



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

ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2023  
OF THE CONDITION AND AFFAIRS OF THE

Provident American Life and Health Insurance Company

NAIC Group Code09010901NAIC Company Code67903Employer's ID Number23-1335885  
(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/Organized04/06/1949Commenced Business09/30/1949

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 AddressCignaSupplementalBenefits.com

Statutory Statement ContactRenee Wilkins Feldman512-531-1465  
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(E-mail Address)(FAX Number)

OFFICERS

|  |                      |   |                     |
|--|----------------------|---|---------------------|
| President                              | Lindy Marie Hinman   | Corporate Secretary                       | Alicia Morrow #     |
| Treasurer and Chief Accounting Officer | Byron Keith Buescher | Chief Financial Officer and Chief Actuary | David Leroy Swanson |

OTHER

|   |  |  |
|---|--|--|
| 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                     |
| Elizabeth Warford #, Vice President and Assistant Treasurer |  |  |

DIRECTORS OR TRUSTEES

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

State ofPennsylvaniaSS

County ofPhiladelphia

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

|  |  |                                      |
|--|--|--------------------------------------|
| David Leroy Swanson<br>Chief Financial Officer and Chief Actuary | Byron Keith Buescher<br>Treasurer and Chief Accounting Officer | Alicia Morrow<br>Corporate Secretary |
|--|--|--------------------------------------|

Subscribed and sworn to before me this day of

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

Yes [ X ] No [ ]

ASSETS

|   | Current Year |                         |   | Prior Year                  |
|---|--------------|-------------------------|---|-----------------------------|
|   | 1<br>Assets  | 2<br>Nonadmitted Assets | 3<br>Net Admitted Assets<br>(Cols. 1 - 2) | 4<br>Net Admitted<br>Assets |
| 1. Bonds (Schedule D) .....   | 3,509,224    |                         | 3,509,224                                 | 3,509,119                   |
| 2. Stocks (Schedule D):   |              |                         |   |                             |
| 2.1 Preferred stocks .....  |              |                         |   |                             |
| 2.2 Common stocks .....   | 13,167,532   |                         | 13,167,532                                | 3,063,103                   |
| 3. Mortgage loans on real estate (Schedule B):  |              |                         |   |                             |
| 3.1 First liens .....   |              |                         |   |                             |
| 3.2 Other than first liens.....   |              |                         |   |                             |
| 4. Real estate (Schedule A):  |              |                         |   |                             |
| 4.1 Properties occupied by the company (less \$ .....<br>encumbrances) .....  |              |                         |   |                             |
| 4.2 Properties held for the production of income (less<br>\$ ..... encumbrances) .....  |              |                         |   |                             |
| 4.3 Properties held for sale (less \$ .....<br>encumbrances) .....  |              |                         |   |                             |
| 5. Cash (\$ ..... 809,872 , Schedule E - Part 1), cash equivalents<br>(\$ ..... 254,849 , Schedule E - Part 2) and short-term<br>investments (\$ ..... , Schedule DA) ..... | 1,064,721    |                         | 1,064,721                                 | 503,799                     |
| 6. Contract loans (including \$ ..... premium notes) .....  |              |                         |   |                             |
| 7. Derivatives (Schedule DB) .....  |              |                         |   |                             |
| 8. Other invested assets (Schedule BA) .....  |              |                         |   |                             |
| 9. Receivables for securities .....   | 210,000      |                         | 210,000                                   |                             |
| 10. Securities lending reinvested collateral assets (Schedule DL) .....   |              |                         |   |                             |
| 11. Aggregate write-ins for invested assets .....   |              |                         |   |                             |
| 12. Subtotals, cash and invested assets (Lines 1 to 11) .....   | 17,951,477   |                         | 17,951,477                                | 7,076,021                   |
| 13. Title plants less \$ ..... charged off (for Title insurers<br>only) .....   |              |                         |   |                             |
| 14. Investment income due and accrued .....   | 14,518       |                         | 14,518                                    | 13,594                      |
| 15. Premiums and considerations:  |              |                         |   |                             |
| 15.1 Uncollected premiums and agents' balances in the course of collection.....   | (47,161)     | 461                     | (47,622)                                  | (63,433)                    |
| 15.2 Deferred premiums, agents' balances and installments booked but<br>deferred and not yet due (including \$ .....<br>earned but unbilled premiums) .....                 |              |                         |   |                             |
| 15.3 Accrued retrospective premiums (\$ ..... ) and<br>contracts subject to redetermination (\$ ..... ) .....   |              |                         |   |                             |
| 16. Reinsurance:  |              |                         |   |                             |
| 16.1 Amounts recoverable from reinsurers .....  | 32,864       |                         | 32,864                                    | 39,139                      |
| 16.2 Funds held by or deposited with reinsured companies .....  |              |                         |   |                             |
| 16.3 Other amounts receivable under reinsurance contracts .....   | 7,363        |                         | 7,363                                     | 9,403                       |
| 17. Amounts receivable relating to uninsured plans .....  |              |                         |   |                             |
| 18.1 Current federal and foreign income tax recoverable and interest thereon ....   |              |                         |   | 69,764                      |
| 18.2 Net deferred tax asset .....   | 1,552,153    | 943,451                 | 608,702                                   | 559,266                     |
| 19. Guaranty funds receivable or on deposit .....   | 8,845        |                         | 8,845                                     | 19,482                      |
| 20. Electronic data processing equipment and software .....   |              |                         |   |                             |
| 21. Furniture and equipment, including health care delivery assets<br>(\$ ..... ) .....   |              |                         |   |                             |
| 22. Net adjustment in assets and liabilities due to foreign exchange rates .....  |              |                         |   |                             |
| 23. Receivables from parent, subsidiaries and affiliates .....  | 35           |                         | 35  | 35                          |
| 24. Health care (\$ ..... ) and other amounts receivable .....  | 714          | 714                     |   |                             |
| 25. Aggregate write-ins for other than invested assets .....  | 120,346      | 120,346                 |   |                             |
| 26. Total assets excluding Separate Accounts, Segregated Accounts and<br>Protected Cell Accounts (Lines 12 to 25) .....   | 19,641,154   | 1,064,972               | 18,576,182                                | 7,723,271                   |
| 27. From Separate Accounts, Segregated Accounts and Protected Cell<br>Accounts .....  |              |                         |   |                             |
| 28. Total (Lines 26 and 27)   | 19,641,154   | 1,064,972               | 18,576,182                                | 7,723,271                   |
| DETAILS OF WRITE-INS  |              |                         |   |                             |
| 1101. ....  |              |                         |   |                             |
| 1102. ....  |              |                         |   |                             |
| 1103. ....  |              |                         |   |                             |
| 1198. Summary of remaining write-ins for Line 11 from overflow page .....   |              |                         |   |                             |
| 1199. Totals (Lines 1101 thru 1103 plus 1198)(Line 11 above)  |              |                         |   |                             |
| 2501. Other receivables and prepaid expenses .....  | 3,624        | 3,624                   |   |                             |
| 2502. Disallowed IMR .....  | 116,722      | 116,722                 |   |                             |
| 2503. ....  |              |                         |   |                             |
| 2598. Summary of remaining write-ins for Line 25 from overflow page .....   |              |                         |   |                             |
| 2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above)  | 120,346      | 120,346                 |   |                             |

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Provident American Life and Health Insurance Company

LIABILITIES, SURPLUS AND OTHER FUNDS

|   | 1            | 2          |
|---|--------------|------------|
|   | Current Year | Prior Year |
| 1. Aggregate reserve for life contracts \$ ..... (Exh. 5, Line 9999999) less \$ ..... included in Line 6.3 (including \$ ..... Modco Reserve) .....   |              |            |
| 2. Aggregate reserve for accident and health contracts (including \$ ..... Modco Reserve) .....   | 213,376      | 239,940    |
| 3. Liability for deposit-type contracts (Exhibit 7, Line 14, Col. 1) (including \$ ..... Modco Reserve) .....   |              |            |
| 4. Contract claims:   |              |            |
| 4.1 Life (Exhibit 8, Part 1, Line 4.4, Col. 1 less Col. 6) .....  |              |            |
| 4.2 Accident and health (Exhibit 8, Part 1, Line 4.4, Col. 6) .....   | 170,688      | 275,795    |
| 5. Policyholders' dividends/refunds to members \$ ..... and coupons \$ ..... due and unpaid (Exhibit 4, Line 10) .....  |              |            |
| 6. Provision for policyholders' dividends, refunds to members and coupons payable in following calendar year - estimated amounts:   |              |            |
| 6.1 Policyholders' dividends and refunds to members apportioned for payment (including \$ ..... Modco) .....  |              |            |
| 6.2 Policyholders' dividends and refunds to members not yet apportioned (including \$ ..... Modco) .....  |              |            |
| 6.3 Coupons and similar benefits (including \$ ..... Modco) .....   |              |            |
| 7. Amount provisionally held for deferred dividend policies not included in Line 6 .....  |              |            |
| 8. Premiums and annuity considerations for life and accident and health contracts received in advance less \$ ..... discount; including \$ ..... 19,283 accident and health premiums (Exhibit 1, Part 1, Col. 1, sum of lines 4 and 14) ..... | 19,283       | 39,172     |
| 9. Contract liabilities not included elsewhere:   |              |            |
| 9.1 Surrender values on canceled contracts .....  |              |            |
| 9.2 Provision for experience rating refunds, including the liability of \$ ..... 17,918 accident and health experience rating refunds of which \$ ..... is for medical loss ratio rebate per the Public Health Service Act .....              | 17,918       | 112,211    |
| 9.3 Other amounts payable on reinsurance, including \$ ..... 0 assumed and \$ ..... 5,740 ceded .....   | 5,740        | 6,110      |
| 9.4 Interest maintenance reserve (IMR, Line 6) .....  |              |            |
| 10. Commissions to agents due or accrued-life and annuity contracts \$ ..... accident and health \$ ..... and deposit-type contract funds \$ ..... .....  | 8,541        | 7,748      |
| 11. Commissions and expense allowances payable on reinsurance assumed .....   |              |            |
| 12. General expenses due or accrued (Exhibit 2, Line 12, Col. 7) .....  | 4,972        | 11,671     |
| 13. Transfers to Separate Accounts due or accrued (net) (including \$ ..... accrued for expense allowances recognized in reserves, net of reinsured allowances) .....   |              |            |
| 14. Taxes, licenses and fees due or accrued, excluding federal income taxes (Exhibit 3, Line 9, Col. 6) .....   | 13,839       | 21,824     |
| 15.1 Current federal and foreign income taxes, including \$ ..... on realized capital gains (losses) .....  | 142,984      |            |
| 15.2 Net deferred tax liability .....   |              |            |
| 16. Unearned investment income .....  |              |            |
| 17. Amounts withheld or retained by reporting entity as agent or trustee .....  |              |            |
| 18. Amounts held for agents' account, including \$ ..... agents' credit balances .....  | 40           | 40         |
| 19. Remittances and items not allocated .....   | 6,642        | 7,952      |
| 20. Net adjustment in assets and liabilities due to foreign exchange rates .....  |              |            |
| 21. Liability for benefits for employees and agents if not included above .....   |              |            |
| 22. Borrowed money \$ ..... 200,000 and interest thereon \$ ..... 967 .....   | 200,967      | 200,258    |
| 23. Dividends to stockholders declared and unpaid .....   |              |            |
| 24. Miscellaneous liabilities:  |              |            |
| 24.01 Asset valuation reserve (AVR, Line 16, Col. 7) .....  |              |            |
| 24.02 Reinsurance in unauthorized and certified (\$ ..... ) companies .....   |              |            |
| 24.03 Funds held under reinsurance treaties with unauthorized and certified (\$ ..... ) reinsurers .....  |              |            |
| 24.04 Payable to parent, subsidiaries and affiliates .....  | 35,375       | 36,790     |
| 24.05 Drafts outstanding .....  |              |            |
| 24.06 Liability for amounts held under uninsured plans .....  |              |            |
| 24.07 Funds held under coinsurance .....  |              |            |
| 24.08 Derivatives .....   |              |            |
| 24.09 Payable for securities .....  |              |            |
| 24.10 Payable for securities lending .....  |              |            |
| 24.11 Capital notes \$ ..... and interest thereon \$ ..... .....  |              |            |
| 25. Aggregate write-ins for liabilities .....   | 17,125       | 20,526     |
| 26. Total liabilities excluding Separate Accounts business (Lines 1 to 25) .....  | 857,490      | 980,037    |
| 27. From Separate Accounts Statement .....  |              |            |
| 28. Total liabilities (Lines 26 and 27) .....   | 857,490      | 980,037    |
| 29. Common capital stock .....  | 2,500,000    | 2,500,000  |
| 30. Preferred capital stock .....   |              |            |
| 31. Aggregate write-ins for other than special surplus funds .....  |              |            |
| 32. Surplus notes .....   |              |            |
| 33. Gross paid in and contributed surplus (Page 3, Line 33, Col. 2 plus Page 4, Line 51.1, Col. 1) .....  | 14,100,116   | 4,100,116  |
| 34. Aggregate write-ins for special surplus funds .....   |              |            |
| 35. Unassigned funds (surplus) .....  | 1,118,576    | 143,118    |
| 36. Less treasury stock, at cost:   |              |            |
| 36.1 ..... shares common (value included in Line 29 \$ ..... ) .....  |              |            |
| 36.2 ..... shares preferred (value included in Line 30 \$ ..... ) .....   |              |            |
| 37. Surplus (Total Lines 31+32+33+34+35-36) (including \$ ..... in Separate Accounts Statement) .....   | 15,218,692   | 4,243,234  |
| 38. Totals of Lines 29, 30 and 37 (Page 4, Line 55) .....   | 17,718,692   | 6,743,234  |
| 39. Totals of Lines 28 and 38 (Page 2, Line 28, Col. 3) .....   | 18,576,182   | 7,723,271  |
| DETAILS OF WRITE-INS  |              |            |
| 2501. Escheat liabilities .....   | 17,125       | 20,526     |
| 2502. ....  |              |            |
| 2503. ....  |              |            |
| 2598. Summary of remaining write-ins for Line 25 from overflow page .....   |              |            |
| 2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above) .....  | 17,125       | 20,526     |
| 3101. ....  |              |            |
| 3102. ....  |              |            |
| 3103. ....  |              |            |
| 3198. Summary of remaining write-ins for Line 31 from overflow page .....   |              |            |
| 3199. Totals (Lines 3101 thru 3103 plus 3198)(Line 31 above) .....  |              |            |
| 3401. ....  |              |            |
| 3402. ....  |              |            |
| 3403. ....  |              |            |
| 3498. Summary of remaining write-ins for Line 34 from overflow page .....   |              |            |
| 3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above) .....  |              |            |

SUMMARY OF OPERATIONS

|  | 1<br>Current Year | 2<br>Prior Year |
|--|-------------------|-----------------|
| 1. Premiums and annuity considerations for life and accident and health contracts (Exhibit 1, Part 1, Line 20.4, Col. 1 less Col. 8) .....   | 2,940,441         | 3,291,448       |
| 2. Considerations for supplementary contracts with life contingencies .....  |                   |                 |
| 3. Net investment income (Exhibit of Net Investment Income, Line 17) .....   | 38,093            | 99,572          |
| 4. Amortization of Interest Maintenance Reserve (IMR, Line 5) .....  | (686)             | 6,611           |
| 5. Separate Accounts net gain from operations excluding unrealized gains or losses .....   |                   |                 |
| 6. Commissions and expense allowances on reinsurance ceded (Exhibit 1, Part 2, Line 26.1, Col. 1) .....  | 27,569            | 33,150          |
| 7. Reserve adjustments on reinsurance ceded .....  |                   |                 |
| 8. Miscellaneous Income:   |                   |                 |
| 8.1 Income from fees associated with investment management, administration and contract guarantees from Separate Accounts .....  |                   |                 |
| 8.2 Charges and fees for deposit-type contracts .....  |                   |                 |
| 8.3 Aggregate write-ins for miscellaneous income .....   | 106               | 246             |
| 9. Total (Lines 1 to 8.3) .....  | 3,005,523         | 3,431,027       |
| 10. Death benefits .....   |                   |                 |
| 11. Matured endowments (excluding guaranteed annual pure endowments) .....   |                   |                 |
| 12. Annuity benefits (Exhibit 8, Part 2, Line 6.4, Cols. 4 + 5 minus Analysis of Operations Summary, Line 18, Col. 1) .....  |                   |                 |
| 13. Disability benefits and benefits under accident and health contracts .....   | 1,787,069         | 2,352,240       |
| 14. Coupons, guaranteed annual pure endowments and similar benefits .....  |                   |                 |
| 15. Surrender benefits and withdrawals for life contracts .....  |                   |                 |
| 16. Group conversions .....  |                   |                 |
| 17. Interest and adjustments on contract or deposit-type contract funds .....  |                   |                 |
| 18. Payments on supplementary contracts with life contingencies .....  |                   |                 |
| 19. Increase in aggregate reserves for life and accident and health contracts .....  | (26,564)          | (40,754)        |
| 20. Totals (Lines 10 to 19) .....  | 1,760,505         | 2,311,486       |
| 21. Commissions on premiums, annuity considerations, and deposit-type contract funds (direct business only) (Exhibit 1, Part 2, Line 31, Col. 1) .....                                   | 40,603            | 50,864          |
| 22. Commissions and expense allowances on reinsurance assumed (Exhibit 1, Part 2, Line 26.2, Col. 1) .....   |                   |                 |
| 23. General insurance expenses and fraternal expenses (Exhibit 2, Line 10, Cols. 1, 2, 3, 4 and 6) .....   | 172,532           | 223,340         |
| 24. Insurance taxes, licenses and fees, excluding federal income taxes (Exhibit 3, Line 7, Cols. 1 + 2 + 3 + 5) .....  | 160,522           | 132,415         |
| 25. Increase in loading on deferred and uncollected premiums .....   | (347)             | (3,012)         |
| 26. Net transfers to or (from) Separate Accounts net of reinsurance .....  |                   |                 |
| 27. Aggregate write-ins for deductions .....   | 6,087             | 2,226           |
| 28. Totals (Lines 20 to 27) .....  | 2,139,902         | 2,717,319       |
| 29. Net gain from operations before dividends to policyholders, refunds to members and federal income taxes (Line 9 minus Line 28) .....   | 865,621           | 713,708         |
| 30. Dividends to policyholders and refunds to members .....  |                   |                 |
| 31. Net gain from operations after dividends to policyholders, refunds to members and before federal income taxes (Line 29 minus Line 30) .....  | 865,621           | 713,708         |
| 32. Federal and foreign income taxes incurred (excluding tax on capital gains) .....   | 42,408            | (69,763)        |
| 33. Net gain from operations after dividends to policyholders, refunds to members and federal income taxes and before realized capital gains or (losses) (Line 31 minus Line 32) .....   | 823,213           | 783,471         |
| 34. Net realized capital gains (losses) (excluding gains (losses) transferred to the IMR) less capital gains tax of \$ .....0 (excluding taxes of \$ ..... transferred to the IMR) ..... |                   |                 |
| 35. Net income (Line 33 plus Line 34) .....  | 823,213           | 783,471         |
| CAPITAL AND SURPLUS ACCOUNT  |                   |                 |
| 36. Capital and surplus, December 31, prior year (Page 3, Line 38, Col. 2) .....   | 6,743,236         | 10,202,161      |
| 37. Net income (Line 35) .....   | 823,213           | 783,471         |
| 38. Change in net unrealized capital gains (losses) less capital gains tax of \$ .....   | 104,429           | (2,280)         |
| 39. Change in net unrealized foreign exchange capital gain (loss) .....  |                   |                 |
| 40. Change in net deferred income tax .....  | (141,323)         | (217,670)       |
| 41. Change in nonadmitted assets .....   | 189,650           | (21,741)        |
| 42. Change in liability for reinsurance in unauthorized and certified companies .....  |                   |                 |
| 43. Change in reserve on account of change in valuation basis, (increase) or decrease .....  |                   |                 |
| 44. Change in asset valuation reserve .....  |                   |                 |
| 45. Change in treasury stock (Page 3, Lines 36.1 and 36.2, Col. 2 minus Col. 1) .....  |                   |                 |
| 46. Surplus (contributed to) withdrawn from Separate Accounts during period .....  |                   |                 |
| 47. Other changes in surplus in Separate Accounts Statement .....  |                   |                 |
| 48. Change in surplus notes .....  |                   |                 |
| 49. Cumulative effect of changes in accounting principles .....  |                   |                 |
| 50. Capital changes:   |                   |                 |
| 50.1 Paid in .....   |                   |                 |
| 50.2 Transferred from surplus (Stock Dividend) .....   |                   |                 |
| 50.3 Transferred to surplus .....  |                   |                 |
| 51. Surplus adjustment:  |                   |                 |
| 51.1 Paid in .....   | 10,000,000        | (746,196)       |
| 51.2 Transferred to capital (Stock Dividend) .....   |                   |                 |
| 51.3 Transferred from capital .....  |                   |                 |
| 51.4 Change in surplus as a result of reinsurance .....  | (513)             | (705)           |
| 52. Dividends to stockholders .....  |                   | (3,253,804)     |
| 53. Aggregate write-ins for gains and losses in surplus .....  |                   |                 |
| 54. Net change in capital and surplus for the year (Lines 37 through 53) .....   | 10,975,456        | (3,458,925)     |
| 55. Capital and surplus, December 31, current year (Lines 36 + 54) (Page 3, Line 38) .....   | 17,718,692        | 6,743,236       |
| DETAILS OF WRITE-INS   |                   |                 |
| 08.301. Interest on Agent's Balances .....   | 106               | 74              |
| 08.302. Express Scripts Rebates .....  |                   |                 |
| 08.303. Other Miscellaneous Income .....   |                   | 172             |
| 08.398. Summary of remaining write-ins for Line 8.3 from overflow page .....   |                   |                 |
| 08.399. Totals (Lines 08.301 thru 08.303 plus 08.398)(Line 8.3 above) .....  | 106               | 246             |
| 2701. Penalties .....  | 6,087             | 2,226           |
| 2702. ....   |                   |                 |
| 2703. ....   |                   |                 |
| 2798. Summary of remaining write-ins for Line 27 from overflow page .....  |                   |                 |
| 2799. Totals (Lines 2701 thru 2703 plus 2798)(Line 27 above) .....   | 6,087             | 2,226           |
| 5301. Other write-ins .....  |                   |                 |
| 5302. ....   |                   |                 |
| 5303. ....   |                   |                 |
| 5398. Summary of remaining write-ins for Line 53 from overflow page .....  |                   |                 |
| 5399. Totals (Lines 5301 thru 5303 plus 5398)(Line 53 above) .....   |                   |                 |



ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Provident American Life and Health Insurance Company

CASH FLOW

|   | 1            | 2           |
|---|--------------|-------------|
|   | Current Year | Prior Year  |
| Cash from Operations  |              |             |
| 1. Premiums collected net of reinsurance .....  | 2,810,848    | 3,378,046   |
| 2. Net investment income .....  | 39,124       | 101,095     |
| 3. Miscellaneous income .....   | 27,162       | 32,691      |
| 4. Total (Lines 1 through 3) .....  | 2,877,134    | 3,511,832   |
| 5. Benefit and loss related payments .....  | 1,886,271    | 2,359,219   |
| 6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts .....                    |              |             |
| 7. Commissions, expenses paid and aggregate write-ins for deductions .....                                      | 382,373      | 397,574     |
| 8. Dividends paid to policyholders .....  |              |             |
| 9. Federal and foreign income taxes paid (recovered) net of \$ ..... tax on capital gains (losses) .....        | (170,340)    | 27,958      |
| 10. Total (Lines 5 through 9) .....   | 2,098,304    | 2,784,751   |
| 11. Net cash from operations (Line 4 minus Line 10) .....   | 778,830      | 727,081     |
| Cash from Investments   |              |             |
| 12. Proceeds from investments sold, matured or repaid:  |              |             |
| 12.1 Bonds .....  | 210,000      |             |
| 12.2 Stocks .....   |              |             |
| 12.3 Mortgage loans .....   |              |             |
| 12.4 Real estate .....  |              |             |
| 12.5 Other invested assets .....  |              |             |
| 12.6 Net gains or (losses) on cash, cash equivalents and short-term investments .....                           |              |             |
| 12.7 Miscellaneous proceeds .....   |              |             |
| 12.8 Total investment proceeds (Lines 12.1 to 12.7) .....   | 210,000      |             |
| 13. Cost of investments acquired (long-term only):  |              |             |
| 13.1 Bonds .....  | 212,060      | 74,985      |
| 13.2 Stocks .....   | 10,000,000   |             |
| 13.3 Mortgage loans .....   |              |             |
| 13.4 Real estate .....  |              |             |
| 13.5 Other invested assets .....  |              |             |
| 13.6 Miscellaneous applications .....   | 210,000      |             |
| 13.7 Total investments acquired (Lines 13.1 to 13.6) .....  | 10,422,060   | 74,985      |
| 14. Net increase/(decrease) in contract loans and premium notes .....   |              |             |
| 15. Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14) .....                                   | (10,212,060) | (74,985)    |
| Cash from Financing and Miscellaneous Sources   |              |             |
| 16. Cash provided (applied):  |              |             |
| 16.1 Surplus notes, capital notes .....   |              |             |
| 16.2 Capital and paid in surplus, less treasury stock .....   | 10,000,000   | (746,196)   |
| 16.3 Borrowed funds .....   | 709          | 200,258     |
| 16.4 Net deposits on deposit-type contracts and other insurance liabilities .....                               |              |             |
| 16.5 Dividends to stockholders .....  |              | 3,253,804   |
| 16.6 Other cash provided (applied) .....  | (6,557)      | (12,079)    |
| 17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6) ..... | 9,994,152    | (3,811,821) |
| RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS   |              |             |
| 18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) .....       | 560,922      | (3,159,725) |
| 19. Cash, cash equivalents and short-term investments:  |              |             |
| 19.1 Beginning of year .....  | 503,799      | 3,663,524   |
| 19.2 End of year (Line 18 plus Line 19.1) .....   | 1,064,721    | 503,799     |

Note: Supplemental disclosures of cash flow information for non-cash transactions:

|               |  |  |
|---------------|--|--|
| 20.0001. .... |  |  |
|---------------|--|--|

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Provident American Life and Health Insurance Company

