

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

Provident American Life and Health Insurance Company

NAIC Group Code 0901 0901 NAIC Company Code 67903 Employer's ID Number 23-1335885
(Current) (Prior)

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

Country of Domicile United States of America

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

Incorporated/Organized 04/06/1949 Commenced Business 09/30/1949
Statutory Home Office 1300 East Ninth Street, Cleveland, OH, US 44114

Main Administrative Office 11501 Alterra Parkway, Suite 500
(Street and Number)
Austin, TX, US 78758, 512-451-2224
(City, State, Zip Code and Telephone Number)

(City or Town, State, County and Zip Code) (Area Code) (Telephone Number)

Mail Address 1150 Alterra Parkway, Suite 500, Austin, TX, US 78758
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 11501 Alterra Parkway, Suite 500
(Street and Number)

(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)
Internet Website Address CignaSupplementalBenefits.com

(Name) _____ (Area Code) (Telephone Number)
CSBFinRpt@cigna.com _____ 512-467-1399
(E-mail Address) _____ (FAX Number)

OFFICERS

President Lindy Marie Hinman # _____ Secretary Geneva Campbell Brown # _____
Treasurer and Chief Financial Officer and
Accounting Officer Byron Keith Buescher Chief Actuary David Leroy Swanson

OTHER

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

DIRECTORS OR TRUSTEES

DIRECTORS OR TRUSTEES
Lindy Marie Hinman # _____ Tracy Lyn Labonte # _____ Mark Edmund Ochal # _____
David Leroy Swanson _____ James Yablecki _____

State of Pennsylvania SS
County of Philadelphia

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

David Leroy Swanson
Chief Financial Officer and Chief Actuary

Byron Keith Buescher
Treasurer and Chief Accounting Officer

Geneva Campbell Brown
Secretary

Subscribed and sworn to before me this
day of

- a. Is this an original filing? Yes [] 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 Provident American Life and Health Insurance Company
 DIRECT BUSINESS IN THE STATE OF Alabama
 NAIC Group Code 0901

DURING THE YEAR 2022
 NAIC Company Code 67903

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance				16,668		16,668
2. Annuity considerations						
3. Deposit-type contract funds			XXX		XXX	
4. Other considerations						
5. Totals (Sum of Lines 1 to 4)				16,668		16,668
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS						
Life insurance:						
6.1 Paid in cash or left on deposit						
6.2 Applied to pay renewal premiums						
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period						
6.4 Other						
6.5 Totals (Sum of Lines 6.1 to 6.4)						
Annuities:						
7.1 Paid in cash or left on deposit						
7.2 Applied to provide paid-up annuities						
7.3 Other						
7.4 Totals (Sum of Lines 7.1 to 7.3)						
8. Grand Totals (Lines 6.5 plus 7.4)						
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits						
10. Matured endowments						
11. Annuity benefits						
12. Surrender values and withdrawals for life contracts						
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health						
15. Totals						
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page						
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)						

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

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancellable (b)					
25.2 Guaranteed renewable (b)	6,222	6,204		437	973
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	6,222	6,204		437	973
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	6,222	6,204		437	973

(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 Provident American Life and Health Insurance Company
 DIRECT BUSINESS IN THE STATE OF Alaska
 NAIC Group Code 0901

DURING THE YEAR 2022

NAIC Company Code 67903

LIFE INSURANCE

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Provident American Life and Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Arizona

NAIC Group Code 0901

DURING THE YEAR 2022

NAIC Company Code 67903

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance		1,560				1,560
2. Annuity considerations						
3. Deposit-type contract funds			XXX		XXX	
4. Other considerations						
5. Totals (Sum of Lines 1 to 4)		1,560				1,560
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS						
Life insurance:						
6.1 Paid in cash or left on deposit						
6.2 Applied to pay renewal premiums						
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period						
6.4 Other						
6.5 Totals (Sum of Lines 6.1 to 6.4)						
Annuities:						
7.1 Paid in cash or left on deposit						
7.2 Applied to provide paid-up annuities						
7.3 Other						
7.4 Totals (Sum of Lines 7.1 to 7.3)						
8. Grand Totals (Lines 6.5 plus 7.4)						
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits		5,024				5,024
10. Matured endowments						
11. Annuity benefits						
12. Surrender values and withdrawals for life contracts						
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health						
15. Totals		5,024				5,024
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page						
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)						

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

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancellable (b)					
25.2 Guaranteed renewable (b)	7,303	7,788		10,104	9,404
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	7,303	7,788		10,104	9,404
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	7,303	7,788		10,104	9,404

(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 Provident American Life and Health Insurance Company
 DIRECT BUSINESS IN THE STATE OF Arkansas
 NAIC Group Code 0901

DURING THE YEAR 2022
 NAIC Company Code 67903

LIFE INSURANCE

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

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

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancellable (b)					
25.2 Guaranteed renewable (b)	12,732	12,650		1,189	1,365
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	12,732	12,650		1,189	1,365
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	12,732	12,650		1,189	1,365

(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 Provident American Life and Health Insurance Company
 DIRECT BUSINESS IN THE STATE OF California
 NAIC Group Code 0901 DURING THE YEAR 2022
 NAIC Company Code 67903

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance		1,443				1,443
2. Annuity considerations						
3. Deposit-type contract funds			XXX		XXX	
4. Other considerations						
5. Totals (Sum of Lines 1 to 4)		1,443				1,443
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)						
Annuites:						
7.1 Paid in cash or left on deposit						
7.2 Applied to provide paid-up annuities						
7.3 Other						
7.4 Totals (Sum of Lines 7.1 to 7.3)						
8. Grand Totals (Lines 6.5 plus 7.4)						
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits		25,590				25,590
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		25,590				25,590
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page						
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)						

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
16. Unpaid December 31, prior year										
17. Incurred during current year	1	25,000							1	25,000
Settled during current year:										
18.1 By payment in full	1	25,000							1	25,000
18.2 By payment on compromised claims										
18.3 Totals paid	1	25,000							1	25,000
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	1	25,000							1	25,000
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	4	50,000	(a)						4	50,000
21. Issued during year										
22. Other changes to in force (Net)	(2)	(30,000)							(2)	(30,000)
23. In force December 31 of current year	2	20,000	(a)						2	20,000

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancellable (b)					
25.2 Guaranteed renewable (b)	9,345	9,842			6,285
25.3 Non-renewable for stated reasons only (b)					6,839
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	9,345	9,842			6,285
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	9,345	9,842			6,839

(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 Provident American Life and Health Insurance Company
 DIRECT BUSINESS IN THE STATE OF Colorado
 NAIC Group Code 0901

DURING THE YEAR 2022
 NAIC Company Code 67903

LIFE INSURANCE

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

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

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancellable (b)					
25.2 Guaranteed renewable (b)	46,726	46,652		24,811	25,493
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)	46,726	46,652		24,811	25,493
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	46,726	46,652		24,811	25,493

(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 Provident American Life and Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Connecticut

DURING THE YEAR 2022

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 67903

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Provident American Life and Health Insurance Company
 DIRECT BUSINESS IN THE STATE OF Delaware
 NAIC Group Code 0901

DURING THE YEAR 2022
 NAIC Company Code 67903

LIFE INSURANCE

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Provident American Life and Health Insurance Company
 DIRECT BUSINESS IN THE STATE OF District of Columbia
 NAIC Group Code 0901

DURING THE YEAR 2022

NAIC Company Code 67903

LIFE INSURANCE

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Provident American Life and Health Insurance Company
 DIRECT BUSINESS IN THE STATE OF Florida
 NAIC Group Code 0901

DURING THE YEAR 2022
 NAIC Company Code 67903

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance		1,622				1,622
2. Annuity considerations						
3. Deposit-type contract funds			XXX		XXX	
4. Other considerations						
5. Totals (Sum of Lines 1 to 4)		1,622				1,622
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS						
Life insurance:						
6.1 Paid in cash or left on deposit						
6.2 Applied to pay renewal premiums						
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period						
6.4 Other						
6.5 Totals (Sum of Lines 6.1 to 6.4)						
Annuities:						
7.1 Paid in cash or left on deposit						
7.2 Applied to provide paid-up annuities						
7.3 Other						
7.4 Totals (Sum of Lines 7.1 to 7.3)						
8. Grand Totals (Lines 6.5 plus 7.4)						
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits						
10. Matured endowments						
11. Annuity benefits						
12. Surrender values and withdrawals for life contracts						
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health						
15. Totals						
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page						
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)						

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

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancellable (b)					
25.2 Guaranteed renewable (b)	14,200	14,181			3,826
25.3 Non-renewable for stated reasons only (b)					3,965
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	14,200	14,181			3,826
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	14,200	14,181			3,965

(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 Provident American Life and Health Insurance Company
 DIRECT BUSINESS IN THE STATE OF Georgia
 NAIC Group Code 0901

DURING THE YEAR 2022

NAIC Company Code 67903

LIFE INSURANCE

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

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

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancellable (b)					
25.2 Guaranteed renewable (b)	20,373	20,212		7,989	6,999
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)	20,373	20,212		7,989	6,999
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	20,373	20,212		7,989	6,999

(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 Provident American Life and Health Insurance Company
 DIRECT BUSINESS IN THE STATE OF Hawaii
 NAIC Group Code 0901

DURING THE YEAR 2022

NAIC Company Code 67903

LIFE INSURANCE

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Provident American Life and Health Insurance Company
 DIRECT BUSINESS IN THE STATE OF Idaho
 NAIC Group Code 0901

DURING THE YEAR 2022
 NAIC Company Code 67903

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance		795				795
2. Annuity considerations			XXX		XXX	
3. Deposit-type contract funds						
4. Other considerations						
5. Totals (Sum of Lines 1 to 4)		795				795
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS						
Life insurance:						
6.1 Paid in cash or left on deposit						
6.2 Applied to pay renewal premiums						
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period						
6.4 Other						
6.5 Totals (Sum of Lines 6.1 to 6.4)						
Annuities:						
7.1 Paid in cash or left on deposit						
7.2 Applied to provide paid-up annuities						
7.3 Other						
7.4 Totals (Sum of Lines 7.1 to 7.3)						
8. Grand Totals (Lines 6.5 plus 7.4)						
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits						
10. Matured endowments						
11. Annuity benefits						
12. Surrender values and withdrawals for life contracts						
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health						
15. Totals						
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page						
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)						

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

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancellable (b)					
25.2 Guaranteed renewable (b)	7,701	7,468		1,308	543
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	7,701	7,468		1,308	543
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	7,701	7,468		1,308	543

(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 Provident American Life and Health Insurance Company
 DIRECT BUSINESS IN THE STATE OF Illinois
 NAIC Group Code 0901

DURING THE YEAR 2022
 NAIC Company Code 67903

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance		7,399				7,399
2. Annuity considerations			XXX		XXX	
3. Deposit-type contract funds						
4. Other considerations						
5. Totals (Sum of Lines 1 to 4)		7,399				7,399
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)						
Annuites:						
7.1 Paid in cash or left on deposit						
7.2 Applied to provide paid-up annuities						
7.3 Other						
7.4 Totals (Sum of Lines 7.1 to 7.3)						
8. Grand Totals (Lines 6.5 plus 7.4)						
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits		2,899				2,899
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		2,899				2,899
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page						
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)						

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
16. Unpaid December 31, prior year										
17. Incurred during current year	2	7,813							2	7,813
Settled during current year:										
18.1 By payment in full	1	2,813							1	2,813
18.2 By payment on compromised claims										
18.3 Totals paid	1	2,813							1	2,813
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	1	2,813							1	2,813
19. Unpaid Dec. 31, current year (16+17-18.6)	1	5,000							1	5,000
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	19	152,813	(a)						19	152,813
21. Issued during year										
22. Other changes to in force (Net)	(1)	(2,813)							(1)	(2,813)
23. In force December 31 of current year	18	150,000	(a)						18	150,000

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancellable (b)					
25.2 Guaranteed renewable (b)	90,208	90,164		44,731	44,353
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)	90,208	90,164		44,731	44,353
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	90,208	90,164		44,731	44,353

(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 Provident American Life and Health Insurance Company
 DIRECT BUSINESS IN THE STATE OF Indiana
 NAIC Group Code 0901

DURING THE YEAR 2022
 NAIC Company Code 67903

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance		1,648				1,648
2. Annuity considerations						
3. Deposit-type contract funds			XXX		XXX	
4. Other considerations						
5. Totals (Sum of Lines 1 to 4)		1,648				1,648
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS						
Life insurance:						
6.1 Paid in cash or left on deposit						
6.2 Applied to pay renewal premiums						
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period						
6.4 Other						
6.5 Totals (Sum of Lines 6.1 to 6.4)						
Annuities:						
7.1 Paid in cash or left on deposit						
7.2 Applied to provide paid-up annuities						
7.3 Other						
7.4 Totals (Sum of Lines 7.1 to 7.3)						
8. Grand Totals (Lines 6.5 plus 7.4)						
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits						
10. Matured endowments						
11. Annuity benefits						
12. Surrender values and withdrawals for life contracts						
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health						
15. Totals						
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page						
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)						

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
16. Unpaid December 31, prior year										
17. Incurred during current year	1	2,500							1	2,500
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	2,500							1	2,500
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	3	19,500	(a)						3	19,500
21. Issued during year										
22. Other changes to in force (Net)										
23. In force December 31 of current year	3	19,500	(a)						3	19,500

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancellable (b)					
25.2 Guaranteed renewable (b)	24,623	26,374		22,056	21,475
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)	24,623	26,374		22,056	21,475
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	24,623	26,374		22,056	21,475

(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 Provident American Life and Health Insurance Company
 DIRECT BUSINESS IN THE STATE OF Iowa
 NAIC Group Code 0901

DURING THE YEAR 2022
 NAIC Company Code 67903

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance		4,175				4,175
2. Annuity considerations						
3. Deposit-type contract funds			XXX		XXX	
4. Other considerations						
5. Totals (Sum of Lines 1 to 4)		4,175				4,175
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)						
Annuites:						
7.1 Paid in cash or left on deposit						
7.2 Applied to provide paid-up annuities						
7.3 Other						
7.4 Totals (Sum of Lines 7.1 to 7.3)						
8. Grand Totals (Lines 6.5 plus 7.4)						
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits		8,029				8,029
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		8,029				8,029
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page						
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)						

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
16. Unpaid December 31, prior year										
17. Incurred during current year	1	8,000							1	8,000
Settled during current year:										
18.1 By payment in full	1	8,000							1	8,000
18.2 By payment on compromised claims										
18.3 Totals paid	1	8,000							1	8,000
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	1	8,000							1	8,000
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	6	52,000	(a)						6	52,000
21. Issued during year										
22. Other changes to in force (Net)	(1)	(8,000)							(1)	(8,000)
23. In force December 31 of current year	5	44,000	(a)						5	44,000

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancellable (b)					
25.2 Guaranteed renewable (b)	173,970	178,942		174,335	173,898
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	173,970	178,942		174,335	173,898
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	173,970	178,942		174,335	173,898

(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 Provident American Life and Health Insurance Company
 DIRECT BUSINESS IN THE STATE OF Kansas
 NAIC Group Code 0901

DURING THE YEAR 2022
 NAIC Company Code 67903

LIFE INSURANCE

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

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

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancellable (b)					
25.2 Guaranteed renewable (b)	10,503	11,605		1,404	1,242
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	10,503	11,605		1,404	1,242
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	10,503	11,605		1,404	1,242

(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 Provident American Life and Health Insurance Company
 DIRECT BUSINESS IN THE STATE OF Kentucky
 NAIC Group Code 0901

DURING THE YEAR 2022
 NAIC Company Code 67903

LIFE INSURANCE

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

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
16. Unpaid December 31, prior year										
17. Incurred during current year Settled during current year:	1	10,000							1	10,000
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	10,000							1	10,000
POLICY EXHIBIT				No. of Policies						
20. In force December 31, prior year	12	135,656	(a)						12	135,656
21. Issued during year										
22. Other changes to in force (Net)										
23. In force December 31 of current year	12	135,656	(a)						12	135,656

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancellable (b)					
25.2 Guaranteed renewable (b)	52,227	53,095		22,362	22,642
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)	52,227	53,095		22,362	22,642
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	52,227	53,095		22,362	22,642

(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 Provident American Life and Health Insurance Company
 DIRECT BUSINESS IN THE STATE OF Louisiana
 NAIC Group Code 0901

DURING THE YEAR 2022
 NAIC Company Code 67903

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance		2,079				2,079
2. Annuity considerations			XXX		XXX	
3. Deposit-type contract funds						
4. Other considerations						
5. Totals (Sum of Lines 1 to 4)		2,079				2,079
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS						
Life insurance:						
6.1 Paid in cash or left on deposit						
6.2 Applied to pay renewal premiums						
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period						
6.4 Other						
6.5 Totals (Sum of Lines 6.1 to 6.4)						
Annuities:						
7.1 Paid in cash or left on deposit						
7.2 Applied to provide paid-up annuities						
7.3 Other						
7.4 Totals (Sum of Lines 7.1 to 7.3)						
8. Grand Totals (Lines 6.5 plus 7.4)						
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits		17,071				17,071
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		17,071				17,071
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page						
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)						

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
16. Unpaid December 31, prior year										
17. Incurred during current year	3	22,000							3	22,000
Settled during current year:										
18.1 By payment in full	2	17,000							2	17,000
18.2 By payment on compromised claims										
18.3 Totals paid	2	17,000							2	17,000
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	2	17,000							2	17,000
19. Unpaid Dec. 31, current year (16+17-18.6)	1	5,000							1	5,000
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	7	47,312	(a)						7	47,312
21. Issued during year										
22. Other changes to in force (Net)	(2)	(17,000)							(2)	(17,000)
23. In force December 31 of current year	5	30,312	(a)						5	30,312

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancellable (b)					
25.2 Guaranteed renewable (b)	39,478	39,207		21,207	21,771
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)	39,478	39,207		21,207	21,771
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	39,478	39,207		21,207	21,771

(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 Provident American Life and Health Insurance Company
 DIRECT BUSINESS IN THE STATE OF Maine
 NAIC Group Code 0901

DURING THE YEAR 2022
 NAIC Company Code 67903

LIFE INSURANCE

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Provident American Life and Health Insurance Company
 DIRECT BUSINESS IN THE STATE OF Maryland
 NAIC Group Code 0901

DURING THE YEAR 2022
 NAIC Company Code 67903

LIFE INSURANCE

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Provident American Life and Health Insurance Company
 DIRECT BUSINESS IN THE STATE OF Massachusetts
 NAIC Group Code 0901

DURING THE YEAR 2022

NAIC Company Code 67903

LIFE INSURANCE

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

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

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancellable (b)					
25.2 Guaranteed renewable (b)	5,000	5,000			
25.3 Non-renewable for stated reasons only (b)				420	420
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	5,000	5,000	5,000	420	420
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	5,000	5,000	5,000	420	420

(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 Provident American Life and Health Insurance Company
 DIRECT BUSINESS IN THE STATE OF Michigan
 NAIC Group Code 0901

DURING THE YEAR 2022
 NAIC Company Code 67903

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance		684				684
2. Annuity considerations						
3. Deposit-type contract funds			XXX		XXX	
4. Other considerations						
5. Totals (Sum of Lines 1 to 4)		684				684
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS						
Life insurance:						
6.1 Paid in cash or left on deposit						
6.2 Applied to pay renewal premiums						
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period						
6.4 Other						
6.5 Totals (Sum of Lines 6.1 to 6.4)						
Annuities:						
7.1 Paid in cash or left on deposit						
7.2 Applied to provide paid-up annuities						
7.3 Other						
7.4 Totals (Sum of Lines 7.1 to 7.3)						
8. Grand Totals (Lines 6.5 plus 7.4)						
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits						
10. Matured endowments						
11. Annuity benefits						
12. Surrender values and withdrawals for life contracts						
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health						
15. Totals						
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page						
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)						

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Provident American Life and Health Insurance Company
 DIRECT BUSINESS IN THE STATE OF Minnesota
 NAIC Group Code 0901

DURING THE YEAR 2022
 NAIC Company Code 67903

LIFE INSURANCE

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

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

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancellable (b)					
25.2 Guaranteed renewable (b)	15,537	15,511		7,535	8,407
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	15,537	15,511		7,535	8,407
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	15,537	15,511		7,535	8,407

(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 Provident American Life and Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Mississippi

DURING THE YEAR 2022

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 67903

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance		9,829				9,829
2. Annuity considerations			XXX		XXX	
3. Deposit-type contract funds						
4. Other considerations						
5. Totals (Sum of Lines 1 to 4)		9,829				9,829
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS						
Life insurance:						
6.1 Paid in cash or left on deposit						
6.2 Applied to pay renewal premiums						
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period						
6.4 Other						
6.5 Totals (Sum of Lines 6.1 to 6.4)						
Annuities:						
7.1 Paid in cash or left on deposit						
7.2 Applied to provide paid-up annuities						
7.3 Other						
7.4 Totals (Sum of Lines 7.1 to 7.3)						
8. Grand Totals (Lines 6.5 plus 7.4)						
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits						
10. Matured endowments						
11. Annuity benefits						
12. Surrender values and withdrawals for life contracts						
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health						
15. Totals						
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page						
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)						

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

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancellable (b)					
25.2 Guaranteed renewable (b)	75,342	75,424		76,057	73,143
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)	75,342	75,424		76,057	73,143
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	75,342	75,424		76,057	73,143

(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 Provident American Life and Health Insurance Company
 DIRECT BUSINESS IN THE STATE OF Missouri
 NAIC Group Code 0901

DURING THE YEAR 2022

NAIC Company Code 67903

LIFE INSURANCE

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

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
16. Unpaid December 31, prior year										
17. Incurred during current year Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims										
18.3 Totals paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements										
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT										
20. In force December 31, prior year	9	68,000	(a)	No. of Policies					9	68,000
21. Issued during year										
22. Other changes to in force (Net)	2	15,000							2	15,000
23. In force December 31 of current year	11	83,000	(a)						11	83,000

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancellable (b)					
25.2 Guaranteed renewable (b)	11,589	10,914		4,885	4,710
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	11,589	10,914		4,885	4,710
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	11,589	10,914		4,885	4,710

(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 Provident American Life and Health Insurance Company
 DIRECT BUSINESS IN THE STATE OF Montana
 NAIC Group Code 0901

DURING THE YEAR 2022

NAIC Company Code 67903

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance		1,593				1,593
2. Annuity considerations						
3. Deposit-type contract funds			XXX		XXX	
4. Other considerations						
5. Totals (Sum of Lines 1 to 4)		1,593				1,593
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS						
Life insurance:						
6.1 Paid in cash or left on deposit						
6.2 Applied to pay renewal premiums						
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period						
6.4 Other						
6.5 Totals (Sum of Lines 6.1 to 6.4)						
Annuities:						
7.1 Paid in cash or left on deposit						
7.2 Applied to provide paid-up annuities						
7.3 Other						
7.4 Totals (Sum of Lines 7.1 to 7.3)						
8. Grand Totals (Lines 6.5 plus 7.4)						
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits						
10. Matured endowments						
11. Annuity benefits						
12. Surrender values and withdrawals for life contracts						
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health						
15. Totals						
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page						
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)						

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

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancellable (b)					
25.2 Guaranteed renewable (b)	71,190	71,159			89,737
25.3 Non-renewable for stated reasons only (b)					89,497
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	71,190	71,159			89,737
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	71,190	71,159			89,497

(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 Provident American Life and Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Nebraska

NAIC Group Code 0901

DURING THE YEAR 2022

NAIC Company Code 67903

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance		1,655				1,655
2. Annuity considerations			XXX		XXX	
3. Deposit-type contract funds						
4. Other considerations						
5. Totals (Sum of Lines 1 to 4)		1,655				1,655
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		7,544				7,544
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		7,544				7,544
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page						
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)						

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
16. Unpaid December 31, prior year										
17. Incurred during current year	1	7,500							1	7,500
Settled during current year:										
18.1 By payment in full	1	7,500							1	7,500
18.2 By payment on compromised claims										
18.3 Totals paid	1	7,500							1	7,500
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	1	7,500							1	7,500
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	4	42,500	(a)						4	42,500
21. Issued during year										
22. Other changes to in force (Net)	(1)	(7,500)							(1)	(7,500)
23. In force December 31 of current year	3	35,000	(a)						3	35,000

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancellable (b)					
25.2 Guaranteed renewable (b)	57,209	57,079		61,451	61,823
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	57,209	57,079		61,451	61,823
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	57,209	57,079		61,451	61,823

(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 Provident American Life and Health Insurance Company
 DIRECT BUSINESS IN THE STATE OF Nevada
 NAIC Group Code 0901

DURING THE YEAR 2022
 NAIC Company Code 67903

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance		612				612
2. Annuity considerations						
3. Deposit-type contract funds			XXX		XXX	
4. Other considerations						
5. Totals (Sum of Lines 1 to 4)		612				612
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS						
Life insurance:						
6.1 Paid in cash or left on deposit						
6.2 Applied to pay renewal premiums						
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period						
6.4 Other						
6.5 Totals (Sum of Lines 6.1 to 6.4)						
Annuities:						
7.1 Paid in cash or left on deposit						
7.2 Applied to provide paid-up annuities						
7.3 Other						
7.4 Totals (Sum of Lines 7.1 to 7.3)						
8. Grand Totals (Lines 6.5 plus 7.4)						
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits						
10. Matured endowments						
11. Annuity benefits						
12. Surrender values and withdrawals for life contracts						
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health						
15. Totals						
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page						
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)						

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
16. Unpaid December 31, prior year										
17. Incurred during current year Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims										
18.3 Totals paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements										
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	2	.8,638	(a)						2	.8,638
21. Issued during year										
22. Other changes to in force (Net)										
23. In force December 31 of current year	2	8,638	(a)						2	8,638

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

ACCIDENT AND HEALTH INSURANCE

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

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



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Provident American Life and Health Insurance Company

DIRECT BUSINESS IN THE STATE OF New Hampshire

DURING THE YEAR 2022

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 67903

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Provident American Life and Health Insurance Company

DIRECT BUSINESS IN THE STATE OF New Jersey

NAIC Group Code 0901

DURING THE YEAR 2022

NAIC Company Code 67903

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance						
2. Annuity considerations						
3. Deposit-type contract funds			XXX			
4. Other considerations					XXX	
5. Totals (Sum of Lines 1 to 4)						
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS						
Life insurance:						
6.1 Paid in cash or left on deposit						
6.2 Applied to pay renewal premiums						
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period						
6.4 Other						
6.5 Totals (Sum of Lines 6.1 to 6.4)						
Annuites:						
7.1 Paid in cash or left on deposit						
7.2 Applied to provide paid-up annuities						
7.3 Other						
7.4 Totals (Sum of Lines 7.1 to 7.3)						
8. Grand Totals (Lines 6.5 plus 7.4)						
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits		5,019				5,019
10. Matured endowments						
11. Annuity benefits						
12. Surrender values and withdrawals for life contracts						
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health						
15. Totals		5,019				5,019
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page						
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)						

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Provident American Life and Health Insurance Company
 DIRECT BUSINESS IN THE STATE OF New Mexico
 NAIC Group Code 0901

DURING THE YEAR 2022
 NAIC Company Code 67903

LIFE INSURANCE

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

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

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancellable (b)					
25.2 Guaranteed renewable (b)	4,613	4,636			
25.3 Non-renewable for stated reasons only (b)				5,825	5,173
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	4,613	4,636			
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	4,613	4,636			

(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 Provident American Life and Health Insurance Company

DIRECT BUSINESS IN THE STATE OF New York

NAIC Group Code 0901

DURING THE YEAR 2022

NAIC Company Code 67903

LIFE INSURANCE

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

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

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancellable (b)					
25.2 Guaranteed renewable (b)					(21)
25.3 Non-renewable for stated reasons only (b)					(21)
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)					(21)
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					(21)

(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 Provident American Life and Health Insurance Company

DIRECT BUSINESS IN THE STATE OF North Carolina

NAIC Group Code 0901

DURING THE YEAR 2022

NAIC Company Code 67903

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance		2,046				2,046
2. Annuity considerations						
3. Deposit-type contract funds			XXX		XXX	
4. Other considerations						
5. Totals (Sum of Lines 1 to 4)		2,046				2,046
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS						
Life insurance:						
6.1 Paid in cash or left on deposit						
6.2 Applied to pay renewal premiums						
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period						
6.4 Other						
6.5 Totals (Sum of Lines 6.1 to 6.4)						
Annuities:						
7.1 Paid in cash or left on deposit						
7.2 Applied to provide paid-up annuities						
7.3 Other						
7.4 Totals (Sum of Lines 7.1 to 7.3)						
8. Grand Totals (Lines 6.5 plus 7.4)						
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits		5,023				5,023
10. Matured endowments						
11. Annuity benefits						
12. Surrender values and withdrawals for life contracts						
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health						
15. Totals		5,023				5,023
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page						
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)						

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

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancellable (b)					
25.2 Guaranteed renewable (b)	10,612	10,599			3,408
25.3 Non-renewable for stated reasons only (b)					3,894
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	10,612	10,599			3,408
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	10,612	10,599			3,408
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products insured under indemnity only products 0				0	and number of persons



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Provident American Life and Health Insurance Company
 DIRECT BUSINESS IN THE STATE OF North Dakota
 NAIC Group Code 0901

DURING THE YEAR 2022

NAIC Company Code 67903

LIFE INSURANCE

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Provident American Life and Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Ohio

NAIC Group Code 0901

DURING THE YEAR 2022

NAIC Company Code 67903

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance		3,790				3,790
2. Annuity considerations			XXX		XXX	
3. Deposit-type contract funds						
4. Other considerations						
5. Totals (Sum of Lines 1 to 4)		3,790				3,790
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		25,149				25,149
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		25,149				25,149
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page						
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)						

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
16. Unpaid December 31, prior year	2	15,000							2	15,000
17. Incurred during current year	2	10,000							2	10,000
Settled during current year:										
18.1 By payment in full	4	25,000							4	25,000
18.2 By payment on compromised claims										
18.3 Totals paid	4	25,000							4	25,000
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	4	25,000							4	25,000
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT				No. of Policies						
20. In force December 31, prior year	13	83,000	(a)						13	83,000
21. Issued during year										
22. Other changes to in force (Net)	(4)	(25,000)							(4)	(25,000)
23. In force December 31 of current year	9	58,000	(a)						9	58,000

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancellable (b)					
25.2 Guaranteed renewable (b)	81,451	81,014			35,960
25.3 Non-renewable for stated reasons only (b)					35,088
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	81,451	81,014			35,960
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	81,451	81,014			35,960

(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 Provident American Life and Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Oklahoma

NAIC Group Code 0901

DURING THE YEAR 2022

NAIC Company Code 67903

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance		10,245				10,245
2. Annuity considerations			XXX		XXX	
3. Deposit-type contract funds						
4. Other considerations						
5. Totals (Sum of Lines 1 to 4)		10,245				10,245
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		27,753				27,753
10. Matured endowments						
11. Annuity benefits						
12. Surrender values and withdrawals for life contracts		1,814				1,814
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health						
15. Totals		29,567				29,567
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page						
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)						

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
16. Unpaid December 31, prior year	3	17,500							3	17,500
17. Incurred during current year	2	12,500							2	12,500
Settled during current year:										
18.1 By payment in full	4	27,500							4	27,500
18.2 By payment on compromised claims										
18.3 Totals paid	4	27,500							4	27,500
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	4	27,500							4	27,500
19. Unpaid Dec. 31, current year (16+17-18.6)	1	2,500							1	2,500
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	26	210,182	(a)						26	210,182
21. Issued during year										
22. Other changes to in force (Net)	(6)	(52,500)							(6)	(52,500)
23. In force December 31 of current year	20	157,682	(a)						20	157,682

