ANNUAL STATEMENT

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

CINCINNATI EQUITABLE LIFE INSURANCE COMPANY

NAIC Group Code	0067, 0067 *(Current) (Prior)*	NAIC Company Code	88064
Employer's ID Number	35-1452221		
Organized under the Laws of	OH	State of Domicile or Port of Entry	OH
Country of Domicile	US		
Licensed as business type:	Life, Accident and Health		
Incorporated/Organized	10/19/1977	Commenced Business	07/11/1978
Statutory Home Office	525 VINE STREET, SUITE 1925	CINCINNATI, OH, US 45202	
Main Administrative Office	525 VINE STREET, SUITE 1925		
	CINCINNATI, OH, US 45202	513-621-1826 *(Telephone)*	
Mail Address	P.O. BOX 3428	CINCINNATI, OH, US 45202-3428	
Primary Location of Books and Records	525 VINE STREET, SUITE 1925		
	CINCINNATI, OH, US 45202	513-621-1826 *(Telephone)*	
Internet Website Address	WWW.CINEQLIFE.COM		
Statutory Statement Contact	JOSHUA C KORSON	517-679-4756 *(Telephone)*	
	JKORSON@FBINSMI>COM *(E-Mail)*	513-621-4531 *(Fax)*	

OFFICERS

CARL JOSEPH BEDNARSKI, PRESIDENT	ANDREW JAMES KOK, SECRETARY
DONALD EUGENE SIMON, EXECUTIVE VICE PRESIDENT	DAVID DUANE BAKER, TREASURER

OTHER

THOMAS ALAN SCHROTE, CHIEF OPERATING OFFICER	GREGORY ALLEN BAKER, CHIEF FINANCIAL OFFICER
TONYA GAIL CRAWFORD, VICE PRESIDENT OF SALES & MARKETING	

DIRECTORS OR TRUSTEES

DAVID HOWARD BAHRMAN	CARL JOSEPH BEDNARSKI
DOUGLAS ELGIN DARLING	MICHAEL ALLEN DERUITER
TRAVIS EDWARD FAHLEY	MICHAEL CHARLES FUSILIER
JEFFERY BLAIR SANDBORN	BENJAMIN JEFFERY LACROSS
BRIGETTE LOUISE LEACH	JENNIFER LYNN LEWIS
PATRICK WILLIAM MCGUIRE	MICHAEL RICHARD MULDERS
STEPHANIE LEE SCHAFER	LEONA MARY DANIELS
LARRY MARTIN SHAW	PAUL DAVID PRIDGEON

State of Michigan
County of Eaton SS

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.

x	x	x
Thomas Schrote	Andrew Kok	David Baker
Chief Operating Officer	Secretary	Treasurer

Subscribed and sworn to before me

this _____ day of

_____

x _____

a. Is this an original filing? Yes
b. If no:
1. State the amendment number: _____
2. Date filed: _____
3. Number of pages attached: _____

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DIRECT BUSINESS IN THE STATE OF GEORGIA DURING THE YEAR 2022

LIFE INSURANCE

NAIC Group Code: 0067 NAIC Company Code: 88064

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS						
1.	Life insurance	10,166,915				10,166,915
2.	Annuity considerations	10,397				10,397
3.	Deposit-type contract funds		XXX		XXX	
4.	Other considerations					
5.	Totals (Sum of Lines 1 to 4)	10,177,312				10,177,312
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 + 7.4)					
DIRECT CLAIMS AND BENEFITS PAID						
9.	Death benefits	6,150,995				6,150,995
10.	Matured endowments					
11.	Annuity benefits	141,957				141,957
12.	Surrender values and withdrawals for life contracts	28,976				28,976
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid					
14.	All other benefits, except accident and health					
15.	Totals	6,321,928				6,321,928
Details of Write-Ins						
1301.						
1302.						
1303.						
1398.	Summary of remaining write-ins for Line 13 from overflow page					
1399.	Totals (Lines 1301 through 1303 + 1398) (Line 13 above)					

		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
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED											
16.	Unpaid December 31, prior year	21	139,477							21	139,477
17.	Incurred during current year	957	6,150,995							957	6,150,995
Settled during current year:											
18.1	By payment in full	961	6,163,710							961	6,163,710
18.2	By payment on compromised claims	2	884							2	884
18.3	Totals paid	963	6,164,594							963	6,164,594
18.4	Reduction by compromise										
18.5	Amount rejected										
18.6	Total settlements	963	6,164,594							963	6,164,594
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	15	125,878							15	125,878
POLICY EXHIBIT						No. of Policies					
20.	In force December 31, prior year	9,926	59,530,626		(a)					9,926	59,530,626
21.	Issued during year	1,801	11,101,379							1,801	11,101,379
22.	Other changes to in force (Net)	(1,033)	(6,559,566)							(1,033)	(6,559,566)
23.	In force December 31 of current year	10,694	64,072,439		(a)					10,694	64,072,439

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

NONE

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

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DIRECT BUSINESS IN THE STATE OF INDIANA DURING THE YEAR 2022

LIFE INSURANCE

NAIC Group Code: 0067 NAIC Company Code: 88064

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS						
1.	Life insurance	10,634,671				10,634,671
2.	Annuity considerations	30,758				30,758
3.	Deposit-type contract funds		XXX		XXX	
4.	Other considerations					
5.	Totals (Sum of Lines 1 to 4)	10,665,429				10,665,429
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 + 7.4)					
DIRECT CLAIMS AND BENEFITS PAID						
9.	Death benefits	8,098,925				8,098,925
10.	Matured endowments					
11.	Annuity benefits	10,869				10,869
12.	Surrender values and withdrawals for life contracts	836				836
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid					
14.	All other benefits, except accident and health					
15.	Totals	8,110,630				8,110,630
Details of Write-Ins						
1301.						
1302.						
1303.						
1398.	Summary of remaining write-ins for Line 13 from overflow page					
1399.	Totals (Lines 1301 through 1303 + 1398) (Line 13 above)					

		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
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED											
16.	Unpaid December 31, prior year	35	237,832							35	237,832
17.	Incurred during current year	1,285	8,098,925							1,285	8,098,925
Settled during current year:											
18.1	By payment in full	1,272	8,072,170							1,272	8,072,170
18.2	By payment on compromised claims	2	2,658							2	2,658
18.3	Totals paid	1,274	8,074,828							1,274	8,074,828
18.4	Reduction by compromise										
18.5	Amount rejected										
18.6	Total settlements	1,274	8,074,828							1,274	8,074,828
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	46	261,929							46	261,929
POLICY EXHIBIT						No. of Policies					
20.	In force December 31, prior year	13,177	83,412,421		(a)					13,177	83,412,421
21.	Issued during year	1,859	12,394,835							1,859	12,394,835
22.	Other changes to in force (Net)	(1,411)	(9,013,674)							(1,411)	(9,013,674)
23.	In force December 31 of current year	13,625	86,793,582		(a)					13,625	86,793,582

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

NONE

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

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DIRECT BUSINESS IN THE STATE OF KENTUCKY DURING THE YEAR 2022

LIFE INSURANCE

NAIC Group Code: 0067 NAIC Company Code: 88064

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS						
1.	Life insurance	6,975,585				6,975,585
2.	Annuity considerations	13,545				13,545
3.	Deposit-type contract funds		XXX		XXX	
4.	Other considerations					
5.	Totals (Sum of Lines 1 to 4)	6,989,130				6,989,130
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 + 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 remaining write-ins for Line 13 from overflow page					
1399.	Totals (Lines 1301 through 1303 + 1398) (Line 13 above)					

		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
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED											
16.	Unpaid December 31, prior year	11	74,761							11	74,761
17.	Incurred during current year	713	4,222,125							713	4,222,125
Settled during current year:											
18.1	By payment in full	709	4,208,914							709	4,208,914
18.2	By payment on compromised claims	4	11,209							4	11,209
18.3	Totals paid	713	4,220,123							713	4,220,123
18.4	Reduction by compromise										
18.5	Amount rejected										
18.6	Total settlements	713	4,220,123							713	4,220,123
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	11	76,763							11	76,763
POLICY EXHIBIT						No. of Policies					
20.	In force December 31, prior year	8,330	47,642,820		(a)					8,330	47,642,820
21.	Issued during year	1,424	7,917,448							1,424	7,917,448
22.	Other changes to in force (Net)	(836)	(5,162,647)							(836)	(5,162,647)
23.	In force December 31 of current year	8,918	50,397,621		(a)					8,918	50,397,621

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

NONE

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

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DIRECT BUSINESS IN THE STATE OF MICHIGAN DURING THE YEAR 2022

LIFE INSURANCE

NAIC Group Code: 0067 NAIC Company Code: 88064

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	125				125
2. Annuity considerations					
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	125				125
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 + 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 remaining write-ins for Line 13 from overflow page					
1399. Totals (Lines 1301 through 1303 + 1398) (Line 13 above)					

	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
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
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 (Lines 16 + 17 - 18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year				(a)						
21. Issued during year	1	100,000							1	100,000
22. Other changes to in force (Net)										
23. In force December 31 of current year	1	100,000		(a)					1	100,000

(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-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)					
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					