**ANALYSIS OF OPERATIONS BY LINES OF BUSINESS - SUMMARY**

|  | 1         | 2               | 3          | 4                    | 5               | 6                   | 7         | 8                       | 9                       |
|--|-----------|-----------------|------------|----------------------|-----------------|---------------------|-----------|-------------------------|-------------------------|
|  | Total     | Individual Life | Group Life | Individual Annuities | Group Annuities | Accident and Health | Fraternal | Other Lines of Business | YRT Mortality Risk Only |
| 1. Premiums and annuity considerations for life and accident and health contracts .....  | 2,940,441 |                 | (57)       |                      |                 | 2,940,498           |           |                         |                         |
| 2. Considerations for supplementary contracts with life contingencies .....  |           | XXX             | XXX        |                      |                 | XXX                 | XXX       |                         | XXX                     |
| 3. Net investment income .....   | 38,093    |                 |            |                      |                 | 38,093              |           |                         |                         |
| 4. Amortization of Interest Maintenance Reserve (IMR) .....  | (686)     |                 |            |                      |                 | (686)               |           |                         |                         |
| 5. Separate Accounts net gain from operations excluding unrealized gains or losses .....   |           |                 |            |                      |                 |                     | XXX       |                         |                         |
| 6. Commissions and expense allowances on reinsurance ceded .....   | 27,569    | 6,085           | 4,641      |                      |                 | 16,843              | XXX       |                         |                         |
| 7. Reserve adjustments on reinsurance ceded .....  |           |                 |            |                      |                 |                     | XXX       |                         |                         |
| 8. Miscellaneous Income:   |           |                 |            |                      |                 |                     |           |                         |                         |
| 8.1 Income from fees associated with investment management, administration and contract guarantees from Separate Accounts .....  |           |                 |            |                      |                 |                     | XXX       |                         |                         |
| 8.2 Charges and fees for deposit-type contracts .....  |           |                 |            |                      |                 | XXX                 | XXX       |                         |                         |
| 8.3 Aggregate write-ins for miscellaneous income .....   | 106       |                 |            |                      |                 | 106                 |           |                         |                         |
| 9. Totals (Lines 1 to 8.3) .....   | 3,005,523 | 6,085           | 4,584      |                      |                 | 2,994,854           |           |                         |                         |
| 10. Death benefits .....   |           |                 |            |                      |                 | XXX                 | XXX       |                         |                         |
| 11. Matured endowments (excluding guaranteed annual pure endowments) .....   |           |                 |            |                      |                 | XXX                 | XXX       |                         |                         |
| 12. Annuity benefits .....   |           | XXX             | XXX        |                      |                 | XXX                 | XXX       |                         | XXX                     |
| 13. Disability benefits and benefits under accident and health contracts .....   | 1,787,069 |                 |            |                      |                 | 1,787,069           | XXX       |                         |                         |
| 14. Coupons, guaranteed annual pure endowments and similar benefits .....  |           |                 |            |                      |                 |                     | XXX       |                         |                         |
| 15. Surrender benefits and withdrawals for life contracts .....  |           |                 |            |                      |                 | XXX                 | XXX       |                         |                         |
| 16. Group conversions .....  |           |                 |            |                      |                 |                     | XXX       |                         |                         |
| 17. Interest and adjustments on contract or deposit-type contract funds .....  |           |                 |            |                      |                 |                     | XXX       |                         |                         |
| 18. Payments on supplementary contracts with life contingencies .....  |           |                 |            |                      |                 | XXX                 | XXX       |                         |                         |
| 19. Increase in aggregate reserves for life and accident and health contracts .....  | (26,564)  |                 |            |                      |                 | (26,564)            | XXX       |                         |                         |
| 20. Totals (Lines 10 to 19) .....  | 1,760,505 |                 |            |                      |                 | 1,760,505           | XXX       |                         |                         |
| 21. Commissions on premiums, annuity considerations and deposit-type contract funds (direct business only) .....   | 40,603    | 6,085           | 2,571      |                      |                 | 31,947              |           |                         | XXX                     |
| 22. Commissions and expense allowances on reinsurance assumed .....  |           |                 |            |                      |                 |                     | XXX       |                         |                         |
| 23. General insurance expenses and fraternal expenses .....  | 172,532   |                 |            |                      |                 | 172,532             |           |                         |                         |
| 24. Insurance taxes, licenses and fees, excluding federal income taxes .....   | 160,522   | (39)            |            |                      |                 | 160,561             |           |                         |                         |
| 25. Increase in loading on deferred and uncollected premiums .....   | (347)     |                 |            |                      |                 | (347)               | XXX       |                         |                         |
| 26. Net transfers to or (from) Separate Accounts net of reinsurance .....  |           |                 |            |                      |                 |                     | XXX       |                         |                         |
| 27. Aggregate write-ins for deductions .....   | 6,087     |                 |            |                      |                 | 6,087               |           |                         |                         |
| 28. Totals (Lines 20 to 27) .....  | 2,139,902 | 6,046           | 2,571      |                      |                 | 2,131,285           |           |                         |                         |
| 29. Net gain from operations before dividends to policyholders, refunds to members and federal income taxes (Line 9 minus Line 28) .....   | 865,621   | 39              | 2,013      |                      |                 | 863,569             |           |                         |                         |
| 30. Dividends to policyholders and refunds to members .....  |           |                 |            |                      |                 |                     | XXX       |                         |                         |
| 31. Net gain from operations after dividends to policyholders, refunds to members and before federal income taxes (Line 29 minus Line 30) .....  | 865,621   | 39              | 2,013      |                      |                 | 863,569             |           |                         |                         |
| 32. Federal income taxes incurred (excluding tax on capital gains) .....   | 42,408    |                 | 98         |                      |                 | 42,310              |           |                         |                         |
| 33. Net gain from operations after dividends to policyholders, refunds to members and federal income taxes and before realized capital gains or (losses) (Line 31 minus Line 32) ..... | 823,213   | 39              | 1,915      |                      |                 | 821,259             |           |                         |                         |
| 34. Policies/certificates in force end of year .....   | 1,074     | 562             |            |                      |                 | 512                 | XXX       |                         |                         |
| DETAILS OF WRITE-INS   |           |                 |            |                      |                 |                     |           |                         |                         |
| 08.301. Interest on Agent's Balances .....   | 106       |                 |            |                      |                 | 106                 |           |                         |                         |
| 08.302. ....   |           |                 |            |                      |                 |                     |           |                         |                         |
| 08.303. ....   |           |                 |            |                      |                 |                     |           |                         |                         |
| 08.398. Summary of remaining write-ins for Line 8.3 from overflow page .....   |           |                 |            |                      |                 |                     |           |                         |                         |
| 08.399. Totals (Lines 08.301 thru 08.303 plus 08.398) (Line 8.3 above) .....   | 106       |                 |            |                      |                 | 106                 |           |                         |                         |
| 2701. Penalties .....  | 6,087     |                 |            |                      |                 | 6,087               |           |                         |                         |
| 2702. ....   |           |                 |            |                      |                 |                     |           |                         |                         |
| 2703. ....   |           |                 |            |                      |                 |                     |           |                         |                         |
| 2798. Summary of remaining write-ins for Line 27 from overflow page .....  |           |                 |            |                      |                 |                     |           |                         |                         |
| 2799. Totals (Lines 2701 thru 2703 plus 2798) (Line 27 above) .....  | 6,087     |                 |            |                      |                 | 6,087               |           |                         |                         |

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Provident American Life and Health Insurance Company

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS - INDIVIDUAL LIFE INSURANCE <sup>(b)</sup>

|  | 1     | 2               | 3          | 4         | 5            | 6              | 7  | 8             | 9                          | 10                 | 11                       | 12                         |
|--|-------|-----------------|------------|-----------|--------------|----------------|--|---------------|----------------------------|--------------------|--------------------------|----------------------------|
|  | Total | Industrial Life | Whole Life | Term Life | Indexed Life | Universal Life | Universal Life<br>With Secondary<br>Guarantees | Variable Life | Variable<br>Universal Life | Credit Life<br>(c) | Other Individual<br>Life | YRT Mortality<br>Risk Only |
| 1. Premiums for life contracts <sup>(a)</sup> .....  |       |                 |            |           |              |                |  |               |                            |                    |                          |                            |
| 2. Considerations for supplementary contracts with life contingencies .....  | XXX   | XXX             | XXX        | XXX       | XXX          | XXX            | XXX  | XXX           | XXX                        | XXX                | XXX                      | XXX                        |
| 3. Net investment income .....   |       |                 |            |           |              |                |  |               |                            |                    |                          |                            |
| 4. Amortization of Interest Maintenance Reserve (IMR) .....  |       |                 |            |           |              |                |  |               |                            |                    |                          |                            |
| 5. Separate Accounts net gain from operations excluding unrealized gains or<br>losses .....  |       |                 |            |           |              |                |  |               |                            |                    |                          |                            |
| 6. Commissions and expense allowances on reinsurance ceded .....   | 6,085 |                 | 6,085      |           |              |                |  |               |                            |                    |                          |                            |
| 7. Reserve adjustments on reinsurance ceded .....  |       |                 |            |           |              |                |  |               |                            |                    |                          |                            |
| 8. Miscellaneous Income:   |       |                 |            |           |              |                |  |               |                            |                    |                          |                            |
| 8.1 Income from fees associated with investment management,<br>administration and contract guarantees from Separate Accounts .....   |       |                 |            |           |              |                |  |               |                            |                    |                          |                            |
| 8.2 Charges and fees for deposit-type contracts .....  |       |                 |            |           |              |                |  |               |                            |                    |                          |                            |
| 8.3 Aggregate write-ins for miscellaneous income .....   |       |                 |            |           |              |                |  |               |                            |                    |                          |                            |
| 9. Totals (Lines 1 to 8.3) .....   | 6,085 |                 | 6,085      |           |              |                |  |               |                            |                    |                          |                            |
| 10. Death benefits .....   |       |                 |            |           |              |                |  |               |                            |                    |                          |                            |
| 11. Matured endowments (excluding guaranteed annual pure endowments) .....   |       |                 |            |           |              |                |  |               |                            |                    |                          |                            |
| 12. Annuity benefits .....   | XXX   | XXX             | XXX        | XXX       | XXX          | XXX            | XXX  | XXX           | XXX                        | XXX                | XXX                      | XXX                        |
| 13. Disability benefits and benefits under accident and health contracts .....   |       |                 |            |           |              |                |  |               |                            |                    |                          |                            |
| 14. Coupons, guaranteed annual pure endowments and similar benefits .....  |       |                 |            |           |              |                |  |               |                            |                    |                          |                            |
| 15. Surrender benefits and withdrawals for life contracts .....  |       |                 |            |           |              |                |  |               |                            |                    |                          |                            |
| 16. Group conversions .....  |       |                 |            |           |              |                |  |               |                            |                    |                          |                            |
| 17. Interest and adjustments on contract or deposit-type contract funds .....  |       |                 |            |           |              |                |  |               |                            |                    |                          |                            |
| 18. Payments on supplementary contracts with life contingencies .....  |       |                 |            |           |              |                |  |               |                            |                    |                          |                            |
| 19. Increase in aggregate reserves for life and accident and health contracts ...  |       |                 |            |           |              |                |  |               |                            |                    |                          |                            |
| 20. Totals (Lines 10 to 19) .....  |       |                 |            |           |              |                |  |               |                            |                    |                          |                            |
| 21. Commissions on premiums, annuity considerations and deposit-type<br>contract funds (direct business only) .....  | 6,085 |                 | 6,085      |           |              |                |  |               |                            |                    |                          | XXX                        |
| 22. Commissions and expense allowances on reinsurance assumed .....  |       |                 |            |           |              |                |  |               |                            |                    |                          |                            |
| 23. General insurance expenses .....   |       |                 |            |           |              |                |  |               |                            |                    |                          |                            |
| 24. Insurance taxes, licenses and fees, excluding federal income taxes .....   | (39)  |                 | (39)       |           |              |                |  |               |                            |                    |                          |                            |
| 25. Increase in loading on deferred and uncollected premiums .....   |       |                 |            |           |              |                |  |               |                            |                    |                          |                            |
| 26. Net transfers to or (from) Separate Accounts net of reinsurance .....  |       |                 |            |           |              |                |  |               |                            |                    |                          |                            |
| 27. Aggregate write-ins for deductions .....   |       |                 |            |           |              |                |  |               |                            |                    |                          |                            |
| 28. Totals (Lines 20 to 27) .....  | 6,046 |                 | 6,046      |           |              |                |  |               |                            |                    |                          |                            |
| 29. Net gain from operations before dividends to policyholders, refunds to<br>members and federal income taxes (Line 9 minus Line 28) .....  | 39    |                 | 39         |           |              |                |  |               |                            |                    |                          |                            |
| 30. Dividends to policyholders and refunds to members .....  |       |                 |            |           |              |                |  |               |                            |                    |                          |                            |
| 31. Net gain from operations after dividends to policyholders, refunds to<br>members and before federal income taxes (Line 29 minus Line 30) .....   | 39    |                 | 39         |           |              |                |  |               |                            |                    |                          |                            |
| 32. Federal income taxes incurred (excluding tax on capital gains) .....   |       |                 |            |           |              |                |  |               |                            |                    |                          |                            |
| 33. Net gain from operations after dividends to policyholders, refunds to<br>members and federal income taxes and before realized capital gains or<br>(losses) (Line 31 minus Line 32) ..... | 39    |                 | 39         |           |              |                |  |               |                            |                    |                          |                            |
| 34. Policies/certificates in force end of year .....   | 562   |                 | 562        |           |              |                |  |               |                            |                    |                          |                            |
| DETAILS OF WRITE-INS   |       |                 |            |           |              |                |  |               |                            |                    |                          |                            |
| 08.301. ....   |       |                 |            |           |              |                |  |               |                            |                    |                          |                            |
| 08.302. ....   |       |                 |            |           |              |                |  |               |                            |                    |                          |                            |
| 08.303. ....   |       |                 |            |           |              |                |  |               |                            |                    |                          |                            |
| 08.398. Summary of remaining write-ins for Line 8.3 from overflow page .....   |       |                 |            |           |              |                |  |               |                            |                    |                          |                            |
| 08.399. Totals (Lines 08.301 thru 08.303 plus 08.398) (Line 8.3 above) .....   |       |                 |            |           |              |                |  |               |                            |                    |                          |                            |
| 2701. ....   |       |                 |            |           |              |                |  |               |                            |                    |                          |                            |
| 2702. ....   |       |                 |            |           |              |                |  |               |                            |                    |                          |                            |
| 2703. ....   |       |                 |            |           |              |                |  |               |                            |                    |                          |                            |
| 2798. Summary of remaining write-ins for Line 27 from overflow page .....  |       |                 |            |           |              |                |  |               |                            |                    |                          |                            |
| 2799. Totals (Lines 2701 thru 2703 plus 2798) (Line 27 above) .....  |       |                 |            |           |              |                |  |               |                            |                    |                          |                            |

(a) Include premium amounts for preneed plans included in Line 1 .....

(b) Indicate if blocks of business in run-off that comprise less than 5% of premiums and less than 5% of reserve and loans liability are aggregated with material blocks of business and which columns are affected. ....

(c) Individual and Group Credit Life are combined and included on ..... page. (Indicate whether included with Individual or Group.)

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Provident American Life and Health Insurance Company  
ANALYSIS OF OPERATIONS BY LINES OF BUSINESS - GROUP LIFE INSURANCE (c)

|  | 1     | 2          | 3         | 4              | 5             | 6                       | 7               | 8                    | 9                       |
|--|-------|------------|-----------|----------------|---------------|-------------------------|-----------------|----------------------|-------------------------|
|  | Total | Whole Life | Term Life | Universal Life | Variable Life | Variable Universal Life | Credit Life (d) | Other Group Life (a) | YRT Mortality Risk Only |
| 1. Premiums for life contracts (b) .....   | (57)  |            | (57)      |                |               |                         |                 |                      |                         |
| 2. Considerations for supplementary contracts with life contingencies .....  | XXX   | XXX        | XXX       | XXX            | XXX           | XXX                     | XXX             | XXX                  | XXX                     |
| 3. Net investment income .....   |       |            |           |                |               |                         |                 |                      |                         |
| 4. Amortization of Interest Maintenance Reserve (IMR) .....  |       |            |           |                |               |                         |                 |                      |                         |
| 5. Separate Accounts net gain from operations excluding unrealized gains or losses .....   |       |            |           |                |               |                         |                 |                      |                         |
| 6. Commissions and expense allowances on reinsurance ceded .....   | 4,641 |            | 4,641     |                |               |                         |                 |                      |                         |
| 7. Reserve adjustments on reinsurance ceded .....  |       |            |           |                |               |                         |                 |                      |                         |
| 8. Miscellaneous Income:   |       |            |           |                |               |                         |                 |                      |                         |
| 8.1 Income from fees associated with investment management, administration and contract guarantees from Separate Accounts .....  |       |            |           |                |               |                         |                 |                      |                         |
| 8.2 Charges and fees for deposit-type contracts .....  |       |            |           |                |               |                         |                 |                      |                         |
| 8.3 Aggregate write-ins for miscellaneous income .....   |       |            |           |                |               |                         |                 |                      |                         |
| 9. Totals (Lines 1 to 8.3) .....   | 4,584 |            | 4,584     |                |               |                         |                 |                      |                         |
| 10. Death benefits .....   |       |            |           |                |               |                         |                 |                      |                         |
| 11. Matured endowments (excluding guaranteed annual pure endowments) .....   |       |            |           |                |               |                         |                 |                      |                         |
| 12. Annuity benefits .....   | XXX   | XXX        | XXX       | XXX            | XXX           | XXX                     | XXX             | XXX                  | XXX                     |
| 13. Disability benefits and benefits under accident and health contracts .....   |       |            |           |                |               |                         |                 |                      |                         |
| 14. Coupons, guaranteed annual pure endowments and similar benefits .....  |       |            |           |                |               |                         |                 |                      |                         |
| 15. Surrender benefits and withdrawals for life contracts .....  |       |            |           |                |               |                         |                 |                      |                         |
| 16. Group conversions .....  |       |            |           |                |               |                         |                 |                      |                         |
| 17. Interest and adjustments on contract or deposit-type contract funds .....  |       |            |           |                |               |                         |                 |                      |                         |
| 18. Payments on supplementary contracts with life contingencies .....  |       |            |           |                |               |                         |                 |                      |                         |
| 19. Increase in aggregate reserves for life and accident and health contracts .....  |       |            |           |                |               |                         |                 |                      |                         |
| 20. Totals (Lines 10 to 19) .....  |       |            |           |                |               |                         |                 |                      |                         |
| 21. Commissions on premiums, annuity considerations and deposit-type contract funds (direct business only) .....   | 2,571 |            | 2,571     |                |               |                         |                 |                      | XXX                     |
| 22. Commissions and expense allowances on reinsurance assumed .....  |       |            |           |                |               |                         |                 |                      |                         |
| 23. General insurance expenses .....   |       |            |           |                |               |                         |                 |                      |                         |
| 24. Insurance taxes, licenses and fees, excluding federal income taxes .....   |       |            |           |                |               |                         |                 |                      |                         |
| 25. Increase in loading on deferred and uncollected premiums .....   |       |            |           |                |               |                         |                 |                      |                         |
| 26. Net transfers to or (from) Separate Accounts net of reinsurance .....  |       |            |           |                |               |                         |                 |                      |                         |
| 27. Aggregate write-ins for deductions .....   |       |            |           |                |               |                         |                 |                      |                         |
| 28. Totals (Lines 20 to 27) .....  | 2,571 |            | 2,571     |                |               |                         |                 |                      |                         |
| 29. Net gain from operations before dividends to policyholders, refunds to members and federal income taxes (Line 9 minus Line 28) .....   | 2,013 |            | 2,013     |                |               |                         |                 |                      |                         |
| 30. Dividends to policyholders and refunds to members .....  |       |            |           |                |               |                         |                 |                      |                         |
| 31. Net gain from operations after dividends to policyholders, refunds to members and before federal income taxes (Line 29 minus Line 30) .....  | 2,013 |            | 2,013     |                |               |                         |                 |                      |                         |
| 32. Federal income taxes incurred (excluding tax on capital gains) .....   | 98    |            | 98        |                |               |                         |                 |                      |                         |
| 33. Net gain from operations after dividends to policyholders, refunds to members and federal income taxes and before realized capital gains or (losses) (Line 31 minus Line 32) ..... | 1,915 |            | 1,915     |                |               |                         |                 |                      |                         |
| 34. Policies/certificates in force end of year .....   |       |            |           |                |               |                         |                 |                      |                         |
| DETAILS OF WRITE-INS   |       |            |           |                |               |                         |                 |                      |                         |
| 08.301. ....   |       |            |           |                |               |                         |                 |                      |                         |
| 08.302. ....   |       |            |           |                |               |                         |                 |                      |                         |
| 08.303. ....   |       |            |           |                |               |                         |                 |                      |                         |
| 08.398. Summary of remaining write-ins for Line 8.3 from overflow page .....   |       |            |           |                |               |                         |                 |                      |                         |
| 08.399. Totals (Lines 08.301 thru 08.303 plus 08.398) (Line 8.3 above) .....   |       |            |           |                |               |                         |                 |                      |                         |
| 2701. ....   |       |            |           |                |               |                         |                 |                      |                         |
| 2702. ....   |       |            |           |                |               |                         |                 |                      |                         |
| 2703. ....   |       |            |           |                |               |                         |                 |                      |                         |
| 2798. Summary of remaining write-ins for Line 27 from overflow page .....  |       |            |           |                |               |                         |                 |                      |                         |
| 2799. Totals (Lines 2701 thru 2703 plus 2798) (Line 27 above) .....  |       |            |           |                |               |                         |                 |                      |                         |

(a) Includes the following amounts for FEGLI/SGLI: Line 1 ....., Line 10 ....., Line 16 ....., Line 23 ....., Line 24 .....

(b) Include premium amounts for preneed plans included in Line 1 .....

(c) Indicate if blocks of business in run-off that comprise less than 5% of premiums and less than 5% of reserve and loans liability are aggregated with material blocks of business and which columns are affected. ....

(d) Individual and Group Credit Life are combined and included on ..... page. (Indicate whether included with Individual or Group.)

Analysis of Operations by Lines of Business - Individual Annuities

**N O N E**

Analysis of Operations by Lines of Business - Group Annuities

**N O N E**

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Provident American Life and Health Insurance Company

**ANALYSIS OF OPERATIONS BY LINES OF BUSINESS - ACCIDENT AND HEALTH (a)**

|  | 1         | Comprehensive<br>(Hospital & Medical) |       | 4                      | 5           | 6           | 7  | 8                       | 9                     | 10         | 11                   | 12                | 13           |
|--|-----------|---------------------------------------|-------|------------------------|-------------|-------------|--|-------------------------|-----------------------|------------|----------------------|-------------------|--------------|
|  |           | 2                                     | 3     |                        |             |             |  |                         |                       |            |                      |                   |              |
|  | Total     | Individual                            | Group | Medicare<br>Supplement | Vision Only | Dental Only | Federal<br>Employees Health<br>Benefits Plan | Title XVIII<br>Medicare | Title XIX<br>Medicaid | Credit A&H | Disability<br>Income | Long-Term<br>Care | Other Health |
| 1. Premiums for accident and health contracts .....  | 2,940,498 |                                       |       | 2,940,497              |             |             |  |                         |                       |            | 1                    |                   |              |
| 2. Considerations for supplementary contracts with life contingencies .....  | XXX       | XXX                                   | XXX   | XXX                    | XXX         | XXX         | XXX  | XXX                     | XXX                   | XXX        | XXX                  | XXX               | XXX          |
| 3. Net investment income .....   | 38,093    |                                       |       | 38,093                 |             |             |  |                         |                       |            |                      |                   |              |
| 4. Amortization of Interest Maintenance Reserve (IMR) .....  | (686)     |                                       |       | (686)                  |             |             |  |                         |                       |            |                      |                   |              |
| 5. Separate Accounts net gain from operations excluding unrealized gains or losses .....   |           |                                       |       |                        |             |             |  |                         |                       |            |                      |                   |              |
| 6. Commissions and expense allowances on reinsurance ceded .....   | 16,843    |                                       |       | 16,843                 |             |             |  |                         |                       |            |                      |                   |              |
| 7. Reserve adjustments on reinsurance ceded .....  |           |                                       |       |                        |             |             |  |                         |                       |            |                      |                   |              |
| 8. Miscellaneous Income:   |           |                                       |       |                        |             |             |  |                         |                       |            |                      |                   |              |
| 8.1 Income from fees associated with investment management, administration and contract guarantees from Separate Accounts .....  |           |                                       |       |                        |             |             |  |                         |                       |            |                      |                   |              |
| 8.2 Charges and fees for deposit-type contracts .....  | XXX       | XXX                                   | XXX   | XXX                    | XXX         | XXX         | XXX  | XXX                     | XXX                   | XXX        | XXX                  | XXX               | XXX          |
| 8.3 Aggregate write-ins for miscellaneous income .....   | 106       |                                       |       | 106                    |             |             |  |                         |                       |            |                      |                   |              |
| 9. Totals (Lines 1 to 8.3) .....   | 2,994,854 |                                       |       | 2,994,853              |             |             |  |                         |                       |            | 1                    |                   |              |
| 10. Death benefits .....   | XXX       | XXX                                   | XXX   | XXX                    | XXX         | XXX         | XXX  | XXX                     | XXX                   | XXX        | XXX                  | XXX               | XXX          |
| 11. Matured endowments (excluding guaranteed annual pure endowments) .....   | XXX       | XXX                                   | XXX   | XXX                    | XXX         | XXX         | XXX  | XXX                     | XXX                   | XXX        | XXX                  | XXX               | XXX          |
| 12. Annuity benefits .....   | XXX       | XXX                                   | XXX   | XXX                    | XXX         | XXX         | XXX  | XXX                     | XXX                   | XXX        | XXX                  | XXX               | XXX          |
| 13. Disability benefits and benefits under accident and health contracts .....   | 1,787,069 |                                       |       | 1,787,069              |             |             |  |                         |                       |            |                      |                   |              |
| 14. Coupons, guaranteed annual pure endowments and similar benefits .....  |           |                                       |       |                        |             |             |  |                         |                       |            |                      |                   |              |
| 15. Surrender benefits and withdrawals for life contracts .....  | XXX       | XXX                                   | XXX   | XXX                    | XXX         | XXX         | XXX  | XXX                     | XXX                   | XXX        | XXX                  | XXX               | XXX          |
| 16. Group conversions .....  |           |                                       |       |                        |             |             |  |                         |                       |            |                      |                   |              |
| 17. Interest and adjustments on contract or deposit-type contract funds .....  |           |                                       |       |                        |             |             |  |                         |                       |            |                      |                   |              |
| 18. Payments on supplementary contracts with life contingencies .....  | XXX       | XXX                                   | XXX   | XXX                    | XXX         | XXX         | XXX  | XXX                     | XXX                   | XXX        | XXX                  | XXX               | XXX          |
| 19. Increase in aggregate reserves for life and accident and health contracts .....  | (26,564)  |                                       |       | (26,564)               |             |             |  |                         |                       |            |                      |                   |              |
| 20. Totals (Lines 10 to 19) .....  | 1,760,505 |                                       |       | 1,760,505              |             |             |  |                         |                       |            |                      |                   |              |
| 21. Commissions on premiums, annuity considerations and deposit-type contract funds (direct business only) .....   | 31,947    |                                       |       | 31,947                 |             |             |  |                         |                       |            |                      |                   |              |
| 22. Commissions and expense allowances on reinsurance assumed .....  |           |                                       |       |                        |             |             |  |                         |                       |            |                      |                   |              |
| 23. General insurance expenses .....   | 172,532   | 2,174                                 |       | 170,358                |             |             |  |                         |                       |            |                      |                   |              |
| 24. Insurance taxes, licenses and fees, excluding federal income taxes .....   | 160,561   | 80                                    |       | 160,481                |             |             |  |                         |                       |            |                      |                   |              |
| 25. Increase in loading on deferred and uncollected premiums .....   | (347)     |                                       |       | (347)                  |             |             |  |                         |                       |            |                      |                   |              |
| 26. Net transfers to or (from) Separate Accounts net of reinsurance .....  |           |                                       |       |                        |             |             |  |                         |                       |            |                      |                   |              |
| 27. Aggregate write-ins for deductions .....   | 6,087     | 77                                    |       | 6,010                  |             |             |  |                         |                       |            |                      |                   |              |
| 28. Totals (Lines 20 to 27) .....  | 2,131,285 | 2,331                                 |       | 2,128,954              |             |             |  |                         |                       |            |                      |                   |              |
| 29. Net gain from operations before dividends to policyholders, and refunds to members and federal income taxes (Line 9 minus Line 28) .....   | 863,569   | (2,331)                               |       | 865,899                |             |             |  |                         |                       |            | 1                    |                   |              |
| 30. Dividends to policyholders and refunds to members .....  |           |                                       |       |                        |             |             |  |                         |                       |            |                      |                   |              |
| 31. Net gain from operations after dividends to policyholders, refunds to members and before federal income taxes (Line 29 minus Line 30) .....  | 863,569   | (2,331)                               |       | 865,899                |             |             |  |                         |                       |            | 1                    |                   |              |
| 32. Federal income taxes incurred (excluding tax on capital gains) .....   | 42,310    | (114)                                 |       | 42,424                 |             |             |  |                         |                       |            |                      |                   |              |
| 33. Net gain from operations after dividends to policyholders, refunds to members and federal income taxes and before realized capital gains or (losses) (Line 31 minus Line 32) ..... | 821,259   | (2,217)                               |       | 823,475                |             |             |  |                         |                       |            | 1                    |                   |              |
| 34. Policies/certificates in force end of year .....   | 512       | 1                                     |       | 511                    |             |             |  |                         |                       |            |                      |                   |              |
| <b>DETAILS OF WRITE-INS</b>  |           |                                       |       |                        |             |             |  |                         |                       |            |                      |                   |              |
| 08.301. Interest on Agent's Balances .....   | 106       |                                       |       | 106                    |             |             |  |                         |                       |            |                      |                   |              |
| 08.302. ....   |           |                                       |       |                        |             |             |  |                         |                       |            |                      |                   |              |
| 08.303. ....   |           |                                       |       |                        |             |             |  |                         |                       |            |                      |                   |              |
| 08.398. Summary of remaining write-ins for Line 8.3 from overflow page .....   |           |                                       |       |                        |             |             |  |                         |                       |            |                      |                   |              |
| 08.399. Totals (Lines 08.301 thru 08.303 plus 08.398) (Line 8.3 above) .....   | 106       |                                       |       | 106                    |             |             |  |                         |                       |            |                      |                   |              |
| 2701. Penalties .....  | 6,087     | 77                                    |       | 6,010                  |             |             |  |                         |                       |            |                      |                   |              |
| 2702. ....   |           |                                       |       |                        |             |             |  |                         |                       |            |                      |                   |              |
| 2703. ....   |           |                                       |       |                        |             |             |  |                         |                       |            |                      |                   |              |
| 2798. Summary of remaining write-ins for Line 27 from overflow page .....  |           |                                       |       |                        |             |             |  |                         |                       |            |                      |                   |              |
| 2799. Totals (Lines 2701 thru 2703 plus 2798) (Line 27 above) .....  | 6,087     | 77                                    |       | 6,010                  |             |             |  |                         |                       |            |                      |                   |              |

(a) Indicate if blocks of business in run-off that comprise less than 5% of premiums and less than 5% of reserve and loans liability are aggregated with material blocks of business and which columns are affected. ....