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

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

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancellable (b)					
25.2 Guaranteed renewable (b)	104,938	115,485		74,845	71,470
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)	104,938	115,485		74,845	71,470
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	104,938	115,485		74,845	71,470

(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 Provident American Life and Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Oregon

NAIC Group Code 0901

DURING THE YEAR 2022

NAIC Company Code 67903

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance		18,314				18,314
2. Annuity considerations			XXX		XXX	
3. Deposit-type contract funds						
4. Other considerations						
5. Totals (Sum of Lines 1 to 4)		18,314				18,314
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS						
Life insurance:						
6.1 Paid in cash or left on deposit						
6.2 Applied to pay renewal premiums						
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period						
6.4 Other						
6.5 Totals (Sum of Lines 6.1 to 6.4)						
Annuities:						
7.1 Paid in cash or left on deposit						
7.2 Applied to provide paid-up annuities						
7.3 Other						
7.4 Totals (Sum of Lines 7.1 to 7.3)						
8. Grand Totals (Lines 6.5 plus 7.4)						
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits		20,353				20,353
10. Matured endowments						
11. Annuity benefits						
12. Surrender values and withdrawals for life contracts		6,952				6,952
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health						
15. Totals		27,305				27,305
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page						
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)						

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
16. Unpaid December 31, prior year										
17. Incurred during current year	4	20,000							4	20,000
Settled during current year:										
18.1 By payment in full	4	20,000							4	20,000
18.2 By payment on compromised claims										
18.3 Totals paid	4	20,000							4	20,000
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	4	20,000							4	20,000
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT				No. of Policies						
20. In force December 31, prior year	32	200,999	(a)						32	200,999
21. Issued during year										
22. Other changes to in force (Net)	(6)	(27,500)							(6)	(27,500)
23. In force December 31 of current year	26	173,499	(a)						26	173,499

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

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

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4	5
				Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancellable (b)					
25.2 Guaranteed renewable (b)	205,138	200,185		116,668	117,247
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)	205,138	200,185		116,668	117,247
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	205,138	200,185		116,668	117,247

(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 Provident American Life and Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Pennsylvania

NAIC Group Code 0901

DURING THE YEAR 2022

NAIC Company Code 67903

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance		1,513		11,770		13,282
2. Annuity considerations			XXX		XXX	
3. Deposit-type contract funds						
4. Other considerations						
5. Totals (Sum of Lines 1 to 4)		1,513		11,770		13,282
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS						
Life insurance:						
6.1 Paid in cash or left on deposit						
6.2 Applied to pay renewal premiums						
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period						
6.4 Other						
6.5 Totals (Sum of Lines 6.1 to 6.4)						
Annuities:						
7.1 Paid in cash or left on deposit						
7.2 Applied to provide paid-up annuities						
7.3 Other						
7.4 Totals (Sum of Lines 7.1 to 7.3)						
8. Grand Totals (Lines 6.5 plus 7.4)						
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits		2,512				2,512
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		2,512				2,512
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page						
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)						

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

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancellable (b)					
25.2 Guaranteed renewable (b)	16,645	16,660		4,361	4,114
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	16,645	16,660		4,361	4,114
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	16,645	16,660		4,361	4,114

(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 Provident American Life and Health Insurance Company
 DIRECT BUSINESS IN THE STATE OF Rhode Island
 NAIC Group Code 0901

DURING THE YEAR 2022

NAIC Company Code 67903

LIFE INSURANCE

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Provident American Life and Health Insurance Company
 DIRECT BUSINESS IN THE STATE OF South Carolina
 NAIC Group Code 0901

DURING THE YEAR 2022

NAIC Company Code 67903

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	54,374					54,374
2. Annuity considerations						
3. Deposit-type contract funds		XXX			XXX	
4. Other considerations						
5. Totals (Sum of Lines 1 to 4)	54,374					54,374
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS						
Life insurance:						
6.1 Paid in cash or left on deposit						
6.2 Applied to pay renewal premiums						
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period						
6.4 Other						
6.5 Totals (Sum of Lines 6.1 to 6.4)						
Annuities:						
7.1 Paid in cash or left on deposit						
7.2 Applied to provide paid-up annuities						
7.3 Other						
7.4 Totals (Sum of Lines 7.1 to 7.3)						
8. Grand Totals (Lines 6.5 plus 7.4)						
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits	28,230					28,230
10. Matured endowments						
11. Annuity benefits						
12. Surrender values and withdrawals for life contracts	15,555					15,555
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health						
15. Totals	43,785					43,785
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page						
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)						

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
16. Unpaid December 31, prior year	1	2,500							1	2,500
17. Incurred during current year Settled during current year:	5	35,500							5	35,500
18.1 By payment in full	5	28,000							5	28,000
18.2 By payment on compromised claims										
18.3 Totals paid	5	28,000							5	28,000
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	5	28,000							5	28,000
19. Unpaid Dec. 31, current year (16+17-18.6)	1	10,000							1	10,000
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year .....	.76	803,500	(a)						.76	803,500
21. Issued during year										
22. Other changes to in force (Net)	(6)	(53,000)							(6)	(53,000)
23. In force December 31 of current year	70	750,500	(a)						70	750,500

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancellable (b)					
25.2 Guaranteed renewable (b)	343,964	350,497		220,069	220,693
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	343,964	350,497		220,069	220,693
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	343,964	350,497		220,069	220,693

(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 Provident American Life and Health Insurance Company
 DIRECT BUSINESS IN THE STATE OF South Dakota
 NAIC Group Code 0901

DURING THE YEAR 2022
 NAIC Company Code 67903

LIFE INSURANCE

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Provident American Life and Health Insurance Company

DIRECT BUSINESS IN THE STATE OF Tennessee

DURING THE YEAR 2022

NAIC Group Code 0901

LIFE INSURANCE

NAIC Company Code 67903

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance		632				632
2. Annuity considerations						
3. Deposit-type contract funds			XXX		XXX	
4. Other considerations						
5. Totals (Sum of Lines 1 to 4)		632				632
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS						
Life insurance:						
6.1 Paid in cash or left on deposit						
6.2 Applied to pay renewal premiums						
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period						
6.4 Other						
6.5 Totals (Sum of Lines 6.1 to 6.4)						
Annuities:						
7.1 Paid in cash or left on deposit						
7.2 Applied to provide paid-up annuities						
7.3 Other						
7.4 Totals (Sum of Lines 7.1 to 7.3)						
8. Grand Totals (Lines 6.5 plus 7.4)						
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits						
10. Matured endowments						
11. Annuity benefits						
12. Surrender values and withdrawals for life contracts		2,411				2,411
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health						
15. Totals		2,411				2,411
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page						
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)						

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

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancellable (b)					
25.2 Guaranteed renewable (b)	5,993	.6,007		506	201
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)	5,993	.6,007		506	201
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	5,993	.6,007		506	201

(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 Provident American Life and Health Insurance Company
 DIRECT BUSINESS IN THE STATE OF Texas
 NAIC Group Code 0901

DURING THE YEAR 2022
 NAIC Company Code 67903

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	184,336					.184,336
2. Annuity considerations						
3. Deposit-type contract funds		XXX			XXX	
4. Other considerations						
5. Totals (Sum of Lines 1 to 4)	184,336					184,336
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)						
Annuites:						
7.1 Paid in cash or left on deposit						
7.2 Applied to provide paid-up annuities						
7.3 Other						
7.4 Totals (Sum of Lines 7.1 to 7.3)						
8. Grand Totals (Lines 6.5 plus 7.4)						
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits	239,124					239,124
10. Matured endowments						
11. Annuity benefits						
12. Surrender values and withdrawals for life contracts	26,743					26,743
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health						
15. Totals	265,867					265,867
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page						
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)						

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
16. Unpaid December 31, prior year	8	47,500							8	47,500
17. Incurred during current year	40	233,699							40	233,699
Settled during current year:										
18.1 By payment in full	42	235,199							42	235,199
18.2 By payment on compromised claims										
18.3 Totals paid	42	235,199							42	235,199
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	42	235,199							42	235,199
19. Unpaid Dec. 31, current year (16+17-18.6)	6	46,000							6	46,000
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	445	2,820,180	(a)						445	2,820,180
21. Issued during year										
22. Other changes to in force (Net)	(59)	(346,199)							(59)	(346,199)
23. In force December 31 of current year	386	2,473,981	(a)						386	2,473,981

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancellable (b)					
25.2 Guaranteed renewable (b)	2,089,869	2,091,149			1,483,549
25.3 Non-renewable for stated reasons only (b)					1,473,671
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	2,089,869	2,091,149			1,483,549
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	2,089,869	2,091,149			1,483,549
(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 Provident American Life and Health Insurance Company
 DIRECT BUSINESS IN THE STATE OF Utah
 NAIC Group Code 0901

DURING THE YEAR 2022
 NAIC Company Code 67903

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance		6,735				6,735
2. Annuity considerations			XXX		XXX	
3. Deposit-type contract funds						
4. Other considerations						
5. Totals (Sum of Lines 1 to 4)		6,735				6,735
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS						
Life insurance:						
6.1 Paid in cash or left on deposit						
6.2 Applied to pay renewal premiums						
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period						
6.4 Other						
6.5 Totals (Sum of Lines 6.1 to 6.4)						
Annuities:						
7.1 Paid in cash or left on deposit						
7.2 Applied to provide paid-up annuities						
7.3 Other						
7.4 Totals (Sum of Lines 7.1 to 7.3)						
8. Grand Totals (Lines 6.5 plus 7.4)						
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits		5,025				5,025
10. Matured endowments						
11. Annuity benefits						
12. Surrender values and withdrawals for life contracts						
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health						
15. Totals		5,025				5,025
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page						
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)						

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
16. Unpaid December 31, prior year										
17. Incurred during current year	1	5,000							1	5,000
Settled during current year:										
18.1 By payment in full	1	5,000							1	5,000
18.2 By payment on compromised claims										
18.3 Totals paid	1	5,000							1	5,000
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	1	5,000							1	5,000
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT										
20. In force December 31, prior year	10	106,000	(a)						10	106,000
21. Issued during year										
22. Other changes to in force (Net)	(2)	(15,000)							(2)	(15,000)
23. In force December 31 of current year	8	91,000	(a)						8	91,000

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancellable (b)					
25.2 Guaranteed renewable (b)	7,667	7,558			1,408
25.3 Non-renewable for stated reasons only (b)					793
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	7,667	7,558			1,408
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	7,667	7,558			1,408
(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



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Provident American Life and Health Insurance Company
 DIRECT BUSINESS IN THE STATE OF Vermont
 NAIC Group Code 0901 DURING THE YEAR 2022
 NAIC Company Code 67903

LIFE INSURANCE

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Provident American Life and Health Insurance Company
 DIRECT BUSINESS IN THE STATE OF Virginia
 NAIC Group Code 0901

DURING THE YEAR 2022
 NAIC Company Code 67903

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance		1,031				1,031
2. Annuity considerations						
3. Deposit-type contract funds			XXX		XXX	
4. Other considerations						
5. Totals (Sum of Lines 1 to 4)		1,031				1,031
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS						
Life insurance:						
6.1 Paid in cash or left on deposit						
6.2 Applied to pay renewal premiums						
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period						
6.4 Other						
6.5 Totals (Sum of Lines 6.1 to 6.4)						
Annuities:						
7.1 Paid in cash or left on deposit						
7.2 Applied to provide paid-up annuities						
7.3 Other						
7.4 Totals (Sum of Lines 7.1 to 7.3)						
8. Grand Totals (Lines 6.5 plus 7.4)						
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits		2,520				2,520
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		2,520				2,520
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page						
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)						

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

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancellable (b)					
25.2 Guaranteed renewable (b)	15,295	15,275		1,935	2,144
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	15,295	15,275		1,935	2,144
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	15,295	15,275		1,935	2,144

(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 Provident American Life and Health Insurance Company
 DIRECT BUSINESS IN THE STATE OF Washington
 NAIC Group Code 0901

DURING THE YEAR 2022
 NAIC Company Code 67903

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance		625				625
2. Annuity considerations						
3. Deposit-type contract funds			XXX		XXX	
4. Other considerations						
5. Totals (Sum of Lines 1 to 4)		625				625
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)						
Annuites:						
7.1 Paid in cash or left on deposit						
7.2 Applied to provide paid-up annuities						
7.3 Other						
7.4 Totals (Sum of Lines 7.1 to 7.3)						
8. Grand Totals (Lines 6.5 plus 7.4)						
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits						
10. Matured endowments						
11. Annuity benefits						
12. Surrender values and withdrawals for life contracts						
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health						
15. Totals						
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page						
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)						

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

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancellable (b)					
25.2 Guaranteed renewable (b)	21,388	21,048		8,741	9,048
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	21,388	21,048		8,741	9,048
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	21,388	21,048		8,741	9,048

(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 Provident American Life and Health Insurance Company

DIRECT BUSINESS IN THE STATE OF West Virginia

NAIC Group Code 0901

DURING THE YEAR 2022

NAIC Company Code 67903

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance		3,723				3,723
2. Annuity considerations						
3. Deposit-type contract funds			XXX		XXX	
4. Other considerations						
5. Totals (Sum of Lines 1 to 4)		3,723				3,723
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS						
Life insurance:						
6.1 Paid in cash or left on deposit						
6.2 Applied to pay renewal premiums						
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period						
6.4 Other						
6.5 Totals (Sum of Lines 6.1 to 6.4)						
Annuities:						
7.1 Paid in cash or left on deposit						
7.2 Applied to provide paid-up annuities						
7.3 Other						
7.4 Totals (Sum of Lines 7.1 to 7.3)						
8. Grand Totals (Lines 6.5 plus 7.4)						
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits		5,013				5,013
10. Matured endowments						
11. Annuity benefits						
12. Surrender values and withdrawals for life contracts						
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health						
15. Totals		5,013				5,013
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page						
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)						

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
16. Unpaid December 31, prior year										
17. Incurred during current year	1	5,000							1	5,000
Settled during current year:										
18.1 By payment in full	1	5,000							1	5,000
18.2 By payment on compromised claims										
18.3 Totals paid	1	5,000							1	5,000
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	1	5,000							1	5,000
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	5	60,000	(a)						5	60,000
21. Issued during year										
22. Other changes to in force (Net)	(1)	(5,000)							(1)	(5,000)
23. In force December 31 of current year	4	55,000	(a)						4	55,000

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancellable (b)					
25.2 Guaranteed renewable (b)	26,210	26,601		14,031	13,761
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)	26,210	26,601		14,031	13,761
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	26,210	26,601		14,031	13,761

(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 Provident American Life and Health Insurance Company
 DIRECT BUSINESS IN THE STATE OF Wisconsin
 NAIC Group Code 0901

DURING THE YEAR 2022

NAIC Company Code 67903

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance		2,419				2,419
2. Annuity considerations						
3. Deposit-type contract funds			XXX		XXX	
4. Other considerations						
5. Totals (Sum of Lines 1 to 4)		2,419				2,419
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS						
Life insurance:						
6.1 Paid in cash or left on deposit						
6.2 Applied to pay renewal premiums						
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period						
6.4 Other						
6.5 Totals (Sum of Lines 6.1 to 6.4)						
Annuities:						
7.1 Paid in cash or left on deposit						
7.2 Applied to provide paid-up annuities						
7.3 Other						
7.4 Totals (Sum of Lines 7.1 to 7.3)						
8. Grand Totals (Lines 6.5 plus 7.4)						
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits						
10. Matured endowments						
11. Annuity benefits						
12. Surrender values and withdrawals for life contracts						
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health						
15. Totals						
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page						
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)						

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
16. Unpaid December 31, prior year										
17. Incurred during current year Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims										
18.3 Totals paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements										
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	4	31,001	(a)						4	31,001
21. Issued during year										
22. Other changes to in force (Net)										
23. In force December 31 of current year	4	31,001	(a)						4	31,001

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

ACCIDENT AND HEALTH INSURANCE

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

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



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Provident American Life and Health Insurance Company
 DIRECT BUSINESS IN THE STATE OF Wyoming
 NAIC Group Code 0901

DURING THE YEAR 2022
 NAIC Company Code 67903

LIFE INSURANCE

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

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

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancellable (b)					
25.2 Guaranteed renewable (b)	1,752	5,089		6,144	5,924
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)	1,752	5,089		6,144	5,924
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,752	5,089		6,144	5,924

(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 Provident American Life and Health Insurance Company
 DIRECT BUSINESS IN THE STATE OF American Samoa
 NAIC Group Code 0901

DURING THE YEAR 2022

NAIC Company Code 67903

LIFE INSURANCE

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Provident American Life and Health Insurance Company
 DIRECT BUSINESS IN THE STATE OF Guam
 NAIC Group Code 0901

DURING THE YEAR 2022

NAIC Company Code 67903

LIFE INSURANCE

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Provident American Life and Health Insurance Company
 DIRECT BUSINESS IN THE STATE OF Puerto Rico
 NAIC Group Code 0901

DURING THE YEAR 2022

NAIC Company Code 67903

LIFE INSURANCE

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Provident American Life and Health Insurance Company
 DIRECT BUSINESS IN THE STATE OF U.S. Virgin Islands
 NAIC Group Code 0901

DURING THE YEAR 2022

NAIC Company Code 67903

LIFE INSURANCE

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Provident American Life and Health Insurance Company
 DIRECT BUSINESS IN THE STATE OF Northern Mariana Islands
 NAIC Group Code 0901 DURING THE YEAR 2022
 NAIC Company Code 67903

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Provident American Life and Health Insurance Company
 DIRECT BUSINESS IN THE STATE OF Canada
 NAIC Group Code 0901

DURING THE YEAR 2022
 NAIC Company Code 67903

LIFE INSURANCE

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Provident American Life and Health Insurance Company
 DIRECT BUSINESS IN THE STATE OF Grand Total
 NAIC Group Code 0901

DURING THE YEAR 2022
 NAIC Company Code 67903

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	339,733			28,438		.368,171
2. Annuity considerations			XXX		XXX	
3. Deposit-type contract funds						
4. Other considerations						
5. Totals (Sum of Lines 1 to 4)	339,733			28,438		368,171
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	431,877					.431,877
10. Matured endowments						
11. Annuity benefits						
12. Surrender values and withdrawals for life contracts	53,475					53,475
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health						
15. Totals	485,352					485,352
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page						
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)						

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
16. Unpaid December 31, prior year	14	.82,500							14	.82,500
17. Incurred during current year	70	424,512							.70	.424,512
Settled during current year:										
18.1 By payment in full	72	426,012							.72	.426,012
18.2 By payment on compromised claims										
18.3 Totals paid	72	426,012							.72	.426,012
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	72	426,012							.72	.426,012
19. Unpaid Dec. 31, current year (16+17-18.6)	12	81,000							12	81,000
POLICY EXHIBIT				No. of Policies						
20. In force December 31, prior year	723	5,220,618	(a)						723	5,220,618
21. Issued during year										
22. Other changes to in force (Net)	(94)	(594,512)							(94)	(594,512)
23. In force December 31 of current year	629	4,626,106	(a)						629	4,626,106

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancellable (b)					
25.2 Guaranteed renewable (b)	3,687,013	3,711,274		2,559,558	2,542,162
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	3,687,013	3,711,274		2,559,558	2,542,162
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	3,687,013	3,711,274		2,559,558	2,542,162

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

INTEREST MAINTENANCE RESERVE

	1 Amount
1. Reserve as of December 31, Prior Year	(110,797)
2. Current year's realized pre-tax capital gains/(losses) of \$ transferred into the reserve net of taxes of \$	
3. Adjustment for current year's liability gains/(losses) released from the reserve	
4. Balance before reduction for amount transferred to Summary of Operations (Line 1 + Line 2 + Line 3)	(110,797)
5. Current year's amortization released to Summary of Operations (Amortization, Line 1, Column 4)	6,611
6. Reserve as of December 31, current year (Line 4 minus Line 5)	(117,408)

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	6,611			6,611
2. 2023	(686)			(686)
3. 2024	(3,726)			(3,726)
4. 2025	(5,597)			(5,597)
5. 2026	(7,316)			(7,316)
6. 2027	(9,132)			(9,132)
7. 2028	(10,417)			(10,417)
8. 2029	(10,818)			(10,818)
9. 2030	(11,419)			(11,419)
10. 2031	(12,020)			(12,020)
11. 2032	(12,621)			(12,621)
12. 2033	(11,820)			(11,820)
13. 2034	(9,416)			(9,416)
14. 2035	(6,811)			(6,811)
15. 2036	(4,207)			(4,207)
16. 2037	(1,402)			(1,402)
17. 2038				
18. 2039				
19. 2040				
20. 2041				
21. 2042				
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)	(110,797)			(110,797)

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Provident American Life and Health Insurance Company

ASSET VALUATION RESERVE

	Default Component			Equity Component			7 Total Amount (Cols. 3 + 6)
	1 Other Than Mortgage Loans	2 Mortgage Loans	3 Total (Cols. 1 + 2)	4 Common Stock	5 Real Estate and Other Invested Assets	6 Total (Cols. 4 + 5)	
1. Reserve as of December 31, prior year							
2. Realized capital gains/(losses) net of taxes - General Account							
3. Realized capital gains/(losses) net of taxes - Separate Accounts							
4. Unrealized capital gains/(losses) net of deferred taxes - General Account							
5. Unrealized capital gains/(losses) net of deferred taxes - Separate Accounts							
6. Capital gains credited/(losses charged) to contract benefits, payments or reserves							
7. Basic contribution							
8. Accumulated balances (Lines 1 through 5 - 6 + 7)							
9. Maximum reserve							
10. Reserve objective							
11. 20% of (Line 10 - Line 8)							
12. Balance before transfers (Lines 8 + 11)							
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)							

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Provident American Life and Health Insurance Company

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

Line Number	NAIC Designation	Description	1 Book/Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	Basic Contribution		Reserve Objective		Maximum Reserve	
							5 Factor	6 Amount (Cols. 4 x 5)	7 Factor	8 Amount (Cols. 4 x 7)	9 Factor	10 Amount (Cols. 4 x 9)
1.		LONG-TERM BONDS										
1.		Exempt Obligations	3,509,119	XXX	XXX	3,509,119	0.0000		0.0000		0.0000	
2.1	1	NAIC Designation Category 1.A		XXX	XXX		0.0002		0.0007		0.0013	
2.2	1	NAIC Designation Category 1.B		XXX	XXX		0.0004		0.0011		0.0023	
2.3	1	NAIC Designation Category 1.C		XXX	XXX		0.0006		0.0018		0.0035	
2.4	1	NAIC Designation Category 1.D		XXX	XXX		0.0007		0.0022		0.0044	
2.5	1	NAIC Designation Category 1.E		XXX	XXX		0.0009		0.0027		0.0055	
2.6	1	NAIC Designation Category 1.F		XXX	XXX		0.0011		0.0034		0.0068	
2.7	1	NAIC Designation Category 1.G		XXX	XXX		0.0014		0.0042		0.0085	
2.8		Subtotal NAIC 1 (2.1+2.2+2.3+2.4+2.5+2.6+2.7)		XXX	XXX		XXX		XXX		XXX	
3.1	2	NAIC Designation Category 2.A		XXX	XXX		0.0021		0.0063		0.0105	
3.2	2	NAIC Designation Category 2.B		XXX	XXX		0.0025		0.0076		0.0127	
3.3	2	NAIC Designation Category 2.C		XXX	XXX		0.0036		0.0108		0.0180	
3.4		Subtotal NAIC 2 (3.1+3.2+3.3)		XXX	XXX		XXX		XXX		XXX	
4.1	3	NAIC Designation Category 3.A		XXX	XXX		0.0069		0.0183		0.0262	
4.2	3	NAIC Designation Category 3.B		XXX	XXX		0.0099		0.0264		0.0377	
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)		XXX	XXX		XXX		XXX		XXX	
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)	3,509,119	XXX	XXX	3,509,119	XXX		XXX		XXX	
		PREFERRED STOCKS										
10.	1	Highest Quality		XXX	XXX		0.0005		0.0016		0.0033	
11.	2	High Quality		XXX	XXX		0.0021		0.0064		0.0106	
12.	3	Medium Quality		XXX	XXX		0.0099		0.0263		0.0376	
13.	4	Low Quality		XXX	XXX		0.0245		0.0572		0.0817	
14.	5	Lower Quality		XXX	XXX		0.0630		0.1128		0.1880	
15.	6	In or Near Default		XXX	XXX		0.0000		0.2370		0.2370	
16.		Affiliated Life with AVR		XXX	XXX		0.0000		0.0000		0.0000	
17.		Total Preferred Stocks (Sum of Lines 10 through 16)		XXX	XXX		XXX		XXX		XXX	

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Provident American Life and Health Insurance Company

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

Line Number	NAIC Designation	Description	1 Book/Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	Basic Contribution		Reserve Objective		Maximum Reserve	
							5 Factor	6 Amount (Cols. 4 x 5)	7 Factor	8 Amount (Cols. 4 x 7)	9 Factor	10 Amount (Cols. 4 x 9)
18.		SHORT-TERM BONDS										
19.1	1	Exempt Obligations		XXX..	XXX..		0.0000		0.0000		0.0000	
19.1	1	NAIC Designation Category 1.A		XXX..	XXX..		0.0002		0.0007		0.0013	
19.2	1	NAIC Designation Category 1.B		XXX..	XXX..		0.0004		0.0011		0.0023	
19.3	1	NAIC Designation Category 1.C		XXX..	XXX..		0.0006		0.0018		0.0035	
19.4	1	NAIC Designation Category 1.D		XXX..	XXX..		0.0007		0.0022		0.0044	
19.5	1	NAIC Designation Category 1.E		XXX..	XXX..		0.0009		0.0027		0.0055	
19.6	1	NAIC Designation Category 1.F		XXX..	XXX..		0.0011		0.0034		0.0068	
19.7	1	NAIC Designation Category 1.G		XXX..	XXX..		0.0014		0.0042		0.0085	
19.8		Subtotal NAIC 1 (19.1+19.2+19.3+19.4+19.5+19.6+19.7)		XXX	XXX		XXX		XXX		XXX	
20.1	2	NAIC Designation Category 2.A		XXX..	XXX..		0.0021		0.0063		0.0105	
20.2	2	NAIC Designation Category 2.B		XXX..	XXX..		0.0025		0.0076		0.0127	
20.3	2	NAIC Designation Category 2.C		XXX..	XXX..		0.0036		0.0108		0.0180	
20.4		Subtotal NAIC 2 (20.1+20.2+20.3)		XXX	XXX		XXX		XXX		XXX	
21.1	3	NAIC Designation Category 3.A		XXX..	XXX..		0.0069		0.0183		0.0262	
21.2	3	NAIC Designation Category 3.B		XXX..	XXX..		0.0099		0.0264		0.0377	
21.3	3	NAIC Designation Category 3.C		XXX..	XXX..		0.0131		0.0350		0.0500	
21.4		Subtotal NAIC 3 (21.1+21.2+21.3)		XXX	XXX		XXX		XXX		XXX	
22.1	4	NAIC Designation Category 4.A		XXX..	XXX..		0.0184		0.0430		0.0615	
22.2	4	NAIC Designation Category 4.B		XXX..	XXX..		0.0238		0.0555		0.0793	
22.3	4	NAIC Designation Category 4.C		XXX..	XXX..		0.0310		0.0724		0.1034	
22.4		Subtotal NAIC 4 (22.1+22.2+22.3)		XXX	XXX		XXX		XXX		XXX	
23.1	5	NAIC Designation Category 5.A		XXX..	XXX..		0.0472		0.0846		0.1410	
23.2	5	NAIC Designation Category 5.B		XXX..	XXX..		0.0663		0.1188		0.1980	
23.3	5	NAIC Designation Category 5.C		XXX..	XXX..		0.0836		0.1498		0.2496	
23.4		Subtotal NAIC 5 (23.1+23.2+23.3)		XXX	XXX		XXX		XXX		XXX	
24.	6	NAIC 6		XXX..	XXX..		0.0000		0.2370		0.2370	
25.		Total Short-Term Bonds (18+19.8+20.4+21.4+22.4+23.4+24)		XXX	XXX		XXX		XXX		XXX	
		DERIVATIVE INSTRUMENTS										
26.		Exchange Traded		XXX..	XXX..		0.0005		0.0016		0.0033	
27.	1	Highest Quality		XXX..	XXX..		0.0005		0.0016		0.0033	
28.	2	High Quality		XXX..	XXX..		0.0021		0.0064		0.0106	
29.	3	Medium Quality		XXX..	XXX..		0.0099		0.0263		0.0376	
30.	4	Low Quality		XXX..	XXX..		0.0245		0.0572		0.0817	
31.	5	Lower Quality		XXX..	XXX..		0.0630		0.1128		0.1880	
32.	6	In or Near Default		XXX	XXX		0.0000		0.2370		0.2370	
33.		Total Derivative Instruments		XXX	XXX		XXX		XXX		XXX	
34.		Total (Lines 9 + 17 + 25 + 33)	3,509,119	XXX	XXX	3,509,119	XXX		XXX		XXX	

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Provident American Life and Health Insurance Company

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

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

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Provident American Life and Health Insurance Company

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

Line Number	NAIC Designation	Description	1 Book/Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	Basic Contribution		Reserve Objective		Maximum Reserve	
							5 Factor	6 Amount (Cols. 4 x 5)	7 Factor	8 Amount (Cols. 4 x 7)	9 Factor	10 Amount (Cols. 4 x 9)
1.	COMMON STOCK	Unaffiliated - Public		XXX	XXX		0.0000		0.1580 (a)		0.1580 (a)	
2.		Unaffiliated - Private		XXX	XXX		0.0000		0.1945		0.1945	
3.		Federal Home Loan Bank		XXX	XXX		0.0000		0.0061		0.0097	
4.		Affiliated - Life with AVR	3,063,103	XXX	XXX	3,063,103	0.0000		0.0000		0.0000	
5.		Affiliated - Investment Subsidiary:										
6.		Fixed Income - Exempt Obligations					XXX		XXX		XXX	
7.		Fixed Income - Highest Quality					XXX		XXX		XXX	
8.		Fixed Income - High Quality					XXX		XXX		XXX	
9.		Fixed Income - Medium Quality					XXX		XXX		XXX	
10.		Fixed Income - Low Quality					XXX		XXX		XXX	
11.		Fixed Income - Lower Quality					XXX		XXX		XXX	
12.		Fixed Income - In/Near Default					XXX		XXX		XXX	
13.		Unaffiliated Common Stock - Public					0.0000		0.1580 (a)		0.1580 (a)	
14.		Unaffiliated Common Stock - Private					0.0000		0.1945		0.1945	
15.		Real Estate					(b)		(b)		(b)	
16.		Affiliated - Certain Other (See SVO Purposes and Procedures Manual)		XXX	XXX		0.0000		0.1580		0.1580	
17.		Affiliated - All Other		XXX	XXX		0.0000		0.1945		0.1945	
		Total Common Stock (Sum of Lines 1 through 16)	3,063,103			3,063,103	XXX		XXX		XXX	
18.	REAL ESTATE	REAL ESTATE										
19.		Home Office Property (General Account only)					0.0000		0.0912		0.0912	
20.		Investment Properties					0.0000		0.0912		0.0912	
21.		Properties Acquired in Satisfaction of Debt					0.0000		0.1337		0.1337	
		Total Real Estate (Sum of Lines 18 through 20)					XXX		XXX		XXX	
22.	OTHER INVESTED ASSETS INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF BONDS	Exempt Obligations		XXX	XXX		0.0000		0.0000		0.0000	
23.		Highest Quality		XXX	XXX		0.0005		0.0016		0.0033	
24.		High Quality		XXX	XXX		0.0021		0.0064		0.0106	
25.		Medium Quality		XXX	XXX		0.0099		0.0263		0.0376	
26.		Low Quality		XXX	XXX		0.0245		0.0572		0.0817	
27.		Lower Quality		XXX	XXX		0.0630		0.1128		0.1880	
28.		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	

