containment Life Insurance Company	(32,300,000)				(109,402,181)				(141,702,181)	
	27-3709630	Medco Europe II, LLC										
	46-2166374	Medco Europe, LLC										
	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	

SCHEDULE Y

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

[illegible]

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	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)
.....	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.	(25,000,000)	.....	.....	.....	(2,351)	.....	.....	.....	(25,002,351)	.....
.....	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 Eisenhower, LLC .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
.....	84-3178563	Westcore CG II Eisenhower, 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 Servicios 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	2	3	4	5	6	7	8
		Ownership Percentage Column 2 of Column 1	Granted Disclaimer of Control\ Affiliation of Column 2 Over Column 1 (Yes/No)			Ownership Percentage (Column 5 of Column 6)	Granted Disclaimer of Control\ Affiliation of Column 5 Over Column 6 (Yes/No)
Insurers in Holding Company	Owners with Greater Than 10% Ownership			Ultimate Controlling Party	U.S. Insurance Groups or Entities Controlled by Column 5		
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	2	3	4	5	6	7	8
		Ownership Percentage Column 2 of Column 1	Granted Disclaimer of Control\ Affiliation of Column 2 Over Column 1 (Yes/No)		U.S. Insurance Groups or Entities Controlled by Column 5	Ownership Percentage (Column 5 of Column 6)	Granted Disclaimer of Control\ Affiliation of Column 5 Over Column 6 (Yes/No)
Insurers in Holding Company	Owners with Greater Than 10% Ownership			Ultimate Controlling Party			
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.....

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

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

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

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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



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

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

25.	Actuarial Certifications Related to Annuity Nonforfeiture Ongoing Compliance for Equity Indexed Annuities [Document Identifier 452]	 <div>657222022452000000</div>
26.	Modified Guaranteed Annuity Model Regulation [Document Identifier 453]	 <div>657222022453000000</div>
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]	 <div>657222022454000000</div>
28.	Workers' Compensation Carve-Out Supplement [Document Identifier 495]	 <div>657222022405000000</div>
30.	Medicare Part D Coverage Supplement [Document Identifier 365]	 <div>657222022365000000</div>
31.	Relief from the five-year rotation requirement for lead audit partner [Document Identifier 224]	 <div>657222022224000000</div>
32.	Relief from the one-year cooling off period for independent CPA [Document Identifier 225]	 <div>657222022225000000</div>
33.	Relief from the Requirements for Audit Committees [Document Identifier 226]	 <div>657222022226000000</div>
38.	Credit Insurance Experience Exhibit [Document Identifier 230]	 <div>657222022230000000</div>
40.	Supplemental Health Care Exhibit (Parts 1, 2 and 3) [Document Identifier 216]	 <div>657222022216000000</div>
41.	Supplemental Health Care Exhibit's Expense Allocation Report [Document Identifier 217]	 <div>657222022217000000</div>
42.	Actuarial Memorandum Required by Actuarial Guideline XXXVIII 8D [Document Identifier 435]	 <div>657222022435000000</div>
44.	Variable Annuities Supplement [Document Identifier 286]	 <div>657222022286000000</div>
45.	Executive Summary of the PBR Actuarial Report [Document Identifier 457]	 <div>657222022457000000</div>
46.	Life Summary of the PBR Actuarial Report [Document Identifier 458]	 <div>657222022458000000</div>
47.	Variable Annuities Summary of the PBR Actuarial Report [Document Identifier 459]	 <div>657222022459000000</div>
48.	Management's Report of Internal Control Over Financial Reporting [Document Identifier 223]	 <div>657222022223000000</div>

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	6	7
	1	Accident and Health		4			
		2	3				
	Life			All Other Lines of Business	Investment	Fraternal	Total
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

360.AL



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
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
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

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 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
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
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".

360.AZ



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
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
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 .....	.....	.....	.....	.....
.....	LOYAL-MS-1A-F-AZ .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
YES.....	LOYAL-MS-1A-G-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-1A-N-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-1A-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

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".

360.AR



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
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
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

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 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
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
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

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 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				Policies Issued in 2020; 2021; 2022			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
YES.....	LOYAL-MS-AA-F-CO	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-CO	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-CO	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										876,215	589,826	67.3	213				
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".

360.CT



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
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
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

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 Delaware.....
NAIC Group Code NAIC Company Code
ADDRESS (City, State and Zip Code)
Person Completing This Exhibit
Title Telephone Number

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

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

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. 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".

360.GA



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
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
.....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-1A-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-1A-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-1A-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

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 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
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
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

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 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
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
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.
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 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
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
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
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
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			
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	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
										Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	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".