Analysis of Increase in Reserves During the Year - Individual Life Insurance

**N O N E**

Analysis of Increase in Reserves During the Year - Group Life Insurance

**N O N E**

Analysis of Increase in Reserves During the Year - Individual Annuities

**N O N E**

Analysis of Increase in Reserves During the Year - Group Annuities

**N O N E**

EXHIBIT OF NET INVESTMENT INCOME

|                      |   | 1                     | 2                  |
|----------------------|---|-----------------------|--------------------|
|                      |   | Collected During Year | Earned During Year |
| 1.                   | U.S. Government bonds .....   | (a) .....52,908       | ..... 53,832       |
| 1.1                  | Bonds exempt from U.S. tax .....  | (a) .....             | .....              |
| 1.2                  | Other bonds (unaffiliated) .....  | (a) .....             | .....              |
| 1.3                  | Bonds of affiliates .....   | (a) .....             | .....              |
| 2.1                  | Preferred stocks (unaffiliated) .....                                     | (b) .....             | .....              |
| 2.11                 | Preferred stocks of affiliates .....                                      | (b) .....             | .....              |
| 2.2                  | Common stocks (unaffiliated) .....  | .....                 | .....              |
| 2.21                 | Common stocks of affiliates .....   | .....                 | .....              |
| 3.                   | Mortgage loans .....  | (c) .....             | .....              |
| 4.                   | Real estate .....   | (d) .....             | .....              |
| 5                    | Contract loans .....  | .....                 | .....              |
| 6                    | Cash, cash equivalents and short-term investments .....                   | (e) ..... 3,929       | ..... 3,929        |
| 7                    | Derivative instruments .....  | (f) .....             | .....              |
| 8.                   | Other invested assets .....   | .....                 | .....              |
| 9.                   | Aggregate write-ins for investment income .....                           | .....3                | .....3             |
| 10.                  | Total gross investment income .....                                       | 56,840                | 57,764             |
| 11.                  | Investment expenses .....   |                       | (g) .....19,671    |
| 12.                  | Investment taxes, licenses and fees, excluding federal income taxes ..... |                       | (g) .....          |
| 13.                  | Interest expense .....  |                       | (h) .....          |
| 14.                  | Depreciation on real estate and other invested assets .....               |                       | (i) .....          |
| 15.                  | Aggregate write-ins for deductions from investment income .....           |                       | .....              |
| 16.                  | Total deductions (Lines 11 through 15) .....                              |                       | ..... 19,671       |
| 17.                  | Net investment income (Line 10 minus Line 16)                             |                       | 38,093             |
| DETAILS OF WRITE-INS |   |                       |                    |
| 0901.                | Miscellaneous Investment income .....                                     | .....3                | .....3             |
| 0902.                | .....   |                       |                    |
| 0903.                | .....   |                       |                    |
| 0998.                | Summary of remaining write-ins for Line 9 from overflow page .....        |                       |                    |
| 0999.                | Totals (Lines 0901 thru 0903 plus 0998) (Line 9, above)                   | 3                     | 3                  |
| 1501.                | .....   |                       |                    |
| 1502.                | .....   |                       |                    |
| 1503.                | .....   |                       |                    |
| 1598.                | Summary of remaining write-ins for Line 15 from overflow page .....       |                       |                    |
| 1599.                | Totals (Lines 1501 thru 1503 plus 1598) (Line 15, above)                  |                       |                    |

- (a) Includes \$ ..... 5 accrual of discount less \$ ..... 1,960 amortization of premium and less \$ .....394 paid for accrued interest on purchases.
- (b) Includes \$ ..... accrual of discount less \$ ..... amortization of premium and less \$ ..... paid for accrued dividends on purchases.
- (c) Includes \$ ..... accrual of discount less \$ ..... amortization of premium and less \$ ..... paid for accrued interest on purchases.
- (d) Includes \$ ..... for company's occupancy of its own buildings; and excludes \$ ..... interest on encumbrances.
- (e) Includes \$ ..... accrual of discount less \$ ..... amortization of premium and less \$ ..... paid for accrued interest on purchases.
- (f) Includes \$ ..... accrual of discount less \$ ..... amortization of premium.
- (g) Includes \$ ..... investment expenses and \$ ..... investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.
- (h) Includes \$ ..... interest on surplus notes and \$ ..... interest on capital notes.
- (i) Includes \$ ..... depreciation on real estate and \$ ..... depreciation on other invested assets.

EXHIBIT OF CAPITAL GAINS (LOSSES)

|                      |   | 1  | 2                             | 3  | 4  | 5   |
|----------------------|---|--|-------------------------------|--|--|---|
|                      |   | Realized Gain (Loss)<br>On Sales or Maturity | Other Realized<br>Adjustments | Total Realized<br>Capital Gain (Loss)<br>(Columns 1 + 2) | Change in<br>Unrealized<br>Capital Gain (Loss) | Change in Unrealized<br>Foreign Exchange<br>Capital Gain (Loss) |
| 1.                   | U.S. Government bonds .....   |  |                               |  |  |   |
| 1.1                  | Bonds exempt from U.S. tax .....                                      |  |                               |  |  |   |
| 1.2                  | Other bonds (unaffiliated) .....                                      |  |                               |  |  |   |
| 1.3                  | Bonds of affiliates .....   |  |                               |  |  |   |
| 2.1                  | Preferred stocks (unaffiliated) .....                                 |  |                               |  |  |   |
| 2.11                 | Preferred stocks of affiliates .....                                  |  |                               |  |  |   |
| 2.2                  | Common stocks (unaffiliated) .....                                    |  |                               |  |  |   |
| 2.21                 | Common stocks of affiliates .....                                     |  |                               |  | 104,429  |   |
| 3.                   | Mortgage loans .....  |  |                               |  |  |   |
| 4.                   | Real estate .....   |  |                               |  |  |   |
| 5.                   | Contract loans .....  |  |                               |  |  |   |
| 6.                   | Cash, cash equivalents and short-term investments .....               |  |                               |  |  |   |
| 7.                   | Derivative instruments .....  |  |                               |  |  |   |
| 8.                   | Other invested assets .....   |  |                               |  |  |   |
| 9.                   | Aggregate write-ins for capital gains (losses) .....                  |  |                               |  |  |   |
| 10.                  | Total capital gains (losses)  |  |                               |  | 104,429  |   |
| DETAILS OF WRITE-INS |   |  |                               |  |  |   |
| 0901.                | .....   |  |                               |  |  |   |
| 0902.                | .....   |  |                               |  |  |   |
| 0903.                | .....   |  |                               |  |  |   |
| 0998.                | Summary of remaining write-ins for Line 9 from<br>overflow page ..... |  |                               |  |  |   |
| 0999.                | Totals (Lines 0901 thru 0903 plus 0998) (Line 9,<br>above)            |  |                               |  |  |   |



ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Provident American Life and Health Insurance Company

**EXHIBIT - 1 PART 1 - PREMIUMS AND ANNUITY CONSIDERATIONS FOR LIFE AND ACCIDENT AND HEALTH CONTRACTS**

|   | 1         | 2               | 3          | 4                    | 5               | 6                 | 7         | 8                       |
|---|-----------|-----------------|------------|----------------------|-----------------|-------------------|-----------|-------------------------|
|   | Total     | Individual Life | Group Life | Individual Annuities | Group Annuities | Accident & Health | Fraternal | Other Lines of Business |
| <b>FIRST YEAR (other than single)</b>                               |           |                 |            |                      |                 |                   |           |                         |
| 1. Uncollected .....  |           |                 |            |                      |                 |                   |           |                         |
| 2. Deferred and accrued .....                                       |           |                 |            |                      |                 |                   |           |                         |
| 3. Deferred , accrued and uncollected:                              |           |                 |            |                      |                 |                   |           |                         |
| 3.1 Direct .....  |           |                 |            |                      |                 |                   |           |                         |
| 3.2 Reinsurance assumed .....                                       |           |                 |            |                      |                 |                   |           |                         |
| 3.3 Reinsurance ceded .....   |           |                 |            |                      |                 |                   |           |                         |
| 3.4 Net (Line 1 + Line 2) .....                                     |           |                 |            |                      |                 |                   |           |                         |
| 4. Advance .....  |           |                 |            |                      |                 |                   |           |                         |
| 5. Line 3.4 - Line 4 .....  |           |                 |            |                      |                 |                   |           |                         |
| 6. Collected during year:   |           |                 |            |                      |                 |                   |           |                         |
| 6.1 Direct .....  |           |                 |            |                      |                 |                   |           |                         |
| 6.2 Reinsurance assumed .....                                       |           |                 |            |                      |                 |                   |           |                         |
| 6.3 Reinsurance ceded .....   |           |                 |            |                      |                 |                   |           |                         |
| 6.4 Net .....   |           |                 |            |                      |                 |                   |           |                         |
| 7. Line 5 + Line 6.4 .....  |           |                 |            |                      |                 |                   |           |                         |
| 8. Prior year (uncollected + deferred and accrued - advance) .....  |           |                 |            |                      |                 |                   |           |                         |
| 9. First year premiums and considerations:                          |           |                 |            |                      |                 |                   |           |                         |
| 9.1 Direct .....  |           |                 |            |                      |                 |                   |           |                         |
| 9.2 Reinsurance assumed .....                                       |           |                 |            |                      |                 |                   |           |                         |
| 9.3 Reinsurance ceded .....   |           |                 |            |                      |                 |                   |           |                         |
| 9.4 Net (Line 7 - Line 8) .....                                     |           |                 |            |                      |                 |                   |           |                         |
| <b>SINGLE</b>   |           |                 |            |                      |                 |                   |           |                         |
| 10. Single premiums and considerations:                             |           |                 |            |                      |                 |                   |           |                         |
| 10.1 Direct .....   |           |                 |            |                      |                 |                   |           |                         |
| 10.2 Reinsurance assumed .....                                      |           |                 |            |                      |                 |                   |           |                         |
| 10.3 Reinsurance ceded .....  |           |                 |            |                      |                 |                   |           |                         |
| 10.4 Net .....  |           |                 |            |                      |                 |                   |           |                         |
| <b>RENEWAL</b>  |           |                 |            |                      |                 |                   |           |                         |
| 11. Uncollected .....   | (45,278)  |                 | (6,322)    |                      |                 | (38,956)          |           |                         |
| 12. Deferred and accrued .....                                      | (17,918)  |                 |            |                      |                 | (17,918)          |           |                         |
| 13. Deferred, accrued and uncollected:                              |           |                 |            |                      |                 |                   |           |                         |
| 13.1 Direct .....   | 75,451    | 87,695          |            |                      |                 | (12,243)          |           |                         |
| 13.2 Reinsurance assumed .....                                      |           |                 |            |                      |                 |                   |           |                         |
| 13.3 Reinsurance ceded .....  | 138,648   | 87,695          | 6,322      |                      |                 | 44,631            |           |                         |
| 13.4 Net (Line 11 + Line 12) .....                                  | (63,196)  |                 | (6,322)    |                      |                 | (56,874)          |           |                         |
| 14. Advance .....   | 19,283    |                 |            |                      |                 | 19,283            |           |                         |
| 15. Line 13.4 - Line 14 .....                                       | (82,479)  |                 | (6,322)    |                      |                 | (76,158)          |           |                         |
| 16. Collected during year:  |           |                 |            |                      |                 |                   |           |                         |
| 16.1 Direct .....   | 3,386,584 | 309,037         | 28,539     |                      |                 | 3,049,008         |           |                         |
| 16.2 Reinsurance assumed .....                                      |           |                 |            |                      |                 |                   |           |                         |
| 16.3 Reinsurance ceded .....  | 575,735   | 309,037         | 30,428     |                      |                 | 236,270           |           |                         |
| 16.4 Net .....  | 2,810,849 |                 | (1,889)    |                      |                 | 2,812,738         |           |                         |
| 17. Line 15 + Line 16.4 .....                                       | 2,728,369 |                 | (8,211)    |                      |                 | 2,736,580         |           |                         |
| 18. Prior year (uncollected + deferred and accrued - advance) ..... | (212,072) |                 | (8,154)    |                      |                 | (203,918)         |           |                         |
| 19. Renewal premiums and considerations:                            |           |                 |            |                      |                 |                   |           |                         |
| 19.1 Direct .....   | 3,487,616 | 294,741         | 28,539     |                      |                 | 3,164,336         |           |                         |
| 19.2 Reinsurance assumed .....                                      |           |                 |            |                      |                 |                   |           |                         |
| 19.3 Reinsurance ceded .....  | 547,175   | 294,741         | 28,596     |                      |                 | 223,839           |           |                         |
| 19.4 Net (Line 17 - Line 18) .....                                  | 2,940,441 |                 | (57)       |                      |                 | 2,940,497         |           |                         |
| <b>TOTAL</b>  |           |                 |            |                      |                 |                   |           |                         |
| 20. Total premiums and annuity considerations:                      |           |                 |            |                      |                 |                   |           |                         |
| 20.1 Direct .....   | 3,487,616 | 294,741         | 28,539     |                      |                 | 3,164,336         |           |                         |
| 20.2 Reinsurance assumed .....                                      |           |                 |            |                      |                 |                   |           |                         |
| 20.3 Reinsurance ceded .....  | 547,175   | 294,741         | 28,596     |                      |                 | 223,839           |           |                         |
| 20.4 Net (Lines 9.4 + 10.4 + 19.4) .....                            | 2,940,441 |                 | (57)       |                      |                 | 2,940,497         |           |                         |

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Provident American Life and Health Insurance Company

EXHIBIT - 1 PART 2 - POLICYHOLDERS' DIVIDENDS, REFUNDS TO MEMBERS AND COUPONS APPLIED, REINSURANCE COMMISSIONS AND  
EXPENSE ALLOWANCES AND COMMISSIONS INCURRED (Direct Business Only)

|   | 1      | 2               | 3          | 4                    | 5               | 6                 | 7         | 8                       |
|---|--------|-----------------|------------|----------------------|-----------------|-------------------|-----------|-------------------------|
|   | Total  | Individual Life | Group Life | Individual Annuities | Group Annuities | Accident & Health | Fraternal | Other Lines of Business |
| POLICYHOLDERS' DIVIDENDS, REFUNDS TO MEMBERS AND COUPONS APPLIED (included in Part 1) |        |                 |            |                      |                 |                   |           |                         |
| 21. To pay renewal premiums .....   |        |                 |            |                      |                 |                   |           |                         |
| 22. All other .....   |        |                 |            |                      |                 |                   |           |                         |
| REINSURANCE COMMISSIONS AND EXPENSE ALLOWANCES INCURRED                               |        |                 |            |                      |                 |                   |           |                         |
| 23. First year (other than single):   |        |                 |            |                      |                 |                   |           |                         |
| 23.1 Reinsurance ceded .....  |        |                 |            |                      |                 |                   |           |                         |
| 23.2 Reinsurance assumed .....  |        |                 |            |                      |                 |                   |           |                         |
| 23.3 Net ceded less assumed .....   |        |                 |            |                      |                 |                   |           |                         |
| 24. Single:   |        |                 |            |                      |                 |                   |           |                         |
| 24.1 Reinsurance ceded .....  |        |                 |            |                      |                 |                   |           |                         |
| 24.2 Reinsurance assumed .....  |        |                 |            |                      |                 |                   |           |                         |
| 24.3 Net ceded less assumed .....   |        |                 |            |                      |                 |                   |           |                         |
| 25. Renewal:  |        |                 |            |                      |                 |                   |           |                         |
| 25.1 Reinsurance ceded .....  | 27,569 | 6,085           | 4,641      |                      |                 | 16,843            |           |                         |
| 25.2 Reinsurance assumed .....  |        |                 |            |                      |                 |                   |           |                         |
| 25.3 Net ceded less assumed .....   | 27,569 | 6,085           | 4,641      |                      |                 | 16,843            |           |                         |
| 26. Totals:   |        |                 |            |                      |                 |                   |           |                         |
| 26.1 Reinsurance ceded (Page 6, Line 6) .....   | 27,569 | 6,085           | 4,641      |                      |                 | 16,843            |           |                         |
| 26.2 Reinsurance assumed (Page 6, Line 22) .....                                      |        |                 |            |                      |                 |                   |           |                         |
| 26.3 Net ceded less assumed .....   | 27,569 | 6,085           | 4,641      |                      |                 | 16,843            |           |                         |
| COMMISSIONS INCURRED (direct business only)   |        |                 |            |                      |                 |                   |           |                         |
| 27. First year (other than single) .....  |        |                 |            |                      |                 |                   |           |                         |
| 28. Single .....  |        |                 |            |                      |                 |                   |           |                         |
| 29. Renewal .....   | 40,603 | 6,085           | 2,571      |                      |                 | 31,947            |           |                         |
| 30. Deposit-type contract funds .....   |        |                 |            |                      |                 |                   |           |                         |
| 31. Totals (to agree with Page 6, Line 21)  | 40,603 | 6,085           | 2,571      |                      |                 | 31,947            |           |                         |

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Provident American Life and Health Insurance Company

EXHIBIT 2 - GENERAL EXPENSES

|  | Insurance |                     |           |                             | 5          | 6         | 7           |
|--|-----------|---------------------|-----------|-----------------------------|------------|-----------|-------------|
|  | 1         | Accident and Health |           | 4                           |            |           |             |
|  |           | 2                   | 3         |                             |            |           |             |
|  | Life      | Cost Containment    | All Other | All Other Lines of Business | Investment | Fraternal | Total       |
| 1. Rent .....  |           |                     | 1,565     |                             |            |           | 1,565       |
| 2. Salaries and wages .....  |           |                     | 44,887    |                             |            |           | 44,887      |
| 3.11 Contributions for benefit plans for employees .....                       |           |                     | 7,937     |                             |            |           | 7,937       |
| 3.12 Contributions for benefit plans for agents .....                          |           |                     |           |                             |            |           |             |
| 3.21 Payments to employees under non-funded benefit plans .....                |           |                     | 3,499     |                             |            |           | 3,499       |
| 3.22 Payments to agents under non-funded benefit plans .....                   |           |                     |           |                             |            |           |             |
| 3.31 Other employee welfare .....  |           |                     | 300       |                             |            |           | 300         |
| 3.32 Other agent welfare .....   |           |                     |           |                             |            |           |             |
| 4.1 Legal fees and expenses .....  |           |                     |           |                             |            |           |             |
| 4.2 Medical examination fees .....   |           |                     | 315       |                             |            |           | 315         |
| 4.3 Inspection report fees .....   |           |                     |           |                             |            |           |             |
| 4.4 Fees of public accountants and consulting actuaries .....                  |           |                     |           |                             |            |           |             |
| 4.5 Expense of investigation and settlement of policy claims .....             |           | 10,670              | 10,154    |                             |            |           | 20,824      |
| 5.1 Traveling expenses .....   |           |                     | 633       |                             |            |           | 633         |
| 5.2 Advertising .....  |           |                     | 728       |                             |            |           | 728         |
| 5.3 Postage, express, telegraph and telephone .....                            |           |                     | 5,618     |                             |            |           | 5,618       |
| 5.4 Printing and stationery .....  |           |                     | 3,177     |                             |            |           | 3,177       |
| 5.5 Cost or depreciation of furniture and equipment .....                      |           |                     | 117       |                             |            |           | 117         |
| 5.6 Rental of equipment .....  |           |                     | 835       |                             |            |           | 835         |
| 5.7 Cost or depreciation of EDP equipment and software .....                   |           |                     | 9,252     |                             |            |           | 9,252       |
| 6.1 Books and periodicals .....  |           |                     | 9         |                             |            |           | 9           |
| 6.2 Bureau and association fees .....  |           |                     | 24,371    |                             |            |           | 24,371      |
| 6.3 Insurance, except on real estate .....                                     |           |                     | 234       |                             |            |           | 234         |
| 6.4 Miscellaneous losses .....   |           |                     | 1,775     |                             |            |           | 1,775       |
| 6.5 Collection and bank service charges .....                                  |           |                     | 10,399    |                             |            |           | 10,399      |
| 6.6 Sundry general expenses .....  |           |                     | 6,720     |                             |            |           | 6,720       |
| 6.7 Group service and administration fees .....                                |           |                     |           |                             |            |           |             |
| 6.8 Reimbursements by uninsured plans .....                                    |           |                     |           |                             |            |           |             |
| 7.1 Agency expense allowance .....   |           |                     |           |                             |            |           |             |
| 7.2 Agents' balances charged off (less \$ recovered) .....                     |           |                     | 22        |                             |            |           | 22          |
| 7.3 Agency conferences other than local meetings .....                         |           |                     |           |                             |            |           |             |
| 8.1 Official publication (Fraternal Benefit Societies Only) .....              | XXX       | XXX                 | XXX       | XXX                         | XXX        |           |             |
| 8.2 Expense of supreme lodge meetings (Fraternal Benefit Societies Only) ..... | XXX       | XXX                 | XXX       | XXX                         | XXX        |           |             |
| 9.1 Real estate expenses .....   |           |                     |           |                             |            |           |             |
| 9.2 Investment expenses not included elsewhere .....                           |           |                     |           |                             | 19,671     |           | 19,671      |
| 9.3 Aggregate write-ins for expenses .....                                     |           |                     | 29,313    |                             |            |           | 29,313      |
| 10. General expenses incurred .....  |           | 10,670              | 161,860   |                             | 19,671     | (b)       | (a) 192,201 |
| 11. General expenses unpaid Dec. 31, prior year .....                          |           | 490                 | 11,181    |                             |            |           | 11,671      |
| 12. General expenses unpaid Dec. 31, current year .....                        |           | 863                 | 4,109     |                             |            |           | 4,972       |
| 13. Amounts receivable relating to uninsured plans, prior year .....           |           |                     |           |                             |            |           |             |
| 14. Amounts receivable relating to uninsured plans, current year .....         |           |                     |           |                             |            |           |             |
| 15. General expenses paid during year (Lines 10+11-12-13+14) .....             |           | 10,297              | 168,932   |                             | 19,671     |           | 198,900     |
| DETAILS OF WRITE-INS   |           |                     |           |                             |            |           |             |
| 09.301. Consulting Fees .....  |           |                     | 25,905    |                             |            |           | 25,905      |
| 09.302. Service Fees .....   |           |                     | 3,408     |                             |            |           | 3,408       |
| 09.303. ....   |           |                     |           |                             |            |           |             |
| 09.398. Summary of remaining write-ins for Line 9.3 from overflow page.....    |           |                     |           |                             |            |           |             |
| 09.399. Totals (Lines 09.301 thru 09.303 plus 09.398) (Line 9.3 above) .....   |           |                     | 29,313    |                             |            |           | 29,313      |

(a) Includes management fees of \$ ..... to affiliates and \$ ..... to non-affiliates.

(b) Show the distribution of this amount in the following categories (Fraternal Benefit Societies Only):

1. Charitable .....\$ ..... ; 2. Institutional . \$ ..... ; 3. Recreational and Health \$ ..... ; 4. Educational .....\$ ..... ;

5. Religious .....\$ ..... ; 6. Membership \$ ..... ; 7. Other .....\$ ..... ; 8. Total .....\$ .....

EXHIBIT 3 - TAXES, LICENSES AND FEES (EXCLUDING FEDERAL INCOME TAXES)

|     |   | Insurance |                     |                             | 4          | 5         | 6       |
|-----|---|-----------|---------------------|-----------------------------|------------|-----------|---------|
|     |   | 1         | 2                   | 3                           |            |           |         |
|     |   | Life      | Accident and Health | All Other Lines of Business | Investment | Fraternal | Total   |
| 1.  | Real estate taxes .....   |           |                     |                             |            |           |         |
| 2.  | State insurance department licenses and fees .....                | (57)      | 82,138              |                             |            |           | 82,081  |
| 3.  | State taxes on premiums .....                                     |           | 68,399              |                             |            |           | 68,399  |
| 4.  | Other state taxes, including \$ ..... for employee benefits ..... |           | 6,897               |                             |            |           | 6,897   |
| 5.  | U.S. Social Security taxes .....                                  | 18        | 1,946               |                             |            |           | 1,964   |
| 6.  | All other taxes .....   |           | 1,181               |                             |            |           | 1,181   |
| 7.  | Taxes, licenses and fees incurred .....                           | (39)      | 160,561             |                             |            |           | 160,522 |
| 8.  | Taxes, licenses and fees unpaid Dec. 31, prior year .....         | 2,272     | 19,552              |                             |            |           | 21,824  |
| 9.  | Taxes, licenses and fees unpaid Dec. 31, current year.....        | (3)       | 13,842              |                             |            |           | 13,839  |
| 10. | Taxes, licenses and fees paid during year (Lines 7 + 8 - 9) ..... | 2,236     | 166,271             |                             |            |           | 168,507 |

EXHIBIT 4 - DIVIDENDS OR REFUNDS

|   |  | 1    | 2                   |
|---|--|------|---------------------|
|   |  | Life | Accident and Health |
| 1. Applied to pay renewal premiums .....  |  |      |                     |
| 2. Applied to shorten the endowment or premium-paying period .....                          |  |      |                     |
| 3. Applied to provide paid-up additions .....   |  |      |                     |
| 4. Applied to provide paid-up annuities .....   |  |      |                     |
| 5. Total Lines 1 through 4 .....  |  |      |                     |
| 6. Paid in cash .....   |  |      |                     |
| 7. Left on deposit .....  |  |      |                     |
| 8. Aggregate write-ins for dividend or refund options .....                                 |  |      |                     |
| 9. Total Lines 5 through 8 .....  |  |      |                     |
| 10. Amount due and unpaid .....   |  |      |                     |
| 11. Provision for dividends or refunds payable in the following calendar year .....         |  |      |                     |
| 12. Terminal dividends .....  |  |      |                     |
| 13. Provision for deferred dividend contracts .....   |  |      |                     |
| 14. Amount provisionally held for deferred dividend contracts not included in Line 13 ..... |  |      |                     |
| 15. Total Lines 10 through 14 .....   |  |      |                     |
| 16. Total from prior year .....   |  |      |                     |
| 17. Total dividends or refunds (Lines 9 + 15 - 16) .....                                    |  |      |                     |
| DETAILS OF WRITE-INS  |  |      |                     |
| 0801. ....  |  |      |                     |
| 0802. ....  |  |      |                     |
| 0803. ....  |  |      |                     |
| 0898. Summary of remaining write-ins for Line 8 from overflow page .....                    |  |      |                     |
| 0899. Totals (Lines 0801 thru 0803 plus 0898) (Line 8 above) .....                          |  |      |                     |

## EXHIBIT 5 - AGGREGATE RESERVE FOR LIFE CONTRACTS

(a) Included in the above table are amounts of deposit-type contracts that originally contained a mortality risk. Amounts of deposit-type contracts in Column 2 that no longer contain a mortality risk are Life Insurance \$ ..... ; Annuities \$ ..... ; Supplementary Contracts with Life Contingencies \$ ..... ; Accidental Death Benefits \$ ..... ; Disability - Active Lives \$ ..... ; Disability - Disabled Lives \$ ..... ; Miscellaneous Reserves \$ .....

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Provident American Life and Health Insurance Company

EXHIBIT 5 - INTERROGATORIES

1.1

Has the reporting entity ever issued both participating and non-participating contracts?.....

Yes [ ] No [ X ]

1.2

If not, state which kind is issued.

2.1

Does the reporting entity at present issue both participating and non-participating contracts?.....

Yes [ ] No [ X ]

2.2

If not, state which kind is issued.

3.

Does the reporting entity at present issue or have in force contracts that contain non-guaranteed elements?.....

Yes [ ] No [ X ]

If so, attach a statement that contains the determination procedures, answers to the interrogatories and an actuarial opinion as described in the instructions.

4.

Has the reporting entity any assessment or stipulated premium contracts in force?.....

Yes [ ] No [ X ]

If so, state:

4.1

Amount of insurance? .....

\$.....

4.2

Amount of reserve? .....

\$.....

4.3

Basis of reserve:

4.4

Basis of regular assessments:

4.5

Basis of special assessments:

4.6

Assessments collected during the year .....

\$.....

5.

If the contract loan interest rate guaranteed in any one or more of its currently issued contracts is less than 5%, not in advance, state the contract loan rate guarantees on any such contracts.

6.

Does the reporting entity hold reserves for any annuity contracts that are less than the reserves that would be held on a standard basis? .....

Yes [ ] No [ X ]

6.1

If so, state the amount of reserve on such contracts on the basis actually held:.....

\$.....

6.2

That would have been held (on an exact or approximate basis) using the actual ages of the annuitants; the interest rate(s) used in 6.1; and the same mortality basis used by the reporting entity for the valuation of comparable annuity benefits issued to standard lives. If the reporting entity has no comparable annuity benefits for standard lives to be valued, the mortality basis shall be the table most recently approved by the state of domicile for valuing individual annuity benefits: .....