NONE

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

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DIRECT BUSINESS IN THE STATE OF MISSISSIPPI DURING THE YEAR 2022

LIFE INSURANCE

NAIC Group Code: 0067 NAIC Company Code: 88064

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS						
1.	Life insurance	548,460				548,460
2.	Annuity considerations					
3.	Deposit-type contract funds		XXX		XXX	
4.	Other considerations					
5.	Totals (Sum of Lines 1 to 4)	548,460				548,460
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 + 7.4)					
DIRECT CLAIMS AND BENEFITS PAID						
9.	Death benefits	233,761				233,761
10.	Matured endowments					
11.	Annuity benefits					
12.	Surrender values and withdrawals for life contracts	5,163				5,163
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid					
14.	All other benefits, except accident and health					
15.	Totals	238,924				238,924
Details of Write-Ins						
1301.						
1302.						
1303.						
1398.	Summary of remaining write-ins for Line 13 from overflow page					
1399.	Totals (Lines 1301 through 1303 + 1398) (Line 13 above)					

		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
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED											
16.	Unpaid December 31, prior year		3,000								3,000
17.	Incurred during current year	37	233,761							37	233,761
Settled during current year:											
18.1	By payment in full	36	231,761							36	231,761
18.2	By payment on compromised claims										
18.3	Totals paid	36	231,761							36	231,761
18.4	Reduction by compromise										
18.5	Amount rejected										
18.6	Total settlements	36	231,761							36	231,761
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	1	5,000							1	5,000
POLICY EXHIBIT						No. of Policies					
20.	In force December 31, prior year	393	2,285,842		(a)					393	2,285,842
21.	Issued during year	98	583,381							98	583,381
22.	Other changes to in force (Net)	(40)	(244,784)							(40)	(244,784)
23.	In force December 31 of current year	451	2,624,439		(a)					451	2,624,439

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

NONE

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

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DIRECT BUSINESS IN THE STATE OF OHIO DURING THE YEAR 2022

LIFE INSURANCE

NAIC Group Code: 0067 NAIC Company Code: 88064

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS						
1.	Life insurance	6,905,103				6,905,103
2.	Annuity considerations	1,312				1,312
3.	Deposit-type contract funds		XXX		XXX	
4.	Other considerations					
5.	Totals (Sum of Lines 1 to 4)	6,906,415				6,906,415
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 + 7.4)					
DIRECT CLAIMS AND BENEFITS PAID						
9.	Death benefits	5,916,917				5,916,917
10.	Matured endowments					
11.	Annuity benefits	2,473				2,473
12.	Surrender values and withdrawals for life contracts	13,850				13,850
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid					
14.	All other benefits, except accident and health					
15.	Totals	5,933,240				5,933,240
Details of Write-Ins						
1301.						
1302.						
1303.						
1398.	Summary of remaining write-ins for Line 13 from overflow page					
1399.	Totals (Lines 1301 through 1303 + 1398) (Line 13 above)					

		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
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED											
16.	Unpaid December 31, prior year	39	170,731							39	170,731
17.	Incurred during current year	1,181	5,916,917							1,181	5,916,917
Settled during current year:											
18.1	By payment in full	1,189	5,877,885							1,189	5,877,885
18.2	By payment on compromised claims	5	13,904							5	13,904
18.3	Totals paid	1,194	5,891,789							1,194	5,891,789
18.4	Reduction by compromise										
18.5	Amount rejected										
18.6	Total settlements	1,194	5,891,789							1,194	5,891,789
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	26	195,859							26	195,859
POLICY EXHIBIT						No. of Policies					
20.	In force December 31, prior year	12,330	57,008,943		(a)					12,330	57,008,943
21.	Issued during year	1,638	7,658,225							1,638	7,658,225
22.	Other changes to in force (Net)	(1,289)	(6,562,139)							(1,289)	(6,562,139)
23.	In force December 31 of current year	12,679	58,105,029		(a)					12,679	58,105,029

(a) Includes Individual Credit Life Insurance prior year $, current year $
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior 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-cancelable (b)					
25.2	Guaranteed renewable (b)					
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)	10,600	10,600		1,871	1,369
25.6	Totals (sum of Lines 25.1 to 25.5)	10,600	10,600		1,871	1,369
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	10,600	10,600		1,871	1,369

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

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DIRECT BUSINESS IN THE STATE OF PENNSYLVANIA DURING THE YEAR 2022

LIFE INSURANCE

NAIC Group Code: 0067 NAIC Company Code: 88064

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS						
1.	Life insurance					
2.	Annuity considerations					
3.	Deposit-type contract funds		XXX		XXX	
4.	Other considerations					
5.	Totals (Sum of Lines 1 to 4)					
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS						
Life insurance:						
6.1	Paid in cash or left on deposit					
6.2	Applied to pay renewal premiums					
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4	Other					
6.5	Totals (Sum of Lines 6.1 to 6.4)					
Annuities:						
7.1	Paid in cash or left on deposit					
7.2	Applied to provide paid-up annuities					
7.3	Other					
7.4	Totals (Sum of Lines 7.1 to 7.3)					
8.	Grand Totals (Lines 6.5 + 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 remaining write-ins for Line 13 from overflow page					
1399.	Totals (Lines 1301 through 1303 + 1398) (Line 13 above)					

NONE

		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
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED											
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 (Lines 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)						

NONE

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

NONE

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

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DIRECT BUSINESS IN THE STATE OF TENNESSEE DURING THE YEAR 2022

LIFE INSURANCE

NAIC Group Code: 0067 NAIC Company Code: 88064

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS						
1.	Life insurance	261,025				261,025
2.	Annuity considerations					
3.	Deposit-type contract funds		XXX		XXX	
4.	Other considerations					
5.	Totals (Sum of Lines 1 to 4)	261,025				261,025
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS						
Life insurance:						
6.1	Paid in cash or left on deposit					
6.2	Applied to pay renewal premiums					
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4	Other					
6.5	Totals (Sum of Lines 6.1 to 6.4)					
Annuities:						
7.1	Paid in cash or left on deposit					
7.2	Applied to provide paid-up annuities					
7.3	Other					
7.4	Totals (Sum of Lines 7.1 to 7.3)					
8.	Grand Totals (Lines 6.5 + 7.4)					
DIRECT CLAIMS AND BENEFITS PAID						
9.	Death benefits	280,186				280,186
10.	Matured endowments					
11.	Annuity benefits					
12.	Surrender values and withdrawals for life contracts	26				26
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid					
14.	All other benefits, except accident and health					
15.	Totals	280,212				280,212
Details of Write-Ins						
1301.						
1302.						
1303.						
1398.	Summary of remaining write-ins for Line 13 from overflow page					
1399.	Totals (Lines 1301 through 1303 + 1398) (Line 13 above)					

		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
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED											
16.	Unpaid December 31, prior year	1	20,272							1	20,272
17.	Incurred during current year	41	280,186							41	280,186
Settled during current year:											
18.1	By payment in full	39	275,772							39	275,772
18.2	By payment on compromised claims										
18.3	Totals paid	39	275,772							39	275,772
18.4	Reduction by compromise										
18.5	Amount rejected										
18.6	Total settlements	39	275,772							39	275,772
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	3	24,686							3	24,686
POLICY EXHIBIT						No. of Policies					
20.	In force December 31, prior year	433	2,945,458		(a)					433	2,945,458
21.	Issued during year	30	393,732							30	393,732
22.	Other changes to in force (Net)	(44)	(304,558)							(44)	(304,558)
23.	In force December 31 of current year	419	3,034,632		(a)					419	3,034,632

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

NONE

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

GRAND TOTAL DURING THE YEAR 2022

LIFE INSURANCE

NAIC Group Code: 0067 NAIC Company Code: 88064

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS						
1.	Life insurance	35,491,885				35,491,885
2.	Annuity considerations	56,011				56,011
3.	Deposit-type contract funds		XXX		XXX	
4.	Other considerations					
5.	Totals (Sum of Lines 1 to 4)	35,547,896				35,547,896
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 + 7.4)					
DIRECT CLAIMS AND BENEFITS PAID						
9.	Death benefits	20,680,784				20,680,784
10.	Matured endowments					
11.	Annuity benefits	155,299				155,299
12.	Surrender values and withdrawals for life contracts	48,851				48,851
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid					
14.	All other benefits, except accident and health					
15.	Totals	20,884,934				20,884,934
Details of Write-Ins						
1301.						
1302.						
1303.						
1398.	Summary of remaining write-ins for Line 13 from overflow page					
1399.	Totals (Lines 1301 through 1303 + 1398) (Line 13 above)					

		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
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED											
16.	Unpaid December 31, prior year	107	646,073							107	646,073
17.	Incurred during current year	4,214	24,902,909							4,214	24,902,909
Settled during current year:											
18.1	By payment in full	4,206	24,830,212							4,206	24,830,212
18.2	By payment on compromised claims	13	28,655							13	28,655
18.3	Totals paid	4,219	24,858,867							4,219	24,858,867
18.4	Reduction by compromise										
18.5	Amount rejected										
18.6	Total settlements	4,219	24,858,867							4,219	24,858,867
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	102	690,115							102	690,115
POLICY EXHIBIT						No. of Policies					
20.	In force December 31, prior year	44,589	252,826,110		(a)					44,589	252,826,110
21.	Issued during year	6,851	40,149,000							6,851	40,149,000
22.	Other changes to in force (Net)	(4,653)	(27,847,368)							(4,653)	(27,847,368)
23.	In force December 31 of current year	46,787	265,127,742		(a)					46,787	265,127,742

