



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

QUARTERLY STATEMENT

AS OF MARCH 31, 2023

OF THE CONDITION AND AFFAIRS OF THE

Loyal American Life Insurance Company

NAIC Group Code09010901NAIC Company Code65722Employer's ID Number63-0343428

(Current)(Prior)

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

Country of DomicileUnited States of America

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

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

Statutory Home Office1300 East Ninth StreetCleveland, OH, US 44114

(Street and Number)(City or Town, State, Country and Zip Code)

Main Administrative Office11501 Alterra Parkway, Suite 500Austin, TX, US 78758512-451-2224

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

Mail Address11501 Alterra Parkway, Suite 500Austin, TX, US 78758

(Street and Number or P.O. Box)(City or Town, State, Country and Zip Code)

Primary Location of Books and Records11501 Alterra Parkway, Suite 500Austin, TX, US 78758512-451-2224

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

Internet Website Addresswww.CignaSupplementalBenefits.com

Statutory Statement ContactRenee Wilkins Feldman512-531-1465

(Name)(Area Code) (Telephone Number)

CSBFinRpt@cigna.com512-467-1399

(E-mail Address)(FAX Number)

OFFICERS

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

OTHER

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

DIRECTORS OR TRUSTEES

Lindy Marie Hinman	Tracy Lyn Labonte	Mark Edmund Ochal
David Leroy Swanson	James Yablecki	

State ofPennsylvaniaCounty ofPhiladelphiaSS:

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

Byron K Buescher

Signed on 2023/04/28 10:55:05 -8:00

Geneva Campbell Brown

Signed on 2023/04/28 10:43:20 -8:00

David L. Swanson

Signed on 2023/04/29 07:05:25 -8:00

Byron Keith Buescher Treasurer and Chief Accounting Officer	Geneva Campbell Brown Secretary	David Leroy Swanson Vice President, Chief Financial Officer and Chief Actuary
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Subscribed and sworn to before me this05/01/2023day of

Signed on 2023/05/01 04:33:05 -8:00

a. Is this an original filing? Yes [X] No []

b. If no,

1. State the amendment number.....

2. Date filed

3. Number of pages attached.....