\$.....

Attach statement of methods employed in their valuation.

7.

Does the reporting entity have any Synthetic GIC contracts or agreements in effect as of December 31 of the current year? .....

Yes [ ] No [ X ]

7.1

If yes, state the total dollar amount of assets covered by these contracts or agreements .....

\$.....

7.2

Specify the basis (fair value, amortized cost, etc.) for determining the amount:

7.3

State the amount of reserves established for this business: .....

\$.....

7.4

Identify where the reserves are reported in the blank:

8.

Does the reporting entity have any Contingent Deferred Annuity contracts or agreements in effect as of December 31 of the current year? .....

Yes [ ] No [ X ]

8.1

If yes, state the total dollar amount of account value covered by these contracts or agreements: .....

\$.....

8.2

State the amount of reserves established for this business: .....

\$.....

8.3

Identify where the reserves are reported in the blank:

9.

Does the reporting entity have any Guaranteed Lifetime Income Benefit contracts, agreements or riders in effect as of December 31 of the current year? .....

Yes [ ] No [ X ]

9.1

If yes, state the total dollar amount of any account value associated with these contracts, agreements or riders: .....

\$.....

9.2

State the amount of reserves established for this business: .....

\$.....

9.3

Identify where the reserves are reported in the blank:

EXHIBIT 5A - CHANGES IN BASES OF VALUATION DURING THE YEAR

| 1                                | Valuation Basis |            | 4   |
|----------------------------------|-----------------|------------|---|
|                                  | 2               | 3          |   |
| Description of Valuation Class   | Changed From    | Changed To | Increase in Actuarial Reserve Due to Change |
| NONE                             |                 |            |   |
|                                  |                 |            |   |
|                                  |                 |            |   |
|                                  |                 |            |   |
|                                  |                 |            |   |
|                                  |                 |            |   |
| 9999999 - Total (Column 4, only) |                 |            |   |

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Provident American Life and Health Insurance Company

**EXHIBIT 6 - AGGREGATE RESERVES FOR ACCIDENT AND HEALTH CONTRACTS <sup>(a)</sup>**

|   | 1       | Comprehensive |       | 4                   | 5           | 6           | 7                                      | 8                    | 9                  | 10         | 11                | 12             | 13           |
|---|---------|---------------|-------|---------------------|-------------|-------------|--|----------------------|--------------------|------------|-------------------|----------------|--------------|
|   |         | 2             | 3     |                     |             |             |  |                      |                    |            |                   |                |              |
|   | Total   | Individual    | Group | Medicare Supplement | Vision Only | Dental Only | Federal Employees Health Benefits Plan | Title XVIII Medicare | Title XIX Medicaid | Credit A&H | Disability Income | Long-Term Care | Other Health |
| <b>ACTIVE LIFE RESERVE</b>  |         |               |       |                     |             |             |  |                      |                    |            |                   |                |              |
| 1. Unearned premium reserves .....  | 211,993 | 11            |       | 211,982             |             |             |  |                      |                    |            |                   |                |              |
| 2. Additional contract reserves (b) .....                                 | 18,956  |               |       | 18,956              |             |             |  |                      |                    |            |                   |                |              |
| 3. Additional actuarial reserves-Asset/Liability analysis .....           |         |               |       |                     |             |             |  |                      |                    |            |                   |                |              |
| 4. Reserve for future contingent benefits .....                           |         |               |       |                     |             |             |  |                      |                    |            |                   |                |              |
| 5. Reserve for rate credits .....   |         |               |       |                     |             |             |  |                      |                    |            |                   |                |              |
| 6. Aggregate write-ins for reserves .....                                 |         |               |       |                     |             |             |  |                      |                    |            |                   |                |              |
| 7. Totals (Gross) .....   | 230,949 | 11            |       | 230,938             |             |             |  |                      |                    |            |                   |                |              |
| 8. Reinsurance ceded .....  | 17,573  | 11            |       | 17,562              |             |             |  |                      |                    |            |                   |                |              |
| 9. Totals (Net)   | 213,376 |               |       | 213,376             |             |             |  |                      |                    |            |                   |                |              |
| <b>CLAIM RESERVE</b>  |         |               |       |                     |             |             |  |                      |                    |            |                   |                |              |
| 10. Present value of amounts not yet due on claims .....                  |         |               |       |                     |             |             |  |                      |                    |            |                   |                |              |
| 11. Additional actuarial reserves-Asset/Liability analysis .....          |         |               |       |                     |             |             |  |                      |                    |            |                   |                |              |
| 12. Reserve for future contingent benefits .....                          |         |               |       |                     |             |             |  |                      |                    |            |                   |                |              |
| 13. Aggregate write-ins for reserves .....                                |         |               |       |                     |             |             |  |                      |                    |            |                   |                |              |
| 14. Totals (Gross) .....  |         |               |       |                     |             |             |  |                      |                    |            |                   |                |              |
| 15. Reinsurance ceded .....   |         |               |       |                     |             |             |  |                      |                    |            |                   |                |              |
| 16. Totals (Net)  |         |               |       |                     |             |             |  |                      |                    |            |                   |                |              |
| 17. TOTAL (Net)   | 213,376 |               |       | 213,376             |             |             |  |                      |                    |            |                   |                |              |
| 18. TABULAR FUND INTEREST   | 9,081   |               |       | 9,081               |             |             |  |                      |                    |            |                   |                |              |
| DETAILS OF WRITE-INS  |         |               |       |                     |             |             |  |                      |                    |            |                   |                |              |
| 0601. ....  |         |               |       |                     |             |             |  |                      |                    |            |                   |                |              |
| 0602. ....  |         |               |       |                     |             |             |  |                      |                    |            |                   |                |              |
| 0603. ....  |         |               |       |                     |             |             |  |                      |                    |            |                   |                |              |
| 0698. Summary of remaining write-ins for Line 6 from overflow page .....  |         |               |       |                     |             |             |  |                      |                    |            |                   |                |              |
| 0699. TOTALS (Lines 0601 thru 0603 plus 0698) (Line 6 above)              |         |               |       |                     |             |             |  |                      |                    |            |                   |                |              |
| 1301. ....  |         |               |       |                     |             |             |  |                      |                    |            |                   |                |              |
| 1302. ....  |         |               |       |                     |             |             |  |                      |                    |            |                   |                |              |
| 1303. ....  |         |               |       |                     |             |             |  |                      |                    |            |                   |                |              |
| 1398. Summary of remaining write-ins for Line 13 from overflow page ..... |         |               |       |                     |             |             |  |                      |                    |            |                   |                |              |
| 1399. TOTALS (Lines 1301 thru 1303 plus 1398) (Line 13 above)             |         |               |       |                     |             |             |  |                      |                    |            |                   |                |              |

(a) Indicate if blocks of business in run-off that comprise less than 5% of premiums and less than 5% of reserve and loans liability are aggregated with material blocks of business and which columns are affected. ....

(b) Attach statement as to valuation standard used in calculating this reserve, specifying reserve bases, interest rates and methods. ....

EXHIBIT 7 - DEPOSIT TYPE CONTRACTS

|  | 1     | 2                                | 3                 | 4                         | 5                                       | 6                                     |
|--|-------|----------------------------------|-------------------|---------------------------|---|---------------------------------------|
|  | Total | Guaranteed<br>Interest Contracts | Annuities Certain | Supplemental<br>Contracts | Dividend<br>Accumulations or<br>Refunds | Premium and<br>Other<br>Deposit Funds |
| 1. Balance at the beginning of the year before reinsurance .....                           |       |                                  |                   |                           |   |                                       |
| 2. Deposits received during the year .....   |       |                                  |                   |                           |   |                                       |
| 3. Investment earnings credited to the account .....                                       |       |                                  |                   |                           |   |                                       |
| 4. Other net change in reserves .....  |       |                                  |                   |                           |   |                                       |
| 5. Fees and other charges assessed .....   |       |                                  |                   |                           |   |                                       |
| 6. Surrender charges .....   |       |                                  |                   |                           |   |                                       |
| 7. Net surrender or withdrawal payments .....  |       |                                  |                   |                           |   |                                       |
| 8. Other net transfers to or (from) Separate Accounts .....                                |       |                                  |                   |                           |   |                                       |
| 9. Balance at the end of current year before reinsurance (Lines 1+2+3+4-5-6-7-8) (a) ..... |       |                                  |                   |                           |   |                                       |
| 10. Reinsurance balance at the beginning of the year .....                                 |       |                                  |                   |                           |   |                                       |
| 11. Net change in reinsurance assumed .....  |       |                                  |                   |                           |   |                                       |
| 12. Net change in reinsurance ceded .....  |       |                                  |                   |                           |   |                                       |
| 13. Reinsurance balance at the end of the year (Lines 10+11-12) .....                      |       |                                  |                   |                           |   |                                       |
| 14. Net balance at the end of current year after reinsurance (Lines 9 + 13)                |       |                                  |                   |                           |   |                                       |

NONE

(a) FHLB Funding Agreements:

1. Reported as GICs (captured in column 2) ..... \$ .....
2. Reported as Annuities Certain (captured in column 3) ..... \$ .....
3. Reported as Supplemental Contracts (captured in column 4) ..... \$ .....
4. Reported as Dividend Accumulations or Refunds (captured in column 5) ..... \$ .....
5. Reported as Premium or Other Deposit Funds (captured in column 6) ..... \$ .....
6. Total Reported as Deposit-Type Contracts (captured in column 1): (Sum of Lines 1 through 5) . \$ .....

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Provident American Life and Health Insurance Company

**EXHIBIT 8 - CLAIMS FOR LIFE AND ACCIDENT AND HEALTH CONTRACTS**

**PART 1 - Liability End of Current Year**

|    |                                | 1       | 2               | 3          | 4                    | 5               | 6                 | 7         | 8                       |
|----|--------------------------------|---------|-----------------|------------|----------------------|-----------------|-------------------|-----------|-------------------------|
|    |                                | Total   | Individual Life | Group Life | Individual Annuities | Group Annuities | Accident & Health | Fraternal | Other Lines of Business |
| 1. | Due and unpaid:                |         |                 |            |                      |                 |                   |           |                         |
|    | 1.1 Direct .....               |         |                 |            |                      |                 |                   |           |                         |
|    | 1.2 Reinsurance assumed .....  |         |                 |            |                      |                 |                   |           |                         |
|    | 1.3 Reinsurance ceded .....    |         |                 |            |                      |                 |                   |           |                         |
|    | 1.4 Net .....                  |         |                 |            |                      |                 |                   |           |                         |
| 2. | In course of settlement:       |         |                 |            |                      |                 |                   |           |                         |
|    | 2.1 Resisted .....             |         |                 |            |                      |                 |                   |           |                         |
|    | 2.11 Direct .....              |         |                 |            |                      |                 |                   |           |                         |
|    | 2.12 Reinsurance assumed ..... |         |                 |            |                      |                 |                   |           |                         |
|    | 2.13 Reinsurance ceded .....   |         |                 |            |                      |                 |                   |           |                         |
|    | 2.14 Net .....                 |         | (b) .....       | (b) .....  | (b) .....            |                 |                   |           |                         |
|    | 2.2 Other .....                |         |                 |            |                      |                 |                   |           |                         |
|    | 2.21 Direct .....              | 71,538  | 62,300          |            |                      |                 | 9,238             |           |                         |
|    | 2.22 Reinsurance assumed ..... |         |                 |            |                      |                 |                   |           |                         |
|    | 2.23 Reinsurance ceded .....   | 63,003  | 62,300          |            |                      |                 | 703               |           |                         |
|    | 2.24 Net .....                 | 8,535   | (b) .....       | (b) .....  | (b) .....            |                 | (b) 8,535         |           |                         |
| 3. | Incurred but unreported:       |         |                 |            |                      |                 |                   |           |                         |
|    | 3.1 Direct .....               | 177,738 | 2,222           |            |                      |                 | 175,516           |           |                         |
|    | 3.2 Reinsurance assumed .....  |         |                 |            |                      |                 |                   |           |                         |
|    | 3.3 Reinsurance ceded .....    | 15,584  | 2,222           |            |                      |                 | 13,362            |           |                         |
|    | 3.4 Net .....                  | 162,154 | (b) .....       | (b) .....  | (b) .....            |                 | (b) 162,154       |           |                         |
| 4. | TOTALS .....                   |         |                 |            |                      |                 |                   |           |                         |
|    | 4.1 Direct .....               | 249,276 | 64,522          |            |                      |                 | 184,754           |           |                         |
|    | 4.2 Reinsurance assumed .....  |         |                 |            |                      |                 |                   |           |                         |
|    | 4.3 Reinsurance ceded .....    | 78,587  | 64,522          |            |                      |                 | 14,065            |           |                         |
|    | 4.4 Net .....                  | 170,689 | (a) .....       | (a) .....  |                      |                 | 170,689           |           |                         |

(a) Including matured endowments (but not guaranteed annual pure endowments) unpaid amounting to \$ ..... in Column 2 and \$ ..... in Column 3.

(b) Include only portion of disability and accident and health claim liabilities applicable to assumed "accrued" benefits. Reserves (including reinsurance assumed and net of reinsurance ceded) for unaccrued benefits for Individual Life \$ ..... Group Life \$ ..... , and Individual Annuities \$ ..... are included in Page 3, Line 1, (See Exhibit 5, Section on Disability Disabled Lives); and for Accident and Health \$ ..... are included in Page 3, Line 2 (See Exhibit 6, Claim Reserve).



ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Provident American Life and Health Insurance Company

**EXHIBIT 8 - CLAIMS FOR LIFE AND ACCIDENT AND HEALTH CONTRACTS**

**PART 2 - Incurred During the Year**

|  | 1         | 2                   | 3              | 4                    | 5               | 6                 | 7         | 8                       |
|--|-----------|---------------------|----------------|----------------------|-----------------|-------------------|-----------|-------------------------|
|  | Total     | Individual Life (a) | Group Life (b) | Individual Annuities | Group Annuities | Accident & Health | Fraternal | Other Lines of Business |
| 1. Settlements During the Year:  |           |                     |                |                      |                 |                   |           |                         |
| 1.1 Direct .....   | 2,311,485 | 296,061             |                |                      |                 | 2,015,424         |           |                         |
| 1.2 Reinsurance assumed .....  |           |                     |                |                      |                 |                   |           |                         |
| 1.3 Reinsurance ceded .....  | 425,585   | 296,061             |                |                      |                 | 129,524           |           |                         |
| 1.4 Net (c) .....  | 1,885,900 |                     |                |                      |                 | 1,885,900         |           |                         |
| 2. Liability December 31, current year from Part 1:                    |           |                     |                |                      |                 |                   |           |                         |
| 2.1 Direct .....   | 249,276   | 64,522              |                |                      |                 | 184,754           |           |                         |
| 2.2 Reinsurance assumed .....  |           |                     |                |                      |                 |                   |           |                         |
| 2.3 Reinsurance ceded .....  | 78,587    | 64,522              |                |                      |                 | 14,065            |           |                         |
| 2.4 Net .....  | 170,689   |                     |                |                      |                 | 170,689           |           |                         |
| 3. Amounts recoverable from reinsurers December 31, current year ..... | 32,864    |                     |                |                      |                 | 32,864            |           |                         |
| 4. Liability December 31, prior year:                                  |           |                     |                |                      |                 |                   |           |                         |
| 4.1 Direct .....   | 380,681   | 83,568              |                |                      |                 | 297,113           |           |                         |
| 4.2 Reinsurance assumed .....  |           |                     |                |                      |                 |                   |           |                         |
| 4.3 Reinsurance ceded .....  | 104,886   | 83,568              |                |                      |                 | 21,318            |           |                         |
| 4.4 Net .....  | 275,795   |                     |                |                      |                 | 275,795           |           |                         |
| 5. Amounts recoverable from reinsurers December 31, prior year .....   | 39,139    |                     |                |                      |                 | 39,139            |           |                         |
| 6. Incurred Benefits   |           |                     |                |                      |                 |                   |           |                         |
| 6.1 Direct .....   | 2,180,080 | 277,016             |                |                      |                 | 1,903,065         |           |                         |
| 6.2 Reinsurance assumed .....  |           |                     |                |                      |                 |                   |           |                         |
| 6.3 Reinsurance ceded .....  | 393,011   | 277,016             |                |                      |                 | 115,995           |           |                         |
| 6.4 Net .....  | 1,787,070 |                     |                |                      |                 | 1,787,070         |           |                         |

(a) Including matured endowments (but not guaranteed annual pure endowments) amounting to \$ ..... in Line 1.1, \$ ..... in Line 1.4.  
\$..... in Line 6.1, and \$ ..... in Line 6.4.

(b) Including matured endowments (but not guaranteed annual pure endowments) amounting to \$ ..... in Line 1.1, \$ ..... in Line 1.4.  
\$..... in Line 6.1, and \$ ..... in Line 6.4.

(c) Includes \$ ..... premiums waived under total and permanent disability benefits.

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Provident American Life and Health Insurance Company

EXHIBIT OF NON-ADMITTED ASSETS

|   | 1  | 2                                      | 3  |
|---|--|--|--|
|   | Current Year Total<br>Nonadmitted Assets | Prior Year Total<br>Nonadmitted Assets | Change in Total<br>Nonadmitted Assets<br>(Col. 2 - Col. 1) |
| 1. Bonds (Schedule D) .....   |  |  |  |
| 2. Stocks (Schedule D):   |  |  |  |
| 2.1 Preferred stocks .....  |  |  |  |
| 2.2 Common stocks .....   |  |  |  |
| 3. Mortgage loans on real estate (Schedule B):  |  |  |  |
| 3.1 First liens .....   |  |  |  |
| 3.2 Other than first liens.....   |  |  |  |
| 4. Real estate (Schedule A):  |  |  |  |
| 4.1 Properties occupied by the company .....  |  |  |  |
| 4.2 Properties held for the production of income.....   |  |  |  |
| 4.3 Properties held for sale .....  |  |  |  |
| 5. Cash (Schedule E - Part 1), cash equivalents (Schedule E - Part 2) and short-term investments<br>(Schedule DA) ..... |  |  |  |
| 6. Contract loans .....   |  |  |  |
| 7. Derivatives (Schedule DB) .....  |  |  |  |
| 8. Other invested assets (Schedule BA) .....  |  |  |  |
| 9. Receivables for securities .....   |  |  |  |
| 10. Securities lending reinvested collateral assets (Schedule DL) .....   |  |  |  |
| 11. Aggregate write-ins for invested assets .....   |  |  |  |
| 12. Subtotals, cash and invested assets (Lines 1 to 11) .....   |  |  |  |
| 13. Title plants (for Title insurers only) .....  |  |  |  |
| 14. Investment income due and accrued .....   |  |  |  |
| 15. Premiums and considerations:  |  |  |  |
| 15.1 Uncollected premiums and agents' balances in the course of collection .....  | 461                                      | 514                                    | 53   |
| 15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due .                         |  |  |  |
| 15.3 Accrued retrospective premiums and contracts subject to redetermination .....                                      |  |  |  |
| 16. Reinsurance:  |  |  |  |
| 16.1 Amounts recoverable from reinsurers .....  |  |  |  |
| 16.2 Funds held by or deposited with reinsured companies .....  |  |  |  |
| 16.3 Other amounts receivable under reinsurance contracts .....   |  |  |  |
| 17. Amounts receivable relating to uninsured plans .....  |  |  |  |
| 18.1 Current federal and foreign income tax recoverable and interest thereon .....                                      |  |  |  |
| 18.2 Net deferred tax asset .....   | 943,451                                  | 1,134,210                              | 190,759  |
| 19. Guaranty funds receivable or on deposit .....   |  |  |  |
| 20. Electronic data processing equipment and software .....   |  |  |  |
| 21. Furniture and equipment, including health care delivery assets .....  |  |  |  |
| 22. Net adjustment in assets and liabilities due to foreign exchange rates .....  |  |  |  |
| 23. Receivables from parent, subsidiaries and affiliates .....  |  |  |  |
| 24. Health care and other amounts receivable .....  | 714                                      | 626                                    | (88)   |
| 25. Aggregate write-ins for other than invested assets .....  | 120,346                                  | 119,273                                | (1,073)  |
| 26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts<br>(Lines 12 to 25) ..... | 1,064,972                                | 1,254,623                              | 189,651  |
| 27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....                                       |  |  |  |
| 28. Total (Lines 26 and 27) .....   | 1,064,972                                | 1,254,623                              | 189,651  |
| DETAILS OF WRITE-INS  |  |  |  |
| 1101. ....  |  |  |  |
| 1102. ....  |  |  |  |
| 1103. ....  |  |  |  |
| 1198. Summary of remaining write-ins for Line 11 from overflow page .....   |  |  |  |
| 1199. Totals (Lines 1101 thru 1103 plus 1198)(Line 11 above)  |  |  |  |
| 2501. Other receivables and prepaid expenses .....  | 3,624                                    | 1,865                                  | (1,759)  |
| 2502. Disallowed IMR .....  | 116,722                                  | 117,408                                | 686  |
| 2503. ....  |  |  |  |
| 2598. Summary of remaining write-ins for Line 25 from overflow page .....   |  |  |  |
| 2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above)  | 120,346                                  | 119,273                                | (1,073)  |

# Notes To Financial Statements

## Note 1 – Summary of Significant Accounting Policies and Going Concern

The Cigna Group (Cigna), the ultimate parent of the Company, continues to monitor global economic conditions, including inflation, labor market dynamics and recent geopolitical events. Cigna continues to proactively address impacts to its pricing with third parties (including vendors, health care providers and drug providers), its investment portfolio and its workforce. Cigna is also monitoring the potential impact on client and customer health care needs.

### A. Accounting Practices

The financial Statements of Provident American Life and Health Insurance Company ("PALHIC" or "the Company") are presented on the basis of accounting practices prescribed or permitted by the Ohio Department of Insurance.

The Ohio Department of Insurance recognizes only statutory accounting practices prescribed or permitted by the State of Ohio for determining and reporting the financial condition and results of operations of an insurance company for determining its solvency under the Ohio Insurance Law. The National Association of Insurance Commissioners' ("NAIC") Accounting Practices and Procedures manual, ("NAIC SAP") has been adopted as a component of prescribed or permitted practices by the State of Ohio.

A reconciliation of the Company's net income and capital and surplus between NAIC SAP and practices prescribed and permitted by the State of Ohio is shown below:

|  | SSAP # | F/S Page | F/S Line # | 2023          | 2022         |
|--|--------|----------|------------|---------------|--------------|
| NET INCOME   |        |          |            |               |              |
| (1) Company state basis (Page 4, Line 35, Columns 1 & 2)                     | XXX    | XXX      | XXX        | \$ 823,213    | \$ 783,471   |
| (2) State Prescribed Practices that are an increase/(decrease) from NAIC SAP |        |          |            |               |              |
|  |        |          |            | \$            | \$           |
| (3) State Permitted Practices that are an increase/(decrease) from NAIC SAP  |        |          |            |               |              |
|  |        |          |            | \$            | \$           |
| (4) NAIC SAP (1 – 2 – 3 = 4)   | XXX    | XXX      | XXX        | \$ 823,213    | \$ 783,471   |
| SURPLUS  |        |          |            |               |              |
| (5) Company state basis (Page 3, Line 38, Columns 1 & 2)                     | XXX    | XXX      | XXX        | \$ 17,718,692 | \$ 6,743,235 |
| (6) State Prescribed Practices that are an increase/(decrease) from NAIC SAP |        |          |            |               |              |
|  |        |          |            | \$            | \$           |
| (7) State Permitted Practices that are an increase/(decrease) from NAIC SAP  |        |          |            |               |              |
|  |        |          |            | \$            | \$           |
| (8) NAIC SAP (5 – 6 – 7 = 8)   | XXX    | XXX      | XXX        | \$ 17,718,692 | \$ 6,743,235 |

### B. Use of Estimates in the Preparation of the Financial Statement

The preparation of financial statements in conformity with NAIC SAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities. It also requires disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the period. Actual results could differ from those estimates.

### C. Accounting Policy

Life premiums are recognized as income over the premium-paying period of the related policies. Annuity considerations are recognized as revenue when received. Health premiums are earned ratably over the terms of the related insurance. Expenses incurred in connection with acquiring new insurance business, including acquisition costs such as sales commissions, are charged to operations as incurred. The Company pays dividends to participating policyholders.

The Company uses the following accounting policies:

- (1)-(2) Basis for Short-Term Investments, Bonds and Amortization  
Investments in bonds and short-term investments are carried at amortized cost, except those in or near default that are carried at the lesser of cost or fair value. Amortization of bond premium or discount is calculated using the scientific (constant yield) interest method. Bonds containing call provisions are amortized to call date which produces the lowest asset value (yield to worst). Investments with original maturities of one year or less from the time of purchase are classified as short-term. Bonds are considered impaired and their cost basis is written down to fair value through an asset valuation reserve for credit-related losses or an interest maintenance reserve for interest-related losses, when management expects a decline in value to persist (i.e., the decline is other-than-temporary).
- (3) Basis for Common Stocks  
Common stocks are carried at fair value except for common stock of affiliates which are valued using methods described below.
- (4) Basis for Preferred Stocks  
Not Applicable
- (5) Basis for Mortgage Loans  
Not Applicable
- (6) Basis for Loan-Backed Securities and Adjustment Methodology  
Loan-backed bonds and structured securities are valued at amortized cost using the constant level yield method. Significant changes in estimated cash flows from the original purchase assumptions are accounted for generally using the retrospective adjustment method. For loan-backed and structured securities that have potential for loss of a significant portion of the original investment, significant changes in estimated cash flows from the original purchase assumptions are accounted for using the prospective method. These securities are presented on the balance sheet as bonds.

Prepayment assumptions for loan-backed securities and other structured securities were obtained from external financial data sources. These assumptions are consistent with the current interest rate and economic environment.

When the Company determines it does not expect to recover the amortized cost basis of loan-backed or structured securities with declines in fair value (even if it does not intend to sell and has the intent and ability to hold), the non-interest portion of the impairment loss is recognized in realized investment losses. The non-interest portion is the difference between the amortized cost basis of the loan-backed or structured security and the net present value of its expected future cash flows. Expected future cash flows are based on assumptions about the collateral attributes, including prepayment speeds, default rates and changes in value.

# Notes To Financial Statements

- (7)

Accounting Policies for Investments in Subsidiaries, Controlled and Affiliated Entities  
Investments in subsidiaries, controlled and affiliated entities are reported using the statutory equity method based on the entity's audited equity prepared using NAIC SAP in accordance with SSAP No. 97, Investments in Subsidiary, Controlled, and Affiliated Entities. These entities are presented on the balance sheet as common stock.
- (8)

Accounting Policies for Investments in Joint Ventures, Partnerships and Limited Liability Entities  
Not Applicable
- (9)

Accounting Policies for Derivatives  
Not Applicable
- (10)

Anticipated Investment Income Used in Premium Deficiency Calculation  
The Company utilizes anticipated investment income as a factor in the premium deficiency calculation.
- (11)

Management's Policies and Methodologies for Estimating Liabilities for Losses and Loss/Claim Adjustment Expenses  
Unpaid losses and loss adjustment expenses include an amount determined from individual case estimates and loss reports and an amount, based on past experience, for losses incurred but not reported. Such liabilities are necessarily based on assumptions and estimates and while management believes the amount is adequate, the ultimate liability may be in excess of or less than the amount provided. The methods for making such estimates and for establishing the resulting liability are continually reviewed and any adjustments are reflected in the period determined.
- (12)

Changes in the Capitalization Policy and Predefined Thresholds from Prior Period  
Not Applicable
- (13)

Method Used to Estimate Pharmaceutical Rebate Receivables  
Not Applicable
- (14)

Income Taxes  
The Company is included in the consolidated United States federal income tax return filed by Cigna. Pursuant to the Tax Sharing Agreement with Cigna, federal income taxes are allocated to the Company as if it were filing on a separate return basis. The tax benefit of net operating losses, capital losses and tax credits are funded to the extent they reduce the consolidated federal income tax liability. The Company generally recognizes deferred income taxes when assets and liabilities have different values for financial statement and tax reporting purposes (temporary differences). Limitations of the admitted amount of the deferred tax asset are calculated in accordance with SSAP No. 101, Income Taxes, a Replacement of SSAP 10R and SSAP 10. More detailed information about the Company's income taxes is disclosed in Note 9. The accounting policy election has been made to disregard Corporate Alternative Minimum Tax (CAMT) when evaluating the need for a valuation allowance for the Company's regular deferred tax assets.