(a) Includes Individual Credit Life Insurance prior year $, current year $
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior 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-cancelable (b)					
25.2	Guaranteed renewable (b)					
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)	10,600	10,600		1,871	1,369
25.6	Totals (sum of Lines 25.1 to 25.5)	10,600	10,600		1,871	1,369
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	10,600	10,600		1,871	1,369

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

FORM FOR CALCULATING THE INTEREST MAINTENANCE RESERVE

INTEREST MAINTENANCE RESERVE

		1 Amount
1.	Reserve as of December 31, prior year	572,443
2.	Current year's realized pre-tax capital gains/(losses) of $ (404,128) transferred into the reserve net of taxes of $ (84,867)	(319,261)
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)	253,182
5.	Current year's amortization released to Summary of Operations (Amortization, Line 1, Column 4)	96,735
6.	Reserve as of December 31, current year (Line 4 minus Line 5)	156,448

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	108,775	(12,040)		96,735
2.	2023	87,536	(19,432)		68,104
3.	2024	64,368	(19,316)		45,052
4.	2025	41,339	(20,648)		20,691
5.	2026	20,682	(21,666)		(984)
6.	2027	11,217	(23,024)		(11,807)
7.	2028	11,654	(24,196)		(12,542)
8.	2029	11,188	(25,172)		(13,984)
9.	2030	10,903	(26,147)		(15,244)
10.	2031	11,032	(27,128)		(16,096)
11.	2032	10,794	(28,425)		(17,631)
12.	2033	10,756	(26,154)		(15,398)
13.	2034	10,419	(20,969)		(10,550)
14.	2035	10,344	(15,129)		(4,785)
15.	2036	10,602	(8,968)		1,634
16.	2037	10,594	(3,132)		7,462
17.	2038	11,480	120		11,600
18.	2039	13,090	130		13,220
19.	2040	15,037	145		15,182
20.	2041	17,196	160		17,356
21.	2042	18,608	171		18,779
22.	2043	18,292	184		18,476
23.	2044	15,011	192		15,203
24.	2045	10,802	196		10,998
25.	2046	6,689	208		6,897
26.	2047	2,919	212		3,131
27.	2048	668	200		868
28.	2049	249	159		408
29.	2050	152	114		266
30.	2051	46	69		115
31.	2052 and Later		24		24
32.	Total (Lines 1 to 31)	572,442	(319,261)		253,181

ASSET VALUATION RESERVE

		Default Component			Equity Component			7
		1	2	3	4	5	6	
		Other Than Mortgage Loans	Mortgage Loans	Total (Cols. 1 + 2)	Common Stock	Real Estate and Other Invested Assets	Total (Cols. 4 + 5)	Total Amount (Cols. 3 + 6)
1.	Reserve as of December 31, prior year	1,172,322	88,621	1,260,943	600,480	40,021	640,501	1,901,444
2.	Realized capital gains/(losses) net of taxes-General Account	7,807		7,807				7,807
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	299,994	18,468	318,461	–	4,243	4,243	322,704
8.	Accumulated balances (Lines 1 through 5 - 6 + 7)	1,480,122	107,089	1,587,211	600,480	44,264	644,744	2,231,955
9.	Maximum reserve	1,583,226	89,284	1,672,509	665,939	16,504	682,442	2,354,952
10.	Reserve objective	889,549	68,804	958,354	665,939	12,178	678,116	1,636,470
11.	20% of (Line 10 - Line 8)	(118,115)	(7,657)	(125,772)	13,092	(6,417)	6,674	(119,097)
12.	Balance before transfers (Lines 8 + 11)	1,362,008	99,432	1,461,440	613,572	37,847	651,418	2,112,858
13.	Transfers	10,149	(10,149)	–				–
14.	Voluntary contribution							
15.	Adjustment down to maximum/up to zero							
16.	Reserve as of December 31, current year (Lines 12 + 13 + 14 + 15)	1,372,157	89,283	1,461,440	613,572	37,847	651,418	2,112,858

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 5 Factor	Basic Contribution 6 Amount (Cols. 4x5)	Reserve Objective 7 Factor	Reserve Objective 8 Amount (Cols. 4x7)	Maximum Reserve 9 Factor	Maximum Reserve 10 Amount (Cols. 4x9)
		LONG-TERM BONDS										
1		Exempt Obligations	605,168	XXX	XXX	605,168	–	–	–	–	–	–
2.1	1	NAIC Designation Category 1.A	8,294,390	XXX	XXX	8,294,390	0.0002	1,659	0.0007	5,806	0.0013	10,783
2.2	1	NAIC Designation Category 1.B	3,121,184	XXX	XXX	3,121,184	0.0004	1,248	0.0011	3,433	0.0023	7,179
2.3	1	NAIC Designation Category 1.C	19,540,941	XXX	XXX	19,540,941	0.0006	11,725	0.0018	35,174	0.0035	68,393
2.4	1	NAIC Designation Category 1.D	9,517,155	XXX	XXX	9,517,155	0.0007	6,662	0.0022	20,938	0.0044	41,875
2.5	1	NAIC Designation Category 1.E	21,959,031	XXX	XXX	21,959,031	0.0009	19,763	0.0027	59,289	0.0055	120,775
2.6	1	NAIC Designation Category 1.F	32,395,783	XXX	XXX	32,395,783	0.0011	35,635	0.0034	110,146	0.0068	220,291
2.7	1	NAIC Designation Category 1.G	26,833,653	XXX	XXX	26,833,653	0.0014	37,567	0.0042	112,701	0.0085	228,086
2.8		Subtotal NAIC 1 (2.1 + 2.2 + 2.3 + 2.4 + 2.5 + 2.6 + 2.7)	121,662,138	XXX	XXX	121,662,138	XXX	114,260	XXX	347,487	XXX	697,382
3.1	2	NAIC Designation Category 2.A	18,749,062	XXX	XXX	18,749,062	0.0021	39,373	0.0063	118,119	0.0105	196,865
3.2	2	NAIC Designation Category 2.B	22,551,674	XXX	XXX	22,551,674	0.0025	56,379	0.0076	171,393	0.0127	286,406
3.3	2	NAIC Designation Category 2.C	14,554,552	XXX	XXX	14,554,552	0.0036	52,396	0.0108	157,189	0.0180	261,982
3.4	2	Subtotal NAIC 2 (3.1 + 3.2 + 3.3)	55,855,287	XXX	XXX	55,855,287	XXX	148,149	XXX	446,701	XXX	745,253
4.1	3	NAIC Designation Category 3.A	1,482,263	XXX	XXX	1,482,263	0.0069	10,228	0.0183	27,125	0.0262	38,835
4.2	3	NAIC Designation Category 3.B	1,236,019	XXX	XXX	1,236,019	0.0099	12,237	0.0264	32,631	0.0377	46,598
4.3	3	NAIC Designation Category 3.C	481,211	XXX	XXX	481,211	0.0131	6,304	0.0350	16,842	0.0500	24,061
4.4		Subtotal NAIC 3 (4.1 + 4.2 + 4.3)	3,199,492	XXX	XXX	3,199,492	XXX	28,768	XXX	76,599	XXX	109,494
5.1	4	NAIC Designation Category 4.A	10,070	XXX	XXX	10,070	0.0184	185	0.0430	433	0.0615	619
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)	10,070	XXX	XXX	10,070	XXX	185	XXX	433	XXX	619
6.1	5	NAIC Designation Category 5.A	50,340	XXX	XXX	50,340	0.0472	2,376	0.0846	4,259	0.1410	7,098
6.2	5	NAIC Designation Category 5.B	60,000	XXX	XXX	60,000	0.0663	3,978	0.1188	7,128	0.1980	11,880
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)	110,340	XXX	XXX	110,340	XXX	6,354	XXX	11,387	XXX	18,978
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 (Sum of Lines 1+2.8+3.4+4.4+5.4+6.4+7+8)	181,442,496	XXX	XXX	181,442,496	XXX	297,716	XXX	882,607	XXX	1,571,727
		PREFERRED STOCKS										
10	1	Highest Quality		XXX	XXX		0.0005		0.0016		0.0033	
11	2	High Quality	1,084,800	XXX	XXX	1,084,800	0.0021	2,278	0.0064	6,943	0.0106	11,499
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)	1,084,800	XXX	XXX	1,084,800	XXX	2,278	XXX	6,943	XXX	11,499

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 5 Factor	Basic Contribution 6 Amount (Cols. 4x5)	Reserve Objective 7 Factor	Reserve Objective 8 Amount (Cols. 4x7)	Maximum Reserve 9 Factor	Maximum Reserve 10 Amount (Cols. 4x9)
		SHORT-TERM BONDS										
18		Exempt Obligations		XXX	XXX		–		–		–	
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		–		0.2370		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		–		0.2370		0.2370	
33		Total Derivative Instruments		XXX	XXX		XXX		XXX		XXX	
34		Total (Lines 9+ 17 + 25 + 33)	182,527,296	XXX	XXX	182,527,296	XXX	299,994	XXX	889,549	XXX	1,583,226