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Provident American Life and Health Insurance Company

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

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

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Provident American Life and Health Insurance Company

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

Line Number	NAIC Designation	Description	1 Book/Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	Basic Contribution		Reserve Objective		Maximum Reserve	
							5 Factor	6 Amount (Cols. 4 x 5)	7 Factor	8 Amount (Cols. 4 x 7)	9 Factor	10 Amount (Cols. 4 x 9)
65.		INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF COMMON STOCK										
66.		Unaffiliated Public		XXX	XXX		0.0000		0.1580 (a)		0.1580 (a)	
67.		Unaffiliated Private		XXX	XXX		0.0000		0.1945		0.1945	
68.		Affiliated Life with AVR		XXX	XXX		0.0000		0.0000		0.0000	
69.		Affiliated Certain Other (See SVO Purposes & Procedures Manual)		XXX	XXX		0.0000		0.1580		0.1580	
70.		Affiliated Other - All Other		XXX	XXX		0.0000		0.1945		0.1945	
		Total with Common Stock Characteristics (Sum of Lines 65 through 69)		XXX	XXX		XXX		XXX		XXX	
71.		INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF REAL ESTATE										
72.		Home Office Property (General Account only)					0.0000		0.0912		0.0912	
73.		Investment Properties					0.0000		0.0912		0.0912	
74.		Properties Acquired in Satisfaction of Debt					0.0000		0.1337		0.1337	
		Total with Real Estate Characteristics (Sum of Lines 71 through 73)					XXX		XXX		XXX	
75.		LOW INCOME HOUSING TAX CREDIT INVESTMENTS										
76.		Guaranteed Federal Low Income Housing Tax Credit					0.0003		0.0006		0.0010	
77.		Non-guaranteed Federal Low Income Housing Tax Credit					0.0063		0.0120		0.0190	
78.		Guaranteed State Low Income Housing Tax Credit					0.0003		0.0006		0.0010	
79.		Non-guaranteed State Low Income Housing Tax Credit					0.0063		0.0120		0.0190	
80.		All Other Low Income Housing Tax Credit					0.0273		0.0600		0.0975	
		Total LIHTC (Sum of Lines 75 through 79)					XXX		XXX		XXX	
81.		RESIDUAL TRANCES OR INTERESTS										
82.		Fixed Income Instruments - Unaffiliated		XXX	XXX		0.0000		0.1580		0.1580	
83.		Fixed Income Instruments - Affiliated		XXX	XXX		0.0000		0.1580		0.1580	
84.		Common Stock - Unaffiliated		XXX	XXX		0.0000		0.1580		0.1580	
85.		Common Stock - Affiliated		XXX	XXX		0.0000		0.1580		0.1580	
86.		Preferred Stock - Unaffiliated		XXX	XXX		0.0000		0.1580		0.1580	
87.		Preferred Stock - Affiliated		XXX	XXX		0.0000		0.1580		0.1580	
88.		Real Estate - Unaffiliated					0.0000		0.1580		0.1580	
89.		Real Estate - Affiliated					0.0000		0.1580		0.1580	
90.		Mortgage Loans - Unaffiliated		XXX	XXX		0.0000		0.1580		0.1580	
91.		Mortgage Loans - Affiliated		XXX	XXX		0.0000		0.1580		0.1580	
92.		Other - Unaffiliated		XXX	XXX		0.0000		0.1580		0.1580	
93.		Other - Affiliated		XXX	XXX		0.0000		0.1580		0.1580	
		Total Residual Trances or Interests (Sum of Lines 81 through 92)					XXX		XXX		XXX	
94.		ALL OTHER INVESTMENTS										
95.		NAIC 1 Working Capital Finance Investments		XXX			0.0000		0.0042		0.0042	
96.		NAIC 2 Working Capital Finance Investments		XXX			0.0000		0.0137		0.0137	
97.		Other Invested Assets - Schedule BA		XXX			0.0000		0.1580		0.1580	
98.		Other Short-Term Invested Assets - Schedule DA		XXX			0.0000		0.1580		0.1580	
		Total All Other (Sum of Lines 94, 95, 96 and 97)		XXX			XXX		XXX		XXX	
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 Provident American Life and Health 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	3,291,446	XXX	XXX	XXX	XXX	XXX	3,291,446	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2. Premiums earned	3,331,551	XXX	XXX	XXX	XXX	XXX	3,331,551	XXX	XXX	XXX	XXX	XXX	XXX	XXX
3. Incurred claims	2,352,238	70.6					2,352,238	70.6						
4. Cost containment expenses	8,777	0.3					8,777	0.3						
5. Incurred claims and cost containment expenses (Lines 3 and 4)	2,361,015	70.9					2,361,015	70.9						
6. Increase in contract reserves	(649)	0.0					(649)	0.0						
7. Commissions (a)	20,077	0.6					20,077	0.6						
8. Other general insurance expenses	214,563	6.4					214,563	6.4						
9. Taxes, licenses and fees	131,944	4.0					131,944	4.0						
10. Total other expenses incurred	366,584	11.0					366,584	11.0						
11. Aggregate write-ins for deductions	(958)	0.0					(958)	0.0						
12. Gain from underwriting before dividends or refunds	605,559	18.2					605,559	18.2						
13. Dividends or refunds	605,559	18.2					605,559	18.2						
14. Gain from underwriting after dividends or refunds	605,559	18.2					605,559	18.2						
DETAILS OF WRITE-INS														
1101. Loading	(3,012)	(0.1)					(3,012)	(0.1)						
1102. Penalties	2,226	0.1					2,226	0.1						
1103. Express Script rebates	(172)	0.0					(172)	0.0						
1198. Summary of remaining write-ins for Line 11 from overflow page														
1199. Totals (Lines 1101 thru 1103 plus 1198)(Line 11 above)	(958)	0.0					(958)	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		XXX		XXX		XXX	
2. Premiums earned	XXX		XXX		XXX		XXX		XXX		XXX	
3. Incurred claims												
4. Cost containment expenses												
5. Incurred claims and cost containment expenses (Lines 3 and 4)												
6. Increase in contract reserves												
7. Commissions (a)												
8. Other general insurance expenses												
9. Taxes, licenses and fees												
10. Total other expenses incurred												
11. Aggregate write-ins for deductions												
12. Gain from underwriting before dividends or refunds												
13. Dividends or refunds												
14. Gain from underwriting after dividends or refunds												
DETAILS OF WRITE-INS												
1101. Loading												
1102. Penalties												
1103. Express Script rebates												
1198. Summary of remaining write-ins for Line 11 from overflow page												
1199. Totals (Lines 1101 thru 1103 plus 1198)(Line 11 above)												

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

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Provident American Life and Health Insurance Company

SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT (Continued)**PART 2. - RESERVES AND LIABILITIES**

	1 Total	2 Comprehensive (Hospital and Medical) Individual	3 Comprehensive (Hospital and Medical) Group	4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Medicare Title XVIII	9 Medicaid Title XIX	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health
A. Premium Reserves:													
1. Unearned premiums	225,420				225,420								
2. Advance premiums	39,172				39,172								
3. Reserve for rate credits													
4. Total premium reserves, current year	264,592				264,592								
5. Total premium reserves, prior year	294,859				294,859								
6. Increase in total premium reserves	(30,267)				(30,267)								
B. Contract Reserves:													
1. Additional reserves (a)	14,520				14,520								
2. Reserve for future contingent benefits													
3. Total contract reserves, current year	14,520				14,520								
4. Total contract reserves, prior year	15,169				15,169								
5. Increase in contract reserves	(649)				(649)								
C. Claim Reserves and Liabilities:													
1. Total current year	275,794				275,794								
2. Total prior year	288,529				288,529								
3. Increase	(12,735)				(12,735)								

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

	1 Total	2 Comprehensive (Hospital and Medical) Individual	3 Comprehensive (Hospital and Medical) Group	4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Medicare Title XVIII	9 Medicaid Title XIX	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health
1. Claims paid during the year:													
1.1 On claims incurred prior to current year	223,838				223,838								
1.2 On claims incurred during current year	2,141,135				2,141,135								
2. Claim reserves and liabilities, December 31, current year:													
2.1 On claims incurred prior to current year	330				330								
2.2 On claims incurred during current year	275,464				275,464								
3. Test:													
3.1 Lines 1.1 and 2.1	224,168				224,168								
3.2 Claim reserves and liabilities, December 31, prior year	288,529				288,529								
3.3 Line 3.1 minus Line 3.2	(64,361)				(64,361)								

PART 4. - REINSURANCE

	1 Total	2 Comprehensive (Hospital and Medical) Individual	3 Comprehensive (Hospital and Medical) Group	4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Medicare Title XVIII	9 Medicaid Title XIX	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health
A. Reinsurance Assumed:													
1. Premiums written													
2. Premiums earned													
3. Incurred claims													
4. Commissions													
B. Reinsurance Ceded:													
1. Premiums written	274,741	5,000			269,741								
2. Premiums earned	280,014	5,000			275,014								
3. Incurred claims	189,922				189,922								
4. Commissions	21,182				21,182								

(a) Includes \$ premium deficiency reserve.

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Provident American Life and Health Insurance Company

SCHEDULE H - PART 5 - HEALTH CLAIMS

	1 Comprehensive (Hospital and Medical) Individual	2 Comprehensive (Hospital and Medical) Group	3 Medicare Supplement	4 Vision Only	5 Dental Only	6 Federal Employees Health Benefits Plan	7 Medicare Title XVIII	8 Medicaid Title XIX	9 Credit A&H	10 Disability Income	11 Long-Term Care	12 Other Health	13 Total
A. Direct:													
1. Incurred claims			2,542,160										2,542,160
2. Beginning claim reserves and liabilities			314,510										314,510
3. Ending claim reserves and liabilities			297,113										297,113
4. Claims paid			2,559,557										2,559,557
B. Assumed Reinsurance:													
1. Incurred claims													
2. Beginning claim reserves and liabilities													
3. Ending claim reserves and liabilities													
4. Claims paid													
C. Ceded Reinsurance:													
1. Incurred claims			189,922										189,922
2. Beginning claim reserves and liabilities			70,351										70,351
3. Ending claim reserves and liabilities			60,458										60,458
4. Claims paid			199,815										199,815
D. Net:													
1. Incurred claims			2,352,238										2,352,238
2. Beginning claim reserves and liabilities			244,159										244,159
3. Ending claim reserves and liabilities			236,655										236,655
4. Claims paid			2,359,742										2,359,742
E. Net Incurred Claims and Cost Containment Expenses:													
1. Incurred claims and cost containment expenses			2,361,015										2,361,015
2. Beginning reserves and liabilities			245,094										245,094
3. Ending reserves and liabilities			237,145										237,145
4. Paid claims and cost containment expenses			2,368,964										2,368,964

Schedule S - Part 1 - Section 1

N O N E

Schedule S - Part 1 - Section 2

N O N E

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Provident American Life and Health Insurance Company

SCHEDULE S - PART 2

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

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Provident American Life and Health Insurance Company

SCHEDULE S - PART 3 - SECTION 1

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domi- ciliary Juris- diction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Amount in Force at End of Year	Reserve Credit Taken		11	Outstanding Surplus Relief		14 Modified Coinsurance Reserve	15 Funds Withheld Under Coinsurance
								9 Current Year	10 Prior Year		12 Current Year	13 Prior Year		
039999. Total General Account - Authorized U.S. Affiliates														
069999. Total General Account - Authorized Non-U.S. Affiliates														
079999. Total General Account - Authorized Affiliates														
....88340 ..59-2859797 ..08/01/2006 .. Hannover Life Reassurance Company of America	FL.....	....0TH/I.....	....0L.....	....53,750	....27,382	....28,333	....3,539							
....63312 ..13-1935920 ..08/31/2012 .. MassMutual Ascend Life Insurance Company	OH.....	....CO/I.....	....0L.....	....4,572,355	....2,093,069	....2,220,486	....350,972							
089999. General Account - Authorized U.S. Non-Affiliates							4,626,105	2,120,451	2,248,819	354,511				
109999. Total General Account - Authorized Non-Affiliates							4,626,105	2,120,451	2,248,819	354,511				
119999. Total General Account Authorized							4,626,105	2,120,451	2,248,819	354,511				
149999. Total General Account - Unauthorized U.S. Affiliates														
179999. Total General Account - Unauthorized Non-U.S. Affiliates														
189999. Total General Account - Unauthorized Affiliates														
219999. Total General Account - Unauthorized Non-Affiliates														
229999. Total General Account Unauthorized														
259999. Total General Account - Certified U.S. Affiliates														
289999. Total General Account - Certified Non-U.S. Affiliates														
299999. Total General Account - Certified Affiliates														
329999. Total General Account - Certified Non-Affiliates														
339999. Total General Account Certified														
369999. Total General Account - Reciprocal Jurisdiction U.S. Affiliates														
399999. Total General Account - Reciprocal Jurisdiction Non-U.S. Affiliates														
409999. Total General Account - Reciprocal Jurisdiction Affiliates														
439999. Total General Account - Reciprocal Jurisdiction Non-Affiliates														
449999. Total General Account Reciprocal Jurisdiction														
459999. Total General Account Authorized, Unauthorized, Reciprocal Jurisdiction and Certified							4,626,105	2,120,451	2,248,819	354,511				
489999. Total Separate Accounts - Authorized U.S. Affiliates														
519999. Total Separate Accounts - Authorized Non-U.S. Affiliates														
529999. Total Separate Accounts - Authorized Affiliates														
559999. Total Separate Accounts - Authorized Non-Affiliates														
569999. Total Separate Accounts Authorized														
599999. Total Separate Accounts - Unauthorized U.S. Affiliates														
629999. Total Separate Accounts - Unauthorized Non-U.S. Affiliates														
639999. Total Separate Accounts - Unauthorized Affiliates														
669999. Total Separate Accounts - Unauthorized Non-Affiliates														
679999. Total Separate Accounts Unauthorized														
709999. Total Separate Accounts - Certified U.S. Affiliates														
739999. Total Separate Accounts - Certified Non-U.S. Affiliates														
749999. Total Separate Accounts - Certified Affiliates														
779999. Total Separate Accounts - Certified Non-Affiliates														
789999. Total Separate Accounts Certified														
819999. Total Separate Accounts - Reciprocal Jurisdiction U.S. Affiliates														
849999. Total Separate Accounts - Reciprocal Jurisdiction Non-U.S. Affiliates														
859999. Total Separate Accounts - Reciprocal Jurisdiction Affiliates														
889999. Total Separate Accounts - Reciprocal Jurisdiction Non-Affiliates														
899999. Total Separate Accounts Reciprocal Jurisdiction														
909999. Total Separate Accounts Authorized, Unauthorized, Reciprocal Jurisdiction and Certified														
919999. Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3699999, 4199999, 4899999, 5399999, 5999999, 6499999, 7099999, 7599999, 8199999 and 8699999)							4,626,105	2,120,451	2,248,819	354,511				
929999. Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2899999, 3199999, 3999999, 4299999, 5199999, 5499999, 6299999, 6599999, 7399999, 7699999, 8499999 and 8799999)														
999999 - Totals							4,626,105	2,120,451	2,248,819	354,511				

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Provident American Life and Health Insurance Company

SCHEDULE S - PART 3 - SECTION 2

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domi- ciliary Juris- diction	6 Type of 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												
....88340 .....	....59-2859797 ..	08/01/2006	Hannover Life Reassurance Company of America	FL.....	....OTH/I.....	....MS.....	....269,728	....15,519	....4,199				
....60836 .....	....42-0113630 ..	08/01/2006	American Republic Insurance Co	IA.....	....OTH/I.....	....CMM.....	....5,000	....11					
0899999.	General Account - Authorized U.S. Non-Affiliates						274,728	15,530	4,199				
....00000 .....	....AA-1122000 ..	07/01/2020	Lloyds of London	GBR.....	....CAT/G.....	....OM.....	....13						
0999999.	General Account - Authorized Non-U.S. Non-Affiliates						13						
1099999.	Total General Account - Authorized Non-Affiliates						274,741	15,530	4,199				
1199999.	Total General Account Authorized						274,741	15,530	4,199				
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						274,741	15,530	4,199				
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)						274,728	15,530	4,199				
9299999.	Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2899999, 3199999, 3999999, 4299999, 5199999, 5499999, 6299999, 6599999, 7399999, 7699999, 8499999 and 8799999)						13						
9999999.	Totals						274,741	15,530	4,199				

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 6Five Year Exhibit of Reinsurance Ceded Business
(\$000 Omitted)

	1 2022	2 2021	3 2020	4 2019	5 2018
A. OPERATIONS ITEMS					
1. Premiums and annuity considerations for life and accident and health contracts	629	774	948	1,102	1,244
2. Commissions and reinsurance expense allowances	33	42	51	63	82
3. Contract claims	620	826	760	943	875
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	170	208	247	294	332
9. Aggregate reserves for life and accident and health contracts	2,140	2,275	2,517	2,592	2,636
10. Liability for deposit-type contracts					
11. Contract claims unpaid	105	112	157	134	117
12. Amounts recoverable on reinsurance	39	44	58	83	86
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)	7,076,021		7,076,021
2. Reinsurance (Line 16)	48,542	(48,542)	
3. Premiums and considerations (Line 15)	(63,433)	169,649	106,216
4. Net credit for ceded reinsurance	XXX	2,123,958	2,123,958
5. All other admitted assets (balance)	662,141		662,141
6. Total assets excluding Separate Accounts (Line 26)	7,723,271	2,245,065	9,968,336
7. Separate Account assets (Line 27)			
8. Total assets (Line 28)	7,723,271	2,245,065	9,968,336
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
9. Contract reserves (Lines 1 and 2)	239,940	2,140,179	2,380,119
10. Liability for deposit-type contracts (Line 3)			
11. Claim reserves (Line 4)	275,795	104,886	380,681
12. Policyholder dividends/member refunds/reserves (Lines 5 through 7)			
13. Premium & annuity considerations received in advance (Line 8)	39,172		39,172
14. Other contract liabilities (Line 9)	118,321		118,321
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)	306,809		306,809
20. Total liabilities excluding Separate Accounts (Line 26)	980,037	2,245,065	3,225,102
21. Separate Account liabilities (Line 27)			
22. Total liabilities (Line 28)	980,037	2,245,065	3,225,102
23. Capital & surplus (Line 38)	6,743,234	XXX	6,743,234
24. Total liabilities, capital & surplus (Line 39)	7,723,271	2,245,065	9,968,336
NET CREDIT FOR CEDED REINSURANCE			
25. Contract reserves	2,140,179		
26. Claim reserves	104,886		
27. Policyholder dividends/reserves			
28. Premium & annuity considerations received in advance			
29. Liability for deposit-type contracts			
30. Other contract liabilities			
31. Reinsurance ceded assets	48,542		
32. Other ceded reinsurance recoverables			
33. Total ceded reinsurance recoverables	2,293,607		
34. Premiums and considerations	169,649		
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	169,649		
41. Total net credit for ceded reinsurance	2,123,958		

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

Allocated by States and Territories

States, Etc.	1 Life (Group and Individual)	2 Annuities (Group and Individual)	Direct Business Only			
			3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	6 Totals
1. Alabama	AL	16,668 .....	.....	.....	.....	16,668
2. Alaska	AK .....	.....	.....	.....	.....	.....
3. Arizona	AZ	1,560 .....	.....	.....	.....	1,560
4. Arkansas	AR .....	.....	.....	.....	.....	.....
5. California	CA	1,443 .....	.....	.....	.....	1,443
6. Colorado	CO	719 .....	.....	.....	.....	719
7. Connecticut	CT .....	.....	.....	.....	.....	.....
8. Delaware	DE .....	.....	.....	.....	.....	.....
9. District of Columbia	DC .....	.....	.....	.....	.....	.....
10. Florida	FL	1,622 .....	.....	.....	.....	1,622
11. Georgia	GA .....	.....	.....	.....	.....	.....
12. Hawaii	HI .....	.....	.....	.....	.....	.....
13. Idaho	ID	795 .....	.....	.....	.....	795
14. Illinois	IL	7,399 .....	.....	.....	.....	7,399
15. Indiana	IN	1,648 .....	.....	.....	.....	1,648
16. Iowa	IA	4,175 .....	.....	.....	.....	4,175
17. Kansas	KS .....	.....	.....	.....	.....	.....
18. Kentucky	KY	8,586 .....	.....	.....	.....	8,586
19. Louisiana	LA	2,079 .....	.....	.....	.....	2,079
20. Maine	ME .....	.....	.....	.....	.....	.....
21. Maryland	MD .....	.....	.....	.....	.....	.....
22. Massachusetts	MA .....	.....	.....	.....	.....	.....
23. Michigan	MI	684 .....	.....	.....	.....	684
24. Minnesota	MN	417 .....	.....	.....	.....	417
25. Mississippi	MS	9,829 .....	.....	.....	.....	9,829
26. Missouri	MO	5,134 .....	.....	.....	.....	5,134
27. Montana	MT	1,593 .....	.....	.....	.....	1,593
28. Nebraska	NE	1,655 .....	.....	.....	.....	1,655
29. Nevada	NV	612 .....	.....	.....	.....	612
30. New Hampshire	NH .....	.....	.....	.....	.....	.....
31. New Jersey	NJ .....	.....	.....	.....	.....	.....
32. New Mexico	NM .....	.....	.....	.....	.....	.....
33. New York	NY .....	.....	.....	.....	.....	.....
34. North Carolina	NC	2,046 .....	.....	.....	.....	2,046
35. North Dakota	ND .....	.....	.....	.....	.....	.....
36. Ohio	OH	3,790 .....	.....	.....	.....	3,790
37. Oklahoma	OK	10,245 .....	.....	.....	.....	10,245
38. Oregon	OR	18,314 .....	.....	.....	.....	18,314
39. Pennsylvania	PA	13,282 .....	.....	.....	.....	13,282
40. Rhode Island	RI .....	.....	.....	.....	.....	.....
41. South Carolina	SC	54,374 .....	.....	.....	.....	54,374
42. South Dakota	SD .....	.....	.....	.....	.....	.....
43. Tennessee	TN	632 .....	.....	.....	.....	632
44. Texas	TX	184,336 .....	.....	.....	.....	184,336
45. Utah	UT	6,735 .....	.....	.....	.....	6,735
46. Vermont	VT .....	.....	.....	.....	.....	.....
47. Virginia	VA	1,031 .....	.....	.....	.....	1,031
48. Washington	WA	625 .....	.....	.....	.....	625
49. West Virginia	WV	3,723 .....	.....	.....	.....	3,723
50. Wisconsin	WI	2,419 .....	.....	.....	.....	2,419
51. Wyoming	WY .....	.....	.....	.....	.....	.....
52. American Samoa	AS .....	.....	.....	.....	.....	.....
53. Guam	GU .....	.....	.....	.....	.....	.....
54. Puerto Rico	PR .....	.....	.....	.....	.....	.....
55. U.S. Virgin Islands	VI .....	.....	.....	.....	.....	.....
56. Northern Mariana Islands	MP .....	.....	.....	.....	.....	.....
57. Canada	CAN .....	.....	.....	.....	.....	.....
58. Aggregate Other Alien	OT .....	.....	.....	.....	.....	.....
59. Total .....	.....	368,171 .....	.....	.....	.....	368,171

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Provident American Life and Health Insurance Company

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Loca-tion	Rela-tion-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Owner-ship Provide Percen-tage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Yes/No)	*
.0901	Cigna Group	00000	46-2332355			1EQ Inc. (d/b/a Babyscripts) .....	..DE....	NIA....	Cigna Ventures, LLC	Ownership.....	10.100 ...	Cigna Corporation .....	...NO....	
.0901	Cigna Group	00000	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	00000	00-0000000			680 Investors LLC .....	..CA....	NIA....	SB-SNH LLC	Ownership.....	.85.000 ...	Cigna Corporation .....	...NO....	
.0901	Cigna Group	00000	00-0000000			685 New Hampshire LLC .....	..CA....	NIA....	SB-SNH LLC	Ownership.....	.85.000 ...	Cigna Corporation .....	...NO....	
.0901	Cigna Group	00000	82-4794800			9171 Wilshire CPI-CII LLC .....	..DE....	NIA....	CPI-CII 9171 Wilshire JV LLC	Ownership.....	.90.000 ...	Cigna Corporation .....	...NO....	
.0901	Cigna Group	00000	86-1712743			ABL Apartments Venture, L.L.C. ....	..DE....	NIA....	CARING ABS Investor LLC	Ownership.....	.90.000 ...	Cigna Corporation .....	...NO....	
.0901	Cigna Group	00000	88-4202407			ABL Holding Co., L.L.C. ....	..DE....	NIA....	CARING Brinkman Investor LLC	Ownership.....	.73.000 ...	Cigna Corporation .....	...NO....	
.0901	Cigna Group	00000	88-3747773			ABL Townhomes Venture, L.L.C. ....	..DE....	NIA....	CARING Brinkman Investor LLC	Ownership.....	.75.000 ...	Cigna Corporation .....	...NO....	
.0901	Cigna Group	00000	85-1046126			ABS Apartments Venture, L.L.C. ....	..DE....	NIA....	CARING ABS Investor LLC	Ownership.....	.90.000 ...	Cigna Corporation .....	...NO....	
.0901	Cigna Group	00000	11-3358535			Accredo Health Group, Inc. ....	..DE....	NIA....	Accredo Health, Incorporated	Ownership.....	.100.000 ...	Cigna Corporation .....	...NO....	
.0901	Cigna Group	00000	55-0894449			Accredo Health, Incorporated .....	..DE....	NIA....	Medco Health Solutions, Inc.	Ownership.....	.100.000 ...	Cigna Corporation .....	...NO....	
.0901	Cigna Group	00000	87-4355549			AGA Apartments Venture, L.L.C. ....	..DE....	NIA....	CARING Galleria Investor LLC	Ownership.....	.70.000 ...	Cigna Corporation .....	...NO....	
.0901	Cigna Group	00000	13-3888838			AHG of New York, Inc. ....	..NY....	NIA....	Accredo Health, Incorporated	Ownership.....	.100.000 ...	Cigna Corporation .....	...NO....	
.0901	Cigna Group	00000	75-3040465			Airport Holdings, LLC .....	..NJ....	NIA....	Express Scripts, Inc.	Ownership.....	.100.000 ...	Cigna Corporation .....	...NO....	
.0901	Cigna Group	00000	35-2562415			Alegis Care Services, LLC .....	..DE....	NIA....	Home Physicians Management, LLC	Ownership.....	.100.000 ...	Cigna Corporation .....	...NO....	
.0901	Cigna Group	00000	85-0909305			Alegis Care Services of Colorado, LLC .....	..CO....	NIA....	Home Physicians Management, LLC	Ownership.....	.100.000 ...	Cigna Corporation .....	...NO....	
.0901	Cigna Group	00000	81-0400550			Allegiance Benefit Plan Management, Inc. ....	..MT....	NIA....	Benefit Management Corp.	Ownership.....	.100.000 ...	Cigna Corporation .....	...NO....	
.0901	Cigna Group	00000	03-0507057			Allegiance Care Management, LLC .....	..MT....	NIA....	Benefit Management Corp.	Ownership.....	.100.000 ...	Cigna Corporation .....	...NO....	
.0901	Cigna Group	00000	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	00000	26-2201582			Allegiance Provider Direct, LLC .....	..MT....	NIA....	Benefit Management Corp.	Ownership.....	.100.000 ...	Cigna Corporation .....	...NO....	
.0901	Cigna Group	00000	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....	IA....	Loyal American Life Insurance Company	Ownership.....	.100.000 ...	Cigna Corporation .....	...NO....	
.0901	Cigna Group	00000	87-4023291			AOP II Apartments Venture, L.L.C. ....	..DE....	IA....	CARING Optimist Park II Investor LLC	Ownership.....	.90.000 ...	Cigna Corporation .....	...NO....	
.0901	Cigna Group	00000	82-3315524			Arbor Heights Venture LLC .....	..DE....	NIA....	Cigna Affiliates Realty Investment Group, LLC	Ownership.....	.90.000 ...	Cigna Corporation .....	...NO....	
.0901	Cigna Group	00000	46-4080861			AristalND, Inc. ....	..DE....	NIA....	Cigna Ventures, LLC	Ownership.....	.11.100 ...	Cigna Corporation .....	...NO....	
.0901	Cigna Group	00000	86-3581583			Arizona Health Plan, Inc. ....	..AZ....	NIA....	Healthsource, Inc.	Ownership.....	.100.000 ...	Cigna Corporation .....	...NO....	
.0901	Cigna Group	00000	00-0000000			Ascent Health Services LLC .....	..DE....	NIA....	Cigna Spruce Holdings GmbH	Ownership.....	.80.000 ...	Cigna Corporation .....	...NO....	
.0901	Cigna Group	00000	86-1750832			ASM Apartments Venture, L.L.C. ....	..DE....	NIA....	CARING St. Matthew's Investor LLC	Ownership.....	.90.000 ...	Cigna Corporation .....	...NO....	
.0901	Cigna Group	00000	81-0585518			Benefit Management Corp. ....	..MT....	NIA....	Connecticut General Corporation	Ownership.....	.100.000 ...	Cigna Corporation .....	...NO....	
.0901	Cigna Group	00000	81-2650133			Berwick Apartments LLC .....	..DE....	NIA....	Cigna Affiliates Realty Investment Group, LLC	Ownership.....	.85.000 ...	Cigna Corporation .....	...NO....	
.0901	Cigna Group	00000	43-1815573			Biopathers in Care, Inc. ....	..MO....	NIA....	Accredo Health, Incorporated	Ownership.....	.100.000 ...	Cigna Corporation .....	...NO....	
.0901	Cigna Group	10095	52-2259087			Bravo Health Mid-Atlantic, Inc. ....	..MD....	IA....	NewQuest Management Northeast, LLC	Ownership.....	.100.000 ...	Cigna Corporation .....	...NO....	
.0901	Cigna Group	11524	52-2363406			Bravo Health Pennsylvania, Inc. ....	..PA....	IA....	NewQuest Management Northeast, LLC	Ownership.....	.100.000 ...	Cigna Corporation .....	...NO....	
.0901	Cigna Group	00000	00-0000000			Breakthrough Behavioral, Inc. ....	..DE....	IA....	MDLIVE, Inc.	Ownership.....	.100.000 ...	Cigna Corporation .....	...NO....	
.0901	Cigna Group	00000	00-0000000			Breakthrough Behavioral of Texas, Inc. ....	..TX....	IA....	Breakthrough Behavioral, Inc.	Ownership.....	.100.000 ...	Cigna Corporation .....	...NO....	
.0901	Cigna Group	00000	27-1713977			Brighter, Inc. ....	..DE....	NIA....	Connecticut General Corporation	Ownership.....	.100.000 ...	Cigna Corporation .....	...NO....	
.0901	Cigna Group	00000	46-4918521			Buoy Health, Inc. ....	..DE....	NIA....	Cigna Ventures, LLC	Ownership.....	.12.200 ...	Cigna Corporation .....	...NO....	
.0901	Cigna Group	00000	47-4991296			Bright Health Group, Inc. ....	..DE....	NIA....	Cigna Health and Life Insurance Company	Ownership.....	.15.500 ...	Cigna Corporation .....	...NO....	
.0901	Cigna Group	00000	61-1162797			Care Continuum, Inc. ....	..KY....	NIA....	SpectraCare Health Care Ventures, Inc.	Ownership.....	.100.000 ...	Cigna Corporation .....	...NO....	
.0901	Cigna Group	00000	85-0954556			CareAllies Accountable Care Collaborative LLC .....	..DE....	NIA....	CareAllies, Inc.	Ownership.....	.100.000 ...	Cigna Corporation .....	...NO....	
.0901	Cigna Group	00000	85-0935554			CareAllies Accountable Care Network LLC .....	..DE....	NIA....	CareAllies, Inc.	Ownership.....	.100.000 ...	Cigna Corporation .....	...NO....	
.0901	Cigna Group	00000	00-0000000			CareAllies Accountable Care Solutions LLC .....	..DE....	NIA....	CareAllies, Inc.	Ownership.....	.100.000 ...	Cigna Corporation .....	...NO....	
.0901	Cigna Group	00000	26-0180898			CareAllies, Inc. ....	..DE....	NIA....	Cigna Holdings, Inc.	Ownership.....	.100.000 ...	Cigna Corporation .....	...NO....	
.0901	Cigna Group	00000	81-2760646			CareAllies, LLC .....	..DE....	NIA....	Connecticut General Life Insurance Company	Ownership.....	.100.000 ...	Cigna Corporation .....	...NO....	