D. Going Concern

In accordance with SSAP No. 1, "Accounting Policies, Risks and Uncertainties, and Other Disclosures," management has made an evaluation of the Company's ability to continue as a going concern, including such factors as its current financial position, recent earnings and cash flow trends and projections, liquidity and capital requirements, readily available sources of liquidity and such other factors deemed by management to be appropriate under the circumstances. Management has assessed and concluded that there were no conditions or events, considered in the aggregate, that raise substantial doubt about the Company's ability to continue as a going concern within one year after the date the financial statements are issued. Accordingly, the accompanying financial statements have been prepared on the going concern basis.

Note 2 – Accounting Changes and Correction of Errors

Not applicable.

Note 3 – Business Combinations and Goodwill

Not applicable.

Note 4 – Discontinued Operations

Not applicable.

Note 5 – Investments

A. - C. Not applicable.

D. Loan-Backed Securities

- (1)

Prepayment assumptions for loan-backed and other structured securities were obtained from external financial data sources. These assumptions are consistent with the current interest rate and economic environment.
- (2)

The Company had no loan-backed and structured securities with recognized other-than-temporary impairments where the Company had the intent to sell or does not have the intent and ability to retain the investment for a period of time sufficient to recover the amortized cost basis as of December 31, 2023.
- (3)

The Company had no loan-backed and structured securities with recognized other-than-temporary impairments where the present value of cash flow expected to be collected is less than the amortized cost basis as of December 31, 2023.
- (4)

There were no loan-backed and structured securities with a fair value lower than amortized cost as of December 31, 2023.
- (5)

Management reviews loan-backed and structured securities with a decline in fair value from cost for impairment based on criteria that include:
  - Length of time and severity of decline.
  - Financial and specific near term prospects of the issuer.
  - Changes in the regulatory, economic or general market environment of the issuer's industry or geographic region.
  - The Company's intent to sell or the inability or lack of intent to retain the investment in the security for a period of time sufficient to recover the amortized cost.

Based on this review, management believes the unrealized depreciation on loan-backed securities to be temporary and, therefore, has not impaired these amounts.

Notes To Financial Statements

E. - K. Not applicable.

L. Restricted Assets

(1) Restricted Assets (Including Pledged)

| Restricted Asset Category  | Gross (Admitted & Nonadmitted) Restricted) |                                 |  |  |                  |                       |                                  |
|--|--|---------------------------------|--|--|------------------|-----------------------|----------------------------------|
|  | Current Year                               |                                 |  |  |                  | 6                     | 7                                |
|  | 1  | 2                               | 3  | 4                                      | 5                |                       |                                  |
|  | Total General Account (G/A)                | G/A Supporting S/A Activity (a) | Total Separate Account (S/A) Restricted Assets | S/A Assets Supporting G/A Activity (b) | Total (1 plus 3) | Total From Prior Year | Increase/ (Decrease) (5 minus 6) |
| a. Subject to contractual obligation for which liability is not shown              | \$   | \$                              | \$   | \$                                     | \$               | \$                    | \$                               |
| b. Collateral held under security lending arrangements                             |  |                                 |  |  |                  |                       |                                  |
| c. Subject to repurchase agreements  |  |                                 |  |  |                  |                       |                                  |
| d. Subject to reverse repurchase agreements  |  |                                 |  |  |                  |                       |                                  |
| e. Subject to dollar repurchase agreements   |  |                                 |  |  |                  |                       |                                  |
| f. Subject to dollar reverse repurchase agreements                                 |  |                                 |  |  |                  |                       |                                  |
| g. Placed under option contracts   |  |                                 |  |  |                  |                       |                                  |
| h. Letter stock or securities restricted as to sale – excluding FHLB capital stock |  |                                 |  |  |                  |                       |                                  |
| i. FHLB capital stock  |  |                                 |  |  |                  |                       |                                  |
| j. On deposit with states  | 3,297,222                                  |                                 |  |  | 3,297,222        | 3,509,119             | (211,897)                        |
| k. On deposit with other regulatory bodies   |  |                                 |  |  |                  |                       |                                  |
| l. Pledged as collateral to FHLB (including assets backing funding agreements)     |  |                                 |  |  |                  |                       |                                  |
| m. Pledged as collateral not captured in other categories                          |  |                                 |  |  |                  |                       |                                  |
| n. Other restricted assets   |  |                                 |  |  |                  |                       |                                  |
| o. Total Restricted Assets   | \$ 3,297,222                               | \$ —                            | \$ —   | \$ —                                   | \$ 3,297,222     | \$ 3,509,119          | \$ (211,897)                     |

| Restricted Asset Category  | Current Year                 |                                       |   |  |
|--|------------------------------|---------------------------------------|---|--|
|  | 8                            | 9                                     | Percentage  |  |
|  |                              |                                       | 10  | 11   |
|  | Total Nonadmitted Restricted | Total Admitted Restricted (5 minus 8) | Gross (Admitted & Nonadmitted) Restricted to Total Assets (c) | Admitted Restricted to Total Admitted Assets (d) |
| a. Subject to contractual obligation for which liability is not shown              | \$                           | \$                                    | %   | %  |
| b. Collateral held under security lending arrangements                             |                              |                                       | %   | %  |
| c. Subject to repurchase agreements  |                              |                                       | %   | %  |
| d. Subject to reverse repurchase agreements  |                              |                                       | %   | %  |
| e. Subject to dollar repurchase agreements   |                              |                                       | %   | %  |
| f. Subject to dollar reverse repurchase agreements                                 |                              |                                       | %   | %  |
| g. Placed under option contracts   |                              |                                       | %   | %  |
| h. Letter stock or securities restricted as to sale – excluding FHLB capital stock |                              |                                       | %   | %  |
| i. FHLB capital stock  |                              |                                       | %   | %  |
| j. On deposit with states  |                              | 3,297,222                             | 16.8%   | 17.7%  |
| k. On deposit with other regulatory bodies   |                              |                                       | %   | %  |
| l. Pledged as collateral to FHLB (including assets backing funding agreements)     |                              |                                       | %   | %  |
| m. Pledged as collateral not captured in other categories                          |                              |                                       | %   | %  |
| n. Other restricted assets   |                              |                                       |   |  |
| o. Total Restricted Assets   | \$ —                         | \$ 3,297,222                          | 16.8%   | 17.7%  |

- (a) Subset of column 1
- (b) Subset of column 3
- (c) Column 5 divided by Asset Page, Column 1, Line 28
- (d) Column 9 divided by Asset Page, Column 3, Line 28

(2) Detail of Assets Pledged as Collateral Not Captured in Other Categories (Contacts that Share Similar Characteristics, Such as Reinsurance and Derivatives, are Reported in the Aggregate)  
Not applicable.

(3) Detail of Other Restricted Assets (Contracts that Share Similar Characteristics, such as Reinsurance and Derivatives, are Reported in the Aggregate)

# Notes To Financial Statements

Not applicable.

(4) Collateral Received and Reflected as Assets Within the Reporting Entity's Financial Statements

Not applicable.

M. - Q. Not applicable.

R. Reporting Entity's Share of Cash Pool by Asset Type

The Company and other entities participate in a corporate cash pooling arrangement to manage liquidity and optimize returns. Under NAIC guidance, entities report their entire cash balance in the cash pool as the asset type which represents a majority of the held assets. As of December 31, 2023 the Company's share of the cash pool by asset type were as follows:

| December 31, 2023          |               |
|----------------------------|---------------|
| Asset Type                 | Percent Share |
| (1) Cash                   | —%            |
| (2) Cash Equivalents       | 100%          |
| (3) Short Term Investments | —%            |
| (4) Total                  | 100%          |

**Note 6 – Joint Ventures, Partnerships and Limited Liability Companies**

Not applicable.

**Note 7 – Investment Income**

- A. Due and accrued income is excluded from surplus on the following basis:  
Bonds - If deemed collectible, investment income due and accrued exceeding 90 days past due is non-admitted.
- B. No amounts were excluded for the years ended December 31, 2023 and 2022.

**Note 8 – Derivative Instruments**

Not applicable.

Notes To Financial Statements

Note 9 – Income Taxes

A. The components of the net deferred tax asset/(liability) at December 31 are as follows:

| 1.  |              |         |                    |              |         |                    |                       |                      |                    |
|---|--------------|---------|--------------------|--------------|---------|--------------------|-----------------------|----------------------|--------------------|
| (in whole dollars)  |              |         |                    |              |         |                    |                       |                      |                    |
|   | 12/31/2023   |         |                    | 12/31/2022   |         |                    | Change                |                      |                    |
|   | (1)          | (2)     | (3)                | (4)          | (5)     | (6)                | (7)                   | (8)                  | (9)                |
|   | Ordinary     | Capital | (Col 1+2)<br>Total | Ordinary     | Capital | (Col 4+5)<br>Total | (Col 1-4)<br>Ordinary | (Col 2-5)<br>Capital | (Col 7+8)<br>Total |
| (a) Gross Deferred Tax Assets   | \$ 1,553,201 | \$ —    | \$ 1,553,201       | \$ 1,694,920 | \$ —    | \$ 1,694,920       | \$ (141,719)          | \$ —                 | \$ (141,719)       |
| (b) Statutory Valuation Allowance Adjustments                             | —            | —       | —                  | —            | —       | —                  | —                     | —                    | —                  |
| (c) Adjusted Gross Deferred Tax Assets (1a – 1b)                          | 1,553,201    | —       | 1,553,201          | 1,694,920    | —       | 1,694,920          | (141,719)             | —                    | (141,719)          |
| (d) Deferred Tax Assets Nonadmitted                                       | 943,451      | —       | 943,451            | 1,134,210    | —       | 1,134,210          | (190,759)             | —                    | (190,759)          |
| (e) Subtotal Net Admitted Deferred Tax Asset (1c – 1d )                   | 609,750      | —       | 609,750            | 560,710      | —       | 560,710            | 49,040                | —                    | 49,040             |
| (f) Deferred Tax Liabilities  | 1,048        | —       | 1,048              | 1,444        | —       | 1,444              | (396)                 | —                    | (396)              |
| (g) Net Admitted Deferred Tax Asset/(Net Deferred Tax Liability)(1e – 1f) | \$ 608,702   | \$ —    | \$ 608,702         | \$ 559,266   | \$ —    | \$ 559,266         | \$ 49,436             | \$ —                 | \$ 49,436          |

The realization of deferred tax assets (DTA) depends on the Company’s historical earnings and the generation of future taxable income during the periods in which the temporary differences are deductible. Management may consider the scheduled reversal of deferred tax liabilities (including impact of available carryback and carryforward periods), projected taxable income, and tax planning strategies in making the assessment.

| 2.  |            |         |                    |            |         |                    |                       |                      |                    |
|---|------------|---------|--------------------|------------|---------|--------------------|-----------------------|----------------------|--------------------|
|   | 12/31/2023 |         |                    | 12/31/2022 |         |                    | Change                |                      |                    |
|   | (1)        | (2)     | (3)                | (4)        | (5)     | (6)                | (7)                   | (8)                  | (9)                |
| Admission Calculation Components SSAP No. 101   | Ordinary   | Capital | (Col 1+2)<br>Total | Ordinary   | Capital | (Col 4+5)<br>Total | (Col 1-4)<br>Ordinary | (Col 2-5)<br>Capital | (Col 7+8)<br>Total |
| (a) Federal Income Taxes Paid In Prior Years Recoverable Through Loss Carrybacks.   | \$ —       | \$ —    | \$ —               | \$ —       | \$ —    | \$ —               | \$ —                  | \$ —                 | \$ —               |
| (b) Adjusted Gross Deferred Tax Assets Expected To Be Realized (Excluding The Amount Of Deferred Tax Assets From 2(a) above) After Application of the Threshold Limitation. (The Lesser of 2(b)1 and 2(b)2 Below) | 608,702    | —       | 608,702            | 559,266    | —       | 559,266            | 49,436                | —                    | 49,436             |
| 1. Adjusted Gross Deferred Tax Assets Expected to be Realized Following the Balance Sheet Date.   | 608,702    | —       | 608,702            | 559,266    | —       | 559,266            | 49,436                | —                    | 49,436             |
| 2. Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold.   | —          | —       | 2,566,499          | —          | —       | 927,595            | —                     | —                    | 1,638,904          |
| (c) Adjusted Gross Deferred Tax Assets (Excluding The Amount Of Deferred Tax Assets From 2(a) and 2(b) above) Offset by Gross Deferred Tax Liabilities.   | 1,048      | —       | 1,048              | 1,444      | —       | 1,444              | (396)                 | —                    | (396)              |
| (d) Deferred Tax Assets Admitted as the result of application of SSAP No. 101. Total (2(a) + 2(b) + 2(c))   | 609,750    | —       | 609,750            | 560,710    | —       | \$ 560,710         | \$ 49,040             | \$ —                 | \$ 49,040          |

| 3.  |    | 2023       | 2022         |
|---|----|------------|--------------|
| (a) Ratio Percentage Used To Determine Recovery Period And Threshold Limitation Amount.                               |    | 11,666.00% | 3,790.00%    |
| (b) Amount of adjusted capital and surplus used to determine recovery period and threshold limitation in 2(b)2 above. | \$ | 17,109,990 | \$ 6,183,968 |

Notes To Financial Statements

4.

|   | 12/31/2023   |         | 12/31/2022   |         | Change             |                   |
|---|--------------|---------|--------------|---------|--------------------|-------------------|
|   | (1)          | (2)     | (3)          | (4)     | (5)                | (6)               |
| Impact of Tax Planning Strategies   | Ordinary     | Capital | Ordinary     | Capital | (Col 1-3) Ordinary | (Col 2-4) Capital |
| (a) Determination Of Adjusted Gross Deferred Tax Assets And Net Admitted Deferred Tax Assets, By Tax Character As A Percentage. |              |         |              |         |                    |                   |
| 1. Adjusted Gross DTAs Amount From Note 9A1(c)  | \$ 1,553,201 | \$ —    | \$ 1,694,920 | \$ —    | \$(141,719)        | \$—               |
| 2. Percentage Of Adjusted Gross DTAs By Tax Character Attributable To The Impact Of Tax Planning Strategies                     | 0.00%        | 0.00%   | 0.00%        | 0.00%   | 0.00%              | 0.00%             |
| 3. Net Admitted Adjusted Gross DTAs Amount From Note 9A1(e)   | \$ 609,750   | \$ —    | \$ 560,710   | \$ —    | \$49,040           | \$—               |
| 4. Percentage Of Net Admitted Adjusted Gross DTAs By Tax Character Admitted Because Of The Impact Of Tax Planning Strategies    | 0.00%        | 0.00%   | 0.00%        | 0.00%   | 0.00%              | 0.00%             |
| (b) Does the Company's tax-planning strategies include the use of reinsurance?  | Yes_____     | No__X__ |              |         |                    |                   |

B. Regarding deferred tax liabilities that are not recognized:

All deferred tax liabilities have been properly recognized.

C. Current income taxes incurred consist of the following major components:

|   | (1)        | (2)         | (3)              |
|---|------------|-------------|------------------|
|   | 12/31/2023 | 12/31/2022  | (Col 1-2) Change |
| 1. Current Income Tax                                       |            |             |                  |
| (a) Federal   | \$ 42,408  | \$ (69,763) | \$ 112,171       |
| (b) Foreign   | —          | —           | —                |
| (c) Subtotal (1a+1b)  | 42,408     | (69,763)    | 112,171          |
| (d) Federal income tax on net capital gains                 | —          | —           | —                |
| (e) Utilization of capital loss carry-forwards              | —          | —           | —                |
| (f) Other   | —          | —           | —                |
| (g) Federal and foreign income taxes incurred (1c+1d+1e+1f) | \$ 42,408  | \$ (69,763) | \$ 112,171       |



# Notes To Financial Statements

|   | (1)        | (2)        | (3)                 |
|---|------------|------------|---------------------|
|   | 12/31/2023 | 12/31/2022 | (Col 1-2)<br>Change |
| 2. Deferred Tax Assets:                                     |            |            |                     |
| (a) Ordinary  |            |            |                     |
| (1) Discounting of unpaid losses                            | \$ 2,830   | \$ 3,982   | \$ (1,152)          |
| (2) Unearned premium reserve                                | —          | —          | —                   |
| (3) Policyholder reserves                                   | —          | —          | —                   |
| (4) Investments   | —          | —          | —                   |
| (5) Deferred acquisition costs                              | 605,577    | 496,434    | 109,143             |
| (6) Policyholder dividends accrual                          | —          | —          | —                   |
| (7) Fixed assets  | —          | —          | —                   |
| (8) Compensation and benefits accrual                       | —          | —          | —                   |
| (9) Pension accrual   | —          | —          | —                   |
| (10) Receivables – nonadmitted                              | 247        | 239        | 8                   |
| (11) Net operating loss carry-forward                       | —          | —          | —                   |
| (12) Tax credit carry-forward                               | —          | —          | —                   |
| (13) Other  | 944,547    | 1,194,265  | (249,718)           |
| (99) Subtotal (sum of 2a1 through 2a13)                     | 1,553,201  | 1,694,920  | (141,719)           |
| (b) Statutory valuation allowance adjustment                | —          | —          | —                   |
| (c) Nonadmitted   | 943,451    | 1,134,210  | (190,759)           |
| (d) Admitted ordinary deferred tax assets (2a99 – 2b – 2c)  | \$ 609,750 | \$ 560,710 | \$ 49,040           |
| (e) Capital:  |            |            |                     |
| (1) Investments   | \$ —       | \$ —       | \$ —                |
| (2) Net capital loss carry-forward                          | —          | —          | —                   |
| (3) Real estate   | —          | —          | —                   |
| (4) Other (including items <5% of total capital tax assets) | —          | —          | —                   |
| (99) Subtotal (2e1+2e2+2e3+2e4)                             | —          | —          | —                   |
| (f) Statutory valuation allowance adjustment                | —          | —          | —                   |
| (g) Nonadmitted   | —          | —          | —                   |
| (h) Admitted capital deferred tax assets (2e99 – 2f – 2g)   | —          | —          | —                   |
| (i) Admitted deferred tax assets (2d + 2h)                  | \$ 609,750 | \$ 560,710 | \$ 49,040           |
| 3. Deferred Tax Liabilities:                                |            |            |                     |
| (a) Ordinary  |            |            |                     |
| (1) Investments   | \$ 1       | \$ —       | \$ 1                |
| (2) Fixed assets  | —          | —          | —                   |
| (3) Deferred and uncollected premium                        | —          | —          | —                   |
| (4) Policyholder reserves                                   | —          | —          | —                   |
| (5) Other   | 1,047      | 1,444      | (397)               |
| (99) Subtotal (3a1+3a2+3a3+3a4+3a5)                         | \$ 1,048   | \$ 1,444   | \$ (396)            |
| (b) Capital:  |            |            |                     |
| (1) Investments   | \$ —       | \$ —       | \$ —                |
| (2) Real estate   | —          | —          | —                   |
| (3) Other   | —          | —          | —                   |
| (99) Subtotal (3b1+3b2+3b3)                                 | \$ —       | \$ —       | \$ —                |
| (c) Deferred tax liabilities (3a99 + 3b99)                  | \$ 1,048   | \$ 1,444   | \$ (396)            |
| 4. Net deferred tax assets/liabilities (2i – 3c)            | \$ 608,702 | \$ 559,266 | \$ 49,436           |

The change in net deferred income taxes is comprised of the following (this analysis is exclusive of non-admitted assets as the Change in Non-admitted Assets is reported separately from the Change in Net Deferred Income Taxes in the surplus section of the Annual Statement).

Notes To Financial Statements

|  | (1)<br>12/31/2023   | (2)<br>12/31/2022   | (3)<br>(Col 1-2)<br>Change |
|--|---------------------|---------------------|----------------------------|
| Total deferred tax assets  | \$ 1,553,201        | \$ 1,694,920        | \$ (141,719)               |
| Total deferred tax liabilities                                   | 1,048               | 1,444               | (396)                      |
| Net deferred tax asset (liabilities)                             | \$ 1,552,153        | \$ 1,693,476        | \$ (141,323)               |
| Statutory valuation allowance adjustment (SVA)                   | —                   | —                   | —                          |
| Net deferred tax asset/ (liabilities) after SVA                  | <u>\$ 1,552,153</u> | <u>\$ 1,693,476</u> | <u>\$ (141,323)</u>        |
| Tax effect of unrealized gains/(losses)                          |                     |                     | —                          |
| Statutory valuation allowance adjustment allocated to unrealized |                     |                     | —                          |
| Other intraperiod allocation of deferred tax movement            |                     |                     | —                          |
| Change in net deferred income tax [(charge)/benefit]             |                     |                     | <u>\$ (141,323)</u>        |

D. Reconciliation of total statutory income taxes reported to tax at statutory rate:

The provision for federal income taxes incurred is different from that which would be obtained by applying the statutory federal income tax rate to income before income taxes including realized capital gains/losses. The significant items causing this difference are as follows:

|                                      | 12/31/2023        | Effective Tax Rate |
|--------------------------------------|-------------------|--------------------|
| Provision computed at statutory rate | \$ 181,780        | 21.00%             |
| Change in non-admitted assets        | (233)             | -0.03%             |
| Stock options                        | 735               | 0.08%              |
| IMR                                  | 144               | 0.02%              |
| Meals & Entertainment                | 20                | 0.00%              |
| Lobbying Expense                     | 10                | 0.00%              |
| Provision to Filed                   | (3)               | 0.00%              |
| Other, net                           | 1,278             | 0.16%              |
| Total                                | <u>\$ 183,731</u> | <u>21.23%</u>      |
|                                      |                   |                    |
| Federal income taxes incurred        | \$ 42,408         | 4.90%              |
| Change in net deferred income taxes  | 141,323           | 16.33%             |
| Total statutory income taxes         | <u>\$ 183,731</u> | <u>21.23%</u>      |

E. Carryforwards, recoverable taxes, and Internal Revenue Service (IRS) Code Sec. 6603 deposits:

1. At December 31, 2023 and 2022, the Company has utilized all of its net operating or capital loss carry forwards.
2. Life insurance companies are not able to carryback net operating losses. Capital income taxes available for recoupment in the event of future losses include:

|      |    |   |
|------|----|---|
| 2023 | \$ | — |
| 2022 | —  | — |
| 2021 | —  | — |

3. Deposits under IRS Code Section 6603 – Not applicable

F. Consolidated Federal Income Tax Returns

1. The Company Federal Income Tax return is consolidated with Cigna, and the following subsidiaries of Cigna:

|  |  |   |
|--|--|---|
| Accredo Health Group, Inc.                 | Cigna Healthcare of Connecticut Inc    | Express Scripts Canada Holding Company                    |
| Accredo Health, Inc.                       | Cigna Healthcare of Florida Inc        | Express Scripts Health Information Network Partners, Inc. |
| AHG of New York, Inc.                      | Cigna Healthcare of Georgia Inc        | Express Scripts Pharmaceutical Procurement, LLC           |
| Allegiance Benefit Plan Management Inc     | Cigna Healthcare of Illinois Inc       | Express Scripts Pharmacy, Inc.                            |
| Allegiance Cobra Services Inc              | Cigna Healthcare of Indiana Inc        | Express Scripts Sales Operations, Inc.                    |
| Allegiance Life & Health Insurance Co      | Cigna Healthcare of Maine Inc          | Express Scripts Senior Care, Inc.                         |
| Allegiance Re Inc                          | Cigna Healthcare of Massachusetts Inc  | Express Scripts Services Company, Inc.                    |
| American Retirement Life Insurance Company | Cigna Healthcare of New Hampshire Inc  | Express Scripts Specialty Distribution Services, Inc.     |
| Arizona Healthplan Inc                     | Cigna Healthcare of New Jersey Inc     | Express Scripts Strategic Development, Inc.               |
| Benefit Management Corp                    | Cigna Healthcare of North Carolina Inc | Express Scripts Utilization Management, Inc.              |
| BioPartners in Care, Inc.                  | Cigna Healthcare of Pennsylvania Inc   | Express Scripts, Inc.                                     |
| Bravo Health Mid-Atlantic, Inc.            | Cigna Healthcare of South Carolina     | Former Cigna Investments Inc                              |
| Bravo Health Pennsylvania, Inc.            | Cigna Healthcare of St Louis Inc       | Freco, Inc.   |
| Breakthrough Behavioral of Texas, Inc.     | Cigna Healthcare of Tennessee Inc      | GreatWest Healthcare of Illinois Inc                      |
| Breakthrough Behavioral, Inc.              | Cigna Healthcare of Texas Inc          | Hazard Center Investment Co LLC                           |
| Brighter, Inc.                             | Cigna Healthcare of Utah Inc           | Healthbridge Reimbursement & Product Support, Inc.        |
| Care Continuum, Inc.                       | Cigna Holding Company                  | Healthbridge, Inc.  |
| CareAllies, Inc.                           | Cigna Holdings Inc                     | Healthsource Benefits Inc                                 |
| CG Individual Tax Benefit Payments Inc     | Cigna Holdings Overseas Inc            | Healthsource Inc  |
| CG Life Pension Benefit Payments Inc       | Cigna Insurance Company                | Healthsource Properties Inc                               |
| CG LINA Pension Benefit Payments Inc       | Cigna Integrated Care Inc              | Healthspring Life & Health Insurance Company              |
| Chiro Alliance Corporation                 | Cigna Intellectual Property Inc        | Healthspring of Florida, Inc.                             |
| Cigna Arbor Life Insurance Company         | Cigna International Corporation        | Healthspring, Inc.  |

# Notes To Financial Statements

|   |   |  |
|---|---|--|
| Cigna Benefit Technology Solutions, Inc.  | Cigna International Finance Inc                     | IHN Inc.   |
| Cigna Benefits Financing, Inc.            | Cigna International Services Inc                    | Intermountain Underwriters Inc                       |
| Cigna Dental Health Inc                   | Cigna Investment Group Inc                          | Kronos Optimal Health Company                        |
| Cigna Dental Health of California Inc     | Cigna Investments Inc                               | Loyal American Life Insurance Company                |
| Cigna Dental Health of Colorado Inc       | Cigna Linden Holdings Inc                           | Lynnfield Compounding Center, Inc.                   |
| Cigna Dental Health of Delaware Inc       | Cigna Managed Care Benefits Company                 | Lynnfield Drug, Inc.                                 |
| Cigna Dental Health of Florida Inc        | Cigna National Health Insurance Company             | MAH Pharmacy, LLC                                    |
| Cigna Dental Health of Illinois Inc       | Cigna Poplar Holdings Inc                           | Managed Care Consultants Inc                         |
| Cigna Dental Health of Kansas Inc         | Cigna RE Corporation                                | Matrix Healthcare Services, Inc.                     |
| Cigna Dental Health of Kentucky Inc       | Cigna Resource Manager Inc                          | MCC Independent Practice Assoc of New York Inc       |
| Cigna Dental Health of Maryland Inc       | Cigna Worldwide Insurance Company                   | MDLive, Inc.   |
| Cigna Dental Health of Missouri Inc       | Cigna-Evernorth Services, Inc.                      | Medco Containment Insurance Company of New York      |
| Cigna Dental Health of New Jersey Inc     | Connecticut General Benefit Payments Inc.           | Medco Containment Life Insurance Company             |
| Cigna Dental Health of North Carolina Inc | Connecticut General Corporation                     | Medco Health Information Network Partners, Inc.      |
| Cigna Dental Health of Ohio Inc           | Connecticut General Life Insurance Company          | Medco Health Puerto Rico, LLC                        |
| Cigna Dental Health of Pennsylvania Inc   | Curascript, Inc.                                    | Medco Health Services, Inc.                          |
| Cigna Dental Health of Texas Inc          | Diversified NY IPA, Inc.                            | Medco Health Solutions, Inc.                         |
| Cigna Dental Health of Virginia Inc       | Diversified Pharmaceutical Services, Inc.           | Mediversal Inc                                       |
| Cigna Dental Healthplan of Arizona Inc    | ESI GP Holdings, Inc.                               | Medsolutions Holdings, Inc.                          |
| Cigna Direct Marketing Company Inc.       | ESI Mail Order Processing, Inc.                     | MSI Health Organization of Texas                     |
| Cigna Federal Benefits Inc                | ESI Mail Pharmacy Service, Inc.                     | Olympic Health Management Services Inc               |
| Cigna Global Holdings Inc                 | ESSCH Holdings, Inc.                                | Olympic Health Management Systems Inc                |
| Cigna Global Insurance Company Limited    | Evernorth Behavioral Health of California, Inc.     | Patient Provider Alliance, Inc.                      |
| Cigna Global Reinsurance Company LTD      | Evernorth Behavioral Health of Texas, Inc.          | Priority Healthcare Corporation                      |
| Cigna Health and Life Insurance Company   | Evernorth Behavioral Health, Inc.                   | Priority Healthcare Distribution, Inc.               |
| Cigna Health Corporation                  | Evernorth Care Solutions, Inc.                      | Provident American Life and Health Insurance Company |
| Cigna Health Management Inc               | Evernorth Health, Inc.                              | Sagamore Health Network Inc                          |
| Cigna Healthcare Benefits Inc             | Evernorth Sales Operations, Inc.                    | Spectracare Health Care Ventures, Inc.               |
| Cigna Healthcare Holdings Inc             | Evernorth Strategic Development, Inc.               | SpectraCare, Inc.                                    |
| Cigna Healthcare Inc                      | Evernorth Wholesale Distribution, Inc.              | Sterling Life Insurance Company                      |
|   | Evernorth-VillageMD Health Organization of TX, Inc. |  |
| Cigna Healthcare Mid-Atlantic Inc         | eviCore 1, LLC                                      | Tel-Drug Inc   |
| Cigna Healthcare of Arizona Inc           | Express Reinsurance Company                         | Universal Claims Administration                      |
| Cigna Healthcare of California Inc        | Express Scripts Administrators, LLC                 | Verity Solutions Group, Inc.                         |
| Cigna Healthcare of Colorado Inc          |   |  |

2.
- The Company is party to Cigna’s Consolidated Federal Income Tax Sharing Agreement (the Tax Sharing Agreement). The Tax Sharing Agreement sets forth the method of allocation of Cigna's federal income taxes to its wholly-owned domestic subsidiaries, including the Company. The Tax Sharing Agreement provides for immediate reimbursement to companies with net operating losses to the extent that their losses are used to reduce consolidated taxable income; while those companies with current taxable income as calculated under federal separate return provisions, are liable for payments determined as if they had each filed a separate return. However, current credit is given for any foreign tax credit, operating loss or investment tax credit carryovers actually used in the current consolidated return.