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 5 Factor	Basic Contribution 6 Amount (Cols. 4x5)	Reserve Objective 7 Factor	Reserve Objective 8 Amount (Cols. 4x7)	Maximum Reserve 9 Factor	Maximum Reserve 10 Amount (Cols. 4x9)
		MORTGAGE LOANS										
		In Good Standing:										
35		Farm Mortgages – CM1 – Highest Quality			XXX		0.0011		0.0057		0.0074	
36		Farm Mortgages – CM2 – High Quality			XXX		0.0040		0.0114		0.0149	
37		Farm Mortgages – CM3 – Medium Quality			XXX		0.0069		0.0200		0.0257	
38		Farm Mortgages – CM4 – Low Medium Quality			XXX		0.0120		0.0343		0.0428	
39		Farm Mortgages – CM5 – Low Quality			XXX		0.0183		0.0486		0.0628	
40		Residential Mortgages – Insured or Guaranteed			XXX		0.0003		0.0007		0.0011	
41		Residential Mortgages – All Other			XXX		0.0015		0.0034		0.0046	
42		Commercial Mortgages – Insured or Guaranteed			XXX		0.0003		0.0007		0.0011	
43		Commercial Mortgages – All Other – CM1 – Highest Quality	6,205,294		XXX	6,205,294	0.0011	6,826	0.0057	35,370	0.0074	45,919
44		Commercial Mortgages – All Other – CM2 – High Quality	1,599,685		XXX	1,599,685	0.0040	6,399	0.0114	18,236	0.0149	23,835
45		Commercial Mortgages – All Other – CM3 – Medium Quality	759,890		XXX	759,890	0.0069	5,243	0.0200	15,198	0.0257	19,529
46		Commercial Mortgages – All Other – CM4 – Low Medium Quality			XXX		0.0120		0.0343		0.0428	
47		Commercial Mortgages – All Other – CM5 – Low Quality			XXX		0.0183		0.0486		0.0628	
		Overdue, Not in Process:										
48		Farm Mortgages			XXX		0.0480		0.0868		0.1371	
49		Residential Mortgages – Insured or Guaranteed			XXX		0.0006		0.0014		0.0023	
50		Residential Mortgages - All Other			XXX		0.0029		0.0066		0.0103	
51		Commercial Mortgages - Insured or Guaranteed			XXX		0.0006		0.0014		0.0023	
52		Commercial Mortgages - All Other			XXX		0.0480		0.0868		0.1371	
		In Process of Foreclosure:										
53		Farm Mortgages			XXX		–		0.1942		0.1942	
54		Residential Mortgages - Insured or Guaranteed			XXX		–		0.0046		0.0046	
55		Residential Mortgages - All Other			XXX		–		0.0149		0.0149	
56		Commercial Mortgages - Insured or Guaranteed			XXX		–		0.0046		0.0046	
57		Commercial Mortgages - All Other			XXX		–		0.1942		0.1942	
58		Total Schedule B Mortgages (Sum of Lines 35 through 57)	8,564,869		XXX	8,564,869	XXX	18,468	XXX	68,804	XXX	89,284
59		Schedule DA Mortgages			XXX		0.0034		0.0114		0.0149	
60		Total Mortgage Loans on Real Estate (Lines 58 + 59)	8,564,869		XXX	8,564,869	XXX	18,468	XXX	68,804	XXX	89,284

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 5 Factor	Basic Contribution 6 Amount (Cols. 4x5)	Reserve Objective 7 Factor	Reserve Objective 8 Amount (Cols. 4x7)	Maximum Reserve 9 Factor	Maximum Reserve 10 Amount (Cols. 4x9)
		COMMON STOCK										
1		Unaffiliated Public		XXX	XXX		–	–	(a)		(a)	
2		Unaffiliated Private		XXX	XXX		–	–	0.1945		0.1945	
3		Federal Home Loan Bank		XXX	XXX		–	–	0.0061		0.0097	
4		Affiliated Life with AVR		XXX	XXX		–	–	–	–	–	–
		Affiliated Investment Subsidiary:										
5		Fixed Income Exempt Obligations					XXX		XXX		XXX	
6		Fixed Income Highest Quality					XXX		XXX		XXX	
7		Fixed Income High Quality					XXX		XXX		XXX	
8		Fixed Income Medium Quality					XXX		XXX		XXX	
9		Fixed Income Low Quality					XXX		XXX		XXX	
10		Fixed Income Lower Quality					XXX		XXX		XXX	
11		Fixed Income In or Near Default					XXX		XXX		XXX	
12		Unaffiliated Common Stock Public					–	–	(a)		(a)	
13		Unaffiliated Common Stock Private					–	–	0.1945		0.1945	
14		Real Estate					(b)		(b)		(b)	
15		Affiliated-Certain Other (See SVO Purposes & Procedures Manual)		XXX	XXX		–	–	0.1580		0.1580	
16		Affiliated - All Other	3,423,848	XXX	XXX	3,423,848	–	–	0.1945	665,939	0.1945	665,939
17		Total Common Stock (Sum of Lines 1 through 16)	3,423,848			3,423,848	XXX	–	XXX	665,939	XXX	665,939
		REAL ESTATE										
18		Home Office Property (General Account only)					–	–	0.0912		0.0912	
19		Investment Properties					–	–	0.0912		0.0912	
20		Properties Acquired in Satisfaction of Debt					–	–	0.1337		0.1337	
21		Total Real Estate (Sum of Lines 18 through 20)					XXX	–	XXX		XXX	
		OTHER INVESTED ASSETS INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF BONDS										
22		Exempt Obligations		XXX	XXX		–	–	–	–	–	–
23	1	Highest Quality		XXX	XXX		0.0005		0.0016		0.0033	
24	2	High Quality		XXX	XXX		0.0021		0.0064		0.0106	
25	3	Medium Quality		XXX	XXX		0.0099		0.0263		0.0376	
26	4	Low Quality		XXX	XXX		0.0245		0.0572		0.0817	
27	5	Lower Quality		XXX	XXX		0.0630		0.1128		0.1880	
28	6	In or Near Default		XXX	XXX		–	–	0.2370		0.2370	
29		Total with Bond Characteristics (Sum of Lines 22 through 28)		XXX	XXX		XXX	–	XXX	–	XXX	–

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

Line Number	NAIC Designation	Description	1 Book / Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Cols. 1+2+3)	Basic Contribution 5 Factor	Basic Contribution 6 Amount (Cols. 4x5)	Reserve Objective 7 Factor	Reserve Objective 8 Amount (Cols. 4x7)	Maximum Reserve 9 Factor	Maximum Reserve 10 Amount (Cols. 4x9)
		INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF PREFERRED STOCKS										
30	1	Highest Quality	486,053	XXX	XXX	486,053	0.0005	243	0.0016	778	0.0033	1,604
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		–	–	0.2370		0.2370	
36		Affiliated Life with AVR		XXX	XXX		–	–	–	–	–	–
37		Total with Preferred Stock Characteristics (Sum of Lines 30 through 36)	486,053	XXX	XXX	486,053	XXX	243	XXX	778	XXX	1,604
		INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF MORTGAGE LOANS										
		In Good Standing Affiliated:										
38		Mortgages - CM1 - Highest Quality			XXX		0.0011		0.0057		0.0074	
39		Mortgages - CM2 - High Quality			XXX		0.0040		0.0114		0.0149	
40		Mortgages - CM3 - Medium Quality			XXX		0.0069		0.0200		0.0257	
41		Mortgages - CM4 - Low Medium Quality			XXX		0.0120		0.0343		0.0428	
42		Mortgages - CM5 - Low Quality			XXX		0.0183		0.0486		0.0628	
43		Residential Mortgages - Insured or Guaranteed			XXX		0.0003		0.0007		0.0011	
44		Residential Mortgages - All Other		XXX	XXX		0.0015		0.0034		0.0046	
45		Commercial Mortgages - Insured or Guaranteed			XXX		0.0003		0.0007		0.0011	
		Overdue, Not in Process Affiliated:										
46		Farm Mortgages			XXX		0.0480		0.0868		0.1371	
47		Residential Mortgages - Insured or Guaranteed			XXX		0.0006		0.0014		0.0023	
48		Residential Mortgages - All Other			XXX		0.0029		0.0066		0.0103	
49		Commercial Mortgages - Insured or Guaranteed			XXX		0.0006		0.0014		0.0023	
50		Commercial Mortgages -- All Other			XXX		0.0480		0.0868		0.1371	
		In Process of Foreclosure Affiliated:										
51		Farm Mortgages			XXX		–	–	0.1942		0.1942	
52		Residential Mortgages - Insured or Guaranteed			XXX		–	–	0.0046		0.0046	
53		Residential Mortgages - All Other			XXX		–	–	0.0149		0.0149	
54		Commercial Mortgages - Insured or Guaranteed			XXX		–	–	0.0046		0.0046	
55		Commercial Mortgages - All Other			XXX		–	–	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	1,000,000		XXX	1,000,000	0.0040	4,000	0.0114	11,400	0.0149	14,900
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		–	–	0.1942		0.1942	
63		Total Unaffiliated (Sum of Lines 57 through 62)	1,000,000		XXX	1,000,000	XXX	4,000	XXX	11,400	XXX	14,900
64		Total with Mortgage Loan Characteristics (Lines 56 + 63)	1,000,000		XXX	1,000,000	XXX	4,000	XXX	11,400	XXX	14,900