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Provident American Life and Health Insurance Company

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

1 Group Code	2 Group Name	3 NAIC Company Code	4 ID Number	5 Federal RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries Or Affiliates	9 Domestic- ciliary Loca- tion	10 Rela- tionship to Report- ing Entity	11 Directly Controlled by (Name of Entity/Person)	12 Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	13 If Control is Owner- ship Provide Percent- age	14 Ultimate Controlling Entity(ies)/Person(s)	15 Is an SCA Filing Required? (Yes/No)	16 *
.0901 ...	Cigna Group	10144 ...	20-1089572			CareCore NJ, LLC .....	.. NJ.....	IA.....	eviCore healthcare MSI, LLC	Ownership.....	100.000 ...	Cigna Corporation .....	... NO		
.0901 ...	Cigna Group	00000 ...	45-2681649			CarePlexus, LLC .....	.. DE.....	NIA.....	Cigna Health and Life Insurance Company ...	Ownership.....	100.000 ...	Cigna Corporation .....	... NO		
.0901 ...	Cigna Group	00000 ...	83-1400586			CARING 18th & Salmon Investor LLC .....	.. DE.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC	Ownership.....	100.000 ...	Cigna Corporation .....	... NO		
.0901 ...	Cigna Group	00000 ...	83-2562994			CARING 500 Ygnacio Investor LLC .....	.. DE.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC	Ownership.....	100.000 ...	Cigna Corporation .....	... NO		
.0901 ...	Cigna Group	00000 ...	84-1960231			CARING 3130 Investor LLC .....	.. DE.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC	Ownership.....	100.000 ...	Cigna Corporation .....	... NO		
.0901 ...	Cigna Group	00000 ...	83-2318410			CARING 9171 Wilshire Investor LLC .....	.. DE.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC	Ownership.....	100.000 ...	Cigna Corporation .....	... NO		
.0901 ...	Cigna Group	00000 ...	85-4247420			CARING ABS Investor LLC .....	.. DE.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC	Ownership.....	100.000 ...	Cigna Corporation .....	... NO		
.0901 ...	Cigna Group	00000 ...	83-2851501			CARING Alta Duraleigh Investor LLC .....	.. DE.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC	Ownership.....	100.000 ...	Cigna Corporation .....	... NO		
.0901 ...	Cigna Group	00000 ...	83-2851501			CARING Alta Englewood Investor LLC .....	.. DE.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC	Ownership.....	100.000 ...	Cigna Corporation .....	... NO		
.0901 ...	Cigna Group	00000 ...	85-2966766			CARING Alta Leander Investor LLC .....	.. DE.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC	Ownership.....	100.000 ...	Cigna Corporation .....	... NO		
.0901 ...	Cigna Group	00000 ...	83-2563284			CARING Alta Woodson Investor LLC .....	.. DE.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC	Ownership.....	100.000 ...	Cigna Corporation .....	... NO		
.0901 ...	Cigna Group	00000 ...	85-2966766			CARING Avondale Investor LLC .....	.. DE.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC	Ownership.....	100.000 ...	Cigna Corporation .....	... NO		
.0901 ...	Cigna Group	00000 ...	87-1992977			CARING Berwyn Investor LLC .....	.. DE.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC	Ownership.....	100.000 ...	Cigna Corporation .....	... NO		
.0901 ...	Cigna Group	00000 ...	86-1885283			CARING Brinkman Investor LLC .....	.. DE.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC	Ownership.....	100.000 ...	Cigna Corporation .....	... NO		
.0901 ...	Cigna Group	00000 ...	32-0570889			CARING Capitol Hill GP LLC .....	.. DE.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC	Ownership.....	100.000 ...	Cigna Corporation .....	... NO		
.0901 ...	Cigna Group	00000 ...	37-1903297			CARING Capitol Hill LP LLC .....	.. DE.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC	Ownership.....	100.000 ...	Cigna Corporation .....	... NO		
.0901 ...	Cigna Group	00000 ...	83-2851364			CARING Century Plaza Investor LLC .....	.. DE.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC	Ownership.....	100.000 ...	Cigna Corporation .....	... NO		
.0901 ...	Cigna Group	00000 ...	85-4265529			CARING Deco Investor LLC .....	.. DE.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC	Ownership.....	100.000 ...	Cigna Corporation .....	... NO		
.0901 ...	Cigna Group	00000 ...	85-2912145			CARING Elan I Investor LLC .....	.. DE.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC	Ownership.....	100.000 ...	Cigna Corporation .....	... NO		
.0901 ...	Cigna Group	00000 ...	87-0928526			CARING Elan II Investor LLC .....	.. DE.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC	Ownership.....	100.000 ...	Cigna Corporation .....	... NO		
.0901 ...	Cigna Group	00000 ...	83-3701937			CARING Firestone Investor LLC .....	.. DE.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC	Ownership.....	100.000 ...	Cigna Corporation .....	... NO		
.0901 ...	Cigna Group	00000 ...	87-4803572			CARING Galleria Investor LLC .....	.. DE.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC	Ownership.....	100.000 ...	Cigna Corporation .....	... NO		
.0901 ...	Cigna Group	00000 ...	00-0000000			CARING JA Lofts Investor LP LLC .....	.. DE.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC	Ownership.....	100.000 ...	Cigna Corporation .....	... NO		
.0901 ...	Cigna Group	00000 ...	00-0000000			CARING JA Lofts Investor GP LLC .....	.. DE.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC	Ownership.....	100.000 ...	Cigna Corporation .....	... NO		
.0901 ...	Cigna Group	00000 ...	83-2318233			CARING Heights at Bear Creek Investor LLC .....	.. DE.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC	Ownership.....	100.000 ...	Cigna Corporation .....	... NO		
.0901 ...	Cigna Group	00000 ...	83-1400482			CARING Hillcrest Investor LLC .....	.. DE.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC	Ownership.....	100.000 ...	Cigna Corporation .....	... NO		
.0901 ...	Cigna Group	00000 ...	84-4410554			CARING IPB Investor LLC .....	.. DE.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC	Ownership.....	100.000 ...	Cigna Corporation .....	... NO		

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Provident American Life and Health Insurance Company

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
.0901	Cigna Group	00000	85-1961034				CARING Interbay Investor GP LLC	DE..	NIA..	Cigna Affiliates Realty Investment Group, LLC	Ownership.....	100.000 ...	Cigna Corporation	NO	
.0901	Cigna Group	00000	85-1984627				CARING Interbay Investor LP LLC	DE..	NIA..	Cigna Affiliates Realty Investment Group, LLC	Ownership.....	100.000 ...	Cigna Corporation	NO	
.0901	Cigna Group	00000	83-2339522				CARING Mallory Square Investor LLC	DE..	NIA..	Cigna Affiliates Realty Investment Group, LLC	Ownership.....	100.000 ...	Cigna Corporation	NO	
.0901	Cigna Group	00000	85-4265529				CARING Montclair Investor LLC	DE..	NIA..	Cigna Affiliates Realty Investment Group, LLC	Ownership.....	100.000 ...	Cigna Corporation	NO	
.0901	Cigna Group	00000	83-2563138				CARING Soma Investor LLC	DE..	NIA..	Cigna Affiliates Realty Investment Group, LLC	Ownership.....	100.000 ...	Cigna Corporation	NO	
.0901	Cigna Group	00000	83-2633790				CARING Alexan Enclave Investor LLC	DE..	NIA..	Cigna Affiliates Realty Investment Group, LLC	Ownership.....	100.000 ...	Cigna Corporation	NO	
.0901	Cigna Group	00000	83-2633886				CARING Orange Collection Investor LLC	DE..	NIA..	Cigna Affiliates Realty Investment Group, LLC	Ownership.....	100.000 ...	Cigna Corporation	NO	
.0901	Cigna Group	00000	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	00000	87-2031777				CARING Slabtown Investor, LLC	DE..	NIA..	Cigna Affiliates Realty Investment Group, LLC	Ownership.....	100.000 ...	Cigna Corporation	NO	
.0901	Cigna Group	00000	83-8294933				CARING South Coast Subsidiary LLC	DE..	NIA..	Cigna Affiliates Realty Investment Group, LLC	Ownership.....	100.000 ...	Cigna Corporation	NO	
.0901	Cigna Group	00000	86-1942593				CARING St. Matthew's Investor LLC	DE..	NIA..	Cigna Affiliates Realty Investment Group, LLC	Ownership.....	100.000 ...	Cigna Corporation	NO	
.0901	Cigna Group	00000	88-2074593				CARING Waltham Investor LLC	DE..	NIA..	Cigna Affiliates Realty Investment Group, LLC	Ownership.....	100.000 ...	Cigna Corporation	NO	
.0901	Cigna Group	00000	38-4085763				CARING Westcore Holding Investor LLC	DE..	NIA..	Cigna Affiliates Realty Investment Group, LLC	Ownership.....	100.000 ...	Cigna Corporation	NO	
.0901	Cigna Group	00000	87-3646420				CARING Westcore Holding II Investor LLC	DE..	NIA..	Cigna Affiliates Realty Investment Group, LLC	Ownership.....	100.000 ...	Cigna Corporation	NO	
.0901	Cigna Group	00000	83-3923178				CARING XR International Investor LLC	DE..	NIA..	Cigna Affiliates Realty Investment Group, LLC	Ownership.....	100.000 ...	Cigna Corporation	NO	
.0901	Cigna Group	00000	83-4317078				CARING XR 2 International Investor LLC	DE..	NIA..	Cigna Affiliates Realty Investment Group, LLC	Ownership.....	100.000 ...	Cigna Corporation	NO	
.0901	Cigna Group	00000	84-1843578				CGGL XR 2 International JV LLC	DE..	NIA..	CARING XR 2 International Investor LLC	Ownership.....	.90.000 ...	Cigna Corporation	NO	
.0901	Cigna Group	00000	84-1843578				CGGL XR 2 International Mezz LLC	DE..	NIA..	CARING XR 2 International Investor LLC	Ownership.....	.90.000 ...	Cigna Corporation	NO	
.0901	Cigna Group	00000	45-2604992				CCN NMO, LLC	NY..	NIA..	eviCore healthcare MSI, LLC	Ownership.....	100.000 ...	Cigna Corporation	NO	
.0901	Cigna Group	00000	33-1039759				CCN-HNY IPA, LLC	NY..	NIA..	eviCore healthcare MSI, LLC	Ownership.....	100.000 ...	Cigna Corporation	NO	
.0901	Cigna Group	00000	34-1970892				Ceres Sales of Ohio, LLC	OH..	NIA..	Cigna Health and Life Insurance Company	Ownership.....	100.000 ...	Cigna Corporation	NO	
.0901	Cigna Group	00000	06-1332403				CG Individual Tax Benefit Payments, Inc.	DE..	NIA..	Connecticut General Corporation	Ownership.....	100.000 ...	Cigna Corporation	NO	
.0901	Cigna Group	00000	06-1332405				CG Life Pension Benefits Payments, Inc.	DE..	NIA..	Connecticut General Corporation	Ownership.....	100.000 ...	Cigna Corporation	NO	
.0901	Cigna Group	00000	06-1332401				CG LINA Pension Benefits Payments, Inc.	DE..	NIA..	Connecticut General Corporation	Ownership.....	100.000 ...	Cigna Corporation	NO	
.0901	Cigna Group	00000	84-2083351				CG-AO 477 South Market Street LLC	DE..	NIA..	CARING Firestone Investor LLC	Ownership.....	.85.000 ...	Cigna Corporation	NO	
.0901	Cigna Group	00000	84-4773972				CG-LEDO IPB Venture LLC	DE..	NIA..	CARING IPB Investor LLC	Ownership.....	.90.000 ...	Cigna Corporation	NO	
.0901	Cigna Group	00000	84-4747045				CG-LEDO IPB I LLC	DE..	NIA..	CARING IPB Investor LLC	Ownership.....	.90.000 ...	Cigna Corporation	NO	
.0901	Cigna Group	00000	84-4755025				CG-LEDO IPB II LLC	DE..	NIA..	CARING IPB Investor LLC	Ownership.....	.90.000 ...	Cigna Corporation	NO	
.0901	Cigna Group	00000	83-2993316				CG-Muller 550 Winchester, LLC	DE..	NIA..	CARING Century Plaza Investor LLC	Ownership.....	.90.000 ...	Cigna Corporation	NO	
.0901	Cigna Group	00000	45-5499889				CG Seventh Street, LLC	DE..	NIA..	Cigna Affiliates Realty Investment Group, LLC	Ownership.....	.87.500 ...	Cigna Corporation	NO	
.0901	Cigna Group	00000	85-0734624				CG/Wood Alta Duraleigh, LLC	DE..	NIA..	CARING Alta Duraleigh Investor LLC	Ownership.....	.90.000 ...	Cigna Corporation	NO	
.0901	Cigna Group	00000	85-0655107				CG/Wood Alta Duraleigh Owner, LLC	DE..	NIA..	CARING Alta Duraleigh Investor LLC	Ownership.....	.90.000 ...	Cigna Corporation	NO	
.0901	Cigna Group	00000	87-2928410				CG/Wood Alta Duraleigh Townhome, LLC	DE..	NIA..	CARING Alta Duraleigh Investor LLC	Ownership.....	.90.000 ...	Cigna Corporation	NO	
.0901	Cigna Group	00000	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 Provident American Life and Health Insurance Company

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership	Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
.0901 ...	Cigna Group	00000	85-2233381 ..				CG/Wood Alta Leander Station, LLC	DE.....	NIA.....	CARING Alta Leander Investor LLC	Ownership.....	.90.000	Cigna Corporation .....	...NO.	
.0901 ...	Cigna Group	00000	81-3313562 ..				CGGL City Parkway LLC	DE.....	NIA.....	CGGL Orange Collection LLC	Ownership.....	.90.000	Cigna Corporation .....	...NO.	
.0901 ...	Cigna Group	00000	61-1797835 ..				CGGL Orange Collection LLC	DE.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC	Ownership.....	.90.000	Cigna Corporation .....	...NO.	
.0901 ...	Cigna Group	00000	00-0000000 ..				CGGL Orange Collection Mezz LLC	DE.....	NIA.....	CARING Orange Collection Investor LLC	Ownership.....	.100.000	Cigna corporation .....	...NO.	
.0901 ...	Cigna Group	00000	84-1921719 ..				CGGL XR International LLC	DE.....	NIA.....	CARING XR International Investor LLC	Ownership.....	.90.000	Cigna Corporation .....	...NO.	
.0901 ...	Cigna Group	00000	84-1843578 ..				CGGL XR 2 International LLC	DE.....	NIA.....	CARING XR 2 International Investor LLC	Ownership.....	.90.000	Cigna Corporation .....	...NO.	
.0901 ...	Cigna Group	00000	59-3466707 ..				Chiro Alliance Corporation	FL.....	NIA.....	eviCore healthcare MSI, LLC	Ownership.....	.100.000	Cigna Corporation .....	...NO.	
.0901 ...	Cigna Group	00000	81-3389374 ..				CIG-LEI Ygnacio Associates LLC	DE.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC	Ownership.....	.90.000	Cigna Corporation .....	...NO.	
.0901 ...	Cigna Group	00000	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	00000	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	00000	82-4774243 ..				CI-GS Portland, LLC	DE.....	NIA.....	CARING 18th & Salmon Investor LLC	Ownership.....	.86.200	cigna Corporation .....	...NO.	
.0901 ...	Cigna Group	00000	82-1612980 ..				CI-GS Hillcrest LLC	DE.....	NIA.....	CARING Hillcrest Investor LLC	Ownership.....	.90.000	Cigna Corporation .....	...NO.	
.0901 ...	Cigna Group	00000	88-3907567 ..				CI-GS Slabtown, LLC	DE.....	NIA.....	CARING Slabtown Investor LLC	Ownership.....	.85.000	Cigna Corporation .....	...NO.	
.0901 ...	Cigna Group	00000	00-0000000 ..				Cigna & CMB Asset Management Company Limited	CHN.....	NIA.....	Cigna & CMB Life Insurance Company Limited	Ownership.....	.87.350	Cigna Corporation .....	...NO.	
.0901 ...	Cigna Group	00000	00-0000000 ..							Cigna & CMB Life Insurance Company Limited	Ownership.....	.100.000	Cigna Corporation .....	...NO.	
.0901 ...	Cigna Group	00000	00-0000000 ..				Cigna & CMB Health Services Company, Ltd.	CHN.....	NIA.....	Cigna Health and Life Insurance Company	Ownership.....	.50.000	Cigna Corporation .....	...NO.	
.0901 ...	Cigna Group	00000	00-0000000 ..				CIGNA 2000 UK Pension LTD	GBR.....	NIA.....	Cigna European Services (UK) Limited	Ownership.....	.100.000	Cigna Corporation .....	...NO.	
.0901 ...	Cigna Group	00000	27-5402196 ..				Cigna Affiliates Realty Investment Group, LLC	DE.....	NIA.....	Connecticut General Life Insurance Company	Ownership.....	.100.000	Cigna Corporation .....	...NO.	
.0901 ...	Cigna Group	00000	00-0000000 ..				Cigna Alder Holdings, LLC	DE.....	NIA.....	Cigna Apac Holdings, Ltd.	Ownership.....	.100.000	Cigna Corporation .....	...NO.	
.0901 ...	Cigna Group	00000	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	00000	98-1181787 ..				Cigna Beechwood Holdings	BEL.....	NIA.....	Cigna Elmwood Holdings, SPRL	Ownership.....	.51.000	Cigna Corporation .....	...NO.	
.0901 ...	Cigna Group	00000	00-0000000 ..				Cigna Bellevue Alpha LLC	DE.....	NIA.....	Cigna Holdings Overseas, Inc.	Ownership.....	.100.000	Cigna Corporation .....	...NO.	
.0901 ...	Cigna Group	00000	02-0515554 ..				Cigna Benefit Technology Solutions, Inc.	DE.....	NIA.....	Cigna Health Corporation	Ownership.....	.100.000	Cigna Corporation .....	...NO.	
.0901 ...	Cigna Group	00000	01-0947889 ..	0001489070 ..			Cigna Benefits Financing, Inc.	DE.....	NIA.....	Cigna Investments, Inc.	Ownership.....	.100.000	Cigna Corporation .....	...NO.	
.0901 ...	Cigna Group	00000	00-0000000 ..				Cigna Cedar Holdings, Ltd.	MLT.....	NIA.....	Cigna Apac Holdings, Ltd.	Ownership.....	.100.000	Cigna Corporation .....	...NO.	
.0901 ...	Cigna Group	00000	98-1137759 ..				Cigna Chestnut Holdings, Ltd.	GBR.....	NIA.....	Cigna Walnut Holdings, Ltd.	Ownership.....	.100.000	Cigna Corporation .....	...NO.	
.0901 ...	Cigna Group	00000	27-3396038 ..				Cigna Corporate Services, LLC	DE.....	NIA.....	Cigna Health and Life Insurance Company	Ownership.....	.100.000	Cigna Corporation .....	...NO.	
.0901 ...	Cigna Group	00000	82-4991898 ..	1739940	US		Cigna Corporation (A Delaware corporation and ultimate parent company)	DE.....	UIP.....	Publicly Traded	Ownership.....	.100.000	Publicly Traded .....	...NO.	
.0901 ...	Cigna Group	00000	00-0000000 ..				Cigna Data Services (Shanghai) Company	CHN.....	NIA.....	Cigna Hong Kong Holdings Company Limited	Ownership.....	.100.000	Cigna Corporation .....	...NO.	
.0901 ...	Cigna Group	00000	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	00000	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 Provident American Life and Health Insurance Company

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

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Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary 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	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	00000	59-2308055			Cigna Dental Health, Inc. ....		.FL.....NIA.....		Connecticut General Corporation	Ownership.....	100.000 ...	Cigna Corporation	NO.....	
.0901	Cigna Group	00000	58-1136865			Cigna Direct Marketing Company, Inc. ....		.DE.....NIA.....		Connecticut General Corporation	Ownership.....	100.000 ...	Cigna Corporation	NO.....	
.0901	Cigna Group	00000	98-1155943			Cigna Elmwood Holdings, SPRL .....		.BEL.....NIA.....		Cigna Myrtle Holdings, Ltd.	Ownership.....	100.000 ...	Cigna Corporation	NO.....	
.0901	Cigna Group	00000	00-0000000			Cigna Europe Insurance Company S.A.-N.V. ....		.BEL.....IA.....		Cigna Beechwood Holdings	Ownership.....	.99.999 ...	Cigna Corporation	NO.....	
.0901	Cigna Group	00000	00-0000000			Cigna European Services (UK) Limited .....		.GBR.....NIA.....		Cigna Elmwood Holdings, SPRL	Ownership.....	100.000 ...	Cigna Corporation	NO.....	
.0901	Cigna Group	00000	62-1724116			Cigna Federal Benefits, Inc. ....		.DE.....NIA.....		Connecticut General Corporation	Ownership.....	100.000 ...	Cigna Corporation	NO.....	
.0901	Cigna Group	00000	00-0000000			Cigna Formosa Management Services Company Limited .....		.TWN.....NIA.....		Cigna Walnut Holdings, Ltd.	Ownership.....	100.000 ...	Cigna corporation	NO.....	
.0901	Cigna Group	00000	51-0389196			Cigna Global Holdings, Inc. ....		.DE.....NIA.....		Cigna Holdings, Inc.	Ownership.....	100.000 ...	Cigna Corporation	NO.....	
.0901	Cigna Group	00000	68-0676638			Cigna Global Insurance Company Limited .....		.GGY.....IA.....		Cigna Holdings Overseas, Inc.	Ownership.....	.99.990 ...	Cigna Corporation	NO.....	
.0901	Cigna Group	00000	98-0210110			Cigna Global Reinsurance Company, Ltd. ....		.BNU.....IA.....		Cigna Global Holdings, Inc.	Ownership.....	100.000 ...	Cigna Corporation	NO.....	
.0901	Cigna Group	00000	00-0000000			Cigna Global Wellbeing Holdings Limited .....		.GBR.....NIA.....		Connecticut General Corporation	Ownership.....	.70.000 ...	Cigna Corporation	NO.....	
.0901	Cigna Group	00000	00-0000000			Cigna Global Wellbeing Solutions Limited .....		.GBR.....NIA.....		Cigna Global Wellbeing Holdings Limited	Ownership.....	100.000 ...	Cigna Corporation	NO.....	
.0901	Cigna Group	67369	59-1031071			Cigna Health and Life Insurance Company ....		.CT.....UPD.....			Ownership.....	100.000 ...	Cigna Corporation	NO.....	
.0901	Cigna Group	00000	62-1312478			Cigna Health Corporation .....		.DE.....NIA.....		Connecticut General Corporation	Ownership.....	100.000 ...	Cigna Corporation	NO.....	
.0901	Cigna Group	00000	23-1728483			Cigna Health Management, Inc. ....		.DE.....NIA.....		Connecticut General Corporation	Ownership.....	100.000 ...	Cigna Corporation	NO.....	
.0901	Cigna Group	00000	00-0000000			Cigna Health Solution India Pvt. Ltd. ....		.IND.....NIA.....		Cigna Holdings Overseas, Inc.	Ownership.....	.99.900 ...	Cigna Corporation	NO.....	
.0901	Cigna Group	00000	23-2741293			Cigna Healthcare Benefits, Inc. ....		.DE.....NIA.....		Connecticut General Corporation	Ownership.....	100.000 ...	Cigna Corporation	NO.....	
.0901	Cigna Group	00000	00-0000000			Cigna Healthcare Eastern Technology Services Company .....		.HKG.....NIA.....		Cigna Hong Kong Holdings Company Limited	Ownership.....	100.000 ...	Cigna Corporation	NO.....	
.0901	Cigna Group	00000	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	00000	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	00000	02-0495422			Cigna Healthcare, Inc. ....		.VT.....NIA.....		Cigna Healthcare Holdings, Inc.	Ownership.....	100.000 ...	Cigna Corporation	NO.....	
.0901	Cigna Group	00000	00-0000000			Cigna HLA Technology Services Company Limited .....		.HKG.....NIA.....		Cigna Hong Kong Holdings Company Limited	Ownership.....	100.000 ...	Cigna Corporation	NO.....	
.0901	Cigna Group	00000	06-1059331			Cigna Holding Company .....		.DE.....UIP.....		Cigna Corporation	Ownership.....	100.000 ...	Cigna Corporation	NO.....	

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Provident American Life and Health Insurance Company

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

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.0901	Cigna Group	00000	23-3009279				Cigna Holdings Overseas, Inc.DE.	.NIA.	Cigna Global Reinsurance Company, Ltd.	Ownership.....	100.000 ...	Cigna Corporation	NO.....	
.0901	Cigna Group	00000	06-1072796				Cigna Holdings, Inc. ....	.DE.	.UIP.	Cigna Holding Company	Ownership.....	100.000 ...	Cigna Corporation	NO.....	
.0901	Cigna Group	00000	00-0000000				Cigna Hong Kong Holdings Company Limited ....	.HKG.	.NIA.	Cigna Chestnut Holdings, Ltd.	Ownership.....	100.000 ...	Cigna Corporation	NO.....	
.0901	Cigna Group	00000	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.	.DS.	Insurance Company	Ownership.....	100.000 ...	Cigna Corporation	NO.....	
.0901	Cigna Group	00000	00-0000000				Cigna Insurance Management Services (DIFG), Ltd. ....	.ARE.	.NIA.	Cigna Apac Holdings, Ltd.	Ownership.....	100.000 ...	Cigna Corporation	NO.....	
.0901	Cigna Group	00000	00-0000000				Cigna Insurance Middle East S.A.L. ....	.LBN.	.IA.	Cigna Cedar Holdings, Ltd.	Ownership.....	100.000 ...	Cigna Corporation	NO.....	
.0901	Cigna Group	00000	00-0000000				Cigna Insurance Services (Europe) Limited ..	.GBR.	.NIA.	Cigna Willow Holdings, LTD.	Ownership.....	100.000 ...	Cigna Corporation	NO.....	
.0901	Cigna Group	00000	23-2924152				Cigna Integratedcare, Inc. ....	.DE.	.NIA.	Connecticut General Corporation	Ownership.....	100.000 ...	Cigna Corporation	NO.....	
.0901	Cigna Group	00000	51-0402128				Cigna Intellectual Property, Inc. ....	.DE.	.NIA.	Cigna Holdings, Inc.	Ownership.....	100.000 ...	Cigna Corporation	NO.....	
.0901	Cigna Group	00000	51-011677				Cigna International Corporation, Inc. ....	.DE.	.NIA.	Cigna Global Holdings, Inc.	Ownership.....	100.000 ...	Cigna Corporation	NO.....	
.0901	Cigna Group	00000	52-0291385				Cigna International Finance, Inc. ....	.DE.	.NIA.	Cigna Investment Group, Inc.	Ownership.....	100.000 ...	Cigna Corporation	NO.....	
.0901	Cigna Group	00000	00-0000000				Cigna International Health Services Kenya Limited .....	.KEN.	.NIA.	Cigna International Health Services, BVBA	Ownership.....	100.000 ...	Cigna Corporation	NO.....	
.0901	Cigna Group	00000	00-0000000				Cigna International Health Services Sdn. Bhd. ....	.MYS.	.NIA.	Cigna Hong Kong Holdings Company Limited ..	Ownership.....	100.000 ...	Cigna Corporation	NO.....	
.0901	Cigna Group	00000	00-0000000				Cigna International Health Services, BVBA .....	.BEL.	.NIA.	Cigna Elmwood Holdings, Ltd.	Ownership.....	.51.000 ...	Cigna Corporation	NO.....	
.0901	Cigna Group	00000	30-0526216				Cigna International Health Services, LLC .....	.FL.	.NIA.	Cigna International Health Services, BVBA	Ownership.....	100.000 ...	Cigna Corporation	NO.....	
.0901	Cigna Group	00000	00-0000000				Cigna International Marketing (Thailand) Limited .....	.THA.	.NIA.	Cigna Global Holdings, Inc.	Ownership.....	.99.900 ...	Cigna Corporation	NO.....	
.0901	Cigna Group	00000	00-0000000				Cigna International Services Australia Pty Ltd. ....	.AUS.	.NIA.	Cigna Chestnut Holdings, Ltd.	Ownership.....	100.000 ...	Cigna Corporation	NO.....	
.0901	Cigna Group	00000	00-0000000				Cigna International Services, Inc. ....	.DE.	.NIA.	Cigna Global Holdings, Inc.	Ownership.....	100.000 ...	Cigna Corporation	NO.....	
.0901	Cigna Group	00000	06-1095823				Cigna Investment Group, Inc. ....	.DE.	.NIA.	Cigna Holdings, Inc.	Ownership.....	100.000 ...	Cigna Corporation	NO.....	
.0901	Cigna Group	00000	06-0861092				Cigna Investments, Inc. ....	.DE.	.NIA.	Cigna Investment Group, Inc.	Ownership.....	100.000 ...	Cigna Corporation	NO.....	
.0901	Cigna Group	00000	98-1146864				Cigna Laurel Holdings, Ltd. ....	.BMU.	.NIA.	Cigna Linden Holdings, Inc.	Ownership.....	100.000 ...	Cigna Corporation	NO.....	
.0901	Cigna Group	00000	00-0000000				Cigna Legal Protection U.K. Ltd. ....	.GBR.	.NIA.	Cigna Willow Holdings, LTD.	Ownership.....	100.000 ...	Cigna Corporation	NO.....	
.0901	Cigna Group	00000	AA-1560515				Cigna Life Insurance Company of Canada .....	.CAN.	.IA.	Cigna Chestnut Holdings, Ltd.	Ownership.....	100.000 ...	Cigna Corporation	NO.....	
.0901	Cigna Group	00000	AA-1240009				Cigna Life Insurance Company of Europe S.A.-N.V. ....	.BEL.	.IA.	Cigna Beechwood Holdings	Ownership.....	.99.993 ...	Cigna Corporation	NO.....	
.0901	Cigna Group	00000	46-4110289				Cigna Linden Holdings, Inc. ....	.DE.	.NIA.	Cigna Holdings Overseas, Inc.	Ownership.....	.82.000 ...	Cigna Corporation	NO.....	
.0901	Cigna Group	00000	98-1232512				Cigna Magnolia Holdings, Ltd. ....	.BMU.	.NIA.	Cigna Palmetto Holdings, Ltd.	Ownership.....	100.000 ...	Cigna Corporation	NO.....	
.0901	Cigna Group	00000	23-2741294				Cigna Managed Care Benefits Company .....	.DE.	.NIA.	Connecticut General Corporation	Ownership.....	100.000 ...	Cigna Corporation	NO.....	
.0901	Cigna Group	00000	87-3374500				Cigna Management Company LLC .....	.DE.	.NIA.	Cigna Health and Life Insurance Company	Ownership.....	100.000 ...	Cigna Corporation	NO.....	
.0901	Cigna Group	00000	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.	.UDP.	Cigna Health and Life Insurance Company	Ownership.....	100.000 ...	Cigna Corporation	NO.....	
.0901	Cigna Group	00000	00-0000000				Cigna Nederland Gamma B.V. ....	.NLD.	.NIA.	Cigna Walnut Holdings, Ltd.	Ownership.....	100.000 ...	Cigna Corporation	NO.....	
.0901	Cigna Group	00000	00-0000000				Cigna Oak Holdings, Ltd. ....	.GBR.	.NIA.	Cigna Elmwood Holdings, SPRL	Ownership.....	100.000 ...	Cigna Corporation	NO.....	
.0901	Cigna Group	00000	98-1232443				Cigna Palmetto Holdings, Ltd. ....	.BMU.	.NIA.	Cigna Laurel Holdings, Ltd.	Ownership.....	100.000 ...	Cigna Corporation	NO.....	
.0901	Cigna Group	00000	46-4099800				Cigna Poplar Holdings, Inc. ....	.DE.	.NIA.	Cigna Holdings Overseas, Inc.	Ownership.....	100.000 ...	Cigna Corporation	NO.....	
.0901	Cigna Group	00000	06-1071502				Cigna RE Corporation .....	.DE.	.NIA.	Connecticut General Corporation	Ownership.....	100.000 ...	Cigna Corporation	NO.....	
.0901	Cigna Group	00000	06-1567902				Cigna Resource Manager, Inc. ....	.DE.	.NIA.	Connecticut General Corporation	Ownership.....	100.000 ...	Cigna Corporation	NO.....	
.0901	Cigna Group	00000	00-0000000				Cigna Services Middle East FZE .....	.ARE.	.NIA.	Cigna Cedar Holdings, Ltd.	Ownership.....	100.000 ...	Cigna Corporation	NO.....	
.0901	Cigna Group	00000	00-0000000				Cigna Spruce Holdings GmbH .....	.CHE.	.NIA.	Cigna Chestnut Holdings, Ltd.	Ownership.....	100.000 ...	Cigna Corporation	NO.....	
.0901	Cigna Group	00000	00-0000000				Cigna Teak Holdings, LLC .....	.DE.	.NIA.	Cigna Global Holdings, Inc.	Ownership.....	100.000 ...	Cigna Corporation	NO.....	
.0901	Cigna Group	00000	00-0000000				Cigna Turkey Danismanlik Hizmetleri, A.S (A/K/A Cigna Turkey Consultancy Services, A.S.)TUR.	.NIA.	Cigna Magnolia Holdings, Ltd.	Ownership.....	100.000 ...	Cigna Corporation	NO.....	