G. Federal or Foreign Income Tax Loss Contingencies

1.
- The statute of limitations for Cigna's consolidated federal income tax returns through 2016 have closed. However, Cigna filed amended returns for both the 2015 and 2016 tax years, which are under review by the IRS. Additionally, the IRS is currently examining Cigna's returns for 2017 through 2018. No material impacts are anticipated for the Company.
2.
- In management’s opinion, the Company has adequate tax liabilities to address potential exposures involving tax positions the Company has taken that may be challenged by the IRS upon audit. These liabilities could be revised in the near term if estimates of the Company’s ultimate liability change as a result of new developments or a change in circumstances. No material contingent tax liability is included in the Company’s current federal income tax payable. The Company does not expect a significant increase in federal or foreign contingent tax liability within the next twelve months.
3.
- The Company is an applicable reporting entity with tax allocation agreement exclusion for Corporate Alternative Minimum Tax purposes.

H. Repatriation Transition Tax (RTT) – Not applicable

I. Alternative Minimum Tax (AMT) Credit – Not applicable

Note 10 – Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties

A. - C. Nature of the Relationship Involved

On September 30, 2023, the Company received a capital contribution of \$10,000,000, from its parent, Cigna National Health Insurance Company ("CNHIC").

On September 30, 2023, the Company made a \$10,000,000 capital contribution to its subsidiary, Cigna Insurance Company (“CIC”).

On February 19, 2013, the Company entered into a line of credit agreement with Cigna Holdings, Inc. ("CHI") under which PALHIC can borrow up to \$10,000,000 from CHI. The agreement provides for two rate/maturity options; a) a variable rate payable on demand or b) a fixed rate with a stated maturity not to exceed 270 days. The Company had \$200,000 outstanding at December 31, 2023.

# Notes To Financial Statements

On February 19, 2013, the Company also entered into a line of credit agreement with The Cigna Group under which Cigna can borrow up to \$10,000,000 from PALHIC. Borrowing terms under this agreement are identical to the terms under the PALHIC/CHI agreement discussed above. Cigna did not borrow under this agreement in 2023.

- D. Amounts Due From or To Related Parties
- At December 31, 2023, the Company reported \$35 as amounts due from affiliated companies and \$236,342 due to affiliated companies. The terms of the agreements require that these amounts be settled within 90 days.
- E. Material Management or Service Contracts and Cost-Sharing Arrangements
- (1) The Company and certain related parties have entered into service contracts and cost-sharing arrangements, including an expense sharing agreement in which the parties share expenses for certain shared services. These arrangements include providing or being provided with management services, computers, data processing and other services, as well as equipment, supplies and office space. Expenses incurred under these arrangements were \$125,519 and \$164,715 in 2023 and 2022.

(2) The Company's investment portfolio is managed by Cigna Investments, Inc. ("CII"). The company paid CII \$8,128 and \$9,370 in 2023 and 2022, related to those services.

(5) Salaried officers and other key employees of the Company are eligible to be awarded shares of Cigna Common Stock in the form of stock options, restricted stock grants, dividend equivalent rights and grants of Cigna Common Stock in lieu of cash payable under various plans. Costs allocated to the Company for the awards was \$1,282 and \$1,277 in 2023 and 2022.

(6) The Company is party to Cigna's Consolidated State Tax Agreement (the State TSA). The State TSA sets forth the method of allocation of Cigna's state income taxes for state or local returns filed on a consolidated, combined or unitary basis to its wholly-owned domestic subsidiaries, including the Company.
- F. Guarantees or Undertakings
- Not Applicable
- G. Nature of the Control Relationship
- All of the Company's outstanding common stock is directly owned by Cigna National Health Insurance Company, an Ohio domiciled insurance company, whose ultimate parent is The Cigna Group, a Delaware domiciled insurance holding company.
- H. - O. Not applicable.

**Note 11 – Debt**

Not applicable.

**Note 12 – Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans**

- A. - F. Not applicable.
- G. Consolidated/Holding Company Plans
- (1) Employees' Retirement Plan:

(a) Effective January 1, 2013, the Company participates in the Cigna 401(k) Plan (the Savings Plan) that is sponsored by Cigna. Employees are eligible to participate in the Savings Plan immediately upon hire; however, a one-year service requirement must be met to receive company contributions. Expense allocated to the Company was \$1,672 and \$1,935 in 2023 and 2022.

(2) Deferred Compensation Plans - Not applicable.

(3) Post Retirement Benefits - Not applicable
- H. Postemployment Benefits and Compensated Absences
- The Company accrues obligations for post employment benefits and compensated absences in accordance with SSAP No. 11.
- I. Impact of Medicare Modernization Act on Postretirement Benefits (INT 04-17)
- (1) Recognition of the Existence of the Act

In December 2003, the Medicare Prescription Drug, Improvement and Modernization Act of 2003 ("the Act") became law. Under the Act, starting in 2006, retirees will have the ability to obtain prescription drug benefits through a new Medicare Part D program and companies that continue to provide postretirement prescription drug benefits to their retirees may be eligible to receive a new federal subsidy.

(2) Effects of the Subsidy in Measuring the Net Postretirement Benefit Cost

The Medicare Modernization Act had no impact on the Company's postretirement benefits.

(3) Disclosure of Gross Benefit Payments

Not Applicable.

**Note 13 – Capital and Surplus, Shareholder's Dividend Restrictions and Quasi-Reorganizations**

- A. Number of Share and Par or State Value of Each Class
- The Company has 1,000 shares authorized and 1,000 shares issued and outstanding. All shares are class A shares.
- B. Dividend Rate, Liquidation Value and Redemption Schedule of Preferred Stock Issues
- Not applicable
- C. Dividend Restrictions
- The maximum amount of dividends that can be paid to stockholders by life insurance companies domiciled in the State of Ohio without prior approval of the Insurance Commissioner is the greater of 10% of surplus as regards to policyholders or net income as of the preceding December 31, but only to the extent of earned surplus as of the preceding December 31.
- D. Dates and Amounts of Dividends Paid
- No Dividends where paid in 2023.

# Notes To Financial Statements

- E. Profits that may be Paid as Ordinary Dividends to Stockholders  
The amount available to dividend in 2024 without prior approval of the Ohio Department of Insurance is \$1,118,576 based on earned surplus.
- F. - I. Not applicable.
- J. The portion of Unassigned Funds (Surplus) Represented or Reduced by Unrealized Gains and Losses is: \$42,026.
- K. - M. Not applicable.

**Note 14 – Liabilities, Contingencies and Assessments**

- A. Not applicable.
- B. Assessments

(1) Assessments Where Amount is Known or Unknown  
The Company operates in a regulatory environment that may result in it being assessed by various state insurance guaranty funds to help pay for the cost of other insurance company insolvencies. These assessments are generally recoverable in most states over a 3 to 10 year period through reduction in future premium tax liabilities. The Company periodically adjusts its accrual for future assessments utilizing information provided by the National Organization of Life and Health Insurance Guaranty Associations. At December 31, 2023, the Company held a liability for future assessments of \$10,240. The Company also holds an asset for premium tax offsets related to guaranty fund assessments paid or accrued.

(2) Assessments  
Assets recognized from paid and accrued tax offsets for the year ended December 31, 2023, are as follows:

|   |           |
|---|-----------|
| a. Assets recognized from paid and accrued premium tax offsets and policy surcharges prior year-end   | \$ 19,482 |
| b. Decreases current year:  |           |
| Premium tax offsets applied   | 9,325     |
| c. Increases current year:  |           |
| Premium tax offsets accrued   | (754)     |
| Allowance for unrealizability   |           |
| d. Assets recognized from paid and accrued premium tax offsets and policy surcharges current year-end | \$ 9,403  |

(3) Guaranty Fund Liabilities and Assets Related to Assessments from Insolvencies for Long-Term Care Contracts  
On March 1, 2017, the Commonwealth Court of Pennsylvania entered an order of liquidation of Penn Treaty Network America Insurance Company, together with its subsidiary American Network Insurance Company (collectively "Penn Treaty", a long-term care insurance carrier), triggering guaranty fund coverage and accrual of a liability. For the year ended December 31, 2023, the Company recorded -\$11,299 in taxes licenses and fees, including assessments paid and its estimate of future assessments net of future premium tax offsets on a discounted basis. This assessment is expected to be updated in future periods for changes in the estimate of the insolvency.

Assessments billed or expected to be billed within one year of the insolvency are recorded at amounts billed or expected to be billed. A liability for future assessments (expected to be due after one year) and, assets related to billed and unbilled assessments have been recorded on a discounted basis.

a. Discount Rate Applied3.5%

b. The undiscounted and discounted amount of the guaranty fund assessments and related assets by insolvency:

|  | Guaranty Fund Assessment |            | Related Assets |            |
|--|--------------------------|------------|----------------|------------|
|  | Undiscounted             | Discounted | Undiscounted   | Discounted |
| Name of the Insolvency   |                          |            |                |            |
| Penn Treaty Network America Insurance Company and American Network Insurance Company | \$ 10,664                | \$ 8,920   | \$ 9,718       | \$ 8,532   |

Notes To Financial Statements

- c. Number of jurisdictions, ranges of years used to discount and weighted average number of years of the discounting time period for payables and recoverables by insolvency:

|  | Payables                |                |                                  | Recoverables            |                |                                  |
|--|-------------------------|----------------|----------------------------------|-------------------------|----------------|----------------------------------|
|  | Number of Jurisdictions | Range of Years | Weighted Average Number of Years | Number of Jurisdictions | Range of Years | Weighted Average Number of Years |
| Name of the Insolvency   |                         |                |                                  |                         |                |                                  |
| Penn Treaty Network America Insurance Company and American Network Insurance Company | 9                       | 2 - 49         | 14                               | 26                      | 2 - 54         | 9                                |

- C. - E. Not applicable.
- F. All Other Contingencies
- Other Legal Matters

In the normal course of its business operations, the Company is involved in litigation and other regulatory matters from time to time with claimants, beneficiaries, and other parties. When the Company, in the normal course of its regular review of such matters has determined that a material loss is reasonably possible, the matter is disclosed. In accordance with Statutory Accounting Principles, when litigation or other regulatory matters result in loss contingencies that are both probable and estimable, the Company accrues the estimated loss by a charge to operations. The amount accrued represents management's best estimate of the probable loss at the time. If only a range of estimated losses can be determined, the Company accrues an amount within the range that, in management's judgment, reflects the most likely outcome. If none of the estimates within the range is a better estimate than any other amount, the Company accrues the mid-point of the range.

Any disputed tax matters arising from audits by the Internal Revenue Service or other taxing authorities, including those resulting in litigation, are accounted for under the NAIC's accounting guidance for tax loss contingencies.

Management does not believe that litigation or other matters currently pending against the Company would have a material adverse effect on the Company's results of operations, financial condition or liquidity based on its current knowledge of those matters.

Note 15 – Leases

Not applicable.

Note 16 – Information about Financial Instruments with Off-Balance Sheet Risk and Financial Instruments with Concentrations of Credit Risk

Not applicable.

Note 17 – Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities

Not applicable.

Note 18 – Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans

Not applicable.

Note 19 – Direct Premium Written/Produced by Managing General Agents/Third Party Administrators

Not applicable.

Note 20 – Fair Value Measurements

- A. Fair Value Measurements

Fair value is defined as the price at which an asset could be exchanged in an orderly transaction between market participants at the balance sheet date. The Company's financial assets have been classified based upon a hierarchy defined by SAP. The hierarchy gives the highest ranking to fair values determined using unadjusted quoted prices in active markets for identical assets and liabilities (Level 1) and the lowest ranking to fair values determined using methodologies and models with unobservable inputs (Level 3). An asset's or a liability's classification is based on the lowest level input that is significant to its measurement. For example, a financial asset or liability carried at fair value would be classified in Level 3 if unobservable inputs were significant to the instrument's fair value, even though the measurement may be derived using inputs that are both observable (Levels 1 and 2) and unobservable (Level 3).

|         |  |
|---------|--|
| Level 1 | Inputs for instruments classified in Level 1 include unadjusted quoted prices for identical assets in active markets accessible at the measurement date. Active markets provide pricing data for trades occurring at least weekly and include exchanges and dealer markets.  |
| Level 2 | Inputs for instruments classified in Level 2 include quoted prices for similar assets in active markets, quoted prices from those willing to trade in markets that are not active, or other inputs that are market observable or can be corroborated by market data for the term of the instrument. Such other inputs include market interest rates and volatilities, spreads and yield curves. An instrument is classified in Level 2 if the Company determines that unobservable inputs are insignificant. Level 2 assets primarily include corporate bonds valued using recent trades of similar securities or pricing models that discount future cash flows at estimated market interest rates. |
| Level 3 | Certain inputs for instruments classified in Level 3 are unobservable (supported by little or no market activity) and significant to their resulting fair value measurement. Unobservable inputs reflect the Company's best estimate of what hypothetical market participants would use to determine a transaction price for the asset or liability at the reporting date.   |

SSAP 100 allows the use of net asset value (NAV) as a practical expedient to fair value for investments in investment companies where there is no readily determinable fair value. There were no such investments owned by the Company for either period presented.

Notes To Financial Statements

- (1)

Fair Value Measurements at Reporting Date  
None.
- (2)

Fair Value Measurements in Level 3 of the Fair Value Hierarchy  
None.
- (3)

Level 3 Transfers  
None.
- (4)

Valuation Techniques and Inputs  
No financial instruments at fair value

B. Other Fair Value Disclosures

The Company provides additional fair value information in Notes 1 and 5.

C. Fair Value Level

The following tables provide the fair value, carrying value, and classification in the fair value hierarchy of the Company's financial instruments as of December 31, 2023 and 2022.

| Type of Financial Instrument                       | Aggregate Fair Value | Admitted Assets | (Level 1)  | (Level 2)  | (Level 3) | Net Asset Value (NAV) | Not Practicable (Carrying Value) |
|--|----------------------|-----------------|------------|------------|-----------|-----------------------|----------------------------------|
| December 31, 2023                                  |                      |                 |            |            |           |                       |                                  |
| Bonds  | \$ 3,231,661         | \$ 3,509,224    | 3,231,661  |            |           |                       | -                                |
| Cash, Cash Equivalents, and Short-term Investments | \$ 1,064,721         | \$ 1,064,721    | \$ 809,872 | \$ 254,849 | -         |                       | -                                |
| December 31, 2022                                  |                      |                 |            |            |           |                       |                                  |
| Bonds  | \$ 3,135,129         | \$ 3,509,119    | 3,135,129  |            |           |                       | -                                |
| Cash, Cash Equivalents, and Short-Term Investments | \$ 503,799           | \$ 503,799      | \$ 502,879 | \$ 920     | -         |                       | -                                |

The following valuation methodologies and significant assumptions are used by the Company to determine fair value for each instrument.

Bonds

The Company estimates fair values using prices from third parties or internal pricing methods. Fair value estimates received from third-party pricing services are based on reported trade activity and quoted market prices when available, and other market information that a market participant may use to estimate fair value. Such other inputs include market interest rates and volatilities, spreads, and yield curves. The internal pricing methods are performed by the Company's investment professionals and generally involve using discounted cash flow analyses, incorporating current market inputs for similar financial instruments with comparable terms and credit quality, as well as other qualitative factors. In instances where there is little or no market activity for the same or similar instruments, the fair value is estimated using methods, models, and assumptions that the Company believes a hypothetical market participant would use to determine a current transaction price.

Cash, Cash Equivalents, and Short-Term Investments

Short-term investments, cash equivalents, and cash are carried at cost which approximates fair value. Short-term investments and cash equivalents are classified in Level 2 and cash is classified in Level 1.

D. Disclosures about Financial Instruments Not Practicable to Estimate Fair Value

None.

E. Investments Measured Using the NAV Practical Expedient

None.

Note 21 – Other Items

- A. - B.

Not applicable.
- C.

Other Disclosures  
Assets in the amount of \$3,297,222 and \$3,509,119 at December 31, 2023 and 2022, respectively, were on deposit with government authorities or trustees as required by law or in accordance with the terms of various reinsurance agreements.
- D. - I.

Not applicable.

Note 22 – Events Subsequent

Management has evaluated the financial statements for subsequent events through February 28, 2023, the date financial statements were available to be issued.

On January 30, 2024, The Cigna Group announced the sale of its Medicare Advantage, Medicare Supplement, and other businesses to Health Care Services Corporation. The Company is included in the business sold. The transaction is expected to close in the first quarter of 2025, subject to various state and federal regulatory approvals and other customary closing conditions. Until the deal is closed, the Company and HCSC will continue to operate as separate and independent companies.

Note 23 – Reinsurance

A. Ceded Reinsurance Report

Section1 – General Interrogatories

- (1)

Are any of the reinsurers listed in Schedule S as non-affiliated, owned in excess of 10% or controlled, either directly or indirectly, by the company or by any representative, officer, trustee, or director of the company? Yes [ . ] No [ X ]  
If yes, give full details.

# Notes To Financial Statements

- (2) Have any policies issued by the company been reinsured with a company chartered in a country other than the United States (excluding U.S. Branches of such companies) that is owned in excess of 10% or controlled directly or indirectly by an insured, a beneficiary, a creditor or any other person not primarily engaged in the insurance business? Yes [ \_ ] No [ X ]  
If yes, give full details.

**Section 2 – Ceded Reinsurance Report – Part A**

- (1) Does the company have any reinsurance agreements in effect under which the reinsurer may unilaterally cancel any reinsurance for reasons other than for nonpayment of premium or other similar credits? Yes [ \_ ] No [ X ]
- a. If yes, what is the estimated amount of the aggregate reduction in surplus of a unilateral cancellation by the reinsurer as of the date of this statement, for those agreements in which cancellation results in a net obligation of the reporting entity to the reinsurer, and for which such obligation is not presently accrued? Where necessary, the reporting entity may consider the current or anticipated experience of the business reinsured in making this estimate. \$
- b. What is the total amount of reinsurance credits taken, whether as an asset or as a reduction of liability, for these agreements in this statement? \$
- (2) Does the reporting entity have any reinsurance agreements in effect such that the amount of losses paid or accrued through the statement date may result in a payment to the reinsurer of amounts that, in aggregate and allowing for offset of mutual credits from other reinsurance agreements with the same reinsurer, exceed the total direct premium collected under the reinsured policies? Yes [ \_ ] No [ X ]  
If yes, give full details.

**Section 3 – Ceded Reinsurance Report – Part B**

- (1) What is the estimated amount of the aggregate reduction in surplus, (for agreements other than those under which the reinsurer may unilaterally cancel for reasons other than for nonpayment of premium or other similar credits that are reflected in Section 2 above) of termination of ALL reinsurance agreements, by either party, as of the date of this statement? Where necessary, the company may consider the current or anticipated experience of the business reinsured in making this estimate. \$
- (2) Have any new agreements been executed or existing agreements amended, since January 1 of the year of this statement, to include policies or contracts that were in force or which had existing reserves established by the company as of the effective date of the agreement? Yes [ \_ ] No [ X ]  
If yes, what is the amount of reinsurance credits, whether an asset or a reduction of liability, taken for such new agreements or amendments? \$

B. Uncollectible Reinsurance  
  
No reinsurance recoverables were written off.

C. - G Not applicable.

**Note 24 – Retrospectively Rated Contracts and Contracts Subject to Redetermination**

Not applicable.

**Note 25 – Change in Incurred Losses and Loss Adjustment Expenses**

- A. Change in Incurred Losses and Loss Adjustment Expenses  
  
Reserves as of December 31, 2022 were \$275,794. As of December 31, 2023, \$191,870 has been paid for incurred claims and claim adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are now \$762 as a result of re-estimation of unpaid claims and claim adjustment expenses principally on Medicare Supplement. Therefore, there has been a \$83,162 favorable prior year development since December 31, 2022 to December 31, 2023. The change is generally the result of ongoing analysis of recent loss development trends.
- B. Information about Significant Changes in Methodologies and Assumptions  
  
Original estimates are increased or decreased as additional information becomes known regarding individual claims.

**Note 26 – Intercompany Pooling Arrangements**

Not applicable.

**Note 27 – Structured Settlements**

Not applicable.

**Note 28 – Health Care Receivables**

Not applicable.

**Note 29 – Participating Policies**

Not applicable.

**Note 30 – Premium Deficiency Reserves**

Not applicable.

**Note 31 – Reserves for Life Contracts and Annuity Contracts**

- (1) Reserve Practices  
  
The Company waives deduction of deferred fractional premiums upon death of insured and returns any portion of the final premium beyond the date of death. Surrender values are not promised in excess of the legally computed reserves.
- (2) Valuation of Substandard Policies  
  
During the calendar year 2023, the Company had no policies in force valued on a substandard basis.
- (3) Amount of Insurance Where Gross Premiums are Less than the Net Premiums



Notes To Financial Statements

As of December 31, 2023, the Company had no insurance in force for which the gross premiums are less than the net premiums according to the standard valuation set by the State of Ohio.

(4) Method Used to Determine Tabular Interest, Reserves Released, and Cost

Not applicable.

(5) Method of Determination of Tabular Interest on Funds not Involving Life Contingencies

Not applicable.

(6) Details for Other Changes

Not applicable.

Note 32 – Analysis of Annuity Actuarial Reserves and Deposit Type Liabilities by Withdrawal Characteristics

Not applicable.

Note 33 – Analysis of Life Actuarial Reserves by Withdrawal Characteristics

A. Subject to discretionary withdrawal, surrender values, or policy loans:

|  | Account Value | General Account<br>Cash Value | Reserve   | Account- Account<br>Value | Guaranteed and<br>Cash Value | Nonguaranteed<br>Reserve |
|--|---------------|-------------------------------|-----------|---------------------------|------------------------------|--------------------------|
| (1) Term Policies with Cash Value                    | \$            | \$                            | \$        | \$                        | \$                           | \$                       |
| (2) Universal Life                                   |               |                               |           |                           |                              |                          |
| (3) Universal Life with Secondary Guarantees         |               |                               |           |                           |                              |                          |
|  |               |                               |           |                           |                              |                          |
| (4) Indexed Universal Life                           |               |                               |           |                           |                              |                          |
| (5) Indexed Universal Life with Secondary Guarantees |               |                               |           |                           |                              |                          |
| (6) Indexed Life                                     |               |                               |           |                           |                              |                          |
| (7) Other Permanent Cash Value Life Insurance        | 1,948,801     | 1,948,801                     | 1,948,799 |                           |                              |                          |
| (8) Variable Life                                    |               |                               |           |                           |                              |                          |
| (9) Variable Universal Life                          |               |                               |           |                           |                              |                          |
| (10) Miscellaneous Reserves                          |               |                               |           |                           |                              |                          |

B. Not subject to discretionary withdrawal or no cash values:

|                                      |     |     |        |     |     |    |
|--------------------------------------|-----|-----|--------|-----|-----|----|
| (1) Term Policies without Cash Value | XXX | XXX | \$     | XXX | XXX | \$ |
| (2) Accidental Death Benefits        | XXX | XXX |        | XXX | XXX |    |
| (3) Disability – Active Lives        | XXX | XXX |        | XXX | XXX |    |
| (4) Disability – Disabled Lives      | XXX | XXX |        | XXX | XXX |    |
| (5) Miscellaneous Reserves           | XXX | XXX | 57,676 | XXX | XXX |    |

|                                    |    |           |    |           |    |           |    |  |    |  |    |
|------------------------------------|----|-----------|----|-----------|----|-----------|----|--|----|--|----|
| C. Total (gross: direct + assumed) | \$ | 1,948,801 | \$ | 1,948,801 | \$ | 2,006,475 | \$ |  | \$ |  | \$ |
| D. Reinsurance Ceded               |    | 1,948,801 |    | 1,948,801 |    | 2,006,475 |    |  |    |  |    |
| E. Total (net) (c) (D)             | \$ | —         | \$ | —         | \$ | —         | \$ |  | \$ |  | \$ |

|   |   |        |
|---|---|--------|
| F |   | Amount |
|   | Life & Accident & Health Annual Statement:                      |        |
|   | (1) Exhibit 5, Life Insurance Section, Total (net)              | \$ —   |
|   | (2) Exhibit 5, Accidental Death Benefits Section, Total (net)   |        |
|   | (3) Exhibit 5, Disability – Active Lives Section, Total (net)   |        |
|   | (4) Exhibit 5, Disability – Disabled Lives Section, Total (net) |        |
|   | (5) Exhibit 5, Miscellaneous Reserves Section, Total (net)      |        |
|   | (6) Subtotal  | \$ —   |
|   | Separate Accounts Annual Statement                              |        |
|   | (7) Exhibit 3, Line 0199999, Column 2                           | \$     |
|   | (8) Exhibit 3, Line 0499999, Column 2                           |        |
|   | (9) Exhibit 3, Line 0599999, Column 2                           |        |
|   | (10) Subtotal (Lines (7) through (9))                           | \$ —   |
|   | (11) Combined Total ((6) and (10))                              | \$ —   |

# Notes To Financial Statements

**Note 34 – Premium and Annuity Considerations Deferred and Uncollected**

A. Deferred and uncollected life insurance premiums and annuity considerations as of end of December 31, 2023 were:

|                           | Gross      | Net of Loading |
|---------------------------|------------|----------------|
| (1) Industrial            | \$         | \$             |
| (2) Ordinary new business |            |                |
| (3) Ordinary renewal      |            |                |
| (4) Credit life           |            |                |
| (5) Group life            | (6,322)    | (6,322)        |
| (6) Group annuity         |            |                |
| (7) Totals                | \$ (6,322) | \$ (6,322)     |

**Note 35 – Separate Accounts**

Not applicable.

**Note 36 – Loss/Claim Adjustment Expenses**

At December 31, 2023 and December 31, 2022, reserves for LAE totaled \$2,692 and \$4,273.

The Company incurred \$32,987 and paid \$34,567 of loss adjustment expenses in the current year of which \$3,026 of the paid amount was attributable to insured events of prior years.

The Company did not materially increase or decrease the provision for LAE related to insured events of the prior year.

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES  
GENERAL

1.1

Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? .....  
If yes, complete Schedule Y, Parts 1, 1A, 2 and 3.

Yes ☒ No ☐

1.2

If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations? .....

Yes ☒ No ☐ N/A ☐

1.3

State Regulating? .....

1.4

Is the reporting entity publicly traded or a member of a publicly traded group? .....

Yes ☒ No ☐

1.5

If the response to 1.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group. ....

0001739940

2.1

Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? .....

Yes ☐ No ☒

2.2

If yes, date of change: .....

3.1

State as of what date the latest financial examination of the reporting entity was made or is being made. ....

12/31/2023

3.2

State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. ....

12/31/2018

3.3

State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). ....

05/01/2020

3.4

By what department or departments? .....

3.5

Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? .....

Yes ☐ No ☐ N/A ☒

3.6

Have all of the recommendations within the latest financial examination report been complied with? .....

Yes ☐ No ☐ N/A ☒

4.1

During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity), receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:  
4.11 sales of new business? .....  
4.12 renewals? .....

Yes ☐ No ☒  
Yes ☐ No ☒

4.2

During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:  
4.21 sales of new business? .....  
4.22 renewals? .....

Yes ☐ No ☒  
Yes ☐ No ☒

5.1

Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? .....  
If yes, complete and file the merger history data file with the NAIC.

Yes ☐ No ☒

5.2

If yes, provide the name of the entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

|                     |                        |                        |
|---------------------|------------------------|------------------------|
| 1<br>Name of Entity | 2<br>NAIC Company Code | 3<br>State of Domicile |
|                     |                        |                        |

6.1

Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? .....