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 5 Factor	Basic Contribution 6 Amount (Cols. 4x5)	Reserve Objective 7 Factor	Reserve Objective 8 Amount (Cols. 4x7)	Maximum Reserve 9 Factor	Maximum Reserve 10 Amount (Cols. 4x9)
		INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF COMMON STOCK										
65		Unaffiliated Public		XXX	XXX		–	–	(a)		(a)	
66		Unaffiliated Private		XXX	XXX		–	–	0.1945		0.1945	
67		Affiliated Life with AVR		XXX	XXX		–	–	–		–	
68		Affiliated Certain Other (See SVO Purposes & Procedures Manual)		XXX	XXX		–	–	0.1580		0.1580	
69		Affiliated Other - All Other		XXX	XXX		–	–	0.1945		0.1945	
70		Total with Common Stock Characteristics (Sum of Lines 65 through 69)		XXX	XXX		XXX	–	XXX		XXX	
		INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF REAL ESTATE										
71		Home Office Property (General Account only)					–	–	0.0912		0.0912	
72		Investment Properties					–	–	0.0912		0.0912	
73		Properties Acquired in Satisfaction of Debt					–	–	0.1337		0.1337	
74		Total with Real Estate Characteristics (Sum of Lines 71 through 73)					XXX	–	XXX		XXX	
		LOW INCOME HOUSING TAX CREDIT INVESTMENTS										
75		Guaranteed Federal Low Income Housing Tax Credit					0.0003		0.0006		0.0010	
76		Non-guaranteed Federal Low Income Housing Tax Credit					0.0063		0.0120		0.0190	
77		Guaranteed State Low Income Housing Tax Credit					0.0003		0.0006		0.0010	
78		Non-guaranteed State Low Income Housing Tax Credit					0.0063		0.0120		0.0190	
79		All Other Low Income Housing Tax Credit					0.0273		0.0600		0.0975	
80		Total LIHTC (Sum of Lines 75 through 79)					XXX		XXX		XXX	
		RESIDUAL TRANCHES OR INTERESTS										
81		Fixed Income Instruments – Unaffiliated		XXX			–	–	0.1580		0.1580	
82		Fixed Income Instruments – Affiliated		XXX	XXX		–	–	0.1580		0.1580	
83		Common Stock – Unaffiliated		XXX	XXX		–	–	0.1580		0.1580	
84		Common Stock – Affiliated		XXX	XXX		–	–	0.1580		0.1580	
85		Preferred Stock – Unaffiliated		XXX	XXX		–	–	0.1580		0.1580	
86		Preferred Stock – Affiliated		XXX	XXX		–	–	0.1580		0.1580	
87		Real Estate – Unaffiliated					–	–	0.1580		0.1580	
88		Real Estate – Affiliated					–	–	0.1580		0.1580	
89		Mortgage Loans – Unaffiliated		XXX	XXX		–	–	0.1580		0.1580	
90		Mortgage Loans – Affiliated		XXX	XXX		–	–	0.1580		0.1580	
91		Other – Unaffiliated		XXX	XXX		–	–	0.1580		0.1580	
92		Other – Affiliated		XXX	XXX		–	–	0.1580		0.1580	
93		Total Residual Tranches or Interests (Sum of Lines 81 through 92)					XXX	–	XXX		XXX	
		ALL OTHER INVESTMENTS										
94		NAIC 1 Working Capital Finance Investments		XXX			–	–	0.0042		0.0042	
95		NAIC 2 Working Capital Finance Investments		XXX			–	–	0.0137		0.0137	
96		Other Invested Assets - Schedule BA		XXX			–	–	0.1580		0.1580	
97		Other Short-Term Invested Assets - Schedule DA		XXX			–	–	0.1580		0.1580	
98		Total All Other (Sum of Lines 94, 95, 96 and 97)		XXX			XXX	–	XXX		XXX	
99		Total Other Invested Assets - Schedules BA & DA (Sum of Lines 29, 37, 64, 70, 74, 80, 93 and 98)	1,486,053	XXX	XXX	1,486,053	XXX	4,243	XXX	12,178	XXX	16,504

(a) Times the company's weighted average portfolio beta (Minimum .1215, Maximum .2431).
(b) Determined using 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
BASIC CONTRIBUTION, RESERVE OBJECTIVE AND MAXIMUM RESERVE CALCULATIONS
REPLICATIONS (SYNTHETIC) ASSETS

1 RSAT Number	2 Type	3 CUSIP (6 digits)	4 Description of Asset(s)	5 NAIC Designation or Other Description of Asset	6 Value of Asset	7 AVR Basic Contribution	8 AVR Reserve Objective	9 AVR Maximum Reserve
0599999 – Totals								

NONE

SCHEDULE F

Showing all claims for death losses and all other contract claims resisted or compromised during the year, and all claims for death losses and all other contract claims resisted December 31 of current year

1 Contract Numbers	2 Claim Numbers	3 State of Residence of Claimant	4 Year of Claim for Death or Disability	5 Amount Claimed	6 Amount Paid During the Year	7 Amount Resisted Dec. 31 of Current Year	8 Why Compromised or Resisted
5399999 – Totals							XXX

NONE

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	2	3	4	5	6	7	8	9	10	11	12	13	14
		Amount	%	Amount	%	Amount	%	Amount	%	Amount	%	Amount	%	Amount	%
1.	Premiums written	10,600	XXX		XXX		XXX		XXX		XXX		XXX		XXX
2.	Premiums earned	10,600	XXX		XXX		XXX		XXX		XXX		XXX		XXX
3.	Incurred claims	1,369	12.9												
4.	Cost containment expenses														
5.	Incurred claims and cost containment expenses (Lines 3 and 4)	1,369	12.9												
6.	Increase in contract reserves	(220)	(2.1)												
7.	Commissions (a)	1,590	15.0												
8.	Other general insurance expenses	499	4.7												
9.	Taxes, licenses and fees	80	0.8												
10.	Total other expenses incurred	2,169	20.5												
11.	Aggregate write-ins for deductions														
12.	Gain from underwriting before dividends or refunds	7,282	68.7												
13.	Dividends or refunds														
14.	Gain from underwriting after dividends or refunds	7,282	68.7												
Details of Write-Ins															
1101.															
1102.															
1103.															
1198..	Summary of remaining write-ins for Line 11 from overflow page														
1199.	Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)														

		Medicare Title XVIII		Medicaid Title XIX		Credit A&H		Disability Income		Long-Term Care		Other Health	
		15	16	17	18	19	20	21	22	23	24	25	26
		Amount	%	Amount	%	Amount	%	Amount	%	Amount	%	Amount	%
1.	Premiums written		XXX		XXX		XXX		XXX		XXX	10,600	XXX
2.	Premiums earned		XXX		XXX		XXX		XXX		XXX	10,600	XXX
3.	Incurred claims											1,369	12.9
4.	Cost containment expenses												
5.	Incurred claims and cost containment expenses (Lines 3 and 4)											1,369	12.9
6.	Increase in contract reserves											(220)	(2.1)
7.	Commissions (a)											1,590	15.0
8.	Other general insurance expenses											499	4.7
9.	Taxes, licenses and fees											80	0.8
10.	Total other expenses incurred											2,169	20.5
11.	Aggregate write-ins for deductions												
12.	Gain from underwriting before dividends or refunds											7,282	68.7
13.	Dividends or refunds												
14.	Gain from underwriting after dividends or refunds											7,282	68.7
Details of Write-Ins													
1101.													
1102.													
1103.													
1198..	Summary of remaining write-ins for Line 11 from overflow page												
1199.	Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)												

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

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													
	2. Advance premiums													
	3. Reserve for rate credits													
	4. Total premium reserves, current year													
	5. Total premium reserves, prior year													
	6. Increase in total premium reserves													
B.	Contract Reserves:													
	1. Additional reserves (a)	1,323												1,323
	2. Reserve for future contingent benefits													
	3. Total contract reserves, current year	1,323												1,323
	4. Total contract reserves, prior year	1,543												1,543
	5. Increase in contract reserves	(220)												(220)
C.	Claim Reserves and Liabilities:													
	1. Total current year	4,223												4,223
	2. Total prior year	4,726												4,726
	3. Increase	(502)												(502)

PART 3 - TEST OF PRIOR YEARS CLAIM RESERVES AND LIABILITIES

1.	Claims paid during the year:													
	1.1. On claims incurred prior to current year	361												361
	1.2. On claims incurred during current year	1,510												1,510
2.	Claim reserves and liabilities, December 31, current year:													
	2.1. On claims incurred prior to current year													
	2.2. On claims incurred during current year	4,223												4,223
3.	Test:													
	3.1. Lines 1.1 and 2.1	361												361
	3.2. Claim reserves and liabilities, December 31, prior year	4,726												4,726
	3.3. Line 3.1 minus Line 3.2	(4,365)												(4,365)

PART 4 - REINSURANCE

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

NONE

(a) Includes $ premium deficiency reserve.