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

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Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Loca-tion	Rela-tion-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Owner-ship Provide Percent-age	Ultimate Controlling Entity(es)/Person(s)	Is an SCA Filing Re-quired? (Yes/No)	*
.0901	Cigna Group	00000	83-1069280				Cigna Ventures, LLC .....	.DE.	.NIA.	Cigna Health and Life Insurance Company ...	Ownership.....	100.000 ...	Cigna Corporation	NO.	
.0901	Cigna Group	00000	00-0000000				Cigna Walnut Holdings, Ltd. ....	.GBR.	.NIA.	Cigna Apac Holdings, Ltd.	Ownership.....	100.000 ...	Cigna Corporation	NO.	
.0901	Cigna Group	00000	00-0000000				Cigna Willow Holdings, Ltd. ....	.GBR.	.NIA.	Cigna Oak Holdings, Ltd.	Ownership.....	100.000 ...	Cigna Corporation	NO.	
.0901	Cigna Group	00000	00-0000000				Cigna Worldwide General Insurance Company Limited .....	.HKG.	.IA.	Cigna Hong Kong Holdings Company Limited ..	Ownership.....	100.000 ...	Cigna Corporation	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	00000	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	00000	00-0000000				Cigna Health Insurance Company Limited .....	.IND.	.IA.	Cigna Holdings Overseas, Inc.	Ownership.....	.49.000 ...	TTK (non-affiliate)	NO.	
.0901	Cigna Group	00000	84-1461840				Community Health Network, LLC .....	.MT.	.NIA.	Benefit Management Corp.	Ownership.....	.50.000 ...	Cigna Corporation	NO.	
.0901	Cigna Group	00000	06-1252419				Connecticut General Benefit Payments, Inc. ....	.DE.	.NIA.	Connecticut General Corporation	Ownership.....	100.000 ...	Cigna Corporation	NO.	
.0901	Cigna Group	00000	06-0840391				Connecticut General Corporation .....	.CT.	.NIA.	Cigna Holdings, Inc.	Ownership.....	100.000 ...	Cigna Corporation	NO.	
.0901	Cigna Group	62308	06-0303370		00000023419 ..		Connecticut General Life Insurance Company .....	.DE.	.IA.	Connecticut General Corporation	Ownership.....	100.000 ...	Cigna Corporation	NO.	
.0901	Cigna Group	00000	82-4936006				CPI-CII 9171 Wilshire JV LLC .....	.DE.	.NIA.	Cigna Affiliates Realty Investment Group, LLC	Ownership.....	.90.000 ...	Cigna Corporation	NO.	
.0901	Cigna Group	00000	27-3555688				CR Washington Street Investors LP .....	.DE.	.NIA.	Cigna Affiliates Realty Investment Group, LLC	Ownership.....	.33.820 ...	Charles River Washington Street LLC (non-affiliate)	NO.	
.0901	Cigna Group	00000	36-4369972				CuraScript, Inc. ....	.DE.	.NIA.	Express Scripts, Inc.	Ownership.....	100.000 ...	Cigna Corporation	NO.	
.0901	Cigna Group	00000	86-1305728				Deco Apartments JV LLC .....	.DE.	.NIA.	CARING Deco Investor LLC	Ownership.....	.90.000 ...	Cigna Corporation	NO.	
.0901	Cigna Group	00000	86-1334095				Deco Apartments Owner LLC .....	.DE.	.NIA.	CARING Deco Investor LLC	Ownership.....	.90.000 ...	Cigna Corporation	NO.	
.0901	Cigna Group	00000	16-1526641				Diversified NY IPA, Inc. ....	.NY.	.NIA.	Diversified Pharmaceutical Services, Inc.	Ownership.....	100.000 ...	Cigna Corporation	NO.	
.0901	Cigna Group	00000	41-1627938				Diversified Pharmaceutical Services, Inc. ....	.MN.	.NIA.	Express Scripts, Inc.	Ownership.....	100.000 ...	Cigna Corporation	NO.	
.0901	Cigna Group	00000	27-3542089				Econdisc Contracting Solutions, LLC .....	.DE.	.NIA.	Express Scripts Pharmaceutical Procurement LLC (90%)	Ownership.....	.90.000 ...	Cigna Corporation	NO.	
.0901	Cigna Group	00000	00-0000000				Egyptian Emirates Administration Services SAE .....	.EGY.	.NIA.	NAS Neuron Health Services, L.L.C.	Ownership.....	.64.999 ...	Cigna Corporation	NO.	
.0901	Cigna Group	00000	00-0000000				ESI Canada .....	.CAN.	.NIA.	Express Scripts Canada Co. (99.9%); ESI-GP Canada, ULC (0.1%)	Ownership.....	100.000 ...	Cigna Corporation	NO.	
.0901	Cigna Group	00000	00-0000000				ESI GP Canada ULC .....	.CAN.	.NIA.	Express Scripts Canada Co.	Ownership.....	100.000 ...	Cigna Corporation	NO.	
.0901	Cigna Group	00000	43-1925556				ESI GP Holdings, Inc. ....	.DE.	.NIA.	Express Scripts, Inc.	Ownership.....	100.000 ...	Cigna Corporation	NO.	
.0901	Cigna Group	00000	00-0000000				ESI GP2 Canada ULC .....	.CAN.	.NIA.	Express Scripts Canada Co.	Ownership.....	100.000 ...	Cigna Corporation	NO.	
.0901	Cigna Group	00000	74-2974964				ESI Mail Order Processing, Inc. (f/k/a NXI) .....	.DE.	.NIA.	Express Scripts, Inc.	Ownership.....	100.000 ...	Cigna Corporation	NO.	
.0901	Cigna Group	00000	43-1867735				ESI Mail Pharmacy Service, Inc. ....	.DE.	.NIA.	Express Scripts, Inc.	Ownership.....	100.000 ...	Cigna Corporation	NO.	
.0901	Cigna Group	00000	43-1925562				ESI Partnership .....	.DE.	.NIA.	Express Scripts, Inc. (82%); ESI-GP Holdings, Inc. (18%)	Ownership.....	100.000 ...	Cigna Corporation	NO.	
.0901	Cigna Group	00000	41-2006555				ESI Resources, Inc. ....	.MN.	.NIA.	ESI Partnership	Ownership.....	100.000 ...	Cigna Corporation	NO.	
.0901	Cigna Group	00000	92-1016132				ESSCH Holdings, Inc. ....	.DE.	.NIA.	Express Scripts, Inc.	Ownership.....	100.000 ...	Cigna Corporation	NO.	
.0901	Cigna Group	00000	94-3107309				Evernorth Behavioral Health of California, Inc. ....	.CA.	.NIA.	Evernorth Behavioral Health, Inc.	Ownership.....	100.000 ...	Cigna Corporation	NO.	
.0901	Cigna Group	00000	75-2751090				Evernorth Behavioral Health of Texas, Inc. ....	.TX.	.NIA.	Evernorth Behavioral Health, Inc.	Ownership.....	100.000 ...	Cigna Corporation	NO.	
.0901	Cigna Group	00000	41-1648670				Evernorth Behavioral Health, Inc. ....	.MN.	.NIA.	Connecticut General Corporation	Ownership.....	100.000 ...	Cigna Corporation	NO.	
.0901	Cigna Group	00000	86-1465626				Evernorth Care Solutions, Inc. ....	.DE.	.NIA.	Evernorth Health, Inc.	Ownership.....	100.000 ...	Cigna Corporation	NO.	
.0901	Cigna Group	00000	32-0222252				Evernorth Direct Health, LLC .....	.DE.	.NIA.	Connecticut General Life Insurance Company	Ownership.....	100.000 ...	Cigna Corporation	NO.	
.0901	Cigna Group	00000	85-2732455				Evernorth Enterprise Services, Inc. ....	.DE.	.NIA.	Cigna Corporation	Ownership.....	100.000 ...	Cigna Corporation	NO.	
.0901	Cigna Group	00000	85-2759151				Evernorth Sales Operations, Inc. ....	.DE.	.NIA.	Evernorth Health, Inc.	Ownership.....	100.000 ...	Cigna Corporation	NO.	
.0901	Cigna Group	00000	85-2717903				Evernorth Strategic Development, Inc. ....	.DE.	.NIA.	Cigna Corporation	Ownership.....	100.000 ...	Cigna Corporation	NO.	
.0901	Cigna Group	00000	46-4676347				eviCore 1, LLC .....	.DE.	.NIA.	Evernorth Health, Inc.	Ownership.....	100.000 ...	Cigna Corporation	NO.	
.0901	Cigna Group	00000	62-1615395				eviCore healthcare MSI, LLC .....	.TN.	.NIA.	MedSolutions Holdings, Inc.	Ownership.....	100.000 ...	Cigna Corporation	NO.	
.0901	Cigna Group	13918	27-3175443				Express Reinsurance Company .....	.MO.	.IA.	Express Scripts, Inc.	Ownership.....	100.000 ...	Cigna Corporation	NO.	

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Provident American Life and Health Insurance Company

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

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Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi- ciliary Loca- tion	Rela- tionship 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 Per- centage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re- quired? (Yes/No)	*
.0901	Cigna Group	00000	41-2063830				Express Scripts Administrators LLC .....	.DE.	.NIA.	Medco Health Solutions, Inc.	Ownership.....	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	00-0000000				Express Scripts Canada Co. .....	.CAN.	.NIA.	Express Scripts Canada Holding Co.	Ownership.....	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	43-1942542				Express Scripts Canada Holding Co. .....	.DE.	.NIA.	Express Scripts, Inc.	Ownership.....	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	27-1490640				Express Scripts Canada Holding, LLC .....	.DE.	.NIA.	Express Scripts Canada Holding Co.	Ownership.....	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	00-0000000				Express Scripts Canada Services .....	.CAN.	.NIA.	GP2 Canada, ULC (0.1%)	Ownership.....	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	00-0000000				Express Scripts Canada Wholesale .....	.CAN.	.NIA.	Express Scripts Canada Co. (99.9%); ESI-GP2 Canada, ULC (0.1%)	Ownership.....	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	84-5003423				Express Scripts Health Information Network Partners, Inc. .....	.DE.	.NIA.	Express Scripts, Inc.	Ownership.....	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	45-2884094				Evernorth Health, Inc. .....	.DE.	.NIA.	Cigna Corporation	Ownership.....	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	20-5826948				Express Scripts Pharmaceutical Procurement, LLC .....	.DE.	.NIA.	ESI Mail Pharmacy Service, Inc. (50%); Express Scripts, Inc. (50%)	Ownership.....	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	00-0000000				Express Scripts Pharmacy Atlantic, Ltd. .....	.CAN.	.NIA.	Express Scripts Canada Services	Ownership.....	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	00-0000000				Express Scripts Pharmacy Central, Ltd. .....	.CAN.	.NIA.	Express Scripts Canada Services	Ownership.....	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	00-0000000				Express Scripts Pharmacy Ontario, Ltd. .....	.CAN.	.NIA.	Express Scripts Canada Services	Ownership.....	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	00-0000000				Express Scripts Pharmacy West, Ltd. .....	.CAN.	.NIA.	Express Scripts Canada Services	Ownership.....	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	30-0789911				Express Scripts Pharmacy, Inc. .....	.DE.	.NIA.	Medco Health Services, Inc.	Ownership.....	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	22-3114423				Express Scripts Sales Operations, Inc. .....	.NJ.	.NIA.	ESI Mail Pharmacy Service, Inc.	Ownership.....	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	20-3126104				Express Scripts Senior Care Holdings LLC .....	.DE.	.NIA.	ESSCH Holdings, Inc.	Ownership.....	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	20-3126075				Express Scripts Senior Care, Inc. .....	.DE.	.NIA.	ESSCH Holdings, Inc.	Ownership.....	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	43-1832983				Express Scripts Services Co. .....	.DE.	.NIA.	Express Scripts, Inc.	Ownership.....	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	43-1869712				Express Scripts Specialty Distribution Services, Inc. .....	.DE.	.NIA.	Express Scripts, Inc.	Ownership.....	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	22-2230703				Express Scripts Strategic Development, Inc. .....	.NJ.	.NIA.	Express Scripts, Inc.	Ownership.....	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	43-1869714				Express Scripts Utilization Management Company .....	.DE.	.NIA.	Express Scripts, Inc.	Ownership.....	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	43-1420563				Express Scripts, Inc. .....	.DE.	.NIA.	Evernorth Health, Inc.	Ownership.....	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	00-0000000				FirstAssist Administration Limited .....	.GBR.	.NIA.	Cigna Willow Holdings, LTD.	Ownership.....	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	23-1914061				Former Cigna Investments, Inc. .....	.DE.	.NIA.	Cigna Investment Group, Inc.	Ownership.....	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	88-3762943				Forsyth Health, LLC .....	.DE.	.NIA.	Express Scripts, Inc.	Ownership.....	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	02-0523249				Freco, Inc. .....	.FL.	.NIA.	Priority Healthcare Corporation	Ownership.....	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	20-3229217				Freedom Service Company, LLC .....	.FL.	.NIA.	Lynnfield Drug, Inc.	Ownership.....	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	00-0000000				Gillette Ridge Community Council, Inc. .....	.CT.	.NIA.	Connecticut General Life Insurance Company	Ownership.....	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	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	00000	00-0000000				GRG Acquisitions LLC .....	.DE.	.NIA.	Connecticut General Life Insurance Company	Ownership.....	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	76-0657035				GulfQuest, LP .....	.TX.	.NIA.	HouQuest, LLC	Ownership.....	99.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	87-3650143				Hartford Community Lender Holding LLC .....	.DE.	.NIA.	Cigna Health and Life Insurance Company	Ownership.....	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	87-3686301				Hartford Community Lender I LLC .....	.DE.	.NIA.	Hartford Community Lender Holding LLC	Ownership.....	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	52-2149519				Hazard Center Investment Company LLC .....	.DE.	.NIA.	Connecticut General Life Insurance Company	Ownership.....	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	04-2992335				Healthbridge Reimbursement & Product Support, Inc. .....	.MA.	.NIA.	Priority Healthcare Corporation	Ownership.....	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	26-2159005				Healthbridge, Inc. .....	.DE.	.NIA.	Express Scripts, Inc.	Ownership.....	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	46-2086778				Health-Lynx, LLC .....	.NJ.	.NIA.	Cigna Health and Life Insurance Company	Ownership.....	100.000	Cigna Corporation	NO	
.0901	Cigna Group	00000	06-1533555				Healthsource Benefits, Inc.DE.	.NIA.	Connecticut General Corporation	Ownership.....	100.000	Cigna Corporation	NO	

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SCHEDULE Y
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Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
.0901 ... Cigna Group	00000 ... 02-046769 ...					Healthsource Properties, Inc. ....		.NH...	.NIA...	Healthsource, Inc.	Ownership.....	100.000 ...	Cigna Corporation .....	...NO...	
.0901 ... Cigna Group	00000 ... 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	00000 ... 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	00000 ... 26-2353772 ...					HealthSpring Pharmacy of Tennessee, LLC ....		.DE...	.NIA...	HealthSpring Pharmacy Services, LLC	Ownership.....	100.000 ...	Cigna Corporation .....	...NO...	
.0901 ... Cigna Group	00000 ... 26-2353476 ...					HealthSpring Pharmacy Services, LLC ....		.DE...	.NIA...	NewQuest, LLC	Ownership.....	100.000 ...	Cigna Corporation .....	...NO...	
.0901 ... Cigna Group	00000 ... 72-1559530 ...					HealthSpring USA, LLC .....		.TN...	.NIA...	NewQuest, LLC	Ownership.....	100.000 ...	Cigna Corporation .....	...NO...	
.0901 ... Cigna Group	00000 ... 20-1821898 ...				0001339553 ...	HealthSpring, Inc. ....		.DE...	.NIA...	Connecticut General Corporation	Ownership.....	100.000 ...	Cigna Corporation .....	...NO...	
.0901 ... Cigna Group	00000 ... 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	00000 ... 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	00000 ... 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	00000 ... 20-4266628 ...					Home Physicians Management, LLC .....		.DE...	.NIA...	NewQuest, LLC	Ownership.....	100.000 ...	Cigna Corporation .....	...NO...	
.0901 ... Cigna Group	00000 ... 75-3108521 ...					HouQuest, LLC .....		.DE...	.NIA...	NewQuest, LLC	Ownership.....	100.000 ...	Cigna Corporation .....	...NO...	
.0901 ... Cigna Group	00000 ... 37-1708015 ...					Houston Briar Forest Apartments Limited Partnership .....		.DE...	.NIA...	Cigna Affiliates Realty Investment Group, LLC	Ownership.....	.80.000 ...	Cigna Corporation .....	...NO...	
.0901 ... Cigna Group	00000 ... 95-4838551 ...					Ideal Properties II LLC .....		.CA...	.NIA...	Cigna Affiliates Realty Investment Group, LLC	Ownership.....	.85.000 ...	Cigna Corporation .....	...NO...	
.0901 ... Cigna Group	00000 ... 35-2041388 ...					IHN, Inc. ....		.IN...	.NIA...	Connecticut General Corporation	Ownership.....	100.000 ...	Cigna Corporation .....	...NO...	
.0901 ... Cigna Group	00000 ... 00-0000000 ...					Independent Health Information Technology Services L.L.C. ....		.ARE...	.NIA...	NAS Neuron Health Services, L.L.C.	Ownership.....	.50.000 ...	Cigna Corporation .....	...NO...	
.0901 ... Cigna Group	00000 ... 82-1655179 ...					Innovative Product Alignment, LLC .....		.DE...	.NIA...	Express Scripts, Inc.	Ownership.....	100.000 ...	Cigna Corporation .....	...NO...	
.0901 ... Cigna Group	00000 ... 82-0658250 ...					Inside RX, LLC .....		.DE...	.NIA...	Express Scripts, Inc.	Ownership.....	100.000 ...	Cigna Corporation .....	...NO...	
.0901 ... Cigna Group	00000 ... 81-0425785 ...					Intermountain Underwriters, Inc. ....		.MT...	.NIA...	Benefit Management Corp.	Ownership.....	100.000 ...	Cigna Corporation .....	...NO...	
.0901 ... Cigna Group	00000 ... 00-0000000 ...					International Pharmaceutical Solutions, GmbH .....		.CHE...	.NIA...	Cigna Holdings Overseas, Inc.	Ownership.....	100.000 ...	Cigna Corporation .....	...NO...	
.0901 ... Cigna Group	00000 ... 84-3406799 ...					JA Lofts Holdings, LLC .....		.DE...	.NIA...	JA Lofts JV Limited Partnership	Ownership.....	100.000 ...	Cigna Corporation .....	...NO...	
.0901 ... Cigna Group	00000 ... 84-3395923 ...					JA Lofts JV Limited Partnership .....		.DE...	.NIA...	CARING JA Lofts Investor LP LLC	Ownership.....	.90.000 ...	Cigna Corporation .....	...NO...	
.0901 ... Cigna Group	00000 ... 00-0000000 ...					Kuwait Emirates Administration Services WLL .....		.KWT...	.NIA...	NAS Administrative Services Company LLC	Ownership.....	.90.000 ...	Cigna Corporation .....	...NO...	
.0901 ... Cigna Group	00000 ... 20-8064696 ...					Kronos Optimal Health Company .....		.AZ...	.NIA...	Connecticut General Corporation	Ownership.....	100.000 ...	Cigna Corporation .....	...NO...	
.0901 ... Cigna Group	00000 ... 47-5292506 ...					L&C Investments, LLC .....		.DE...	.NIA...	Express Scripts, Inc.	Ownership.....	100.000 ...	Cigna Corporation .....	...NO...	
.0901 ... Cigna Group	00000 ... 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...	.IA...	Cigna Health and Life Insurance Company	Ownership.....	100.000 ...	Cigna Corporation .....	...NO...	
.0901 ... Cigna Group	00000 ... 58-2593075 ...					Lynnfield Compounding Center, Inc. ....		.FL...	.NIA...	Priority Healthcare Corporation	Ownership.....	100.000 ...	Cigna Corporation .....	...NO...	
.0901 ... Cigna Group	00000 ... 04-3546044 ...					Lynnfield Drug, Inc. ....		.FL...	.NIA...	Priority Healthcare Corporation	Ownership.....	100.000 ...	Cigna Corporation .....	...NO...	
.0901 ... Cigna Group	00000 ... 27-1506930 ...					MAH Pharmacy, LLC .....		.DE...	.NIA...	Medeo Health Solutions, Inc.	Ownership.....	100.000 ...	Cigna Corporation .....	...NO...	
.0901 ... Cigna Group	00000 ... 80-0908244 ...					Mallory Square Partners I, LLC .....		.DE...	.NIA...	Cigna Affiliates Realty Investment Group, LLC	Ownership.....	.80.000 ...	Cigna Corporation .....	...NO...	
.0901 ... Cigna Group	00000 ... 88-0241365 ...					Managed Care Consultants, Inc. ....		.NV...	.NIA...	Cigna Health Corporation	Ownership.....	100.000 ...	Cigna Corporation .....	...NO...	
.0901 ... Cigna Group	00000 ... 51-0500147 ...					Matrix GPO, LLC .....		.IN...	.NIA...	Priority Healthcare Corporation	Ownership.....	100.000 ...	Cigna Corporation .....	...NO...	
.0901 ... Cigna Group	00000 ... 59-3720653 ...					Matrix Healthcare Services, Inc. ....		.FL...	.NIA...	MyMatrixx Holdings, LLC	Ownership.....	100.000 ...	Cigna Corporation .....	...NO...	
.0901 ... Cigna Group	00000 ... 06-1346406 ...					MCC Independent Practice Association of New York, Inc. ....		.NY...	.NIA...	Evernorth Health, Inc.	Ownership.....	.100.000 ...	Cigna Corporation .....	...NO...	
.0901 ... Cigna Group	00000 ... 45-4937055 ...					MDLive, Inc. ....		.DE...	.NIA...	Evernorth Health, Inc.	Ownership.....	.97.230 ...	Cigna Corporation .....	...NO...	
.0901 ... Cigna Group	00000 ... 00-0000000 ...					MDLive LLC .....		.DE...	.NIA...	MDLive, Inc.	Ownership.....	100.000 ...	Cigna Corporation .....	...NO...	
.0901 ... Cigna Group	00000 ... 00-0000000 ...					MDLivevisit, LLC .....		.FL...	.NIA...	MDLive, Inc.	Ownership.....	100.000 ...	Cigna Corporation .....	...NO...	
.0901 ... Cigna Group	00000 ... 00-0000000 ...					MDLive Provider Services, LLC .....		.FL...	.NIA...	MDLive, Inc.	Ownership.....	100.000 ...	Cigna Corporation .....	...NO...	

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Provident American Life and Health Insurance Company

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Loca-tion	Rela-tion-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Owner-ship Provide Percen-tage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Yes/No)	*
.0901 ... Cigna Group	34720 ... 13-3506395					Medco Containment Insurance Company of NY .....	.. NY.....	.. IA.....	Medco Health Solutions, Inc.	Ownership.....	100.00 ...	Cigna Corporation .....	... NO	
.0901 ... Cigna Group	63762 ... 42-1425239					Medco Containment Life Insurance Company .....	.. PA.....	.. IA.....	Medco Health Solutions, Inc.	Ownership.....	100.00 ...	Cigna Corporation .....	... NO	
.0901 ... Cigna Group	00000 ... 27-3709630					Medco Europe II, LLC .....	.. DE.....	.. NIA.....	Medco Europe, LLC	Ownership.....	100.00 ...	Cigna Corporation .....	... NO	
.0901 ... Cigna Group	00000 ... 46-2166374					Medco Europe, LLC .....	.. DE.....	.. NIA.....	Medco Health Solutions, Inc.	Ownership.....	100.00 ...	Cigna Corporation .....	... NO	
.0901 ... Cigna Group	00000 ... 84-5017653					Medco Health Information Network Partners, Inc. .....	.. DE.....	.. NIA.....	Medco Health Solutions, Inc.	Ownership.....	100.00 ...	Cigna Corporation .....	... NO	
.0901 ... Cigna Group	00000 ... 81-0616525					Medco Health Puerto Rico, LLC .....	.. DE.....	.. NIA.....	Medco Health Solutions, Inc.	Ownership.....	100.00 ...	Cigna Corporation .....	... NO	
.0901 ... Cigna Group	00000 ... 26-3544786					Medco Health Services, Inc. .....	.. DE.....	.. NIA.....	Medco Health Solutions, Inc.	Ownership.....	100.00 ...	Cigna Corporation .....	... NO	
.0901 ... Cigna Group	00000 ... 22-3461740					Medco Health Solutions, Inc. .....	.. DE.....	.. NIA.....	Evernorth Health, Inc.	Ownership.....	100.00 ...	Cigna Corporation .....	... NO	
.0901 ... Cigna Group	00000 ... 88-0334401					Mediversal, Inc. .....	.. NV.....	.. NIA.....	Connecticut General Corporation	Ownership.....	100.00 ...	Cigna Corporation .....	... NO	
.0901 ... Cigna Group	00000 ... 27-3801345					MedSolutions Holdings, Inc. .....	.. DE.....	.. NIA.....	eviCore 1, LLC	Ownership.....	100.00 ...	Cigna Corporation .....	... NO	
.0901 ... Cigna Group	00000 ... 87-2810715					Montclair 11 Pine Operating Company LLC .....	.. DE.....	.. NIA.....	CARING Montclair Investor LLC	Ownership.....	90.00 ...	Cigna Corporation .....	... NO	
.0901 ... Cigna Group	00000 ... 87-2790325					Montclair 11 Pine Urban Renewal LLC .....	.. DE.....	.. NIA.....	CARING Montclair Investor LLC	Ownership.....	90.00 ...	Cigna Corporation .....	... NO	
.0901 ... Cigna Group	00000 ... 87-2772585					Montclair Residences JV LLC .....	.. DE.....	.. NIA.....	CARING Montclair Investor LLC	Ownership.....	90.00 ...	Cigna Corporation .....	... NO	
.0901 ... Cigna Group	00000 ... 32-0071543					MSI Health Organization of Texas, Inc. .....	.. TX.....	.. NIA.....	eviCore healthcare MSI, LLC	Ownership.....	100.00 ...	Cigna Corporation .....	... NO	
.0901 ... Cigna Group	00000 ... 27-5492993					MSI HT, LLC .....	.. TN.....	.. NIA.....	eviCore healthcare MSI, LLC	Ownership.....	100.00 ...	Cigna Corporation .....	... NO	
.0901 ... Cigna Group	00000 ... 27-5493148					MSI LT, LLC .....	.. TN.....	.. NIA.....	eviCore healthcare MSI, LLC	Ownership.....	100.00 ...	Cigna Corporation .....	... NO	
.0901 ... Cigna Group	00000 ... 27-5493321					MSI SAR-GW, LLC .....	.. TN.....	.. NIA.....	eviCore healthcare MSI, LLC	Ownership.....	100.00 ...	Cigna Corporation .....	... NO	
.0901 ... Cigna Group	00000 ... 86-1090522					MSIAZ I, LLC .....	.. TN.....	.. NIA.....	eviCore healthcare MSI, LLC	Ownership.....	100.00 ...	Cigna Corporation .....	... NO	
.0901 ... Cigna Group	00000 ... 20-1749733					MSICA I, LLC .....	.. TN.....	.. NIA.....	eviCore healthcare MSI, LLC	Ownership.....	100.00 ...	Cigna Corporation .....	... NO	
.0901 ... Cigna Group	00000 ... 20-1222347					MSICO I, LLC .....	.. TN.....	.. NIA.....	eviCore healthcare MSI, LLC	Ownership.....	100.00 ...	Cigna Corporation .....	... NO	
.0901 ... Cigna Group	00000 ... 55-0840800					MSIFL, LLC .....	.. TN.....	.. NIA.....	eviCore healthcare MSI, LLC	Ownership.....	100.00 ...	Cigna Corporation .....	... NO	
.0901 ... Cigna Group	00000 ... 26-0181185					MSIMD I, LLC .....	.. TN.....	.. NIA.....	eviCore healthcare MSI, LLC	Ownership.....	100.00 ...	Cigna Corporation .....	... NO	
.0901 ... Cigna Group	00000 ... 74-3122235					MSINC I, LLC .....	.. TN.....	.. NIA.....	eviCore healthcare MSI, LLC	Ownership.....	100.00 ...	Cigna Corporation .....	... NO	
.0901 ... Cigna Group	00000 ... 11-3715243					MSINH II, LLC .....	.. TN.....	.. NIA.....	eviCore healthcare MSI, LLC	Ownership.....	100.00 ...	Cigna Corporation .....	... NO	
.0901 ... Cigna Group	00000 ... 03-0524694					MSINH, LLC .....	.. TN.....	.. NIA.....	eviCore healthcare MSI, LLC	Ownership.....	100.00 ...	Cigna Corporation .....	... NO	
.0901 ... Cigna Group	00000 ... 20-1749446					MSINJ I, LLC .....	.. TN.....	.. NIA.....	eviCore healthcare MSI, LLC	Ownership.....	100.00 ...	Cigna Corporation .....	... NO	
.0901 ... Cigna Group	00000 ... 20-1761914					MSINV I, LLC .....	.. TN.....	.. NIA.....	eviCore healthcare MSI, LLC	Ownership.....	100.00 ...	Cigna Corporation .....	... NO	
.0901 ... Cigna Group	00000 ... 55-0840806					MSISC II, LLC .....	.. TN.....	.. NIA.....	eviCore healthcare MSI, LLC	Ownership.....	100.00 ...	Cigna Corporation .....	... NO	
.0901 ... Cigna Group	00000 ... 26-0336736					MSIVT I, LLC .....	.. TN.....	.. NIA.....	eviCore healthcare MSI, LLC	Ownership.....	100.00 ...	Cigna Corporation .....	... NO	
.0901 ... Cigna Group	00000 ... 20-2536458					MSIWA, LLC .....	.. TN.....	.. NIA.....	eviCore healthcare MSI, LLC	Ownership.....	100.00 ...	Cigna Corporation .....	... NO	
.0901 ... Cigna Group	00000 ... 36-4833284					MyM Technology Services, LLC .....	.. FL.....	.. NIA.....	MyMatrixx Holdings, LLC	Ownership.....	100.00 ...	Cigna Corporation .....	... NO	
.0901 ... Cigna Group	00000 ... 82-1350878					myMatrixx Holdings, LLC .....	.. DE.....	.. NIA.....	Express Scripts, Inc.	Ownership.....	100.00 ...	Cigna Corporation .....	... NO	
.0901 ... Cigna Group	00000 ... 46-2589799					myMatrixx-B, LLC .....	.. FL.....	.. NIA.....	Matrix Healthcare Services, Inc.	Ownership.....	100.00 ...	Cigna Corporation .....	... NO	
.0901 ... Cigna Group	00000 ... 00-0000000					NAS Administrative Services Company LLC .....	.. ARE.....	.. NIA.....	NAS Neuron Health Services, L.L.C.	Ownership.....	.99.00 ...	Cigna Corporation .....	... NO	
.0901 ... Cigna Group	00000 ... 00-0000000					NAS Neuron Health Services, L.L.C. .....	.. ARE.....	.. NIA.....	Cigna Chestnut Holdings, Ltd.	Ownership.....	.34.00 ...	Cigna Corporation .....	... NO	
.0901 ... Cigna Group	00000 ... 00-0000000					NAS United SPV .....	.. CYM.....	.. NIA.....	NAS Neuron Health Services, L.L.C.	Ownership.....	.100.00 ...	Cigna Corporation .....	... NO	
.0901 ... Cigna Group	00000 ... 00-0000000					Neuron LLC .....	.. ARE.....	.. NIA.....	NAS Neuron Health Services, L.L.C.	Ownership.....	.99.00 ...	Cigna Corporation .....	... NO	
.0901 ... Cigna Group	00000 ... 52-1929677					NewQuest Management Northeast, LLC .....	.. DE.....	.. NIA.....	NewQuest, LLC	Ownership.....	100.00 ...	Cigna Corporation .....	... NO	
.0901 ... Cigna Group	00000 ... 33-1033586					NewQuest Management of Alabama, LLC .....	.. AL.....	.. NIA.....	NewQuest, LLC	Ownership.....	100.00 ...	Cigna Corporation .....	... NO	
.0901 ... Cigna Group	00000 ... 20-4954206					NewQuest Management of Florida, LLC .....	.. FL.....	.. NIA.....	NewQuest, LLC	Ownership.....	100.00 ...	Cigna Corporation .....	... NO	
.0901 ... Cigna Group	00000 ... 77-0632665					NewQuest Management of Illinois, LLC .....	.. IL.....	.. NIA.....	NewQuest, LLC	Ownership.....	100.00 ...	Cigna Corporation .....	... NO	
.0901 ... Cigna Group	00000 ... 45-0633893					NewQuest Management of West Virginia, LLC .....	.. DE.....	.. NIA.....	NewQuest, LLC	Ownership.....	100.00 ...	Cigna Corporation .....	... NO	
.0901 ... Cigna Group	00000 ... 76-0628370					NewQuest, LLC .....	.. TX.....	.. NIA.....	HealthSpring, Inc.	Ownership.....	100.00 ...	Cigna Corporation .....	... NO	
.0901 ... Cigna Group	00000 ... 82-5244890					Octave Health Group, Inc. .....	.. DE.....	.. NIA.....	Cigna Ventures, LLC	Ownership.....	.10.10 ...	Cigna Corporation .....	... NO	
.0901 ... Cigna Group	00000 ... 91-1599329					Olympic Health Management Services, Inc. ....	.. WA.....	.. NIA.....	Olympic Health Management Systems, Inc.	Ownership.....	.100.00 ...	Cigna Corporation .....	... NO	
.0901 ... Cigna Group	00000 ... 91-1500758					Olympic Health Management Systems, Inc. ....	.. WA.....	.. NIA.....	Sterling Life Insurance Company	Ownership.....	.100.00 ...	Cigna Corporation .....	... NO	
.0901 ... Cigna Group	00000 ... 80-0818750					Patient Provider Alliance, Inc. .....	.. DE.....	.. NIA.....	Brighter, Inc.	Ownership.....	.100.00 ...	Cigna Corporation .....	... NO	
.0901 ... Cigna Group	00000 ... 35-1927379					Priority Healthcare Corporation .....	.. IN.....	.. NIA.....	CuraScript, Inc.	Ownership.....	.100.00 ...	Cigna Corporation .....	... NO	