360.1A



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
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
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-1A	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-1A	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-1A	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

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 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
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
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

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 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
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
YES	L-5231-KY	B	NO	0034060	08/26/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	10,857	2,635	24.3	2				
YES	L-5234-KY	F	NO	0034060	08/26/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	179,486	163,852	91.3	34				
YES	L-5235-KY	G	NO	0034060	08/26/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	15,931	3,774	23.7	3				
YES	LOYAL-MS-AA-A-KY	A	NO	0034060	06/01/2010				Modernized Medicare Supplement Insurance Plan	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				Modernized Medicare Supplement Insurance Plan								
YES	LOYAL-MS-AA-C-KY	C	NO	0034060	06/01/2010				Modernized Medicare Supplement Insurance Plan	18,246	8,986	49.2	5				
YES	LOYAL-MS-AA-D-KY	D	NO	0034000	06/01/2010				Modernized Medicare Supplement Insurance Plan	3,765	844	22.4	1				
YES	LOYAL-MS-AA-F-KY	F	NO	0034000	06/01/2010				Modernized Medicare Supplement Insurance Plan	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				Modernized Medicare Supplement Insurance Plan	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				Modernized Medicare Supplement Insurance Plan	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																	



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
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
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

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".

360.ME



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
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
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

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 Maryland.....
NAIC Group Code NAIC Company Code
ADDRESS (City, State and Zip Code) ,
Person Completing This Exhibit
Title Telephone Number

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

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

GENERAL INFORMATION

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. 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
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
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".

360.MN



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
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
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

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 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
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
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".

360.MO



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
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
YES	L-6201-MO	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-MO	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-1A-A-MO	A	NO	0034060	06/01/2010				Modernized Medicare Supplement Insurance Plan	4,547	418	9.2	2				
YES	LOYAL-MS-1A-F-MO	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-1A-G-MO	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-1A-N-MO	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

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 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
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
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 .....	.....	.....	.....	.....
.....	LOYAL-MS-AA-F-MT .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
YES.....	LOYAL-MS-AA-G-MT	F.....	NO.....	0034000	06/01/2010 .....	.....	.....	11/01/2016	Modernized Medicare Supplement Insurance Plan	128,908	80,930	62.8	32 .....	.....	.....	.....	.....
.....	LOYAL-MS-AA-G-MT .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
YES.....	LOYAL-MS-AA-N-MT	G.....	NO.....	0034000	06/01/2010 .....	.....	.....	11/01/2016	Modernized Medicare Supplement Insurance Plan	56,872	41,931	73.7	17 .....	.....	.....	.....	.....
.....	LOYAL-MS-AA-N-MT .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
0199999. Total Experience on Individual Policies										868,236	529,957	61.0	192 .....	.....	.....	.....	.....
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".

360.NE



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			
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	Incurred Claims		14	15	Incurred Claims		18
										Premiums Earned	12	13	Number of Covered Lives	Premiums Earned	16	17	Number of Covered Lives
											Amount	Percent of Premiums Earned			Amount	Percent of Premiums Earned	
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

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 Nevada.....
NAIC Group Code NAIC Company Code
ADDRESS (City, State and Zip Code) ,
Person Completing This Exhibit
Title Telephone Number

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

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 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
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
YES.....	LOYAL-MS-1A-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-1A-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

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".

360.NJ



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
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
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

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".

360.NM



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
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
.....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

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 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			
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Character- istics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives		
											12	13			16	17			
											Percent of Premiums Earned	Percent of Premiums Earned			Amount	Percent of Premiums Earned			
											Amount	Percent of Premiums Earned			Amount	Percent of Premiums Earned			

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. 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
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
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
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
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

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 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
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
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".

360.OK



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
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
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

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 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
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
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																	

360.0R



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".

360.PA



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
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
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

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 Rhode Island.....
NAIC Group Code NAIC Company Code
ADDRESS (City, State and Zip Code)
Person Completing This Exhibit
Title Telephone Number

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

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. (b)(4) 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 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
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
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																	

360.SC



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
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
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

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 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
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
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

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 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	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
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	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
YES.....	LOYAL-MS-AA-G-TX	G.....	NO.....	0034000	06/01/2010				Modernized Medicare Supplement Insurance Plan	1,653,763	1,475,247	89.2	468	11,572	741	6.4	4
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

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".

360.UT



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
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
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

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 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
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
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

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 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
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
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										737,336	605,554	82.1	189				
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".

360.WA



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
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
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

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".

360.WV



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
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
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

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 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
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
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

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".

360.WY



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
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
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

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

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)				

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)

[illegible]

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	XXX				
5.	2021	XXX	XX	XXX		
6.	2022	XXX	XX		XXX	

Section D -

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

Section E -

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

Section F -

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

Section G -

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

Section D -

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

Section E -

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

Section F -

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

Section G -

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

Section D -

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

Section E -

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

Section F -

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

Section G -

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

Section D -

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

Section E -

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

Section F -

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

Section G -

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