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												1,368	1,368
	2. Beginning Claim Reserves and Liabilities												4,726	4,726
	3. Ending Claim Reserves and Liabilities												4,223	4,223
	4. Claims Paid												1,871	1,871
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													
	2. Beginning Claim Reserves and Liabilities													
	3. Ending Claim Reserves and Liabilities													
	4. Claims Paid													
D.	Net:													
	1. Incurred Claims												1,368	1,368
	2. Beginning Claim Reserves and Liabilities												4,726	4,726
	3. Ending Claim Reserves and Liabilities												4,223	4,223
	4. Claims Paid												1,871	1,871
E.	Net Incurred Claims and Cost Containment Expenses:													
	1. Incurred Claims and Cost Containment Expenses												1,369	1,369
	2. Beginning Reserves and Liabilities												4,726	4,726
	3. Ending Reserves and Liabilities												4,223	4,223
	4. Paid Claims and Cost Containment Expenses												1,871	1,871

(41) Schedule S - Part 1 - Section 1

NONE

(42) Schedule S - Part 1 - Section 2

NONE

(43) Schedule S - Part 2

NONE

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	2	3	4	5	6	7	8	Reserve Credit Taken		11	Outstanding Surplus Relief		14	15
NAIC Company Code	ID Number	Effective Date	Name of Company	Domiciliary Jurisdiction	Type of Reinsurance Ceded	Type of Business Ceded	Amount in Force at End of Year	9 Current Year	10 Prior Year	Premiums	12 Current Year	13 Prior Year	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
General Account, Authorized, Affiliates, U.S., Other														
63096	38-6056370	12/10/2020	FARM BUREAU LIFE INSURANCE COMPANY OF MI	MI	YRT/I	OL	450,000	35		1,054				
63096	38-6056370	12/10/2020	FARM BUREAU LIFE INSURANCE COMPANY OF MI	MI	OTH/I	ADB				63				
0299999 – General Account, Authorized, Affiliates, U.S., Other							450,000	35		1,117				
0399999 – General Account, Authorized, Affiliates, U.S., Total							450,000	35		1,117				
0799999 – General Account, Authorized, Total Authorized Affiliates							450,000	35		1,117				
General Account, Authorized, Non-Affiliates, U.S. Non-Affiliates														
76236	31-1213778	07/01/1982	CINCINNATI LIFE INSURANCE COMPANY	OH	YRT/I	OL	15,000	394	363	429				
82627	06-0839705	03/01/1981	SWISS RE LIFE & HEALTH OF AMERICA, INC	MO	YRT/I	OL				863				
82627	06-0839705	03/01/1981	SWISS RE LIFE & HEALTH OF AMERICA, INC	MO	OTH/I	ADB				14				
82627	06-0839705	10/01/2022	SWISS RE LIFE & HEALTH OF AMERICA, INC	MO	CO/I	OL	45,750	218		349				
0899999 – General Account, Authorized, Non-Affiliates, U.S. Non-Affiliates							60,750	612	363	1,655				
1099999 – General Account, Authorized, Total Authorized Non-Affiliates							60,750	612	363	1,655				
1199999 – Total General Account Authorized							510,750	647	363	2,772				
4599999 – Total General Account Authorized, Unauthorized, Reciprocal Jurisdiction and Certified							510,750	647	363	2,772				
9199999 – Total U.S.							510,750	647	363	2,772				
9999999 – Total (Sum of 4599999 and 9099999)							510,750	647	363	2,772				

(45) Schedule S - Part 3 - Section 2

NONE

(46) Schedule S - Part 4

NONE

(46) Schedule S - Part 4 - Bank Information

NONE

(47) Schedule S - Part 5

NONE

(47) Schedule S - Part 5 - Bank Information

NONE

SCHEDULE S - PART 6

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

		1 2022	2 2021	3 2020	4 2019	5 2018
A.	**OPERATIONS ITEMS**					
1.	Premiums and annuity considerations for life and accident and health contracts	3	1	1	5	5
2.	Commissions and reinsurance expense allowances					
3.	Contract claims					
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 reserves for life and accident and health contracts					
B.	**BALANCE SHEET ITEMS**					
8.	Premiums and annuity considerations for life and accident and health contracts deferred and uncollected					
9.	Aggregate reserves for life and accident and health contracts	1			3	3
10.	Liability for deposit-type contracts					
11.	Contract claims unpaid					
12.	Amounts recoverable on reinsurance	–				
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)	199,887,448		199,887,448
2.	Reinsurance (Line 16)	245	(245)	–
3.	Premiums and considerations (Line 15)	1,119,918		1,119,918
4.	Net credit for ceded reinsurance	XXX	892	892
5.	All other admitted assets (balance)	5,408,600		5,408,600
6.	Total assets excluding Separate Accounts (Line 26)	206,416,210	647	206,416,857
7.	Separate Account assets (Line 27)			
8.	Total assets (Line 28)	206,416,210	647	206,416,857
LIABILITIES, CAPITAL AND SURPLUS (Page 3)				
9.	Contract reserves (Lines 1 and 2)	190,894,013	647	190,894,660
10.	Liability for deposit-type contracts (Line 3)	172,014		172,014
11.	Claim reserves (Line 4)	694,340		694,340
12.	Policyholder dividends/member refunds/reserves (Lines 5 through 7)	2,078		2,078
13.	Premium & annuity considerations received in advance (Line 8)	590,439		590,439
14.	Other contract liabilities (Line 9)	156,448		156,448
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)	2,863,550		2,863,550
20.	Total liabilities excluding Separate Accounts (Line 26)	195,372,883	647	195,373,530
21.	Separate Account liabilities (Line 27)			
22.	Total liabilities (Line 28)	195,372,883	647	195,373,530
23.	Capital & surplus (Line 38)	11,043,328	XXX	11,043,328
24.	Total liabilities, capital & surplus (Line 39)	206,416,210	647	206,416,857
NET CREDIT FOR CEDED REINSURANCE				
25.	Contract reserves	647	XXX	XXX
26.	Claim reserves		XXX	XXX
27.	Policyholder dividends/reserves		XXX	XXX
28.	Premium & annuity considerations received in advance		XXX	XXX
29.	Liability for deposit-type contracts		XXX	XXX
30.	Other contract liabilities		XXX	XXX
31.	Reinsurance ceded assets	245	XXX	XXX
32.	Other ceded reinsurance recoverables		XXX	XXX
33.	Total ceded reinsurance recoverables	892	XXX	XXX
34.	Premiums and considerations		XXX	XXX
35.	Reinsurance in unauthorized companies		XXX	XXX
36.	Funds held under reinsurance treaties with unauthorized reinsurers		XXX	XXX
37.	Reinsurance with Certified Reinsurers		XXX	XXX
38.	Funds held under reinsurance treaties with Certified Reinsurers		XXX	XXX
39.	Other ceded reinsurance payables/offsets		XXX	XXX
40.	Total ceded reinsurance payable/offsets		XXX	XXX
41.	Total net credit for ceded reinsurance	892	XXX	XXX

SCHEDULE T – PART 2

INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN

Allocated By States And Territories

States, Etc.		Direct Business Only					
		1	2	3	4	5	6
		Life (Group and Individual)	Annuities (Group and Individual)	Disability Income (Group and Individual)	Long-Term Care (Group and Individual)	Deposit-Type Contracts	Totals
1. Alabama	AL						
2. Alaska	AK						
3. Arizona	AZ						
4. Arkansas	AR						
5. California	CA						
6. Colorado	CO						
7. Connecticut	CT						
8. Delaware	DE						
9. District of Columbia	DC						
10. Florida	FL						
11. Georgia	GA	10,166,915	10,397				10,177,312
12. Hawaii	HI						
13. Idaho	ID						
14. Illinois	IL						
15. Indiana	IN	10,634,671	30,758				10,665,429
16. Iowa	IA						
17. Kansas	KS						
18. Kentucky	KY	6,975,585	13,545				6,989,130
19. Louisiana	LA						
20. Maine	ME						
21. Maryland	MD						
22. Massachusetts	MA						
23. Michigan	MI	125					125
24. Minnesota	MN						
25. Mississippi	MS	548,460					548,460
26. Missouri	MO						
27. Montana	MT						
28. Nebraska	NE						
29. Nevada	NV						
30. New Hampshire	NH						
31. New Jersey	NJ						
32. New Mexico	NM						
33. New York	NY						
34. North Carolina	NC						
35. North Dakota	ND						
36. Ohio	OH	6,905,103	1,312				6,906,415
37. Oklahoma	OK						
38. Oregon	OR						
39. Pennsylvania	PA						
40. Rhode Island	RI						
41. South Carolina	SC						
42. South Dakota	SD						
43. Tennessee	TN	261,025					261,025
44. Texas	TX						
45. Utah	UT						
46. Vermont	VT						
47. Virginia	VA						
48. Washington	WA						
49. West Virginia	WV						
50. Wisconsin	WI						
51. Wyoming	WY						
52. American Samoa	AS						
53. Guam	GU						
54. Puerto Rico	PR						
55. US Virgin Islands	VI						
56. Northern Mariana Islands	MP						
57. Canada	CAN						
58. Aggregate Other Alien	OT						
59. Totals		35,491,885	56,011				35,547,896