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Provident American Life and Health Insurance Company

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Loca-tion	Rela-tion-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Owner-ship Provide Per-centage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Yes/No)	*
.0901 ...	Cigna Group	00000 ...	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...	.RE...	Cigna National Health Insurance Company ...	Ownership.....	100.000 ...	Cigna Corporation	NO...	
.0901 ...	Cigna Group	00000 ...	00-0000000 ...			PT GAR Indonesia .....		.IDN...	.NIA...	Cigna Holdings Overseas, Inc	Ownership.....	.99.160 ...	Cigna Corporation	NO...	
.0901 ...	Cigna Group	00000 ...	45-5046449 ...			PUR Arbors Apartments Venture LLC .....		.DE...	.NIA...	Cigna Affiliates Realty Investment Group, LLC	Ownership.....	.87.500 ...	Cigna Corporation	NO...	
.0901 ...	Cigna Group	00000 ...	46-1801639 ...			QualCare Management Resources Limited Liability Company .....		.NJ...	.NIA...	Cigna Health and Life Insurance Company ...	Ownership.....	100.000 ...	Cigna Corporation	NO...	
.0901 ...	Cigna Group	00000 ...	00-0000000 ...			Qualent Pharmaceuticals Holdings LP .....		.CYM...	.NIA...	Cigna Spruce Holdings GmbH	Ownership.....	100.000 ...	Cigna Corporation	NO...	
.0901 ...	Cigna Group	00000 ...	00-0000000 ...			Qualent Pharmaceuticals Health LLC .....		.CYM...	.NIA...	Qualent Pharmaceuticals Holdings LP	Ownership.....	100.000 ...	Cigna Corporation	NO...	
.0901 ...	Cigna Group	00000 ...	45-5569416 ...			QPID Health, LLC .....		.DE...	.NIA...	eviCore healthcare MSI, LLC	Ownership.....	100.000 ...	Cigna Corporation	NO...	
.0901 ...	Cigna Group	00000 ...	83-1460134 ...			Rise-CG Capitol Hill, LP .....		.DE...	.NIA...	CARING Capitol Hill LP LLC	Ownership.....	.90.000 ...	Cigna Corporation	NO...	
.0901 ...	Cigna Group	00000 ...	84-3254168 ...			JA Lofts Holdings, LLC (.5%); JA Lofts JV									
.0901 ...	Cigna Group	00000 ...	35-1641636 ...			Rise-CG JA Lofts Limited Partnership .....		.DE...	.NIA...	Limited Partnership (99.5%)	Ownership.....	100.000 ...	Cigna Corporation	NO...	
.0901 ...	Cigna Group	00000 ...	46-3593103 ...			Sagamore Health Network, Inc. .....		.IN...	.NIA...	Cigna Health Corporation	Ownership.....	100.000 ...	Cigna Corporation	NO...	
.0901 ...	Cigna Group	00000 ...	95-2876207 ...			SB-SNH LLC .....		.DE...	.NIA...	Cigna Affiliates Realty Investment Group, LLC	Ownership.....	.85.000 ...	Cigna Corporation	NO...	
.0901 ...	Cigna Group	00000 ...	82-1732483 ...			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	00000 ...	82-4405071 ...			SOMA Apartments Venture LLC .....		.DE...	.NIA...	Cigna Affiliates Realty Investment Group, LLC	Ownership.....	.90.000 ...	Cigna Corporation	NO...	
.0901 ...	Cigna Group	00000 ...	61-1317695 ...			Specialty Products Acquisitions, LLC .....		.DE...	.NIA...	Medco Health Solutions, Inc.	Ownership.....	100.000 ...	Cigna Corporation	NO...	
.0901 ...	Cigna Group	00000 ...	61-1147068 ...			SpectraCare Health Care Ventures, Inc. .....		.KY...	.NIA...	SpectraCare, Inc.	Ownership.....	100.000 ...	Cigna Corporation	NO...	
.0901 ...	Cigna Group	77399 ...	13-1867829 ...			SpectraCare, Inc. .....		.KY...	.NIA...	Priority Healthcare Corp	Ownership.....	100.000 ...	Cigna Corporation	NO...	
.0901 ...	Cigna Group	00000 ...	47-2658932 ...			Sterling Life Insurance Company .....		.IL...	.IA...	Cigna Health and Life Insurance Company	Ownership.....	100.000 ...	Cigna Corporation	NO...	
.0901 ...	Cigna Group	00000 ...	00-0000000 ...			Strategic Pharmaceutical Investments, LLC .....		.DE...	.NIA...	Priority Healthcare Corp	Ownership.....	100.000 ...	Cigna Corporation	NO...	
.0901 ...	Cigna Group	00000 ...	87-0903685 ...			SureScripts, LLC .....		.VA...	.NIA...	Express Scripts, Inc. 16.7%/Medco Health Solutions, Inc. 16.7%	Ownership.....	.33.400 ...	Cigna Corporation	NO...	
.0901 ...	Cigna Group	00000 ...	22-3474888 ...			Swedesford Road Apartments, LLC .....		.DE...	.NIA...	CARING Berwyn Investor LLC	Ownership.....	.68.600 ...	Cigna Corporation	NO...	
.0901 ...	Cigna Group	00000 ...	23-3074013 ...			Systemed, LLC .....		.DE...	.NIA...	Medco Health Solutions, Inc.	Ownership.....	100.000 ...	Cigna Corporation	NO...	
.0901 ...	Cigna Group	00000 ...	46-0427127 ...			Tel-Drug of Pennsylvania, LLC .....		.PA...	.NIA...	Connecticut General Life Insurance Company	Ownership.....	100.000 ...	Cigna Corporation	NO...	
.0901 ...	Cigna Group	00000 ...	00-0000000 ...			Tel-Drug, Inc. .....		.SD...	.NIA...	Connecticut General Corporation	Ownership.....	100.000 ...	Cigna Corporation	NO...	
.0901 ...	Cigna Group	00000 ...	20-5524622 ...			Temple Insurance Company Limited .....		.BMU...	.IA...	Healthsource, Inc.	Ownership.....	100.000 ...	Cigna Corporation	NO...	
.0901 ...	Cigna Group	00000 ...	75-3108527 ...			Tennessee Quest, LLC .....		.TN...	.NIA...	NewQuest, LLC	Ownership.....	100.000 ...	Cigna Corporation	NO...	
.0901 ...	Cigna Group	00000 ...	85-1955731 ...			TexQuest, LLC .....		.DE...	.NIA...	NewQuest, LLC	Ownership.....	100.000 ...	Cigna Corporation	NO...	
.0901 ...	Cigna Group	00000 ...	85-1955075 ...			The Flats at Interbay Holdings, LLC .....		.DE...	.NIA...	CARING Interbay JV Limited Partnership	Ownership.....	100.000 ...	Cigna Corporation	NO...	
.0901 ...	Cigna Group	00000 ...	85-1962013 ...			The Flats at Interbay Limited Partnership .....		.DE...	.NIA...	CARING Interbay Investor LP LLC	Ownership.....	.90.000 ...	Cigna Corporation	NO...	
.0901 ...	Cigna Group	00000 ...	46-5264463 ...			Trainer Rx, Inc. .....		.DE...	.NIA...	Cigna Ventures, LLC	Ownership.....	.99.500 ...	Cigna Corporation	NO...	
.0901 ...	Cigna Group	00000 ...	00-0000000 ...			Transwestern Federal, L.L.C. .....		.DE...	.NIA...	Transwestern Federal Holdings, L.L.C.	Ownership.....	.19.400 ...	Cigna Corporation	NO...	
.0901 ...	Cigna Group	00000 ...	00-0000000 ...			Transwestern Federal Holdings, L.L.C. .....		.DE...	.NIA...	Cigna Affiliates Realty Investment Group, LLC	Ownership.....	.7.616 ...	Cigna Corporation	NO...	
.0901 ...	Cigna Group	00000 ...	88-0344624 ...			Universal Claims Administration .....		.NV...	.NIA...	Mediversal, Inc.	Ownership.....	7.616 ...	Cigna Corporation	NO...	
.0901 ...	Cigna Group	00000 ...	98-0463704 ...			Vielife Services, Inc. .....		.DE...	.NIA...	Cigna Global Wellbeing Holdings Limited ...	Ownership.....	100.000 ...	Cigna Corporation	NO...	
.0901 ...	Cigna Group	00000 ...	00-0000000 ...			Verity Solutions Group, Inc. .....		.DE...	.NIA...	Cigna Health and Life Insurance Company	Ownership.....	100.000 ...	Cigna Corporation	YES...	
.0901 ...	Cigna Group	00000 ...	00-0000000 ...			Westcore CG AC, LLC .....		.DE...	.NIA...	CARING Westcore Holding Investor LLC	Ownership.....	.90.000 ...	Cigna Corporation	NO...	
.0901 ...	Cigna Group	00000 ...	84-3178563 ...			Westcore CG Camelback, LLC .....		.DE...	.NIA...	CARING Westcore Holding Investor LLC	Ownership.....	.90.000 ...	Cigna Corporation	NO...	
.0901 ...	Cigna Group	00000 ...	84-3178563 ...			Westcore CG Cedar Port, LLC .....		.DE...	.NIA...	CARING Westcore Holding Investor LLC	Ownership.....	.90.000 ...	Cigna Corporation	NO...	
.0901 ...	Cigna Group	00000 ...	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 Provident American Life and Health Insurance Company

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

1 Group Code	2 Group Name	3 NAIC Company Code	4 ID Number	5 Federal RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries Or Affiliates	9 Domestic- ciliary Loca- tion	10 Relation- ship to Reporting Entity	11 Directly Controlled by (Name of Entity/Person)	12 Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	13 If Control is Owner- ship Provide Per- centage	14 Ultimate Controlling Entity(ies)/Person(s)	15 Is an SCA Filing Re- quired? (Yes/No)	16 *
.0901 ...	Cigna Group	00000 ...	84-3178563 ..			Westcore CG Dove Valley I, LLC .....		.DE....	.NIA....	CARING Westcore Holding Investor LLC	Ownership.....	.90.000 ...	Cigna Corporation .....	...NO....	
.0901 ...	Cigna Group	00000 ...	84-3178563 ..			Westcore CG Dove Valley II, LLC .....		.DE....	.NIA....	CARING Westcore Holding Investor LLC	Ownership.....	.90.000 ...	Cigna Corporation .....	...NO....	
.0901 ...	Cigna Group	00000 ...	84-3178563 ..			Westcore CG Eisenhauer, LLC .....		.DE....	.NIA....	CARING Westcore Holding Investor LLC	Ownership.....	.90.000 ...	Cigna Corporation .....	...NO....	
.0901 ...	Cigna Group	00000 ...	84-3178563 ..			Westcore CG II Eisenhauer, LLC .....		.DE....	.NIA....	CARING Westcore Holding Investor LLC	Ownership.....	.90.000 ...	Cigna Corporation .....	...NO....	
.0901 ...	Cigna Group	00000 ...	84-3178563 ..			Westcore CG Fountain Lakes, LLC .....		.DE....	.NIA....	CARING Westcore Holding Investor LLC	Ownership.....	.90.000 ...	Cigna Corporation .....	...NO....	
.0901 ...	Cigna Group	00000 ...	84-3178563 ..			Westcore CG Gateway, LLC .....		.DE....	.NIA....	CARING Westcore Holding Investor LLC	Ownership.....	.90.000 ...	Cigna Corporation .....	...NO....	
.0901 ...	Cigna Group	00000 ...	84-3178563 ..			Westcore CG I-35, LLC .....		.DE....	.NIA....	CARING Westcore Holding Investor LLC	Ownership.....	.90.000 ...	Cigna Corporation .....	...NO....	
.0901 ...	Cigna Group	00000 ...	84-3178563 ..			Westcore CG Navy, LLC .....		.DE....	.NIA....	CARING Westcore Holding Investor LLC	Ownership.....	.90.000 ...	Cigna Corporation .....	...NO....	
.0901 ...	Cigna Group	00000 ...	84-3178563 ..			Westcore CG Potomac Park, LLC .....		.DE....	.NIA....	CARING Westcore Holding Investor LLC	Ownership.....	.90.000 ...	Cigna Corporation .....	...NO....	
.0901 ...	Cigna Group	00000 ...	84-3178563 ..			Westcore CG Solano, LLC .....		.DE....	.NIA....	CARING Westcore Holding Investor LLC	Ownership.....	.90.000 ...	Cigna Corporation .....	...NO....	
.0901 ...	Cigna Group	00000 ...	84-3178563 ..			Westcore CG Susana, LLC .....		.DE....	.NIA....	CARING Westcore Holding Investor LLC	Ownership.....	.90.000 ...	Cigna Corporation .....	...NO....	
.0901 ...	Cigna Group	00000 ...	00-0000000 ..			Westcore CG Venture, LLC .....		.DE....	.NIA....	CARING Westcore Holding Investor LLC	Ownership.....	.90.000 ...	Cigna Corporation .....	...NO....	
.0901 ...	Cigna Group	00000 ...	87-3624928 ..			Westcore CG Venture II, LLC .....		.DE....	.NIA....	CARING Westcore Holding II Investor LLC ...	Ownership.....	.90.000 ...	Cigna Corporation .....	...NO....	
.0901 ...	Cigna Group	00000 ...	87-3624928 ..			Westcore CG II AC, LLC .....		.DE....	.NIA....	CARING Westcore Holding II Investor LLC ...	Ownership.....	.90.000 ...	Cigna Corporation .....	...NO....	
.0901 ...	Cigna Group	00000 ...	87-3624928 ..			Westcore CG II Park 225, LLC .....		.DE....	.NIA....	CARING Westcore Holding II Investor LLC ...	Ownership.....	.90.000 ...	Cigna Corporation .....	...NO....	
.0901 ...	Cigna Group	00000 ...	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	00000 ...	00-0000000 ..			Willow DSP LLC .....		.DE....	.NIA....	Accredo Health, Incorporated	Ownership.....	.100.000 ...	Cigna Corporation .....	...NO....	
.0901 ...	Cigna Group	00000 ...	00-0000000 ..			YCFM Servicos LTDA .....		.BRA...	.NIA....	Cigna Global Holdings, Inc.	Ownership.....	.35.320 ...	Cigna Corporation .....	...NO....	

53.11

Asterisk	Explanation

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Provident American Life and Health Insurance Company

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

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....00000	46-2332355	1EQ Inc. (d/b/a Babyscripts)										
....00000	88-1945947	73 Pond Street Apartments Venture, L.L.C.										
....00000	00-0000000	680 Investors LLC										
....00000	00-0000000	685 New Hampshire LLC										
....00000	82-4794800	9171 Wilshire CPI-CII LLC										
....00000	86-1712743	ABL Apartments Venture, L.L.C.										
....00000	88-4202407	ABL Holding Co., L.L.C.										
....00000	88-3747773	ABL Townhomes Venture, L.L.C.										
....00000	85-1046126	ABS Apartments Venture, L.L.C.										
....00000	11-3358535	Accredo Health Group, Inc.										
....00000	55-0894449	Accredo Health, Incorporated										
....00000	87-4355549	AGA Apartments Venture, L.L.C.										
....00000	13-3888838	AHG of New York, Inc.										
....00000	75-3040465	Airport Holdings, LLC										
....00000	35-2562415	Alegis Care Services, LLC										
....00000	85-0909305	Alegis Care Services of Colorado, LLC										
....00000	81-0400550	Allegiance Benefit Plan Management, Inc.		(10,000,000)				14,044,456				4,044,456
....00000	03-0507057	Allegiance Care Management, LLC						78,609				78,609
....00000	71-0916514	Allegiance COBRA Services, Inc.						536				536
....12814	20-4433475	Allegiance Life & Health Insurance Company						(1,978,926)	595,552			(1,383,374)
....00000	26-2201582	Allegiance Provider Direct, LLC										63,699
....00000	20-3851464	Allegiance Re, Inc.										
....88366	59-2760189	American Retirement Life Insurance Company						(18,703,142)				(58,703,142)
....00000	87-4023291	AOP II Apartments Venture, L.L.C.		(40,000,000)								
....00000	82-3315524	Arbor Heights Venture LLC										
....00000	46-4080861	AristaMD, Inc.										
....00000	86-3581583	Arizona Health Plan, Inc.										
....00000	00-0000000	Ascent Health Services LLC						(384,803)				(384,803)
....00000	86-1750832	ASM Apartments Venture, L.L.C.										
....00000	81-0585518	Benefit Management Corp.										
....00000	81-2650133	Berewick Apartments LLC										
....00000	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)
....00000	00-0000000	Breakthrough Behavioral, Inc.										
....00000	00-0000000	Breakthrough Behavioral of Texas, Inc.										
....00000	27-1713977	Brighter, Inc.						428,904				428,904
....00000	46-4918521	Buoy Health, Inc.										
....00000	47-4991296	Bright Health Group, Inc.										
....00000	61-1162797	Care Continuum, Inc.										
....00000	85-0954556	CareAllies Accountable Care Collaborative LLC										

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....00000	85-0935554	CareAllies Accountable Care Network LLC										
....00000	00-0000000	CareAllies Accountable Care Solutions LLC										
....00000	26-0180898	CareAllies, Inc.		(28,000,000)				(13,851)				(28,013,851)
....00000	81-2760646	CareAllies, LLC										
....10144	20-1089572	CareCore NJ, LLC						(23,012,322)				(23,012,322)
....00000	45-2681649	CarePlexus, LLC										
....00000	83-1400586	CARING 18th & Salmon Investor LLC										
....00000	83-2562994	CARING 500 Ygnacio Investor LLC										
....00000	84-1960231	CARING 3130 Investor LLC										
....00000	83-2318410	CARING 9171 Wilshire Investor LLC										
....00000	85-4247420	CARING ABS Investor LLC										
....00000	83-2851501	CARING Alta Duraleigh Investor LLC										
....00000	83-2851501	CARING Alta Englewood Investor LLC										
....00000	85-2966766	CARING Alta Leander Investor LLC										
....00000	83-2563284	CARING Alta Woodson Investor LLC										
....00000	85-2966766	CARING Avondale Investor LLC										
....00000	87-1992977	CARING Berwyn Investor LLC										
....00000	86-1885283	CARING Brinkman Investor LLC										
....00000	32-0570889	CARING Capitol Hill GP LLC										
....00000	37-1903297	CARING Capitol Hill LP LLC										
....00000	83-2851364	CARING Century Plaza Investor LLC										
....00000	85-4265529	CARING Deco Investor LLC										
....00000	85-2912145	CARING Elan I Investor LLC										
....00000	87-0928526	CARING Elan II Investor LLC										
....00000	83-3701937	CARING Firestone Investor LLC										
....00000	87-4803572	CARING Galleria Investor LLC										
....00000	00-0000000	CARING JA Lofts Investor LP LLC										
....00000	00-0000000	CARING JA Lofts Investor GP LLC										
....00000	83-2318233	CARING Heights at Bear Creek Investor LLC										
....00000	83-1400482	CARING Hillcrest Investor LLC										
....00000	84-4410554	CARING IBP Investor LLC										
....00000	85-1961034	CARING Interbay Investor GP LLC										
....00000	85-1984627	CARING Interbay Investor LP LLC										
....00000	83-2339522	CARING Mallory Square Investor LLC										
....00000	85-4265529	CARING Montclair Investor LLC										
....00000	83-2563138	CARING Soma Investor LLC										
....00000	83-2633790	CARING Alexan Enclave Investor LLC										
....00000	83-2633886	CARING Orange Collection Investor LLC										
....00000	86-2627703	CARING Optimist Park II Investor LLC										
....00000	87-2031777	CARING Slabtown Investor, LLC										
....00000	83-8294933	CARING South Coast Subsidiary LLC										
....00000	86-1942593	CARING St. Matthew's Investor LLC										
....00000	88-2074593	CARING Waltham Investor LLC										

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....00000	38-4085763	CARING Westcore Holding Investor LLC										
....00000	87-3646420	CARING Westcore Holding II Investor LLC										
....00000	83-3923178	CARING XR International Investor LLC										
....00000	83-4317078	CARING XR 2 International Investor LLC										
....00000	84-1843578	CGGL XR 2 International JV LLC										
....00000	84-1843578	CGGL XR 2 International Mezz LLC										
....00000	45-2604992	CCN NMO, LLC						(10,858)				(10,858)
....00000	33-1039759	CCN-WNY IPA, LLC						(10,962)				(10,962)
....00000	34-1970892	Ceres Sales of Ohio, LLC						(402)				(402)
....00000	06-1332403	CG Individual Tax Benefit Payments, Inc.										
....00000	06-1332405	CG Lite Pension Benefits Payments, Inc.										
....00000	06-1332401	CG LINA Pension Benefits Payments, Inc.										
....00000	84-2083351	CG-AQ 477 South Market Street LLC										
....00000	84-4773972	CG-LEDO IBP Venture LLC										
....00000	84-4747045	CG-LEDO IBP I LLC										
....00000	84-4755025	CG-LEDO IBP II LLC										
....00000	83-2993316	CG-Muller 550 Winchester, LLC										
....00000	45-5499889	CG Seventh Street, LLC										
....00000	85-0734624	CG/Wood Alta Duraleigh, LLC										
....00000	85-0655107	CG/Wood Alta Duraleigh Owner, LLC										
....00000	87-2928401	CG/Wood Alta Duraleigh Townhome, LLC										
....00000	82-1280312	CG/Wood Alta 601, LLC										
....00000	85-2233381	CG/Wood Alta Leander Station, LLC										
....00000	81-3313562	CGGL City Parkway LLC										
....00000	61-1797835	CGGL Orange Collection LLC										
....00000	00-0000000	CGGL Orange Collection Mezz LLC										
....00000	84-1921719	CGGL XR International LLC										
....00000	84-1843578	CGGL XR 2 International LLC										
....00000	59-3466707	Chiro Alliance Corporation										
....00000	81-3389374	CIG-LEI Ygnacio Associates LLC										
....00000	86-2964997	CI-GS Elan Everett Phase I, LLC										
....00000	86-3726159	CI-GS Elan Everett Phase II, LLC										
....00000	82-4774243	CI-GS Portland, LLC										
....00000	82-1612980	CI-GS Hillcrest LLC										
....00000	88-3907567	CI-GS Slabtown, LLC										
....00000	00-0000000	Cigna & CMB Asset Management Company Limited										
....00000	00-0000000	Cigna & CMB Health Services Company, Ltd.										
....00000	00-0000000	Cigna & CMB Life Insurance Company Limited										
....00000	00-0000000	CIGNA 2000 UK Pension LTD										
....00000	27-5402196	Cigna Affiliates Realty Investment Group, LLC										
....00000	00-0000000	Cigna Alder Holdings, LLC			171,856,136							171,856,136

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....00000	00-0000000	Cigna Apac Holdings, Ltd.										
....13733	03-0452349	Cigna Arbor Life Insurance Company						(3,494)				(3,494)
....00000	98-1181787	Cigna Beechwood Holdings										
....00000	00-0000000	Cigna Bellevue Alpha LLC										
....00000	02-0515554	Cigna Benefit Technology Solutions, Inc.										
....00000	01-0947889	Cigna Benefits Financing, Inc.						1,252,920				1,252,920
....00000	00-0000000	Cigna Cedar Holdings, Ltd.										
....00000	98-1137759	Cigna Chestnut Holdings, Ltd.										
....00000	27-3396038	Cigna Corporate Services, LLC										
....00000	82-4991898	Cigna Corporation (A Delaware corporation and ultimate parent company)	3,135,000,000									3,135,000,000
....00000	00-0000000	Cigna Data Services (Shanghai) Company Limited										
....00000	59-2600475	Cigna Dental Health Of California, Inc.	(14,500,000)				1,121,429					(13,378,571)
....11175	59-2675861	Cigna Dental Health Of Colorado, Inc.	(2,000,000)				(829,879)					(2,829,879)
....95380	59-2676987	Cigna Dental Health Of Delaware, Inc.					(11,119)					(11,119)
....52021	59-1611217	Cigna Dental Health Of Florida, Inc.	(9,000,000)				(3,595,791)					(12,595,791)
....00000	06-1351097	Cigna Dental Health of Illinois, Inc.										
....52024	59-2625350	Cigna Dental Health Of Kansas, Inc.	(250,000)				(212,152)					(462,152)
....52108	59-2619589	Cigna Dental Health Of Kentucky, Inc.	(2,500,000)				(1,005,696)					(3,505,696)
....48119	20-2844020	Cigna Dental Health Of Maryland, Inc.	(3,000,000)				(858,879)					(3,858,879)
....11160	06-1582068	Cigna Dental Health Of Missouri, Inc.	(1,500,000)				(460,611)					(1,960,611)
....11167	59-2308062	Cigna Dental Health Of New Jersey, Inc.	(1,498,000)				(1,566,826)					(3,064,826)
....95179	56-1803464	Cigna Dental Health Of North Carolina, Inc.					(650,843)					(650,843)
....47805	59-2579774	Cigna Dental Health Of Ohio, Inc.	(1,250,000)				(884,223)					(2,134,223)
....47041	52-1220578	Cigna Dental Health Of Pennsylvania, Inc.		(2,400,000)			(467,259)					(2,867,259)
....95037	59-2676977	Cigna Dental Health Of Texas, Inc.	(8,500,000)				(3,893,012)					(12,393,012)
....52617	52-2188914	Cigna Dental Health Of Virginia, Inc.	(1,600,000)				(571,707)					(2,171,707)
....47013	86-0807222	Cigna Dental Health Plan Of Arizona, Inc.		(3,500,000)			4,759,577					1,259,577
....00000	59-2308055	Cigna Dental Health, Inc.	(3,500,000)	(6,502,000)			23,907,582					17,405,582
....00000	58-1136865	Cigna Direct Marketing Company, Inc.										
....00000	98-1155943	Cigna Elmwood Holdings, SPRL										
....00000	00-0000000	Cigna Europe Insurance Company S.A.-N.V.										
....00000	00-0000000	Cigna European Services (UK) Limited										
....00000	62-1724116	Cigna Federal Benefits, Inc.										
....00000	00-0000000	Cigna Formosa Management Services Company Limited										
....00000	51-0389196	Cigna Global Holdings, Inc.	(184,961,692)	119,000,000			(18,755)					(65,980,447)
....00000	68-0676638	Cigna Global Insurance Company Limited					(8,324,061)					(10,561,265)
....00000	98-0210110	Cigna Global Reinsurance Company, Ltd.		37,000,000			(79,730)	(68,728,375)				(31,808,105)
....00000	00-0000000	Cigna Global Wellbeing Holdings Limited										(182,113,537)
....00000	00-0000000	Cigna Global Wellbeing Solutions Limited										