Yes ☐ No ☒

6.2

If yes, give full information: .....

7.1

Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity? .....

Yes ☐ No ☒

7.2

If yes,  
7.21 State the percentage of foreign control; .....  
7.22 State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(s) (e.g., individual, corporation, government, manager or attorney-in-fact).

|                  |                     |
|------------------|---------------------|
| 1<br>Nationality | 2<br>Type of Entity |
|                  |                     |

%

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Provident American Life and Health Insurance Company

GENERAL INTERROGATORIES

8.1

Is the company a subsidiary of a depository institution holding company (DIHC) or a DIHC itself, regulated by the Federal Reserve Board? .....

Yes [ ] No [ X ]

8.2

If the response to 8.1 is yes, please identify the name of the DIHC.

8.3

Is the company affiliated with one or more banks, thrifts or securities firms? .....

Yes [ ] No [ X ]

8.4

If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

|                |                        |     |     |      |     |
|----------------|------------------------|-----|-----|------|-----|
| 1              | 2                      | 3   | 4   | 5    | 6   |
| Affiliate Name | Location (City, State) | FRB | OCC | FDIC | SEC |
|                |                        |     |     |      |     |

8.5

Is the reporting entity a depository institution holding company with significant insurance operations as defined by the Board of Governors of Federal Reserve System or a subsidiary of the depository institution holding company? .....

Yes [ ] No [ X ]

8.6

If response to 8.5 is no, is the reporting entity a company or subsidiary of a company that has otherwise been made subject to the Federal Reserve Board's capital rule? .....

Yes [ ] No [ X ] N/A [ ]

9.

What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?

PriceWaterhouseCoopers, LLP, 185 Asylum St, Ste 2400, Hartford, CT 06103-3404 .....

10.1

Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation? .....

Yes [ ] No [ X ]

10.2

If the response to 10.1 is yes, provide information related to this exemption:

10.3

Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation? .....

Yes [ ] No [ X ]

10.4

If the response to 10.3 is yes, provide information related to this exemption:

10.5

Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws? .....

Yes [ ] No [ X ] N/A [ ]

10.6

If the response to 10.5 is no or n/a, please explain.  
The Audit Committee of Connecticut General Corporation serves as the Company's Audit Committee for the purpose of compliance with Ohio Insurance Law .....

11.

What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?  
Daniel E. Paffumi, FSA, MAAA, Appointed Actuary, 11501 Alterra Parkway, Suite 500, Austin, TX 78758 .....

12.1

Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly? .....

Yes [ ] No [ X ]

12.11

Name of real estate holding company ...

12.12

Number of parcels involved .....

12.13

Total book/adjusted carrying value .....

\$ .....

12.2

If yes, provide explanation

13.

FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:

13.1

What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?

13.2

Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located? .....

Yes [ ] No [ ]

13.3

Have there been any changes made to any of the trust indentures during the year? .....

Yes [ ] No [ ]

13.4

If answer to (13.3) is yes, has the domiciliary or entry state approved the changes? .....

Yes [ ] No [ ] N/A [ ]

14.1

Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? .....

Yes [ X ] No [ ]

a.

Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;

b.

Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;

c.

Compliance with applicable governmental laws, rules and regulations;

d.

The prompt internal reporting of violations to an appropriate person or persons identified in the code; and

e.

Accountability for adherence to the code.

14.11

If the response to 14.1 is No, please explain:

14.2

Has the code of ethics for senior managers been amended? .....

Yes [ X ] No [ ]

14.21

If the response to 14.2 is yes, provide information related to amendment(s).  
All employees of Cigna Corporation and its subsidiaries, including senior managers, are subject to the same code of ethics. The code has been amended from time to time to enhance clarity and relevance. There is no separate code for senior managers. ....

14.3

Have any provisions of the code of ethics been waived for any of the specified officers? .....

Yes [ ] No [ X ]

14.31

If the response to 14.3 is yes, provide the nature of any waiver(s).

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Provident American Life and Health Insurance Company

GENERAL INTERROGATORIES

- 15.1 Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List? Yes [ ] No [ X ]
- 15.2 If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered.

| 1<br>American Bankers Association (ABA) Routing Number | 2<br><br>Issuing or Confirming Bank Name | 3<br><br>Circumstances That Can Trigger the Letter of Credit | 4<br><br>Amount |
|--|--|--|-----------------|
|  |  |  |                 |

BOARD OF DIRECTORS

16. Is the purchase or sale of all investments of the reporting entity passed upon either by the board of directors or a subordinate committee thereof? Yes [ X ] No [ ]
17. Does the reporting entity keep a complete permanent record of the proceedings of its board of directors and all subordinate committees thereof? Yes [ X ] No [ ]
18. Has the reporting entity an established procedure for disclosure to its board of directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict or is likely to conflict with the official duties of such person? Yes [ X ] No [ ]

FINANCIAL

19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)? Yes [ ] No [ X ]
- 20.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):

20.11 To directors or other officers\$

20.12 To stockholders not officers\$

20.13 Trustees, supreme or grand (Fraternal Only) \$
- 20.2 Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans):

20.21 To directors or other officers\$

20.22 To stockholders not officers\$

20.23 Trustees, supreme or grand (Fraternal Only) \$
- 21.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement? Yes [ ] No [ X ]
- 21.2 If yes, state the amount thereof at December 31 of the current year:

21.21 Rented from others\$

21.22 Borrowed from others\$

21.23 Leased from others \$

21.24 Other \$
- 22.1 Does this statement include payments for assessments as described in the Annual Statement Instructions other than guaranty fund or guaranty association assessments? Yes [ ] No [ X ]
- 22.2 If answer is yes:

22.21 Amount paid as losses or risk adjustment \$

22.22 Amount paid as expenses \$

22.23 Other amounts paid \$
- 23.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes [ X ] No [ ]
- 23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$
- 24.1 Does the insurer utilize third parties to pay agent commissions in which the amounts advanced by the third parties are not settled in full within 90 days? Yes [ ] No [ X ]
- 24.2 If the response to 24.1 is yes, identify the third-party that pays the agents and whether they are a related party.

| Name of Third-Party | Is the Third-Party Agent a Related Party (Yes/No) |
|---------------------|---|
|                     |   |

INVESTMENT

- 25.01 Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date? (other than securities lending programs addressed in 25.03) Yes [ X ] No [ ]

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Provident American Life and Health Insurance Company

GENERAL INTERROGATORIES

25.02 If no, give full and complete information, relating thereto

25.03 For securities lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet. (an alternative is to reference Note 17 where this information is also provided)

25.04 For the reporting entity's securities lending program, report amount of collateral for conforming programs as outlined in the Risk-Based Capital Instructions. \$

25.05 For the reporting entity's securities lending program, report amount of collateral for other programs. \$

25.06 Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract? Yes [ ] No [ ] N/A [ X ]

25.07 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%? Yes [ ] No [ ] N/A [ X ]

25.08 Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities lending Agreement (MSLA) to conduct securities lending? Yes [ ] No [ ] N/A [ X ]

25.09 For the reporting entity's securities lending program state the amount of the following as of December 31 of the current year:

25.091 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2. \$

25.092 Total book/adjusted carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$

25.093 Total payable for securities lending reported on the liability page. \$

26.1 Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity or has the reporting entity sold or transferred any assets subject to a put option contract that is currently in force? (Exclude securities subject to Interrogatory 21.1 and 25.03). Yes [ X ] No [ ]

26.2 If yes, state the amount thereof at December 31 of the current year:

26.21 Subject to repurchase agreements \$

26.22 Subject to reverse repurchase agreements \$

26.23 Subject to dollar repurchase agreements \$

26.24 Subject to reverse dollar repurchase agreements \$

26.25 Placed under option agreements \$

26.26 Letter stock or securities restricted as to sale - excluding FHLB Capital Stock \$

26.27 FHLB Capital Stock \$

26.28 On deposit with states 3,297,222

26.29 On deposit with other regulatory bodies \$

26.30 Pledged as collateral - excluding collateral pledged to an FHLB \$

26.31 Pledged as collateral to FHLB - including assets backing funding agreements \$

26.32 Other \$

26.3 For category (26.26) provide the following:

| 1<br>Nature of Restriction | 2<br>Description | 3<br>Amount |
|----------------------------|------------------|-------------|
|                            |                  |             |

27.1 Does the reporting entity have any hedging transactions reported on Schedule DB? Yes [ ] No [ X ]

27.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes [ ] No [ ] N/A [ X ]  
If no, attach a description with this statement.

LINES 27.3 through 27.5: FOR LIFE/FRATERNAL REPORTING ENTITIES ONLY:

27.3 Does the reporting entity utilize derivatives to hedge variable annuity guarantees subject to fluctuations as a result of interest rate sensitivity? Yes [ ] No [ X ]

27.4 If the response to 27.3 is YES, does the reporting entity utilize:

27.41 Special accounting provision of SSAP No. 108 Yes [ ] No [ ]

27.42 Permitted accounting practice Yes [ ] No [ ]

27.43 Other accounting guidance Yes [ ] No [ ]

27.5 By responding YES to 27.41 regarding utilizing the special accounting provisions of SSAP No. 108, the reporting entity attests to the following: Yes [ ] No [ ]

- The reporting entity has obtained explicit approval from the domiciliary state.
- Hedging strategy subject to the special accounting provisions is consistent with the requirements of VM-21.
- Actuarial certification has been obtained which indicates that the hedging strategy is incorporated within the establishment of VM-21 reserves and provides the impact of the hedging strategy within the Actuarial Guideline Conditional Tail Expectation Amount.
- Financial Officer Certification has been obtained which indicates that the hedging strategy meets the definition of a Clearly Defined Hedging Strategy within VM-21 and that the Clearly Defined Hedging Strategy is the hedging strategy being used by the company in its actual day-to-day risk mitigation efforts.

28.1 Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity? Yes [ ] No [ X ]

28.2 If yes, state the amount thereof at December 31 of the current year. \$

29. Excluding items in Schedule E - Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook? Yes [ X ] No [ ]

29.01 For agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

| 1<br>Name of Custodian(s) | 2<br>Custodian's Address                         |
|---------------------------|--|
| JP Morgan Chase Bank N.A. | 4 Chase Metro Tech Center,<br>Brooklyn, NY 11245 |

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Provident American Life and Health Insurance Company

GENERAL INTERROGATORIES

29.02 For all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation:

| 1<br>Name(s) | 2<br>Location(s) | 3<br>Complete Explanation(s) |
|--------------|------------------|------------------------------|
|              |                  |                              |

29.03 Have there been any changes, including name changes, in the custodian(s) identified in 29.01 during the current year?..... Yes [ ] No [ X ]

29.04 If yes, give full and complete information relating thereto:

| 1<br>Old Custodian | 2<br>New Custodian | 3<br>Date of Change | 4<br>Reason |
|--------------------|--------------------|---------------------|-------------|
|                    |                    |                     |             |

29.05 Investment management – Identify all investment advisors, investment managers, broker/dealers, including individuals that have the authority to make investment decisions on behalf of the reporting entity. For assets that are managed internally by employees of the reporting entity, note as such. ["...that have access to the investment accounts"; "...handle securities"]

| 1<br>Name of Firm or Individual | 2<br>Affiliation |
|---------------------------------|------------------|
| Cigna Investments, Inc. ....    | A.....           |
|                                 |                  |

29.0597 For those firms/individuals listed in the table for Question 29.05, do any firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") manage more than 10% of the reporting entity's invested assets?..... Yes [ ] No [ X ]

29.0598 For firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") listed in the table for Question 29.05, does the total assets under management aggregate to more than 50% of the reporting entity's invested assets?..... Yes [ ] No [ X ]

29.06 For those firms or individuals listed in the table for 29.05 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

| 1   | 2                           | 3                             | 4               | 5  |
|---|-----------------------------|-------------------------------|-----------------|--|
| Central Registration<br>Depository Number | Name of Firm or Individual  | Legal Entity Identifier (LEI) | Registered With | Investment<br>Management<br>Agreement<br>(IMA) Filed |
| 105811 .....                              | Cigna Investments Inc. .... | .....                         | SEC .....       | DS.....  |
|   |                             |                               |                 |  |

30.1 Does the reporting entity have any diversified mutual funds reported in Schedule D, Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5(b)(1)])? ..... Yes [ ] No [ X ]

30.2 If yes, complete the following schedule:

| 1<br>CUSIP #    | 2<br>Name of Mutual Fund | 3<br>Book/Adjusted<br>Carrying Value |
|-----------------|--------------------------|--------------------------------------|
| 30.2999 - Total |                          |                                      |

30.3 For each mutual fund listed in the table above, complete the following schedule:

| 1                                      | 2   | 3  | 4                    |
|--|---|--|----------------------|
| Name of Mutual Fund (from above table) | Name of Significant Holding of the<br>Mutual Fund | Amount of Mutual<br>Fund's Book/Adjusted<br>Carrying Value<br>Attributable to the<br>Holding | Date of<br>Valuation |
|  |   |  |                      |

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Provident American Life and Health Insurance Company

GENERAL INTERROGATORIES

31. Provide the following information for all short-term and long-term bonds and all preferred stocks. Do not substitute amortized value or statement value for fair value.

|                             | 1                             | 2          | 3  |
|-----------------------------|-------------------------------|------------|--|
|                             | Statement (Admitted)<br>Value | Fair Value | Excess of Statement<br>over Fair Value (-), or<br>Fair Value over<br>Statement (+) |
| 31.1 Bonds .....            | 3,509,224                     | 3,231,660  | (277,564)  |
| 31.2 Preferred stocks ..... |                               |            |  |
| 31.3 Totals                 | 3,509,224                     | 3,231,660  | (277,564)  |

- 31.4 Describe the sources or methods utilized in determining the fair values:  
Fair values are based on quoted market prices when available. When market prices are not available, fair value is generally estimated using discounted cash flow analyses, incorporating current market inputs for similar financial instruments with comparable terms and credit quality. In instances where there is little or no market activity for the same or similar instruments, the Company estimates fair value using methods, models and assumptions that the Company believes a hypothetical market participant would use to determine a current transaction price. These valuation techniques involve some level of estimation and judgment by the Company which become significant with increasingly complex instruments or pricing models. Where appropriate, adjustments are included to reflect the risk inherent in a particular methodology, model or input used. ....
- 32.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D? ..... Yes [ ] No [ X ]
- 32.2 If the answer to 32.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source? ..... Yes [ ] No [ ]
- 32.3 If the answer to 32.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D: .....
- 33.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis Office been followed? ..... Yes [ X ] No [ ]
- 33.2 If no, list exceptions: .....
34. By self-designating 5GI securities, the reporting entity is certifying the following elements of each self-designated 5GI security:  
a. Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for an FE or PL security is not available.  
b. Issuer or obligor is current on all contracted interest and principal payments.  
c. The insurer has an actual expectation of ultimate payment of all contracted interest and principal.  
Has the reporting entity self-designated 5GI securities? ..... Yes [ ] No [ X ]
35. By self-designating PLGI securities, the reporting entity is certifying the following elements of each self-designated PLGI security:  
a. The security was purchased prior to January 1, 2018.  
b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.  
c. The NAIC Designation was derived from the credit rating assigned by an NAIC CRP in its legal capacity as a NRSRO which is shown on a current private letter rating held by the insurer and available for examination by state insurance regulators.  
d. The reporting entity is not permitted to share this credit rating of the PL security with the SVO.  
Has the reporting entity self-designated PLGI securities? ..... Yes [ ] No [ X ]
36. By assigning FE to a Schedule BA non-registered private fund, the reporting entity is certifying the following elements of each self-designated FE fund:  
a. The shares were purchased prior to January 1, 2019.  
b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.  
c. The security had a public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO prior to January 1, 2019.  
d. The fund only or predominantly holds bonds in its portfolio.  
e. The current reported NAIC Designation was derived from the public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO.  
f. The public credit rating(s) with annual surveillance assigned by an NAIC CRP has not lapsed.  
Has the reporting entity assigned FE to Schedule BA non-registered private funds that complied with the above criteria? ..... Yes [ ] No [ X ]
37. By rolling/renewing short-term or cash equivalent investments with continued reporting on Schedule DA, Part 1 or Schedule E Part 2 (identified through a code (%) in those investment schedules), the reporting entity is certifying to the following:  
a. The investment is a liquid asset that can be terminated by the reporting entity on the current maturity date.  
b. If the investment is with a nonrelated party or nonaffiliate, then it reflects an arms-length transaction with renewal completed at the discretion of all involved parties.  
c. If the investment is with a related party or affiliate, then the reporting entity has completed robust re-underwriting of the transaction for which documentation is available for regulator review.  
d. Short-term and cash equivalent investments that have been renewed/rolled from the prior period that do not meet the criteria in 37.a - 37.c are reported as long-term investments.  
Has the reporting entity rolled/renewed short-term or cash equivalent investments in accordance with these criteria? ..... Yes [ ] No [ ] N/A [ X ]



ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Provident American Life and Health Insurance Company

GENERAL INTERROGATORIES

- 38.1

Does the reporting entity directly hold cryptocurrencies? .....

Yes [ ☐ ] No [ ☒ ]
- 38.2

If the response to 38.1 is yes, on what schedule are they reported?  
.....
- 39.1

Does the reporting entity directly or indirectly accept cryptocurrencies as payments for premiums on policies? .....

Yes [ ☐ ] No [ ☒ ]
- 39.2

If the response to 39.1 is yes, are the cryptocurrencies held directly or are they immediately converted to U.S. dollars?  
39.21 Held directly ..... Yes [ ☐ ] No [ ☐ ]  
39.22 Immediately converted to U.S. dollars ..... Yes [ ☐ ] No [ ☐ ]
- 39.3

If the response to 38.1 or 39.1 is yes, list all cryptocurrencies accepted for payments of premiums or that are held directly.

| 1                      | 2  | 3                                      |
|------------------------|--|--|
| Name of Cryptocurrency | Immediately<br>Converted to USD,<br>Directly Held, or Both | Accepted for<br>Payment of<br>Premiums |
| .....                  |  |  |

OTHER

- 40.1

Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any? .....

\$ .....
- 40.2

List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to trade associations, service organizations and statistical or rating bureaus during the period covered by this statement.

| 1     | 2           |
|-------|-------------|
| Name  | Amount Paid |
| ..... |             |
- 41.1

Amount of payments for legal expenses, if any? .....

\$ .....
- 41.2

List the name of the firm and the amount paid if any such payment represented 25% or more of the total payments for legal expenses during the period covered by this statement.

| 1     | 2           |
|-------|-------------|
| Name  | Amount Paid |
| ..... |             |
- 42.1

Amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of government, if any? .....

\$ .....
- 42.2

List the name of the firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies, officers, or departments of government during the period covered by this statement.

| 1     | 2           |
|-------|-------------|
| Name  | Amount Paid |
| ..... |             |

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Provident American Life and Health Insurance Company

GENERAL INTERROGATORIES

PART 2 - LIFE, ACCIDENT AND HEALTH COMPANIES/FRATERNAL BENEFIT SOCIETIES INTERROGATORIES

Life, Accident and Health Companies/Fraternal Benefit Societies:

1.1

Does the reporting entity have any direct Medicare Supplement Insurance in force?

Yes [ X ] No [ ]

1.2

If yes, indicate premium earned on U.S. business only

\$ 3,096,000

1.3

What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit?

\$

1.31

Reason for excluding:

1.4

Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above.

\$

1.5

Indicate total incurred claims on all Medicare Supplement insurance.

\$ 1,901,914

1.6

Individual policies:

Most current three years:

1.61

Total premium earned

\$

1.62

Total incurred claims

\$

1.63

Number of covered lives

All years prior to most current three years

1.64

Total premium earned

\$ 3,096,001

1.65

Total incurred claims

\$ 1,901,914

1.66

Number of covered lives

511

1.7

Group policies:

Most current three years:

1.71

Total premium earned

\$

1.72

Total incurred claims

\$

1.73

Number of covered lives

All years prior to most current three years

1.74

Total premium earned

\$

1.75

Total incurred claims

\$

1.76

Number of covered lives

2.

Health Test:

1

Current Year

2

Prior Year

2.1

Premium Numerator

2,940,498

3,291,448

2.2

Premium Denominator

2,940,441

3,291,448

2.3

Premium Ratio (2.1/2.2)

1.000

1.000

2.4

Reserve Numerator

382,681

516,745

2.5

Reserve Denominator

384,064

515,735

2.6

Reserve Ratio (2.4/2.5)

0.996

1.002

3.1

Does this reporting entity have Separate Accounts?

Yes [ ] No [ X ]

3.2

If yes, has a Separate Accounts Statement been filed with this Department?

Yes [ ] No [ ] N/A [ X ]

3.3

What portion of capital and surplus funds of the reporting entity covered by assets in the Separate Accounts statement, is not currently distributable from the Separate Accounts to the general account for use by the general account?

\$

3.4

State the authority under which Separate Accounts are maintained:

3.5

Was any of the reporting entity's Separate Accounts business reinsured as of December 31?

Yes [ ] No [ X ]

3.6

Has the reporting entity assumed by reinsurance any Separate Accounts business as of December 31?

Yes [ ] No [ X ]

3.7

If the reporting entity has assumed Separate Accounts business, how much, if any, reinsurance assumed receivable for reinsurance of Separate Accounts reserve expense allowances is included as a negative amount in the liability for "Transfers to Separate Accounts due or accrued (net)"?

\$

4.

For reporting entities having sold annuities to another insurer where the insurer purchasing the annuities has obtained a release of liability from the claimant (payee) as the result of the purchase of an annuity from the reporting entity only:

4.1

Amount of loss reserves established by these annuities during the current year:

\$

4.2

List the name and location of the insurance company purchasing the annuities and the statement value on the purchase date of the annuities.

| 1                                  | 2   |
|------------------------------------|---|
| P&C Insurance Company And Location | Statement Value on Purchase Date of Annuities (i.e., Present Value) |
|                                    |   |

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Provident American Life and Health Insurance Company

GENERAL INTERROGATORIES

PART 2 - LIFE, ACCIDENT AND HEALTH COMPANIES/FRATERNAL BENEFIT SOCIETIES INTERROGATORIES

- 5.1 Do you act as a custodian for health savings accounts? ..... Yes [ ] No [ X ]
- 5.2 If yes, please provide the amount of custodial funds held as of the reporting date. ....\$ .....
- 5.3 Do you act as an administrator for health savings accounts? ..... Yes [ ] No [ X ]
- 5.4 If yes, please provide the balance of funds administered as of the reporting date. ....\$ .....
- 6.1 Are any of the captive affiliates reported on Schedule S, Part 3, authorized reinsurers? ..... Yes [ ] No [ ] N/A [ X ]
- 6.2 If the answer to 6.1 is yes, please provide the following:

| 1<br>Company Name | 2<br>NAIC<br>Company<br>Code | 3<br>Domiciliary<br>Jurisdiction | 4<br>Reserve<br>Credit | Assets Supporting Reserve Credit |                          |            |
|-------------------|------------------------------|----------------------------------|------------------------|----------------------------------|--------------------------|------------|
|                   |                              |                                  |                        | 5<br>Letters of<br>Credit        | 6<br>Trust<br>Agreements | 7<br>Other |
| .....             | .....                        | .....                            | .....                  | .....                            | .....                    | .....      |

7. Provide the following for individual ordinary life insurance\* policies (U.S. business only) for the current year (prior to reinsurance assumed or ceded):
- 7.1 Direct Premium Written .....\$ ..... 294,741
- 7.2 Total Incurred Claims .....\$ ..... 277,016
- 7.3 Number of Covered Lives ..... 562

| *Ordinary Life Insurance Includes  |
|--|
| Term (whether full underwriting,limited underwriting,jet issue,"short form app")       |
| Whole Life (whether full underwriting,limited underwriting,jet issue,"short form app") |
| Variable Life (with or without secondary gurantee)                                     |
| Universal Life (with or without secondary gurantee)                                    |
| Variable Universal Life (with or without secondary gurantee)                           |

8. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states? ..... Yes [ X ] No [ ]
- 8.1 If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity? ..... Yes [ ] No [ ]

Life, Accident and Health Companies Only:

- 9.1 Are personnel or facilities of this reporting entity used by another entity or entities or are personnel or facilities of another entity or entities used by this reporting entity (except for activities such as administration of jointly underwritten group contracts and joint mortality or morbidity studies)? ..... Yes [ X ] No [ ]
- 9.2 Net reimbursement of such expenses between reporting entities:
- 9.21 Paid .....\$ ..... 125,519
- 9.22 Received.....\$ .....
- 10.1 Does the reporting entity write any guaranteed interest contracts? ..... Yes [ ] No [ X ]
- 10.2 If yes, what amount pertaining to these lines is included in:
- 10.21 Page 3, Line 1 .....\$ .....
- 10.22 Page 4, Line 1 .....\$ .....
11. For stock reporting entities only:
- 11.1 Total amount paid in by stockholders as surplus funds since organization of the reporting entity: .....\$..... 14,100,116
12. Total dividends paid stockholders since organization of the reporting entity:
- 12.11 Cash .....\$ ..... 27,253,804
- 12.12 Stock .....\$ .....
- 13.1 Does the reporting entity reinsure any Workers' Compensation Carve-Out business defined as: ..... Yes [ ] No [ X ]  
Reinsurance (including retrocessional reinsurance) assumed by life and health insurers of medical, wage loss and death benefits of the occupational illness and accident exposures, but not the employers liability exposures, of business originally written as workers' compensation insurance.
- 13.2 If yes, has the reporting entity completed the Workers' Compensation Carve-Out Supplement to the Annual Statement? ..... Yes [ ] No [ ]
- 13.3 If 13.1 is yes, the amounts of earned premiums and claims incurred in this statement are:
- |   | 1<br>Reinsurance<br>Assumed | 2<br>Reinsurance<br>Ceded | 3<br>Net<br>Retained |
|---|-----------------------------|---------------------------|----------------------|
| 13.31 Earned premium .....                                  | .....                       | .....                     | .....                |
| 13.32 Paid claims .....                                     | .....                       | .....                     | .....                |
| 13.33 Claim liability and reserve (beginning of year) ..... | .....                       | .....                     | .....                |
| 13.34 Claim liability and reserve (end of year) .....       | .....                       | .....                     | .....                |
| 13.35 Incurred claims .....                                 | .....                       | .....                     | .....                |

GENERAL INTERROGATORIES

PART 2 - LIFE, ACCIDENT AND HEALTH COMPANIES/FRATERNAL BENEFIT SOCIETIES INTERROGATORIES

13.4 If reinsurance assumed included amounts with attachment points below \$1,000,000, the distribution of the amounts reported in Lines 13.31 and 13.34 for Column (1) are:

|       | Attachment<br>Point | 1<br>Earned<br>Premium | 2<br>Claim Liability<br>and Reserve |
|-------|---------------------|------------------------|-------------------------------------|
| 13.41 | <\$25,000           | .....                  | .....                               |
| 13.42 | \$25,000 - 99,999   | .....                  | .....                               |
| 13.43 | \$100,000 - 249,999 | .....                  | .....                               |
| 13.44 | \$250,000 - 999,999 | .....                  | .....                               |
| 13.45 | \$1,000,000 or more | .....                  | .....                               |

13.5 What portion of earned premium reported in 13.31, Column 1 was assumed from pools? .....\$ .....

Fraternal Benefit Societies Only:

14. Is the reporting entity organized and conducted on the lodge system, with ritualistic form of work and representative form of government? .....

15. How often are meetings of the subordinate branches required to be held?  
.....

16. How are the subordinate branches represented in the supreme or governing body?  
.....

17. What is the basis of representation in the governing body?  
.....

18.1 How often are regular meetings of the governing body held?  
.....

18.2 When was the last regular meeting of the governing body held? .....

18.3 When and where will the next regular or special meeting of the governing body be held?  
.....

18.4 How many members of the governing body attended the last regular meeting? .....

18.5 How many of the same were delegates of the subordinate branches? .....

19. How are the expenses of the governing body defrayed?  
.....

20. When and by whom are the officers and directors elected?  
.....

21. What are the qualifications for membership?  
.....

22. What are the limiting ages for admission?  
.....

23. What is the minimum and maximum insurance that may be issued on any one life?  
.....

24. Is a medical examination required before issuing a benefit certificate to applicants? .....

25. Are applicants admitted to membership without filing an application with and becoming a member of a local branch by ballot and initiation? .....