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 Domiciliary Location	10 Relationship 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 Ownership, Provide Percentage	14 Ultimate Controlling Entity(ies) / Person(s)	15 Is an SCA Filing Required? (Yes/No)	16 *
			38-1718391				Michigan Farm Bureau	MI	UIP	Ultimate Controlling Company	Board of Directors			NO	
0067	Michigan Farm Bureau Group	21555	38-1316179				Farm Bureau Mutual Insurance Company of Michigan	MI	IA	Michigan Farm Bureau	Other		Michigan Farm Bureau	NO	1
0067	Michigan Farm Bureau Group	63096	38-6056370				Farm Bureau Life Insurance Company of Michigan	MI	IA	Michigan Farm Bureau Financial Corporation	Ownership	100.000	Michigan Farm Bureau	NO	
0067	Michigan Farm Bureau Group	21547	38-6056228				Farm Bureau General Insurance Company of Michigan	MI	RE	Michigan Farm Bureau Financial Corporation	Ownership	100.000	Michigan Farm Bureau	NO	
			38-2961817				Michigan Farm Bureau Financial Corporation	MI	UDP	Michigan Farm Bureau	Ownership	100.000	Michigan Farm Bureau	NO	
			27-5177082				FBL Real Estate Holdings, LLC	MI	DS	Farm Bureau Life Insurance Company of Michigan	Ownership	100.000	Michigan Farm Bureau	NO	
			38-2102277				MFB, Inc.	MI	NIA	Michigan Farm Bureau Financial Corporation	Ownership	100.000	Michigan Farm Bureau	NO	
			86-1744708				Gravity Works Design, LLC	MI	NIA	Michigan Farm Bureau Financial Corporation	Ownership	100.000	Michigan Farm Bureau	NO	
			38-1883116				Community Service Acceptance Company	MI	NIA	Michigan Farm Bureau Financial Corporation	Ownership	100.000	Michigan Farm Bureau	NO	
0067	Michigan Farm Bureau Group	74799	73-1333608				Leaders Life Insurance Company	OK	IA	Michigan Farm Bureau Financial Corporation	Ownership	100.000	Michigan Farm Bureau	NO	
			31-1154154				Cincinnati Equitable Companies, Inc.	OH	NIA	Michigan Farm Bureau Financial Corporation	Ownership	100.000	Michigan Farm Bureau	NO	
0067	Michigan Farm Bureau Group	88064	35-1452221				Cincinnati Equitable Life Insurance Company	OH	IA	Cincinnati Equitable Companies, Inc.	Ownership	100.000	Michigan Farm Bureau	NO	
0067	Michigan Farm Bureau Group	16721	31-0239840				Cincinnati Equitable Insurance Company	OH	IA	Cincinnati Equitable Life Insurance Company	Ownership	100.000	Michigan Farm Bureau	NO	

Asterisk	Explanation

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)
	38-1718391	Michigan Farm Bureau		1,000,000							1,000,000	
21555	38-1316179	Farm Bureau Mutual Ins Co of MI						(36,412,422)			(36,412,422)	(410,579,430)
63096	38-6056370	Farm Bureau Life Insurance Co of MI	(7,500,000)	500,000							(7,000,000)	(930,371)
21547	38-6056228	Farm Bureau General Insurance Co of MI						36,412,422			36,412,422	528,287,977
	38-2961817	Michigan Farm Bureau Financial Corp	9,000,000	(9,000,000)							–	
	27-5177082	FBL Real Estate Holdings, LLC										
	38-2102277	MFB, Inc.										
	38-1883116	Community Service Acceptance Company	(1,500,000)								(1,500,000)	
74799	73-1333608	Leaders Life Insurance Company		4,000,000							4,000,000	929,431
	86-1744708	Gravity Works Design, LLC										
00020	31-1154154	CINCINNATI EQUITABLE COMPANIES, INC										
88064	35-1452221	CINCINNATI EQUITABLE LIFE INSURANCE CO		3,500,000							3,500,000	940
16721	31-0239840	CINCINNATI EQUITABLE INSURANCE COMPANY										
9999999 – Control Totals			–	–				–	XXX		–	117,708,547

SCHEDULE Y

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

1 Insurers in Holding Company	2 Owners with Greater than 10% Ownership	3 Ownership Percentage Column 2 of Column 1	4 Granted Disclaimer of Control / Affiliation of Column 2 Over Column 1 (Yes/No)	5 Ultimate Controlling Party	6 U.S. Insurance Groups or Entities Controlled by Column 5	7 Ownership Percentage (Column 5 of Column 6)	8 Granted Disclaimer of Control / Affiliation of Column 5 Over Column 6 (Yes/No)
Farm Bureau Mutual Insurance Company of Michigan	Michigan Farm Bureau	100.000 %	NO	Michigan Farm Bureau	Michigan Farm Bureau Group	100.000 %	NO
Farm Bureau Life Insurance Company of Michigan	Michigan Farm Bureau Financial Corporation	100.000 %	NO	Michigan Farm Bureau	Michigan Farm Bureau Group	100.000 %	NO
Farm Bureau General Insurance Company of Michigan	Michigan Farm Bureau Financial Corporation	100.000 %	NO	Michigan Farm Bureau	Michigan Farm Bureau Group	100.000 %	NO
Leaders Life Insurance Company	Michigan Farm Bureau Financial Corporation	100.000 %	NO	Michigan Farm Bureau	Michigan Farm Bureau Group	100.000 %	NO
Cincinnati Equitable Life Insurance Company	Cincinnati Equitable Companies, Inc.	100.000 %	NO	Michigan Farm Bureau	Michigan Farm Bureau Group	100.000 %	NO
Cincinnati Equitable Insurance Company	Cincinnati Equitable Life Insurance Company	100.000 %	NO	Michigan Farm Bureau	Michigan Farm Bureau Group	100.000 %	NO

SUPPLEMENTAL EXHIBIT AND SCHEDULE INTERROGATORIES

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

REQUIRED FILINGS

		Response
	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 Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	YES

SUPPLEMENTAL FILINGS

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

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

SUPPLEMENTAL EXHIBIT AND SCHEDULE INTERROGATORIES

		Response
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?	YES
41.	Will the regulator only (non-public) Supplemental Health Care Exhibit's 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?	YES

	Explanation	Barcode
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.	N/A	8806420224200000
11.		
12.	N/A	8806420224900000
13.		
14.		
15.	N/A	8806420224420000
16.	N/A	8806420224430000
17.	N/A	8806420224440000
18.	N/A	8806420224450000
19.	N/A	8806420224460000
20.	N/A	8806420224470000
21.	N/A	8806420224480000
22.	N/A	8806420224490000
23.	N/A	8806420224500000
24.	N/A	8806420224510000
25.	N/A	8806420224520000
26.	N/A	8806420224530000
27.	N/A	8806420224540000
28.	N/A	8806420224950000
29.		
30.	N/A	
31.	N/A	8806420222240000
32.	N/A	8806420222250000
33.	N/A	8806420222260000
34.	N/A	8806420224560000
35.	N/A	8806420224700000
36.		
37.	N/A	8806420223060000
38.	N/A	8806420222300000
39.		
40.		
41.	N/A	8806420222170000

SUPPLEMENTAL EXHIBIT AND SCHEDULE INTERROGATORIES

	Explanation	Barcode
42.	N/A	8 8 0 6 4 2 0 2 2 4 3 5 0 0 0 0 0
43.	N/A	8 8 0 6 4 2 0 2 2 3 4 5 0 0 0 0 0
44.	N/A	8 8 0 6 4 2 0 2 2 2 8 6 0 0 0 0 0
45.	N/A	8 8 0 6 4 2 0 2 2 4 5 7 0 0 0 0 0
46.	N/A	8 8 0 6 4 2 0 2 2 4 5 8 0 0 0 0 0
47.	N/A	8 8 0 6 4 2 0 2 2 4 5 9 0 0 0 0 0
48.		