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....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
....00000	62-1312478	Cigna Health Corporation .....	.....(14,000,000)	.....	.....	.....	.....90,570,713	.....	.....	.....	.....76,570,713	.....
....00000	23-1728483	Cigna Health Management, Inc. .....	.....	.....75,000,000	.....	.....	.....24,029,474	.....	.....	.....	.....99,029,474	.....
....00000	00-0000000	Cigna Health Solution India Pvt. Ltd. .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
....00000	23-2741293	Cigna Healthcare Benefits, Inc. .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
....00000	00-0000000	Cigna Healthcare Eastern Technology Services Company .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
....00000	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
....00000	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. .....	.....	.....	.....	.....(10,967,141)	.....(2,985)	.....	.....	.....	.....(10,970,126)	.....1,111
....95708	06-1185590	Cigna HealthCare of South Carolina, Inc. .....	.....	.....	.....	.....(2,687,357)	.....(34,530)	.....	.....	.....	.....(2,721,887)	.....11,813
....95635	36-3355925	Cigna HealthCare of St. Louis, Inc. .....	.....	.....	.....	.....(2,311,538)	.....	.....	.....	.....	.....(2,311,538)	.....173,840
....95606	62-1218053	Cigna HealthCare of Tennessee, Inc. .....	.....	.....(7,500,000)	.....60,000,000	.....(4,399,408)	.....1,960,390	.....	.....	.....	.....50,060,982	.....360,355
....95383	74-2767437	Cigna HealthCare of Texas, Inc. .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
....95518	62-1230908	Cigna HealthCare of Utah, Inc. .....	.....	.....	.....	.....	.....13,330	.....	.....	.....	.....13,330	.....
....00000	02-0495422	Cigna Healthcare, Inc. .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
....00000	00-0000000	Cigna HLA Technology Services Company Limited .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
....00000	06-1059331	Cigna Holding Company .....	.....83,300,000	.....	.....	.....	.....(6,550)	.....	.....	.....	.....83,293,450	.....
....00000	23-3009279	Cigna Holdings Overseas, Inc. .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
....00000	06-1072796	Cigna Holdings, Inc. .....	.....101,661,692	.....(1,227,000,000)	.....	.....	.....(82,801)	.....	.....	.....	.....(1,125,421,109)	.....
....00000	00-0000000	Cigna Hong Kong Holdings Company Limited .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
....00000	27-1903785	Cigna Insurance Agency, LLC .....	.....	.....	.....	.....	.....(27,046)	.....	.....	.....	.....(27,046)	.....
....65269	75-2305400	Cigna Insurance Company .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
....00000	00-0000000	Cigna Insurance Management Services (DIFC), Ltd. .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
....00000	00-0000000	Cigna Insurance Middle East S.A.L. .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
....00000	00-0000000	Cigna Insurance Services (Europe) Limited .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
....00000	23-2924152	Cigna Integratedcare, Inc. .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
....00000	51-0402128	Cigna Intellectual Property, Inc. .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
....00000	51-0111677	Cigna International Corporation, Inc.(7,628,030)(7,628,030)

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....00000	52-0291385	Cigna International Finance, Inc.										
....00000	00-0000000	Cigna International Health Services Kenya Limited										
....00000	00-0000000	Cigna International Health Services Sdn. Bhd.										
....00000	00-0000000	Cigna International Health Services, BVBA										
....00000	30-0526216	Cigna International Health Services, LLC										
....00000	00-0000000	Cigna International Marketing (Thailand) Limited										
....00000	00-0000000	Cigna International Services Australia Pty Ltd.										
....00000	23-2610178	Cigna International Services, Inc.										
....00000	06-1095823	Cigna Investment Group, Inc.						(1,232)				(1,232)
....00000	06-0861092	Cigna Investments, Inc.						48,880,958				48,880,958
....00000	98-1146864	Cigna Laurel Holdings, Ltd.										
....00000	00-0000000	Cigna Legal Protection U.K. Ltd.										
....00000	AA-1560515	Cigna Life Insurance Company of Canada						(6,916,463)				(6,916,463)
....00000	AA-1240009	Cigna Life Insurance Company of Europe S.A.-N.V.										(3,589)
....00000	46-4110289	Cigna Linden Holdings, Inc.						(3,589)				
....00000	98-1232512	Cigna Magnolia Holdings, Ltd.										
....00000	23-2741294	Cigna Managed Care Benefits Company						24,431,542				24,431,542
....00000	89-3374500	Cigna Management Company LLC		(1,050,000,000)								(1,050,000,000)
....00000	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)
....00000	00-0000000	Cigna Nederland Gamma B.V.										
....00000	00-0000000	Cigna Oak Holdings, Ltd.										
....00000	98-1232443	Cigna Palmetto Holdings, Ltd.										
....00000	46-4099800	Cigna Poplar Holdings, Inc.										
....00000	06-1071502	Cigna RE Corporation		100,000								100,000
....00000	06-1567902	Cigna Resource Manager, Inc.										
....00000	00-0000000	Cigna Services Middle East FZE										
....00000	00-0000000	Cigna Spruce Holdings GmbH										
....00000	00-0000000	Cigna Teak Holdings, LLC										
....00000	00-0000000	Cigna Turkey Danismanlik Hizmetleri, A.S (A/K/A Cigna Turkey Consultancy Services, A.S.)										
....00000	83-1069280	Cigna Ventures, LLC		113,638,329								113,638,329
....00000	00-0000000	Cigna Walnut Holdings, Ltd.										
....00000	00-0000000	Cigna Willow Holdings, Ltd.										
....00000	00-0000000	Cigna Worldwide General Insurance Company Limited										
.90859	23-2088429	Cigna Worldwide Insurance Company	(37,000,000)					120,000				(36,880,000)
												1,717,790

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Provident American Life and Health Insurance Company

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

1 NAIC Company Code	2 ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred Under Reinsurance Agreements	10 *	11 Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	12 Totals	13 Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
....00000	00-0000000	Claims and Risk Services Limited										
....00000	00-0000000	ManipalCigna Health Insurance Company Limited										
....00000	84-1461840	Community Health Network, LLC										
....00000	06-1252419	Connecticut General Benefit Payments, Inc.										
....00000	06-0840391	Connecticut General Corporation			74,900,000						74,896,875	
62308	06-0303370	Connecticut General Life Insurance Company		(70,000,000)	1,170,065			(3,125)			(85,681,607)	(63,699)
....00000	82-4936006	CPI-CII 9171 Wilshire JV LLC										
....00000	27-3555688	CR Washington Street Investors LP										
....00000	36-4369972	CuraScript, Inc.										
....00000	86-1305728	Deco Apartments JV LLC										
....00000	86-1334095	Deco Apartments Owner LLC										
....00000	16-1526641	Diversified NY IPA, Inc.										
....00000	41-1627938	Diversified Pharmaceutical Services, Inc.										
....00000	27-3542089	Econdisc Contracting Solutions, LLC										
....00000	00-0000000	Egyptian Emirates Administration Services SAE										
....00000	00-0000000	ESI Canada										
....00000	00-0000000	ESI GP Canada ULC										
....00000	43-1925556	ESI GP Holdings, Inc.										
....00000	00-0000000	ESI GP2 Canada ULC										
....00000	74-2974964	ESI Mail Order Processing, Inc. (f/k/a NXI)										
....00000	43-1867735	ESI Mail Pharmacy Service, Inc.										
....00000	43-1925562	ESI Partnership										
....00000	41-2006555	ESI Resources, Inc.										
....00000	92-1016132	ESSCH Holdings, Inc.										
....00000	94-3107309	Evernorth Behavioral Health of California, Inc.						(49,340)			(49,340)	
....00000	75-2751090	Evernorth Behavioral Health of Texas, Inc.						(196,274)			(196,274)	
....00000	41-1648670	Evernorth Behavioral Health, Inc.	(135,000,000)					(144,462,992)			(279,462,992)	
....00000	86-1465626	Evernorth Care Solutions, Inc.										
....00000	32-0222252	Evernorth Direct Health, LLC						(7,114)			(7,114)	
....00000	85-2732455	Evernorth Enterprise Services, Inc.										
....00000	85-2759151	Evernorth Sales Operations, Inc.										
....00000	85-2717903	Evernorth Strategic Development, Inc.										
....00000	46-4676347	eviCore 1, LLC						22,996,578			22,996,578	
13918	27-3175443	Express Reinsurance Company										
....00000	41-2063830	Express Scripts Administrators LLC										
....00000	00-0000000	Express Scripts Canada Co.										

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

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....00000	43-1942542	Express Scripts Canada Holding Co.										
....00000	27-1490640	Express Scripts Canada Holding, LLC										
....00000	00-0000000	Express Scripts Canada Services										
....00000	00-0000000	Express Scripts Canada Wholesale										
....00000	84-5003423	Express Scripts Health Information Network Partners, Inc.										
....00000	45-2884094	Evernorth Health, Inc.										
....00000	20-5826948	Express Scripts Pharmaceutical Procurement, LLC						(398,329)				(398,329)
....00000	00-0000000	Express Scripts Pharmacy Atlantic, Ltd.										
....00000	00-0000000	Express Scripts Pharmacy Central, Ltd.										
....00000	00-0000000	Express Scripts Pharmacy Ontario, Ltd.										
....00000	00-0000000	Express Scripts Pharmacy West, Ltd.										
....00000	30-0789911	Express Scripts Pharmacy, Inc.										
....00000	22-3114423	Express Scripts Sales Operations, Inc.										
....00000	20-3126104	Express Scripts Senior Care Holdings, Inc.										
....00000	20-3126075	Express Scripts Senior Care, Inc.										
....00000	43-1832983	Express Scripts Services Co.										
....00000	43-1869712	Express Scripts Specialty Distribution Services, Inc.										
....00000	22-2230703	Express Scripts Strategic Development, Inc.										
....00000	43-1869714	Express Scripts Utilization Management Company										
....00000	43-1420563	Express Scripts, Inc.						98,890,987				98,890,987
....00000	00-0000000	FirstAssist Administration Limited										
....00000	23-1914061	Former Cigna Investments, Inc.						(54,237)				(54,237)
....00000	88-3762943	Forsyth Health, LLC										
....00000	02-0523249	Freco, Inc.										
....00000	20-3229217	Freedom Service Company, LLC										
....00000	00-0000000	Gillette Ridge Community Council, Inc.										
....00000	20-3700105	Gillette Ridge Golf, LLC										
....95388	93-1174749	Great-West Healthcare of Illinois, Inc.										
....00000	00-0000000	GRG Acquisitions LLC			(72,173)							(72,173)
....00000	76-0657035	GulfQuest, LP						340,006,266				340,006,266
....00000	87-3650143	Hartford Community Lender Holding LLC										
....00000	87-3686301	Hartford Community Lender I LLC										
....00000	52-2149519	Hazard Center Investment Company LLC										
....00000	04-2992335	Healthbridge Reimbursement & Product Support, Inc.										
....00000	26-2159005	Healthbridge, Inc.										
....00000	46-2086778	Health-Lynx, LLC										
....00000	06-1533555	Healthsource Benefits, Inc.										
....00000	02-0467679	Healthsource Properties, Inc.										

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....00000	02-0387748	Healthsource, Inc.	22,000,000	640,000,000			(1,190)				661,998,810	
....12902	20-8534298	HealthSpring Life & Health Insurance Company, Inc.	150,000,000				(654,786,017)				(504,786,017)	
....00000	20-8647386	HealthSpring Management of America, LLC ..	220,000,000				204,221,778				424,221,778	
....11532	65-1129599	HealthSpring of Florida, Inc.		15,000,000			(54,567,289)				(39,567,289)	
....00000	26-235372	HealthSpring Pharmacy of Tennessee, LLC ..										
....00000	26-2353476	HealthSpring Pharmacy Services, LLC ..										
....00000	72-1559530	HealthSpring USA, LLC ..					188,340,537				188,340,537	
....00000	20-1821898	HealthSpring, Inc.					(401,898)				(401,898)	
....00000	81-4139432	Heights at Bear Creek Borrower LLC ..										
....00000	81-4139432	Heights at Bear Creek Mezzanine LLC ..										
....00000	81-4139432	Heights at Bear Creek Venture LLC ..										
....00000	20-4266628	Home Physicians Management, LLC ..										
....00000	75-3108521	HouQuest, LLC ..										
....00000	37-1708015	Houston Briar Forest Apartments Limited Partnership ..										
....00000	95-4838551	Ideal Properties II LLC ..										
....00000	35-2041388	IHN, Inc.					(1,482)				(1,482)	
....00000	00-0000000	Independent Health Information Technology Services L.L.C.										
....00000	82-1655179	Innovative Product Alignment, LLC ..										
....00000	82-0658250	Inside RX, LLC ..										
....00000	81-0425785	Intermountain Underwriters, Inc.					16,757				16,757	
....00000	00-0000000	International Pharmaceutical Solutions, GmbH ..										
....00000	84-3406799	JA Lofts Holdings, LLC ..										
....00000	84-3395923	JA Lofts JV Limited Partnership ..										
....00000	00-0000000	Kuwait Emirates Administration Services WLL ..										
....00000	20-8064696	Kronos Optimal Health Company ..					(2,608)				(2,608)	
....00000	47-5292506	L&C Investments, LLC ..										
....00000	47-4375626	Lakehills CM-CG LLC ..										
....65722	63-0343428	Loyal American Life Insurance Company ..	(21,017,979)	(3,982,021)			(72,873,882)				(97,873,882)	
....00000	58-2593075	Lynnfield Compounding Center, Inc.										
....00000	04-3546044	Lynnfield Drug, Inc.										
....00000	27-1506930	MAH Pharmacy, LLC ..										
....00000	80-0908244	Mallory Square Partners I, LLC ..										
....00000	88-0241365	Managed Care Consultants, Inc.										
....00000	51-0500147	Matrix GPO, LLC ..										
....00000	59-3720653	Matrix Healthcare Services, Inc.										
....00000	06-1346406	MCC Independent Practice Association of New York, Inc.					(24,264)				(24,264)	
....00000	45-4937055	MDLive, Inc.										
....00000	00-0000000	MDLive LLC ..										

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....00000	00-0000000	MDLivevisit, LLC										
....00000	00-0000000	MDLive Provider Services, LLC										
....34720	13-3506395	Medco Containment Insurance Company of NY										
....63762	42-1425239	Medco Containment Life Insurance Company										
....00000	27-3709630	Medco Europe II, LLC										
....00000	46-2166374	Medco Europe, LLC										
....00000	84-5017653	Medco Health Information Network Partners, Inc.										
....00000	81-0616525	Medco Health Puerto Rico, LLC										
....00000	26-3544786	Medco Health Services, Inc.										
....00000	22-3461740	Medco Health Solutions, Inc.										
....00000	88-0334401	Mediversal, Inc.										
....00000	27-3801345	MedSolutions Holdings, Inc.										
....00000	87-2810715	Montclair 11 Pine Operating Company LLC										
....00000	87-2810715	Montclair 11 Pine Urban Renewal LLC										
....00000	87-2772585	Montclair Residences JV LLC										
....00000	32-0071543	MSI Health Organization of Texas, Inc.										
....00000	27-5492993	MSI HT, LLC										
....00000	27-5493148	MSI LT, LLC										
....00000	27-5493321	MSI SAR-GW, LLC										
....00000	86-1090522	MSIAZ I, LLC										
....00000	20-1749733	MSICA I, LLC										
....00000	20-1222347	MSICO I, LLC										
....00000	55-0840800	MSIFL, LLC										
....00000	26-0181185	MSIMD I, LLC										
....00000	74-3122235	MSINC I, LLC										
....00000	11-3715243	MSINH II, LLC										
....00000	03-0524694	MSINH, LLC										
....00000	20-1749446	MSINJ I, LLC										
....00000	20-1761914	MSINV I, LLC										
....00000	55-0840806	MSISC II, LLC										
....00000	26-0336736	MSIVT I, LLC										
....00000	20-2536458	MSIWA, LLC										
....00000	36-4833284	MyM Technology Services, LLC										
....00000	82-1350878	myMatrixx Holdings, LLC										
....00000	46-2589799	myMatrixx-B, LLC										
....00000	00-0000000	NAS Administrative Services Company LLC										
....00000	00-0000000	NAS Neuron Health Services, L.L.C.										
....00000	00-0000000	NAS United SPV										
....00000	00-0000000	Neuron LLC										
....00000	52-1929677	NewQuest Management Northeast, LLC						191,223,519				
....00000	33-1033586	NewQuest Management of Alabama, LLC						261,792,525				
....00000	20-4954206	NewQuest Management of Florida, LLC						38,704,353				

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....00000	77-0632665	NewQuest Management of Illinois, LLC						35,618,531				35,618,531
....00000	45-0633893	NewQuest Management of West Virginia, LLC										
....00000	76-0628370	NewQuest, LLC	(590,000,000)					(1,323,856)				(591,323,856)
....00000	82-5244890	Octave Health Group, Inc.										
....00000	91-1599329	Olympic Health Management Services, Inc.										
....00000	91-1500758	Olympic Health Management Systems, Inc.										
....00000	80-0818758	Patient Provider Alliance, Inc.										
....00000	35-1927379	Priority Healthcare Corporation										
....00000	59-3761140	Priority Healthcare Distribution, Inc.										
....67903	23-1335885	Provident American Life & Health Insurance Company		(3,253,804)	(746,196)			(174,085)				(4,174,085)
....00000	00-0000000	PT GAR Indonesia										
....00000	45-5046449	PUR Arbors Apartments Venture LLC										
....00000	46-1801639	QualCare Management Resources Limited Liability Company										
....00000	00-0000000	Quallent Pharmaceuticals Holdings LP										
....00000	00-0000000	Quallent Pharmaceuticals Health LLC						(12,587)				(12,587)
....00000	45-5569416	QPID Health, LLC										
....00000	83-1460134	Rise-CG Capitol Hill, LP										
....00000	84-3254168	Rise-CG JA Lofts Limited Partnership										
....00000	35-1641636	Sagamore Health Network, Inc.						967,340				967,340
....00000	46-3593103	SB-SNH LLC										
....00000	95-2876207	Secon Properties, LP										
....00000	82-1732483	SOMA Apartments Venture LLC										
....00000	82-4405071	Specialty Products Acquisitions, LLC										
....00000	61-1317695	SpectraCare Health Care Ventures, Inc.										
....00000	61-1147068	SpectraCare, Inc.										
....77399	13-1867829	Sterling Life Insurance Company	(10,788,947)	788,947				(1,877,893)				(11,877,893)
....00000	47-2658932	Strategic Pharmaceutical Investments, LLC										
....00000	00-0000000	SureScripts, LLC										
....00000	87-0903685	Swedesford Road Apartments, LLC										
....00000	22-3474888	Systemed, LLC										
....00000	23-3074013	Tel-Drug of Pennsylvania, LLC										
....00000	46-0427127	Tel-Drug, Inc.										
....00000	00-0000000	Temple Insurance Company Limited						(34,500)				(34,500)
....00000	20-5524622	Tennessee Quest, LLC										
....00000	75-3108527	TexQuest, LLC										
....00000	85-1955731	The Flats at Interbay Holdings, LLC										
....00000	85-1955075	The Flats at Interbay JV Limited Partnership										
....00000	85-1962013	The Flats at Interbay Limited Partnership										
....00000	46-5264463	Trainer Rx, Inc.										

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....00000	00-0000000	Transwestern Federal, L.L.C.										
....00000	00-0000000	Transwestern Federal Holdings, L.L.C.										
....00000	88-0344624	Universal Claims Administration										
....00000	98-0463704	Vielife Services, Inc.										
....00000	00-0000000	Verity Solutions Group, Inc.										
....00000	00-0000000	Westcore CG AC, LLC										
....00000	84-3178563	Westcore CG Camelback, LLC										
....00000	84-3178563	Westcore CG Cedar Port, LLC										
....00000	00-0000000	Westcore CG Commerce, LLC										
....00000	84-3178563	Westcore CG Dove Valley I, LLC										
....00000	84-3178563	Westcore CG Dove Valley II, LLC										
....00000	84-3178563	Westcore CG Eisenhauer, LLC										
....00000	84-3178563	Westcore CG II Eisenhauer, LLC										
....00000	84-3178563	Westcore CG Fountain Lakes, LLC										
....00000	84-3178563	Westcore CG Gateway, LLC										
....00000	84-3178563	Westcore CG I-35, LLC										
....00000	84-3178563	Westcore CG Navy, LLC										
....00000	84-3178563	Westcore CG Potomac Park, LLC										
....00000	84-3178563	Westcore CG Solano, LLC										
....00000	84-3178563	Westcore CG Susana, LLC										
....00000	00-0000000	Westcore CG Venture, LLC										
....00000	87-3624928	Westcore CG Venture II, LLC										
....00000	87-3624928	Westcore CG II AC, LLC										
....00000	87-3624928	Westcore CG II Park 225, LLC										
....00000	87-3624928	Westcore CG II Union Cross, LLC										
....00000	00-0000000	Willow DSP LLC										
....00000	00-0000000	YCFM Servicos LTDA										
9999999 Control Totals									1	XXX		1

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SCHEDULE Y

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

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

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Provident American Life and Health Insurance Company

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

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

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES**REQUIRED FILINGS**

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

		Responses
MARCH FILING		
1.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
2.	Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	YES
3.	Will the confidential Risk-based Capital Report be filed with the state of domicile, if required, by March 1?	YES
4.	Will an actuarial opinion be filed by March 1?	YES
APRIL FILING		
5.	Will Management's Discussion and Analysis be filed by April 1?	YES
6.	Will the Life, Health & Annuity Guaranty Association Assessable Premium Exhibit - Parts 1 and 2 be filed with the state of domicile and the NAIC by April 1? (Not applicable to fraternal benefit societies)	YES
7.	Will the Supplemental Investment Risks Interrogatories be filed by April 1?	YES
JUNE FILING		
8.	Will an audited financial report be filed by June 1?	YES
9.	Will Accountant's Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	YES
SUPPLEMENTAL FILINGS		
<p>The following supplemental reports are required to be filed as part of your annual statement filing <u>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.</u> 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.</p>		
MARCH FILING		
10.	Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1? (Not applicable to fraternal benefit societies) ..	NO
11.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	YES
12.	Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC by March 1?	NO
13.	Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 to Exhibit 5 be filed with the state of domicile and electronically with the NAIC by March 1?	NO
14.	Will the actuarial opinion on non-guaranteed elements as required in interrogatory #3 to Exhibit 5 be filed with the state of domicile and electronically with the NAIC by March 1?	NO
15.	Will the actuarial opinion on X-Factors be filed with the state of domicile and electronically with the NAIC by March 1?	NO
16.	Will the actuarial opinion on Separate Accounts Funding Guaranteed Minimum Benefit be filed with the state of domicile and electronically with the NAIC by March 1?	NO
17.	Will the actuarial opinion on Synthetic Guaranteed Investment Contracts be filed with the state of domicile and electronically with the NAIC by March 1?	NO
18.	Will the Reasonableness of Assumptions Certification required by Actuarial Guideline XXXV be filed with the state of domicile and electronically with the NAIC by March 1?	NO
19.	Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXV be filed with the state of domicile and electronically with the NAIC by March 1?	NO
20.	Will the Reasonableness of Assumptions Certification for Implied Guaranteed Rate Method required by Actuarial Guideline XXXVI be filed with the state of domicile and electronically with the NAIC by March 1?	NO
21.	Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Average Market Value) be filed with the state of domicile and electronically with the NAIC by March 1?	NO
22.	Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Market Value) be filed with the state of domicile and electronically with the NAIC by March 1?	NO
23.	Will the C-3 RBC Certifications required under C-3 Phase I be filed with the state of domicile and electronically with the NAIC by March 1?	NO
24.	Will the C-3 RBC Certifications required under C-3 Phase II be filed with the state of domicile and electronically with the NAIC by March 1?	NO
25.	Will the Actuarial Certifications Related to Annuity Nonforfeiture Ongoing Compliance for Equity Indexed Annuities be filed with the state of domicile and electronically with the NAIC by March 1?	NO

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Provident American Life and Health Insurance Company
SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

APRIL FILING

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

AUGUST FILING

48. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	NO
Explanations:	
10. The data for this supplement is not required to be filed.	
12. The data for this supplement is not required to be filed.	
13. The data for this supplement is not required to be filed.	
14. The data for this supplement is not required to be filed.	
15. The data for this supplement is not required to be filed.	
16. The data for this supplement is not required to be filed.	
17. The data for this supplement is not required to be filed.	
18. The data for this supplement is not required to be filed.	
19. The data for this supplement is not required to be filed.	
20. The data for this supplement is not required to be filed.	
21. The data for this supplement is not required to be filed.	
22. The data for this supplement is not required to be filed.	
23. The data for this supplement is not required to be filed.	
24. The data for this supplement is not required to be filed.	
25. The data for this supplement is not required to be filed.	
26. The data for this supplement is not required to be filed.	
27. The data for this supplement is not required to be filed.	
28. The data for this supplement is not required to be filed.	
30. The data for this supplement is not required to be filed.	
31. The data for this supplement is not required to be filed.	
32. The data for this supplement is not required to be filed.	
33. The data for this supplement is not required to be filed.	
34. The data for this supplement is not required to be filed.	
37. The data for this supplement is not required to be filed.	
38. The data for this supplement is not required to be filed.	
40. The data for this supplement is not required to be filed.	
41. The data for this supplement is not required to be filed.	
42. The data for this supplement is not required to be filed.	
43. The data for this supplement is not required to be filed.	
44. The data for this supplement is not required to be filed.	
45. The data for this supplement is not required to be filed.	
46. The data for this supplement is not required to be filed.	
47. The data for this supplement is not required to be filed.	
48. The data for this supplement is not required to be filed.	

Bar Codes:

10. SIS Stockholder Information Supplement [Document Identifier 420]



12. Trusteed Surplus Statement [Document Identifier 490]



13. Participating Opinion for Exhibit 5 [Document Identifier 371]



14. Non-Guaranteed Opinion for Exhibit 5 [Document Identifier 370]



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



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



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

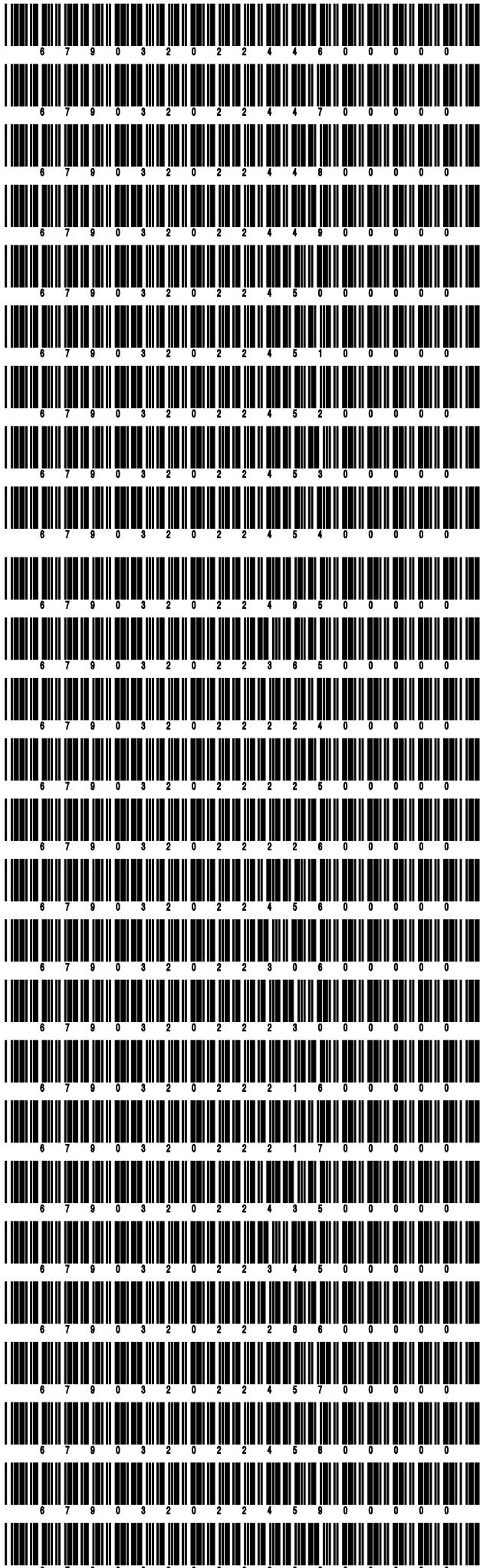


18. Reasonableness of Assumptions Certification required by Actuarial Guideline XXXV [Document Identifier 445]



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Provident American Life and Health Insurance Company
SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

19. Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXV [Document Identifier 446]
20. Reasonableness of Assumptions Certification for Implied Guaranteed Rate Method required by Actuarial Guideline XXXVI [Document Identifier 447]
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]
25. Actuarial Certifications Related to Annuity Nonforfeiture Ongoing Compliance for Equity Indexed Annuities [Document Identifier 452]
26. Modified Guaranteed Annuity Model Regulation [Document Identifier 453]
27. Actuarial Certification regarding the use of 2001 Preferred Class Tables required by the Model Regulation Permitting the Recognition of Preferred Mortality Tables for Use in Determining Minimum Reserve Liabilities [Document Identifier 454]
28. Workers' Compensation Carve-Out Supplement [Document Identifier 495]
30. Medicare Part D Coverage Supplement [Document Identifier 365]
31. Relief from the five-year rotation requirement for lead audit partner [Document Identifier 224]
32. Relief from the one-year cooling off period for independent CPA [Document Identifier 225]
33. Relief from the Requirements for Audit Committees [Document Identifier 226]
34. VM-20 Reserves Supplement [Document Identifier 456]
37. Long-Term Care Experience Reporting Forms [Document Identifier 306]
38. Credit Insurance Experience Exhibit [Document Identifier 230]
40. Supplemental Health Care Exhibit (Parts 1, 2 and 3) [Document Identifier 216]
41. Supplemental Health Care Exhibit's Expense Allocation Report [Document Identifier 217]
42. Actuarial Memorandum Required by Actuarial Guideline XXXVIII 8D [Document Identifier 435]
43. Supplemental Term and Universal Life Insurance Reinsurance Exhibit [Document Identifier 345]
44. Variable Annuities Supplement [Document Identifier 286]
45. Executive Summary of the PBR Actuarial Report [Document Identifier 457]
46. Life Summary of the PBR Actuarial Report [Document Identifier 458]
47. Variable Annuities Summary of the PBR Actuarial Report [Document Identifier 459]
48. Management's Report of Internal Control Over Financial Reporting [Document Identifier 223]



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

NONE



SUPPLEMENT FOR THE YEAR 2022 OF THE Provident American Life and Health 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 67903

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

Person Completing This Exhibit Daniel Ernest Paffumi

Title Appointed Actuary

Telephone Number 330-241-1245

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2019			Policies Issued in 2020; 2021; 2022					
										11	Incurred Claims		14	15	Incurred Claims		18	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12	13	Percent of Premiums Earned	Number of Covered Lives	16	17	Percent of Premiums Earned	Number of Covered Lives
YES.....	3LK(AZ)	F.....	NO.....	0034000	12/22/2005	10/11/2009 .....	.....	.....	MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE	905	12	1.4	1	.....	.....	.....	.....
0199999. Total Experience on Individual Policies	.....	.....	.....	.....	.....	.....	.....	.....	.....	905	12	1.4	1	.....	.....	.....	.....
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: 11200 Lakeline Blvd Suite 100 Austin, TX 78717
 - 3.2 Contact Person and Phone Number: David Brosig 1-866-459-4272
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2022 OF THE Provident American Life and Health 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 67903

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

Person Completing This Exhibit Daniel Ernest Paffumi

Title Appointed Actuary

Telephone Number 330-241-1245

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2019			Policies Issued in 2020; 2021; 2022				
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12	13	Number of Covered Lives	Premiums Earned	16	17	Number of Covered Lives
.....YES.....	3PF(CO)	F.....	NO.....	0034000	07/22/2005	06/01/2010 .....	.....	.....	MEDICARE SUPPLEMENT	6,415	2,011	31.4	1	.....	.....	.....
.....YES.....	3PJ(CO)	J.....	NO.....	0034000	12/11/2006	10/11/2009 .....	.....	.....	MEDICARE SUPPLEMENT	37,596	50,093	133.2	8	.....	.....	.....
.....YES.....	3PK(CO)	F.....	NO.....	0034000	07/22/2005	10/11/2009 .....	.....	.....	MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE	912	35	3.9	1	.....	.....	.....
0199999. Total Experience on Individual Policies										44,922	52,139	116.1	10	.....	.....	.....
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: 11200 Lakeline Blvd Suite 100 Austin, TX 78717
 - 3.2 Contact Person and Phone Number: David Brosig 1-866-459-4272
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2022 OF THE Provident American Life and Health 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 67903