OVERFLOW PAGE FOR WRITE-INS

ASSETS

	Current Year			Prior Year
	1	2	3	4
	Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 - 2)	Net Admitted Assets
1197. Summary of remaining write-ins for Line 11 from overflow page				
2504. PREMIUM RECEIVABLE	114,638		114,638	208,904
2597. Summary of remaining write-ins for Line 25 from overflow page	114,638		114,638	208,904

OVERFLOW PAGE FOR WRITE-INS

8 8 0 6 4 2 0 2 2 3 6 0 3 6 1 0 0

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: 0067

NAIC Company Code: 88064

Address (City, State and Zip Code): CINCINNATI, OH, US 45202-3428

Person Completing This Exhibit:

Title:

Telephone Number:

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2019				Policies Issued in 2020, 2021, 2022			
										11	12	13	14	15	16	17	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	Incurred Claims Amount	Incurred Claims % of Premiums Earned	Number of Covered Lives	Premiums Earned	Incurred Claims Amount	Incurred Claims % of Premiums Earned	Number of Covered Lives
N/A	AP355BAUC	B	No	3	10/01/1996	12/31/2004	12/31/2024	12/31/2004	Medicare Suppkement	10,600	1,368	12.906	6				
0199999 – TOTAL EXPERIENCE ON INDIVIDUAL POLICIES										10,600	1,368	12.906	6				
0299999 – TOTAL EXPERIENCE ON GROUP POLICIES																	

Supp360.OH

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
   Written before OBRA was passed
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”

MEDICARE PART D COVERAGE SUPPLEMENT

(Net of Reinsurance)
(To Be Filed By March 1)

NAIC Group Code: 0067 NAIC Company Code: 88064

		Individual Coverage		Group Coverage		5
		1	2	3	4	
		Insured	Uninsured	Insured	Uninsured	Total Cash
1.	Premiums Collected					
1.1	Standard Coverage					
	1.11 With Reinsurance Coverage		XXX		XXX	
	1.12 Without Reinsurance Coverage		XXX		XXX	
	1.13 Risk-Corridor Payment Adjustments		XXX		XXX	
1.2	Supplemental Benefits		XXX		XXX	
2.	Premiums Due and Uncollected-change					
2.1	Standard Coverage					
	2.11 With Reinsurance Coverage		XXX		XXX	XXX
	2.12 Without Reinsurance Coverage		XXX		XXX	XXX
2.2	Supplemental Benefits		XXX		XXX	XXX
3.	Unearned Premium and Advance Premium-change					
3.1	Standard Coverage					
	3.11 With Reinsurance Coverage		XXX		XXX	XXX
	3.12 Without Reinsurance Coverage		XXX		XXX	XXX
3.2	Supplemental Benefits		XXX		XXX	XXX
4.	Risk-Corridor Payment Adjustments-change					
4.1	Receivable		XXX		XXX	XXX
4.2	Payable		XXX		XXX	XXX
5.	Earned Premiums					
5.1	Standard Coverage					
	5.11 With Reinsurance Coverage		XXX		XXX	XXX
	5.12 Without Reinsurance Coverage		XXX		XXX	XXX
	5.13 Risk-Corridor Payment Adjustments		XXX		XXX	XXX
5.2	Supplemental Benefits		XXX		XXX	XXX
6.	Total Premiums		XXX		XXX	
7.	Claims Paid					
7.1	Standard Coverage					
	7.11 With Reinsurance Coverage		XXX		XXX	
	7.12 Without Reinsurance Coverage		XXX		XXX	
7.2	Supplemental Benefits		XXX		XXX	
8.	Claim Reserves and Liabilities-change					
8.1	Standard Coverage					
	8.11 With Reinsurance Coverage		XXX		XXX	XXX
	8.12 Without Reinsurance Coverage		XXX		XXX	XXX
8.2	Supplemental Benefits		XXX		XXX	XXX
9.	Health Care Receivables-change					
9.1	Standard Coverage					
	9.11 With Reinsurance Coverage		XXX		XXX	XXX
	9.12 Without Reinsurance Coverage		XXX		XXX	XXX
9.2	Supplemental Benefits		XXX		XXX	XXX
10.	Claims Incurred					
10.1	Standard Coverage					
	10.11 With Reinsurance Coverage		XXX		XXX	XXX
	10.12 Without Reinsurance Coverage		XXX		XXX	XXX
10.2	Supplemental Benefits		XXX		XXX	XXX
11.	Total Claims		XXX		XXX	
12.	Reinsurance Coverage and Low Income Cost Sharing					
	12.1 Claims Paid – Net of Reimbursements Applied	XXX		XXX		
	12.2 Reimbursements Received but Not Applied-change	XXX		XXX		
	12.3 Reimbursements Receivable-change	XXX		XXX		XXX
	12.4 Health Care Receivables-change	XXX		XXX		XXX
13.	Aggregate Policy Reserves-change					XXX
14.	Expenses Paid		XXX		XXX	
15.	Expenses Incurred		XXX		XXX	XXX
16.	Underwriting Gain/Loss		XXX		XXX	XXX
17.	Cash Flow Result	XXX	XXX	XXX	XXX	

NONE

SCHEDULE O SUPPLEMENT

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

Of The: Cincinnati Equitable Life Insurance Company

Address (City, State and Zip Code): CINCINNATI, OH, US 45202-3428

NAIC Group Code: 0067 NAIC Company Code: 88064 Employer's ID Number: 35-1452221

SUPPLEMENTAL SCHEDULE O — PART 1

Development of Incurred Losses
($000 Omitted)

SECTION A — GROUP ACCIDENT AND HEALTH

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

NONE

SECTION B — OTHER ACCIDENT AND HEALTH

	Cumulative Net Amounts Paid Policyholders				
	1	2	3	4	5
Years in Which Losses Were Incurred	2018	2019	2020	2021	2022 (a)
1. Prior	30	30	30		
2. 2018	12	7	7		
3. 2019	XXX	8	6		
4. 2020	XXX	XXX	5	1	
5. 2021	XXX	XXX	XXX	6	
6. 2022	XXX	XXX	XXX	XXX	1

SECTION C — CREDIT ACCIDENT AND HEALTH

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

NONE

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

SUPPLEMENTAL SCHEDULE O — PART 1

Development of Incurred Losses
($000 Omitted)

SECTION D — OTHER COVERAGES USING THE DEVELOPMENT METHOD

NONE

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		
6. 2022	XXX	XXX	XXX	XXX	

SECTION E — OTHER COVERAGES USING THE DEVELOPMENT METHOD

NONE

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		
6. 2022	XXX	XXX	XXX	XXX	

SECTION F — OTHER COVERAGES USING THE DEVELOPMENT METHOD

NONE

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		
6. 2022	XXX	XXX	XXX	XXX	

SECTION G — OTHER COVERAGES USING THE DEVELOPMENT METHOD

NONE

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		
6. 2022	XXX	XXX	XXX	XXX	

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	

NONE

SECTION B — OTHER 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	

NONE

SECTION C — CREDIT 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	

NONE

SUPPLEMENTAL SCHEDULE O – PART 2

Development of Incurred Losses
($000 Omitted)

SECTION D — OTHER COVERAGES USING THE DEVELOPMENT METHOD

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

NONE

SECTION E — OTHER COVERAGES USING THE DEVELOPMENT METHOD

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

NONE

SECTION F — OTHER COVERAGES USING THE DEVELOPMENT METHOD

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

NONE

SECTION G — OTHER COVERAGES USING THE DEVELOPMENT METHOD

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

NONE

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

NONE

SECTION B — OTHER 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	2	3	4	5
	2018	2019	2020	2021	2022
1. 2018	18	13	13	XXX	XXX
2. 2019	XXX	8	6		XXX
3. 2020	XXX	XXX	5	1	
4. 2021	XXX	XXX	XXX	11	
5. 2022	XXX	XXX	XXX	XXX	1

SECTION C — CREDIT 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	2	3	4	5
	2018	2019	2020	2021	2022
1. 2018				XXX	XXX
2. 2019	XXX				XXX
3. 2020	XXX	XXX			
4. 2021	XXX	XXX	XXX		
5. 2022	XXX	XXX	XXX	XXX	

NONE

SUPPLEMENTAL SCHEDULE O – PART 3

Development of Incurred Losses
($000 Omitted)

SECTION D — OTHER COVERAGES USING THE DEVELOPMENT METHOD

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

NONE

SECTION E — OTHER COVERAGES USING THE DEVELOPMENT METHOD

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

NONE

SECTION F — OTHER COVERAGES USING THE DEVELOPMENT METHOD

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

NONE

SECTION G — OTHER COVERAGES USING THE DEVELOPMENT METHOD

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

NONE

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

NONE

SECTION B — OTHER 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	2	3	4	5
	2018	2019	2020	2021	2022
1. 2018					
2. 2019	XXX				
3. 2020	XXX	XXX			
4. 2021	XXX	XXX	XXX		
5. 2022	XXX	XXX	XXX	XXX	

NONE

SECTION C — CREDIT 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	2	3	4	5
	2018	2019	2020	2021	2022
1. 2018					
2. 2019	XXX				
3. 2020	XXX	XXX			
4. 2021	XXX	XXX	XXX		
5. 2022	XXX	XXX	XXX	XXX	

NONE

SUPPLEMENTAL SCHEDULE O – PART 4

Development of Incurred Losses
($000 Omitted)

SECTION D — OTHER COVERAGES USING THE DEVELOPMENT METHOD

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	

NONE

SECTION E — OTHER COVERAGES USING THE DEVELOPMENT METHOD

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	

NONE

SECTION F — OTHER COVERAGES USING THE DEVELOPMENT METHOD

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	

NONE

SECTION G — OTHER COVERAGES USING THE DEVELOPMENT METHOD

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	

NONE

SUPPLEMENTAL SCHEDULE O – PART 5

($000 Omitted)

RESERVE AND LIABILITY METHODOLOGY - EXHIBITS 6 AND 8

Line of Business	1 Methodology	2 Amount
1. Industrial life		
2. Ordinary life	Other	690
3. Individual annuity		
4. Supplementary contracts		
5. Credit life		
6. Group life		
7. Group annuities		
8. Group accident and health		
9. Credit accident and health		
10. Other accident and health	Development	4
11. Total	XXX	694