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

Person Completing This Exhibit Daniel Ernest Paffumi

Title Appointed Actuary

Telephone Number 330-241-1245

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2019			14	Policies Issued in 2020; 2021; 2022			
										11	Incurred Claims			15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12	13	Number of Covered Lives	Premiums Earned	16	17	Number of Covered Lives
.....YES.....	3LD(GA)	D.....	NO.....	0034000	05/18/2005	10/11/2009 .....	.....	.....	MEDICARE SUPPLEMENT	3,959	652	16.5	1	.....	.....	.....
.....YES.....	3LF(GA)	F.....	NO.....	0034000	05/18/2005	06/01/2010 .....	.....	.....	MEDICARE SUPPLEMENT	12,982	4,436	34.2	3	.....	.....	.....
.....YES.....	3LK(GA)	F.....	NO.....	0034000	05/18/2005	10/11/2009 .....	.....	.....	MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE	743	11	1.4	1	.....	.....	.....
0199999. Total Experience on Individual Policies										17,685	5,099	28.8	5	.....	.....	.....
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: 11200 Lakeline Blvd Suite 100 Austin, TX 78717
 - 3.2 Contact Person and Phone Number: David Brosig 1-866-459-4272
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2022 OF THE Provident American Life and Health 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 67903

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

Person Completing This Exhibit Daniel Ernest Paffumi

Title Appointed Actuary

Telephone Number 330-241-1245

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2019			Policies Issued in 2020; 2021; 2022				
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12	13	Number of Covered Lives	Premiums Earned	16	17	Number of Covered Lives
YES.....	3LF.....	F.....	NO.....	0034000.....	05/03/2005.....	06/01/2010.....			MEDICARE SUPPLEMENT.....	(248)	(417)	167.9					
0199999. Total Experience on Individual Policies																	
0299999. Total Experience on Group Policies																	

GENERAL INTERROGATORIES

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



SUPPLEMENT FOR THE YEAR 2022 OF THE Provident American Life and Health 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 67903

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

Person Completing This Exhibit Daniel Ernest Paffumi

Title Appointed Actuary Telephone Number 330-241-1245

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2019			Policies Issued in 2020; 2021; 2022				
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12	13	Number of Covered Lives	Premiums Earned	16	17	Number of Covered Lives
.....YES.....	3PF(IL)	F.....	NO.....	0034000	06/09/2005	06/01/2010 .....	.....	.....	MEDICARE SUPPLEMENT	7,387	417	5.6	.1	.....	.....	.....
.....YES.....	3PH(IL)	H.....	NO.....	0034000	04/26/2007	10/15/2009 .....	.....	.....	MEDICARE SUPPLEMENT	5,022	1,957	39.0	.1	.....	.....	.....
.....YES.....	3PJ(IL)	J.....	NO.....	0034000	04/26/2007	10/15/2009 .....	.....	.....	MEDICARE SUPPLEMENT	76,454	39,139	51.2	.11	.....	.....	.....
0199999. Total Experience on Individual Policies										88,863	41,513	46.7	13	.....	.....	.....
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: 11200 Lakeline Blvd Suite 100 Austin, TX 78717
 - 3.2 Contact Person and Phone Number: David Brosig 1-866-459-4272
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2022 OF THE Provident American Life and Health 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 67903

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

Person Completing This Exhibit Daniel Ernest Paffumi

Title Appointed Actuary

Telephone Number 330-241-1245

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2019			Policies Issued in 2020; 2021; 2022				
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12	13	Number of Covered Lives	Premiums Earned	16	17	Number of Covered Lives
.....YES.....	3PF.....	F.....	NO.....	0034000.....	11/01/2005.....	06/01/2010.....	.....	.....	MEDICARE SUPPLEMENT.....	12,363.....	11,775.....	95.2.....	2.....	.....	.....	.....
.....YES.....	3PH(IN).....	H.....	NO.....	0034000.....	04/10/2007.....	10/11/2009.....	.....	.....	MEDICARE SUPPLEMENT.....	6,820.....	5,883.....	86.3.....	2.....	.....	.....	.....
.....YES.....	3PJ(IN).....	J.....	NO.....	0034000.....	04/10/2007.....	10/11/2009.....	.....	.....	MEDICARE SUPPLEMENT.....	7,189.....	3,791.....	52.7.....	1.....	.....	.....	.....
0199999. Total Experience on Individual Policies										26,371.....	21,449.....	81.3.....	5.....	.....	.....	.....
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: 11200 Lakeline Blvd Suite 100 Austin, TX 78717
 - 3.2 Contact Person and Phone Number: David Brosig 1-866-459-4272
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2022 OF THE Provident American Life and Health 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 67903

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

Person Completing This Exhibit Daniel Ernest Paffumi

Title Appointed Actuary

Telephone Number 330-241-1245

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2019			Policies Issued in 2020; 2021; 2022				
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12	13	Number of Covered Lives	Premiums Earned	16	17	Number of Covered Lives
YES	3PF(1A)	F.	NO.	0034000	05/09/2005	06/01/2010			MEDICARE SUPPLEMENT	32,372	14,117	43.6	.5				
YES	3PH(1A)	H.	NO.	0034000	11/09/2006	10/11/2009			MEDICARE SUPPLEMENT	4,044	511	12.6	1				
YES	3PI(1A)	I.	NO.	0034000	11/09/2006	10/11/2009			MEDICARE SUPPLEMENT	(607)	(79)	13.1					
YES	3PJ(1A)	J.	NO.	0034000	11/09/2006	10/11/2009			MEDICARE SUPPLEMENT	153,968	142,068	92.3	33				
0199999. Total Experience on Individual Policies										189,777	156,616	82.5	39				

GENERAL INTERROGATORIES

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



SUPPLEMENT FOR THE YEAR 2022 OF THE Provident American Life and Health 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 67903

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

Person Completing This Exhibit Daniel Ernest Paffumi

Title Appointed Actuary Telephone Number 330-241-1245

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2019			Policies Issued in 2020; 2021; 2022				
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12	13	Number of Covered Lives	Premiums Earned	16	17	Number of Covered Lives
.....YES.....	3PF(KY)	F.....	NO.....	0034000	05/25/2005	06/01/2010 .....	.....	.....	MEDICARE SUPPLEMENT	13,558	4,652	34.3	2	.....	.....	.....
.....YES.....	3PH(KY)	H.....	NO.....	0034000	01/09/2007	10/11/2009 .....	.....	.....	MEDICARE SUPPLEMENT	11,812	3,915	33.1	2	.....	.....	.....
.....YES.....	3PJ(KY)	J.....	NO.....	0034000	01/09/2007	10/11/2009 .....	.....	.....	MEDICARE SUPPLEMENT	27,720	14,047	50.7	5	.....	.....	.....
0199999. Total Experience on Individual Policies										53,090	22,614	42.6	9	.....	.....	.....
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: 11200 Lakeline Blvd Suite 100 Austin, TX 78717
 - 3.2 Contact Person and Phone Number: David Brosig 1-866-459-4272
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2022 OF THE Provident American Life and Health 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 67903

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

Person Completing This Exhibit Daniel Ernest Paffumi

Title Appointed Actuary

Telephone Number 330-241-1245

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2019			Policies Issued in 2020; 2021; 2022				
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12	13	Number of Covered Lives	Premiums Earned	16	17	Number of Covered Lives
.....YES.....	3PF(LA) R7/05	F.....	NO.....	0034000	08/10/2005	06/01/2010 .....	.....	.....	MEDICARE SUPPLEMENT .....	.....	89	.....	.....	.....	.....	.....	.....
.....YES.....	3PH(LA)	H.....	NO.....	0034000	12/22/2006	10/11/2009 .....	.....	.....	MEDICARE SUPPLEMENT	9,397	10,864	115.6	.....	2	.....	.....	.....
.....YES.....	3PJ(LA)	J.....	NO.....	0034000	12/22/2006	10/11/2009 .....	.....	.....	MEDICARE SUPPLEMENT	29,807	10,792	36.2	.....	5	.....	.....	.....
0199999. Total Experience on Individual Policies										39,203	21,745	55.5	7	.....	.....	.....	.....
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: 11200 Lakeline Blvd Suite 100 Austin , TX 78717
 - 3.2 Contact Person and Phone Number: David Brosig 1-866-459-4272
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2022 OF THE Provident American Life and Health 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 67903

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

Person Completing This Exhibit Daniel Ernest Paffumi

Title Appointed Actuary Telephone Number 330-241-1245

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2019			Policies Issued in 2020; 2021; 2022				
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12	13	Number of Covered Lives	Premiums Earned	16	17	Number of Covered Lives
.....YES.....	3PF(MS)	F.....	NO.....	0034000	04/07/2005	06/01/2010 .....	.....	.....	MEDICARE SUPPLEMENT	18,004	11,416	63.4	2	.....	.....	.....
.....YES.....	3PH(MS)	H.....	NO.....	0034000	03/22/2007	10/11/2009 .....	.....	.....	MEDICARE SUPPLEMENT	133	294	221.1	.....	.....	.....	.....
.....YES.....	3PJ(MS)	J.....	NO.....	0034000	03/22/2007	10/11/2009 .....	.....	.....	MEDICARE SUPPLEMENT	51,764	61,188	118.2	9	.....	.....	.....
0199999. Total Experience on Individual Policies										69,901	72,898	104.3	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: 11200 Lakeline Blvd Suite 100 Austin , TX 78717
 - 2.2 Contact Person and Phone Number: David Brosig 1-866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - 3.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717
 - 3.2 Contact Person and Phone Number: David Brosig 1-866-459-4272
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2022 OF THE Provident American Life and Health 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 67903

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

Person Completing This Exhibit Daniel Ernest Paffumi

Title Appointed Actuary Telephone Number 330-241-1245

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2019			14	Policies Issued in 2020; 2021; 2022			
										11	Incurred Claims			15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12	13	Number of Covered Lives	Premiums Earned	16	17	Number of Covered Lives
.....YES.....	3LF(MO)	F.....	NO.....	0034000	06/14/2005	06/01/2010 .....	.....	.....	MEDICARE SUPPLEMENT	(674)	(314)	46.6	.....	.....	.....	.....
.....YES.....	3LK(MO)	F.....	NO.....	0034000	06/14/2005	10/11/2009 .....	.....	.....	MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE	715	515	72.0	1	.....	.....	.....
0199999. Total Experience on Individual Policies										42	201	483.0	1	.....	.....	.....
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: 11200 Lakeline Blvd Suite 100 Austin, TX 78717
 - 3.2 Contact Person and Phone Number: David Brosig 1-866-459-4272
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2022 OF THE Provident American Life and Health 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 67903

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

Person Completing This Exhibit Daniel Ernest Paffumi

Title Appointed Actuary Telephone Number 330-241-1245

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2019			Policies Issued in 2020; 2021; 2022				
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12	13	Number of Covered Lives	Premiums Earned	16	17	Number of Covered Lives
.....YES.....	3PF(MT)	F.....	NO.....	0034000	05/10/2005	06/01/2010 .....	.....	.....	MEDICARE SUPPLEMENT	34,334	28,816	83.9 .....	.9 .....	.....	.....	.....
.....YES.....	3PI(MT)	I.....	NO.....	0034000	11/15/2006	10/11/2009 .....	.....	.....	MEDICARE SUPPLEMENT	2,936	19,544	665.6	1 .....	.....	.....	.....
.....YES.....	3PJ(MT)	J.....	NO.....	0034000	11/15/2006	10/11/2009 .....	.....	.....	MEDICARE SUPPLEMENT	37,844	43,615	115.3 .....	.11 .....	.....	.....	.....
0199999. Total Experience on Individual Policies										75,114	91,976	122.4	21 .....	.....	.....	.....
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: 11200 Lakeline Blvd Suite 100 Austin , TX 78717
 - 3.2 Contact Person and Phone Number: David Brosig 1-866-459-4272
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2022 OF THE Provident American Life and Health 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 67903

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

Person Completing This Exhibit Daniel Ernest Paffumi

Title Appointed Actuary

Telephone Number 330-241-1245

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2019			Policies Issued in 2020; 2021; 2022				
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12	13	Number of Covered Lives	Premiums Earned	16	17	Number of Covered Lives
.....YES.....	3PF(NE)	F.....	NO.....	0034000	05/09/2005	06/01/2010 .....	.....	.....	MEDICARE SUPPLEMENT	20,099	7,716	38.4	3	.....	.....	.....
.....YES.....	3PJ(NE)	J.....	NO.....	0034000	10/24/2006	10/11/2009 .....	.....	.....	MEDICARE SUPPLEMENT	32,539	53,085	163.1	5	.....	.....	.....
.....YES.....	3PK(NE)	F.....	NO.....	0034000	05/09/2005	10/11/2009 .....	.....	.....	MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE	4,789	2,459	51.4	4	.....	.....	.....
0199999. Total Experience on Individual Policies										57,427	63,261	110.2	12	.....	.....	.....
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: 11200 Lakeline Blvd Suite 100 Austin, TX 78717
 - 3.2 Contact Person and Phone Number: David Brosig 1-866-459-4272
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2022 OF THE Provident American Life and Health 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 0901

NAIC Company Code 67903

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

Person Completing This Exhibit Daniel Ernest Paffumi

Title Appointed Actuary

Telephone Number 330-241-1245

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2019			Policies Issued in 2020; 2021; 2022				
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12	13	Number of Covered Lives	Premiums Earned	16	17	Number of Covered Lives
0199999. Total Experience on Individual Policies																	
0299999. Total Experience on Group Policies																	

GENERAL INTERROGATORIES

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



SUPPLEMENT FOR THE YEAR 2022 OF THE Provident American Life and Health 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 67903

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

Person Completing This Exhibit Daniel Ernest Paffumi

Title Appointed Actuary Telephone Number 330-241-1245

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2019			Policies Issued in 2020; 2021; 2022				
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12	13	Number of Covered Lives	Premiums Earned	16	17	Number of Covered Lives
0199999. Total Experience on Individual Policies																	
0299999. Total Experience on Group Policies																	

GENERAL INTERROGATORIES

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



SUPPLEMENT FOR THE YEAR 2022 OF THE Provident American Life and Health 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 67903

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

Person Completing This Exhibit Daniel Ernest Paffumi

Title Appointed Actuary

Telephone Number 330-241-1245

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2019			Policies Issued in 2020; 2021; 2022				
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12	13	Number of Covered Lives	Premiums Earned	16	17	Number of Covered Lives
.....YES.....	3PD(OH)	D.	NO.	0034000	04/18/2005	10/11/2009			MEDICARE SUPPLEMENT	10,718	12,013	112.1	1				
.....YES.....	3PF(OH)	F.	NO.	0034000	04/18/2005	06/01/2010			MEDICARE SUPPLEMENT	22,866	2,976	13.0	3				
.....YES.....	3PH(OH)	H.	NO.	0034000	10/19/2006	10/11/2009			MEDICARE SUPPLEMENT	9,826	5,238	53.3	2				
.....YES.....	3PJ(OH)	J.	NO.	0034000	10/19/2006	10/11/2009			MEDICARE SUPPLEMENT	35,279	14,309	40.6	5				
.....YES.....	3PK(OH)	F.	NO.	0034000	04/18/2005	10/11/2009			HIGH DEDUCTIBLE	375	1,657	441.7	1				
0199999. Total Experience on Individual Policies										79,064	36,193	45.8	12				
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: 11200 Lakeline Blvd Suite 100 Austin , TX 78717
 - 3.2 Contact Person and Phone Number: David Brosig 1-866-459-4272
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2022 OF THE Provident American Life and Health 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 67903

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

Person Completing This Exhibit Daniel Ernest Paffumi

Title Appointed Actuary Telephone Number 330-241-1245

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2019			14	Policies Issued in 2020; 2021; 2022			
										11	Incurred Claims			15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12	13	Number of Covered Lives	Premiums Earned	16	17	Number of Covered Lives
.....YES.....	3PD(OK)	D.	NO.....	0034000	04/15/2005	10/11/2009 .....	.....	.....	MEDICARE SUPPLEMENT	8,641	.....(108)	.....(1.3)	.....1	.....	.....	.....	.....
.....YES.....	3PF(OK)	F.	NO.....	0034000	04/15/2005	06/01/2010 .....	.....	.....	MEDICARE SUPPLEMENT	49,615	.....33,931	.....68.4	.....8	.....	.....	.....	.....
.....YES.....	3PH(OK)	H.	NO.....	0034000	10/25/2006	10/11/2009 .....	.....	.....	MEDICARE SUPPLEMENT	1,114	.....(124)	.....(11.1)	.....	.....	.....	.....	.....
.....YES.....	3PI(OK)	I.	NO.....	0034000	10/25/2006	10/11/2009 .....	.....	.....	MEDICARE SUPPLEMENT	3,087	.....(209)	.....(6.8)	.....	.....	.....	.....	.....
.....YES.....	3PJ(OK)	J.	NO.....	0034000	10/25/2006	10/11/2009 .....	.....	.....	MEDICARE SUPPLEMENT	60,148	.....40,848	.....67.9	.....12	.....	.....	.....	.....
0199999. Total Experience on Individual Policies										122,605	74,338	60.6	21	.....	.....	.....	.....
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: 11200 Lakeline Blvd Suite 100 Austin, TX 78717
 - 3.2 Contact Person and Phone Number: David Brosig 1-866-459-4272
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2022 OF THE Provident American Life and Health 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 67903

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

Person Completing This Exhibit Daniel Ernest Paffumi

Title Appointed Actuary Telephone Number 330-241-1245

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2019			Policies Issued in 2020; 2021; 2022				
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12	13	Number of Covered Lives	Premiums Earned	16	17	Number of Covered Lives
.....YES.....	3PF(OR)	F.....	NO.....	0034000	04/21/2005	06/01/2010 .....	.....	.....	MEDICARE SUPPLEMENT	53,613	45,036	84.0	.9	.....	.....	.....
.....YES.....	3PJ(OR)	J.....	NO.....	0034000	01/19/2007	10/11/2009 .....	.....	.....	MEDICARE SUPPLEMENT	162,791	74,650	45.9	.33	.....	.....	.....
.....YES.....	3PK(OR)	F.....	NO.....	0034000	04/21/2005	10/11/2009 .....	.....	.....	MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE	5,425	483	8.9	.4	.....	.....	.....
0199999. Total Experience on Individual Policies										221,829	120,168	54.2	46	.....	.....	.....
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: 11200 Lakeline Blvd Suite 100 Austin , TX 78717
 - 3.2 Contact Person and Phone Number: David Brosig 1-866-459-4272
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2022 OF THE Provident American Life and Health 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 67903

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

Person Completing This Exhibit Daniel Ernest Paffumi

Title Appointed Actuary Telephone Number 330-241-1245

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2019			Policies Issued in 2020; 2021; 2022				
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12	13	Number of Covered Lives	Premiums Earned	16	17	Number of Covered Lives
YES	3PD(PA)	D	NO	0034000	03/16/2005	10/11/2009			MEDICARE SUPPLEMENT	11,275	3,177	28.2	2				
0199999. Total Experience on Individual Policies										11,275	3,177	28.2	2				
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: 11200 Lakeline Blvd Suite 100 Austin, TX 78717
 - 3.2 Contact Person and Phone Number: David Brosig 1-866-459-4272
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2022 OF THE Provident American Life and Health 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 67903

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

Person Completing This Exhibit Daniel Ernest Paffumi

Title Appointed Actuary Telephone Number 330-241-1245

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2019			14	Policies Issued in 2020; 2021; 2022			
										11	Incurred Claims			15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12	13	Number of Covered Lives	Premiums Earned	16	17	Number of Covered Lives
.....YES.....	3PD	D.	NO.....	0034000	06/03/2005	10/11/2009			MEDICARE SUPPLEMENT	(761)	(608)	79.9					
.....YES.....	3PF	F.	NO.....	0034000	06/03/2005	06/01/2010			MEDICARE SUPPLEMENT	118,640	100,259	84.5	18				
.....YES.....	3PH	H.	NO.....	0034000	11/13/2006	10/11/2009			MEDICARE SUPPLEMENT	17,287	10,337	59.8	4				
.....YES.....	3PJ	J.	NO.....	0034000	11/13/2006	10/11/2009			MEDICARE SUPPLEMENT	225,794	113,223	50.1	39				
.....YES.....	3PK	F.	NO.....	0034000	06/03/2005	10/11/2009			HIGH DEDUCTIBLE	1,161	15	1.3	1				
0199999. Total Experience on Individual Policies										362,121	223,226	61.6	62				
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: 11200 Lakeline Blvd Suite 100 Austin , TX 78717
 - 3.2 Contact Person and Phone Number: David Brosig 1-866-459-4272
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2022 OF THE Provident American Life and Health 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 67903

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

Person Completing This Exhibit Daniel Ernest Paffumi

Title Appointed Actuary

Telephone Number 330-241-1245

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2019				Policies Issued in 2020; 2021; 2022			
										11	Incurred Claims		14	15	Incurred Claims		18
											Premiums Earned	12	13		16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Amount	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
.....YES.....	3PA(TX)	A.....	NO.....	0034000	06/21/2005	06/01/2010			MEDICARE SUPPLEMENT	12,565	3,117	24.8	3				
.....YES.....	3PD(TX)	D.....	NO.....	0034000	06/21/2005	10/11/2009			MEDICARE SUPPLEMENT	12,037	8,884	73.8	1				
.....YES.....	3PF(TX)	F.....	NO.....	0034000	06/21/2005	06/01/2010			MEDICARE SUPPLEMENT	139,103	39,737	28.6	18				
.....YES.....	3PG(TX)	G.....	NO.....	0034000	11/08/2007	10/11/2009			MEDICARE SUPPLEMENT	13,249	16,550	124.9	2				
.....YES.....	3PH(TX)	H.....	NO.....	0034000	12/04/2006	10/11/2009			MEDICARE SUPPLEMENT	361,475	301,634	83.4	71				
.....YES.....	3PI(TX)	I.....	NO.....	0034000	12/04/2006	10/11/2009			MEDICARE SUPPLEMENT	38,766	30,598	78.9	7				
.....YES.....	3PJ(TX)	J.....	NO.....	0034000	12/04/2006	10/11/2009			MEDICARE SUPPLEMENT	1,615,770	1,112,836	68.9	244				
.....YES.....	3PK(TX)	F.....	NO.....	0034000	06/21/2005	10/11/2009			HIGH DEDUCTIBLE	18,082	4,305	23.8	13				
0199999. Total Experience on Individual Policies										2,211,047	1,517,661	68.6	359				
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: 11200 Lakeline Blvd Suite 100 Austin , TX 78717
 - 3.2 Contact Person and Phone Number: David Brosig 1-866-459-4272
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2022 OF THE Provident American Life and Health 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 67903
 ADDRESS (City, State and Zip Code) Cleveland, OH 44114
 Person Completing This Exhibit Daniel Ernest Paffumi
 Title Appointed Actuary Telephone Number 330-241-1245

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2019			Policies Issued in 2020; 2021; 2022				
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12	13	Number of Covered Lives	Premiums Earned	16	17	Number of Covered Lives
.....YES.....	3PF(UT)	F.....	NO.....	0034000	09/09/2005	06/01/2010	.....	.....	MEDICARE SUPPLEMENT	7,545	1,478	19.6	1	.....	.....	.....
.....YES.....	3PJ(UT)	J.....	NO.....	0034000	12/08/2006	10/11/2009	.....	.....	MEDICARE SUPPLEMENT	12	(687)	(5,613.9)	.....	.....	.....	.....	.....
0199999. Total Experience on Individual Policies										7,557	791	10.5	1	.....	.....	.....	.....
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: 11200 Lakeline Blvd Suite 100 Austin, TX 78717
 - 3.2 Contact Person and Phone Number: David Brosig 1-866-459-4272
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2022 OF THE Provident American Life and Health 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 67903

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

Person Completing This Exhibit Daniel Ernest Paffumi

Title Appointed Actuary Telephone Number 330-241-1245

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2019			Policies Issued in 2020; 2021; 2022				
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12	13	Number of Covered Lives	Premiums Earned	16	17	Number of Covered Lives
.....YES.....	3PF.....	F.....	NO.....	0034000.....	05/20/2005	06/01/2010 .....	.....	.....	MEDICARE SUPPLEMENT	7,982	5,310	66.5	1	.....	.....	.....
.....YES.....	3PJ.....	J.....	NO.....	0034000.....	12/12/2006	10/11/2009 .....	.....	.....	MEDICARE SUPPLEMENT	18,616	8,434	45.3	3	.....	.....	.....
0199999. Total Experience on Individual Policies										26,599	13,744	51.7	4	.....	.....	.....
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: 11200 Lakeline Blvd Suite 100 Austin , TX 78717
 - 3.2 Contact Person and Phone Number: David Brosig 1-866-459-4272
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2022 OF THE Provident American Life and Health 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 67903

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

Person Completing This Exhibit Daniel Ernest Paffumi

Title Appointed Actuary

Telephone Number 330-241-1245

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2019			Policies Issued in 2020; 2021; 2022				
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12	13	Number of Covered Lives	Premiums Earned	16	17	Number of Covered Lives
YES.....	3PK(WY)	F.....	NO.....	0034000	04/13/2005	10/11/2009 .....	.....	.....	MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE	1,126	3,336	296.4	1	.....	.....	.....
0199999. Total Experience on Individual Policies	.....	.....	.....	.....	.....	.....	.....	.....	.....	1,126	3,336	296.4	1	.....	.....	.....
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:
 - 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 Provident American Life and Health Insurance Company

SCHEDULE O SUPPLEMENT

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

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

SUPPLEMENTAL SCHEDULE O - PART 1

Development of Incurred Losses (\$000 Omitted)

Section A - Group Accident and Health

Years in Which Losses Were Incurred	Cumulative Net Amounts Paid Policyholders				
	1 2018	2 2019	3 2020	4 2021	5 2022(a)
1. Prior .....	.....	.....	.....	.....	.....
2. 2018 .....	.....	.....	.....	.....	.....
3. 2019	XXX.	.....	.....	.....	.....
4. 2020	XXX.	XXX.	.....	.....	.....
5. 2021	XXX.	XXX.	XXX.	XXX.	.....
6. 2022	XXX	XXX	XXX	XXX	XXX

Section B - Other Accident and Health

1. Prior	354	350	132,828	138,954	144,237
2. 2018	3,876	4,293	4,305	4,305	4,305
3. 2019	XXX.	3,522	3,875	3,874	3,874
4. 2020	XXX.	XXX.	2,553	2,807	2,808
5. 2021	XXX.	XXX.	XXX.	2,395	2,617
6. 2022	XXX	XXX	XXX	XXX	2,146

Section C - Credit Accident and Health

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

Section D -

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

Section E -

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

Section F -

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

Section G -

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

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

SUPPLEMENT FOR THE YEAR 2022 OF THE Provident American Life and Health Insurance Company
SCHEDULE O SUPPLEMENT

SUPPLEMENTAL SCHEDULE O - PART 2

Development of Incurred Losses

(\$000 Omitted)

Section A - Group Accident and Health

Years in Which Losses Were Incurred	Net Amounts Paid for Cost Containment Expenses				
	1 2018	2 2019	3 2020	4 2021	5 2022
1. Prior					
2. 2018					
3. 2019	XXX				
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		21			
3. 2019	XXX		28		
4. 2020	XXX	XXX		13	
5. 2021	XXX	XXX	XXX		12
6. 2022	XXX	XXX	XXX	XXX	9

Section C - Credit Accident and Health

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

Section D -

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

Section E -

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

Section F -

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

Section G -

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

SUPPLEMENT FOR THE YEAR 2022 OF THE Provident American Life and Health Insurance Company
SCHEDULE O SUPPLEMENT

SUPPLEMENTAL SCHEDULE O - PART 3

Development of Incurred Losses

(\$000 Omitted)

Section A - Group Accident and Health

Years in Which Losses Were Incurred	Sum of Net Cumulative Amount Paid Policyholders and Claim Liability and Reserve Outstanding at End of Year				
	1 2018	2 2019	3 2020	4 2021	5 2022
1. 2018				XXX.....	XXX.....
2. 2019	XXX.....				XXX.....
3. 2020	XXX.....	XXX.....			
4. 2021	XXX.....	XXX.....	XXX.....		
5. 2022	XXX	XXX	XXX	XXX	XXX

Section B - Other Accident and Health

1. 2018	4,277	4,295	4,305	XXX.....	XXX.....
2. 2019	XXX.....	3,903	3,875	3,874	XXX.....
3. 2020	XXX.....	XXX.....	2,848	2,807	2,808
4. 2021	XXX.....	XXX.....	XXX.....	2,684	2,617
5. 2022	XXX	XXX	XXX	XXX	2,421

Section C - Credit Accident and Health

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

Section D -

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

Section E -

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

Section F -

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

Section G -

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

SUPPLEMENT FOR THE YEAR 2022 OF THE Provident American Life and Health 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. 2019	XXX				
3. 2020	XXX	XXX			
4. 2021	XXX	XXX	XXX		
5. 2022	XXX	XXX	XXX	XXX	

Section B - Other Accident and Health

1. 2018	4,298	4,295	4,305	4,305	4,305
2. 2019	XXX	3,931	3,875	3,874	3,874
3. 2020	XXX	XXX	2,861	2,807	2,808
4. 2021	XXX	XXX	XXX	2,696	2,617
5. 2022	XXX	XXX	XXX	XXX	2,430

Section C - Credit Accident and Health

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

Section D -

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

Section E -

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

Section F -

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

Section G -

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

SUPPLEMENTAL SCHEDULE O - PART 5

(\$000 OMITTED)

Reserve and Liability Methodology - Exhibits 6 and 8

Line of Business	1 Methodology	2 Amount
1. Industrial Life	None	
2. Ordinary Life	Standard Factor	
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	None	
9. Credit Accident and Health	None	
10. Other Accident and Health	Development	276
11. Total		276



SUPPLEMENT FOR THE YEAR 2022 OF THE Provident American Life and Health Insurance Company

HEALTH CARE RECEIVABLES SUPPLEMENT

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

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

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199998. Aggregate Pharmaceutical Rebate Receivables Not Individually Listed						
0199999. Total Pharmaceutical Rebate Receivables						
0299998. Aggregate Claim Overpayment Receivables Not Individually Listed						
0299999. Total Claim Overpayment Receivables						
0399998. Aggregate Loans and Advances to Providers Not Individually Listed						
0399999. Total Loans and Advances to Providers						
0499998. Aggregate Capitation Arrangement Receivables Not Individually Listed						
0499999. Total Capitation Arrangement Receivables						
0599998. Aggregate Risk Sharing Receivables Not Individually Listed						
0599999. Total Risk Sharing Receivables						
0699998. Aggregate Other Health Care Receivables Not Individually Listed						
0699999. Total Other Health Care Receivables						
.....
.....
.....
.....
.....
0799999 Gross health care receivables						

SUPPLEMENT FOR THE YEAR 2022 OF THE Provident American Life and Health Insurance Company

HEALTH CARE RECEIVABLES SUPPLEMENT**EXHIBIT 3A - ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED**

Type of Health Care Receivable	Health Care Receivables Collected or Offset During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5 Health Care Receivables from Prior Years (Columns 1 + 3)	6 Estimated Health Care Receivables Accrued as of December 31 of Prior Year
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Amounts Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year		
1. Pharmaceutical rebate receivables
2. Claim overpayment receivables
3. Loans and advances to providers
4. Capitation arrangement receivables
5. Risk sharing receivables
6. Other health care receivables.....
7. Totals (Lines 1 through 6)						

Note that the accrued amounts in Columns 3, 4, and 6 are the total health care receivables, not just the admitted portion.