26.1 Are notices of the payments required sent to the members? ..... Yes [ ] No [ ] N/A [ ]

26.2 If yes, do the notices state the purpose for which the money is to be used? ..... Yes [ ] No [ ]

27. What proportion of first and subsequent year's payments may be used for management expenses?  
27.11 First Year ..... %  
27.12 Subsequent Years ..... %

28.1 Is any part of the mortuary, disability, emergency or reserve fund, or the accretions from or payments for the same, used for expenses? ..... Yes [ ] No [ ]

28.2 If so, what amount and for what purpose? ..... \$ .....

29.1 Does the reporting entity pay an old age disability benefit? ..... Yes [ ] No [ ]

29.2 If yes, at what age does the benefit commence? .....

30.1 Has the constitution or have the laws of the reporting entity been amended during the year? ..... Yes [ ] No [ ]

30.2 If yes, when?  
.....

31. Have you filed with this Department all forms of benefit certificates issued, a copy of the constitution and all of the laws, rules and regulations in force at the present time? ..... Yes [ ] No [ ]

32.1 State whether all or a portion of the regular insurance contributions were waived during the current year under premium-paying certificates on account of meeting attained age or membership requirements? ..... Yes [ ] No [ ]

32.2 If so, was an additional reserve included in Exhibit 5? ..... Yes [ ] No [ ] N/A [ ]

32.3 If yes, explain  
.....

33.1 Has the reporting entity reinsured, amalgamated with, or absorbed any company, order, society, or association during the year? ..... Yes [ ] No [ ]

33.2 If yes, was there any contract agreement, or understanding, written or oral, expressed or implied, by means of which any officer, director, trustee, or any other person, or firm, corporation, society or association, received or is to receive any fee, commission, emolument, or compensation of any nature whatsoever in connection with, on an account of such reinsurance, amalgamation, absorption, or transfer of membership or funds? ..... Yes [ ] No [ ] N/A [ ]

34. Has any present or former officer, director, trustee, incorporator, or any other persons, or any firm, corporation, society or association, any claims of any nature whatsoever against this reporting entity, which is not included in the liabilities on Page 3 of this statement? ..... Yes [ ] No [ ]

35.1 Does the reporting entity have outstanding assessments in the form of liens against policy benefits that have increased surplus? ..... Yes [ ] No [ ]

35.2 If yes, what is the date of the original lien and the total outstanding balance of liens that remain in surplus?

| Date  | Outstanding<br>Lien Amount |
|-------|----------------------------|
| ..... | .....                      |

FIVE-YEAR HISTORICAL DATA

Show amounts in whole dollars only, no cents; show percentages to one decimal place, i.e. 17.6.  
\$000 omitted for amounts of life insurance

|  | 1<br>2023  | 2<br>2022 | 3<br>2021  | 4<br>2020  | 5<br>2019 |
|--|------------|-----------|------------|------------|-----------|
| <b>Life Insurance in Force</b><br>(Exhibit of Life Insurance)  |            |           |            |            |           |
| 1. Ordinary - whole life and endowment (Line 34, Col. 4) .....   | 3,878      | 4,330     | 4,861      | 5,727      | 6,320     |
| 2. Ordinary - term (Line 21, Col. 4, less Line 34, Col. 4) .....   | 293        | 294       | 358        | 326        | 352       |
| 3. Credit life (Line 21, Col. 6) .....   |            |           |            |            |           |
| 4. Group, excluding FEGLI/SGLI (Line 21, Col. 9 less Lines 43 & 44, Col. 4) .....  |            |           |            | 2,162      | 2,162     |
| 5. Industrial (Line 21, Col. 2) .....  |            |           |            |            |           |
| 6. FEGLI/SGLI (Lines 43 & 44, Col. 4) .....  |            |           |            |            |           |
| 7. Total (Line 21, Col. 10) .....  | 4,171      | 4,624     | 5,219      | 8,215      | 8,834     |
| 7.1 Total in force for which VM-20 deterministic/stochastic reserves are calculated .....  |            |           |            |            |           |
| <b>New Business Issued</b><br>(Exhibit of Life Insurance)  |            |           |            |            |           |
| 8. Ordinary - whole life and endowment (Line 34, Col. 2) .....   |            |           |            |            |           |
| 9. Ordinary - term (Line 2, Col. 4, less Line 34, Col. 2) .....  |            |           |            |            |           |
| 10. Credit life (Line 2, Col. 6) .....   |            |           |            |            |           |
| 11. Group (Line 2, Col. 9) .....   |            |           |            |            |           |
| 12. Industrial (Line 2, Col. 2) .....  |            |           |            |            |           |
| 13. Total (Line 2, Col. 10) .....  |            |           |            |            |           |
| <b>Premium Income - Lines of Business</b><br>(Exhibit 1 - Part 1)  |            |           |            |            |           |
| 14. Individual life (Line 20.4, Col. 2) .....  |            |           |            |            |           |
| 15. Group life (Line 20.4, Col. 3) .....   | (57)       |           |            |            |           |
| 16. Individual annuities (Line 20.4, Col. 4) .....   |            |           |            |            |           |
| 17. Group annuities (Line 20.4, Col. 5) .....  |            |           |            |            |           |
| 18. Accident & Health (Line 20.4, Col. 6) .....  | 2,940,497  | 3,291,447 | 4,050,910  | 4,864,078  | 5,545,495 |
| 19. Other lines of business (Line 20.4, Col. 8) .....  |            |           |            |            |           |
| 20. Total .....  | 2,940,441  | 3,291,447 | 4,050,910  | 4,864,078  | 5,545,495 |
| <b>Balance Sheet (Pages 2 &amp; 3)</b>   |            |           |            |            |           |
| 21. Total admitted assets excluding Separate Accounts business (Page 2, Line 26, Col. 3) .....   | 18,576,182 | 7,723,271 | 10,972,245 | 10,091,042 | 8,806,634 |
| 22. Total liabilities excluding Separate Accounts business (Page 3, Line 26) .....   | 857,490    | 980,037   | 770,084    | 807,605    | 1,056,456 |
| 23. Aggregate life reserves (Page 3, Line 1) .....   |            |           |            |            |           |
| 23.1 Excess VM-20 deterministic/stochastic reserve over NPR related to Line 7.1 .....  |            |           |            |            |           |
| 24. Aggregate A & H reserves (Page 3, Line 2) .....  | 213,376    | 239,940   | 280,694    | 307,123    | 333,467   |
| 25. Deposit-type contract funds (Page 3, Line 3) .....   |            |           |            |            |           |
| 26. Asset valuation reserve (Page 3, Line 24.01) .....   |            |           |            | 4,168      | 2,940     |
| 27. Capital (Page 3, Lines 29 and 30) .....  | 2,500,000  | 2,500,000 | 2,500,000  | 2,500,000  | 2,500,000 |
| 28. Surplus (Page 3, Line 37) .....  | 15,218,692 | 4,243,234 | 7,702,161  | 6,783,437  | 5,250,178 |
| <b>Cash Flow (Page 5)</b>  |            |           |            |            |           |
| 29. Net Cash from Operations (Line 11) .....   | 778,830    | 727,081   | 997,706    | 1,317,800  | 1,084,311 |
| <b>Risk-Based Capital Analysis</b>   |            |           |            |            |           |
| 30. Total adjusted capital .....   | 17,718,692 | 6,743,234 | 10,202,161 | 9,287,605  | 7,753,232 |
| 31. Authorized control level risk - based capital .....  | 146,637    | 163,148   | 159,401    | 181,665    | 227,506   |
| <b>Percentage Distribution of Cash, Cash Equivalents and Invested Assets</b><br>(Page 2, Col. 3) (Line No. /Page 2, Line 12, Col. 3) x 100.0 |            |           |            |            |           |
| 32. Bonds (Line 1) .....   | 19.5       | 49.6      | 33.8       | 38.6       | 44.9      |
| 33. Stocks (Lines 2.1 and 2.2) .....   | 73.4       | 43.3      | 30.2       | 33.5       | 39.0      |
| 34. Mortgage loans on real estate(Lines 3.1 and 3.2 ) .....  |            |           |            |            |           |
| 35. Real estate (Lines 4.1, 4.2 and 4.3) .....   |            |           |            |            |           |
| 36. Cash, cash equivalents and short-term investments (Line 5) .....   | 5.9        | 7.1       | 36.0       | 27.9       | 16.0      |
| 37. Contract loans (Line 6) .....  |            |           |            |            |           |
| 38. Derivatives (Page 2, Line 7) .....   |            |           |            |            |           |
| 39. Other invested assets (Line 8) .....   |            |           |            |            |           |
| 40. Receivables for securities (Line 9) .....  | 1.2        |           |            |            |           |
| 41. Securities lending reinvested collateral assets (Line 10) .....  |            |           |            |            |           |
| 42. Aggregate write-ins for invested assets (Line 11) .....  |            |           |            |            |           |
| 43. Cash, cash equivalents and invested assets (Line 12) .....   | 100.0      | 100.0     | 100.0      | 100.0      | 100.0     |
| <b>Investments in Parent, Subsidiaries and Affiliates</b>  |            |           |            |            |           |
| 44. Affiliated bonds (Schedule D Summary, Line 12, Col. 1) .....   |            |           |            |            |           |
| 45. Affiliated preferred stocks (Schedule D Summary, Line 18, Col. 1) .....  |            |           |            |            |           |
| 46. Affiliated common stocks (Schedule D Summary Line 24, Col. 1), .....   | 13,167,532 | 3,063,103 | 3,065,382  | 3,074,380  | 3,074,570 |
| 47. Affiliated short-term investments (subtotal included in Schedule DA Verification, Col. 5, Line 10) .....                                 |            |           |            |            |           |
| 48. Affiliated mortgage loans on real estate .....   |            |           |            |            |           |
| 49. All other affiliated .....   |            |           |            |            |           |
| 50. Total of above Lines 44 to 49 .....  | 13,167,532 | 3,063,103 | 3,065,382  | 3,074,380  | 3,074,570 |
| 51. Total Investment in Parent included in Lines 44 to 49 above .....  |            |           |            |            |           |

FIVE-YEAR HISTORICAL DATA

(Continued)

|  | 1<br>2023  | 2<br>2022 | 3<br>2021  | 4<br>2020  | 5<br>2019 |
|--|------------|-----------|------------|------------|-----------|
| <b>Total Nonadmitted and Admitted Assets</b>   |            |           |            |            |           |
| 52. Total nonadmitted assets (Page 2, Line 28, Col. 2).....  | 1,064,972  | 1,254,623 | 1,232,882  | 1,320,263  | 1,493,119 |
| 53. Total admitted assets (Page 2, Line 28, Col. 3) .....  | 18,576,182 | 7,723,271 | 10,972,245 | 10,091,042 | 8,806,634 |
| <b>Investment Data</b>   |            |           |            |            |           |
| 54. Net investment income (Exhibit of Net Investment Income) .....   | 38,093     | 99,572    | 68,936     | 86,149     | 113,894   |
| 55. Realized capital gains (losses) (Page 4, Line 34, Column 1 ) .....   |            |           |            |            |           |
| 56. Unrealized capital gains (losses) (Page 4, Line 38, Column 1) .....  | 104,429    | (2,280)   | (8,998)    | (189)      | 3,738     |
| 57. Total of above Lines 54, 55 and 56 .....   | 142,522    | 97,292    | 59,938     | 85,960     | 117,632   |
| <b>Benefits and Reserve Increases (Page 6)</b>   |            |           |            |            |           |
| 58. Total contract/certificate benefits - life (Lines 10, 11, 12, 13, 14 and 15, Col. 1 minus Lines 10, 11,12, 13, 14 and 15, Cols. 6, 7 and 8) .....  |            |           |            |            |           |
| 59. Total contract/certificate benefits - A & H (Lines 13 & 14, Col. 6) .....  | 1,787,069  | 2,352,240 | 2,627,830  | 2,831,159  | 3,935,321 |
| 60. Increase in life reserves - other than group and annuities (Line 19, Col. 2) .....   |            |           |            |            |           |
| 61. Increase in A & H reserves (Line 19, Col. 6) .....   | (26,564)   | (40,754)  | (26,429)   | (26,344)   | (44,995)  |
| 62. Dividends to policyholders and refunds to members (Line 30, Col. 1) .....  |            |           |            |            |           |
| <b>Operating Percentages</b>   |            |           |            |            |           |
| 63. Insurance expense percent (Page 6, Col. 1, Lines 21, 22 & 23, less Line 6)/(Page 6, Col. 1, Line 1 plus Exhibit 7, Col. 2, Line 2) x 100.0 .....   | 6.3        | 7.3       | 6.8        | 6.5        | 7.4       |
| 64. Lapse percent (ordinary only) [(Exhibit of Life Insurance, Col. 4, Lines 14 & 15) / 1/2 (Exhibit of Life Insurance, Col. 4, Lines 1 & 21)] x 100.0 .....                                       | 3.0        | 2.2       | 2.9        | 1.6        | 1.9       |
| 65. A & H loss percent (Schedule H, Part 1, Lines 5 and 6, Col. 2) .....   | 60.6       | 70.8      | 65.0       | 58.1       | 70.7      |
| 66. A & H cost containment percent (Schedule H, Pt. 1, Line 4, Col. 2) .....   | 0.4        | 0.3       | 0.3        | 0.3        | 0.5       |
| 67. A & H expense percent excluding cost containment expenses (Schedule H, Pt. 1, Line 10, Col. 2) .....   | 11.4       | 11.0      | 11.5       | 9.0        | 10.8      |
| <b>A &amp; H Claim Reserve Adequacy</b>  |            |           |            |            |           |
| 68. Incurred losses on prior years' claims - comprehensive group health (Sch. H, Part 3, Line 3.1 Col. 3) .....  |            |           | XXX        | XXX        | XXX       |
| 69. Prior years' claim liability and reserve - comprehensive group health (Sch. H, Part 3, Line 3.2 Col. 3) .....  |            |           | XXX        | XXX        | XXX       |
| 70. Incurred losses on prior years' claims-health other than comprehensive group health (Sch. H, Part 3, Line 3.1 Col. 1 less Col. 3) .....  | 192,632    | 224,168   | XXX        | XXX        | XXX       |
| 71. Prior years' claim liability and reserve-health other than comprehensive group health (Sch. H, Part 3, Line 3.2 Col. 1 less Col. 3) .....  | 275,794    | 288,529   | XXX        | XXX        | XXX       |
| <b>Net Gains From Operations After Dividends to Policyholders, Refunds to Members, Federal Income Taxes and Before Realized Capital Gains or (Losses) by Lines of Business (Page 6.x, Line 33)</b> |            |           |            |            |           |
| 72. Individual industrial life (Page 6.1, Col. 2) .....  |            |           |            |            |           |
| 73. Individual whole life (Page 6.1, Col. 3) .....   | 39         | (520)     |            |            |           |
| 74. Individual term life (Page 6.1, Col. 4) .....  |            |           |            |            |           |
| 75. Individual indexed life (Page 6.1, Col. 5) .....   |            |           |            |            |           |
| 76. Individual universal life (Page 6.1, Col. 6) .....   |            |           |            |            |           |
| 77. Individual universal life with secondary guarantees (Page 6.1, Col. 7) .....   |            |           |            |            |           |
| 78. Individual variable life (Page 6.1, Col. 8) .....  |            |           |            |            |           |
| 79. Individual variable universal life (Page 6.1, Col. 9) .....  |            |           |            |            |           |
| 80. Individual credit life (Page 6.1, Col. 10) .....   |            |           |            |            |           |
| 81. Individual other life (Page 6.1, Col. 11) .....  |            |           |            |            |           |
| 82. Individual YRT mortality risk only (Page 6.1, Col. 12) .....   |            |           |            |            |           |
| 83. Group whole life (Page 6.2, Col. 2) .....  |            |           |            |            |           |
| 84. Group term life (Page 6.2, Col. 3) .....   | 1,915      | 2,592     |            |            |           |
| 85. Group universal life (Page 6.2, Col. 4) .....  |            |           |            |            |           |
| 86. Group variable life (Page 6.2, Col. 5) .....   |            |           |            |            |           |
| 87. Group variable universal life (Page 6.2, Col. 6) .....   |            |           |            |            |           |
| 88. Group credit life (Page 6.2, Col. 7) .....   |            |           |            |            |           |
| 89. Group other life (Page 6.2, Col. 8) .....  |            |           |            |            |           |
| 90. Group YRT mortality risk only (Page 6.2, Col. 9) .....   |            |           |            |            |           |
| 91. Individual deferred fixed annuities (Page 6.3, Col. 2) .....   |            |           |            |            |           |
| 92. Individual deferred indexed annuities (Page 6.3, Col. 3) .....   |            |           |            |            |           |
| 93. Individual deferred variable annuities with guarantees (Page 6.3, Col. 4) .....  |            |           |            |            |           |
| 94. Individual deferred variable annuities without guarantees (Page 6.3, Col. 5) .....   |            |           |            |            |           |
| 95. Individual life contingent payout (immediate and annuitization) (Page 6.3, Col. 6) .....   |            |           |            |            |           |
| 96. Individual other annuities (Page 6.3, Col. 7) .....  |            |           |            |            |           |
| 97. Group deferred fixed annuities (Page 6.4, Col. 2) .....  |            |           |            |            |           |
| 98. Group deferred indexed annuities (Page 6.4, Col. 3) .....  |            |           |            |            |           |
| 99. Group deferred variable annuities with guarantees (Page 6.4, Col. 4) .....   |            |           |            |            |           |
| 100. Group deferred variable annuities without guarantees (Page 6.4, Col. 5) .....   |            |           |            |            |           |
| 101. Group life contingent payout (immediate and annuitization) (Page 6.4, Col. 6) .....   |            |           |            |            |           |
| 102. Group other annuities (Page 6.4, Col. 7) .....  |            |           |            |            |           |
| 103. A & H-comprehensive individual (Page 6.5, Col. 2) .....   | (2,217)    | (2,606)   |            |            |           |
| 104. A & H-comprehensive group (Page 6.5, Col. 3) .....  |            |           |            |            |           |
| 105. A & H-Medicare supplement (Page 6.5, Col. 4) .....  | 823,475    | 784,003   |            |            |           |
| 106. A & H-vision only (Page 6.5, Col. 5) .....  |            |           |            |            |           |
| 107. A & H-dental only (Page 6.5, Col. 6) .....  |            |           |            |            |           |
| 108. A & H-Federal employees health benefits plan (Page 6.5, Col. 7) .....   |            |           |            |            |           |
| 109. A & H-Title XVIII Medicare (Page 6.5, Col. 8) .....   |            |           |            |            |           |
| 110. A & H-Title XIX Medicaid (Page 6.5, Col. 9) .....   |            |           |            |            |           |
| 111. A & H-credit (Page 6.5, Col. 10) .....  |            |           |            |            |           |
| 112. A & H-disability income (Page 6.5, Col. 11) .....   | 1          |           |            |            |           |
| 113. A & H-long-term care (Page 6.5, Col. 12) .....  |            |           |            |            |           |
| 114. A & H-other (Page 6.5, Col. 13) .....   |            |           |            |            |           |
| 115. Aggregate of all other lines of business (Page 6, Col. 8) .....   |            |           |            |            |           |
| 116. Fraternal (Page 6, Col. 7) .....  |            |           |            |            |           |
| 117. Total (Page 6, Col. 1) .....  | 823,213    | 783,469   |            |            |           |

NOTE: If a party to a merger, have the two most recent years of this exhibit been restated due to a merger in compliance with the disclosure requirements of SSAP No. 3, Accounting Changes and Correction of Errors? Yes [     ] No [     ]

If no, please explain: .....

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Provident American Life and Health Insurance Company

EXHIBIT OF LIFE INSURANCE

(\$000 Omitted for Amounts of Life Insurance)

|   | Industrial         |                     | Ordinary           |                     | Credit Life (Group and Individual)                   |                     | Group         |                   |                     | 10                           |
|---|--------------------|---------------------|--------------------|---------------------|--|---------------------|---------------|-------------------|---------------------|------------------------------|
|   | 1                  | 2                   | 3                  | 4                   | 5  | 6                   | Number of     |                   | 9                   | Total<br>Amount of Insurance |
|   | Number of Policies | Amount of Insurance | Number of Policies | Amount of Insurance | Number of Individual Policies and Group Certificates | Amount of Insurance | 7<br>Policies | 8<br>Certificates | Amount of Insurance |                              |
| 1. In force end of prior year .....                                       |                    |                     | 629                | 4,624               |  |                     |               |                   |                     | 4,624                        |
| 2. Issued during year .....   |                    |                     |                    |                     |  |                     |               |                   |                     |                              |
| 3. Reinsurance assumed .....  |                    |                     |                    |                     |  |                     |               |                   |                     |                              |
| 4. Revived during year .....  |                    |                     |                    |                     |  |                     |               |                   |                     |                              |
| 5. Increased during year (net) .....                                      |                    |                     |                    |                     |  |                     |               |                   |                     |                              |
| 6. Subtotals, Lines 2 to 5 .....  |                    |                     |                    |                     |  |                     |               |                   |                     |                              |
| 7. Additions by dividends during year .....                               | XXX                |                     | XXX                |                     | XXX  |                     | XXX           | XXX               |                     |                              |
| 8. Aggregate write-ins for increases .....                                |                    |                     |                    |                     |  |                     |               |                   |                     |                              |
| 9. Totals (Lines 1 and 6 to 8) .....                                      |                    |                     | 629                | 4,624               |  |                     |               |                   |                     | 4,624                        |
| Deductions during year:   |                    |                     |                    |                     |  |                     |               |                   |                     |                              |
| 10. Death .....   |                    |                     | 44                 | 293                 |  |                     | XXX           |                   |                     | 293                          |
| 11. Maturity .....  |                    |                     |                    |                     |  |                     | XXX           |                   |                     |                              |
| 12. Disability .....  |                    |                     |                    |                     |  |                     | XXX           |                   |                     |                              |
| 13. Expiry .....  |                    |                     | 5                  | 30                  |  |                     |               |                   |                     | 30                           |
| 14. Surrender .....   |                    |                     | 18                 | 130                 |  |                     |               |                   |                     | 130                          |
| 15. Lapse .....   |                    |                     |                    |                     |  |                     |               |                   |                     |                              |
| 16. Conversion .....  |                    |                     |                    |                     |  |                     | XXX           | XXX               | XXX                 |                              |
| 17. Decreased (net) .....   |                    |                     |                    |                     |  |                     |               |                   |                     |                              |
| 18. Reinsurance .....   |                    |                     |                    |                     |  |                     |               |                   |                     |                              |
| 19. Aggregate write-ins for decreases .....                               |                    |                     |                    |                     |  |                     |               |                   |                     |                              |
| 20. Totals (Lines 10 to 19) .....   |                    |                     | 67                 | 453                 |  |                     |               |                   |                     | 453                          |
| 21. In force end of year (b) (Line 9 minus Line 20) .....                 |                    |                     | 562                | 4,171               |  |                     |               |                   |                     | 4,171                        |
| 22. Reinsurance ceded end of year .....                                   | XXX                |                     | XXX                | 4,171               | XXX  |                     | XXX           | XXX               |                     | 4,171                        |
| 23. Line 21 minus Line 22 .....   | XXX                |                     | XXX                |                     | XXX  | (a)                 | XXX           | XXX               |                     |                              |
| DETAILS OF WRITE-INS  |                    |                     |                    |                     |  |                     |               |                   |                     |                              |
| 0801. ....  |                    |                     |                    |                     |  |                     |               |                   |                     |                              |
| 0802. ....  |                    |                     |                    |                     |  |                     |               |                   |                     |                              |
| 0803. ....  |                    |                     |                    |                     |  |                     |               |                   |                     |                              |
| 0898. Summary of remaining write-ins for Line 8 from overflow page. ....  |                    |                     |                    |                     |  |                     |               |                   |                     |                              |
| 0899. TOTALS (Lines 0801 thru 0803 plus 0898) (Line 8 above) .....        |                    |                     |                    |                     |  |                     |               |                   |                     |                              |
| 1901. ....  |                    |                     |                    |                     |  |                     |               |                   |                     |                              |
| 1902. ....  |                    |                     |                    |                     |  |                     |               |                   |                     |                              |
| 1903. ....  |                    |                     |                    |                     |  |                     |               |                   |                     |                              |
| 1998. Summary of remaining write-ins for Line 19 from overflow page. .... |                    |                     |                    |                     |  |                     |               |                   |                     |                              |
| 1999. TOTALS (Lines 1901 thru 1903 plus 1998) (Line 19 above) .....       |                    |                     |                    |                     |  |                     |               |                   |                     |                              |

Life, Accident and Health Companies Only:  
(a) Group \$ ..... ; Individual \$ .....  
Fraternal Benefit Societies Only:  
(b) Paid-up insurance included in the final totals of Line 21 (including additions to certificates) number of certificates ..... , Amount \$ .....  
Additional accidental death benefits included in life certificates were in amount \$ ..... , Does the society collect any contributions from members for general expenses of the society under fully paid-up certificates?    Yes [    ]    No [    ]  
If not, how are such expenses met?  
.....

EXHIBIT OF LIFE INSURANCE

(\$000 Omitted for Amounts of Life Insurance) (Continued)  
ADDITIONAL INFORMATION ON INSURANCE IN FORCE END OF YEAR

|                                    | Industrial              |                          | Ordinary                |                          |
|------------------------------------|-------------------------|--------------------------|-------------------------|--------------------------|
|                                    | 1<br>Number of Policies | 2<br>Amount of Insurance | 3<br>Number of Policies | 4<br>Amount of Insurance |
| 24. Additions by dividends .....   | XXX                     |                          | XXX                     |                          |
| 25. Other paid-up insurance .....  |                         |                          | 13                      | 35                       |
| 26. Debit ordinary insurance ..... | XXX                     | XXX                      |                         |                          |

ADDITIONAL INFORMATION ON ORDINARY INSURANCE

| Term Insurance Excluding Extended Term Insurance | Issued During Year<br>(Included in Line 2) |                          | In Force End of Year<br>(Included in Line 21) |                          |
|--|--|--------------------------|---|--------------------------|
|  | 1<br>Number of Policies                    | 2<br>Amount of Insurance | 3<br>Number of Policies                       | 4<br>Amount of Insurance |
| 27. Term policies - decreasing .....             |  |                          |   |                          |
| 28. Term policies - other .....                  |  |                          |   |                          |
| 29. Other term insurance - decreasing .....      | XXX  |                          | XXX   |                          |
| 30. Other term insurance .....                   | XXX  |                          | XXX   |                          |
| 31. Totals (Lines 27 to 30) .....                |  |                          |   |                          |
| Reconciliation to Lines 2 and 21:                |  |                          |   |                          |
| 32. Term additions .....                         | XXX  |                          | XXX   |                          |
| 33. Totals, extended term insurance .....        | XXX  | XXX                      | 41  | 293                      |
| 34. Totals, whole life and endowment .....       |  |                          | 521   | 3,878                    |
| 35. Totals (Lines 31 to 34) .....                |  |                          | 562   | 4,171                    |

CLASSIFICATION OF AMOUNT OF INSURANCE BY PARTICIPATING STATUS

|  | Issued During Year<br>(Included in Line 2) |                    | In Force End of Year<br>(Included in Line 21) |                    |
|--|--|--------------------|---|--------------------|
|  | 1<br>Non-Participating                     | 2<br>Participating | 3<br>Non-Participating                        | 4<br>Participating |
| 36. Industrial .....                         |  |                    |   |                    |
| 37. Ordinary .....                           |  |                    | 4,171   |                    |
| 38. Credit Life (Group and Individual) ..... |  |                    |   |                    |
| 39. Group .....                              |  |                    |   |                    |
| 40. Totals (Lines 36 to 39) .....            |  |                    | 4,171   |                    |

ADDITIONAL INFORMATION ON CREDIT LIFE AND GROUP INSURANCE

|   | Credit Life  |                          | Group                       |                          |
|---|--|--------------------------|-----------------------------|--------------------------|
|   | 1<br>Number of Individual Policies or Group Certificates | 2<br>Amount of Insurance | 3<br>Number of Certificates | 4<br>Amount of Insurance |
| 41. Amount of insurance included in Line 2 ceded to other companies .....                               | XXX  |                          | XXX                         |                          |
| 42. Number in force end of year if the number under insured groups is limited on a pro-rata basis ..... |  |                          |                             | XXX                      |
| 43. Federal Employees' Group Life Insurance included in Line 21 .....                                   |  |                          |                             |                          |
| 44. Servicemen's Group Life Insurance included in Line 21 .....   |  |                          |                             |                          |
| 45. Group Permanent Insurance included in Line 21 .....   |  |                          |                             |                          |

ADDITIONAL ACCIDENTAL DEATH BENEFITS

|  |  |
|--|--|
| 46. Amount of additional accidental death benefits included in force end of year under ordinary policies ..... |  |
|--|--|

BASIS OF CALCULATION OF ORDINARY TERM INSURANCE

|  |  |
|--|--|
| 47. State basis of calculation of (47.1) decreasing term insurance contained in Family Income Mortgage Protection, etc., policies and riders and of (47.2) term insurance on wife and children under Family, Parent and Child, etc., policies and riders included in force ..... |  |
| 47.1 .....   |  |
| 47.2 .....   |  |

POLICIES WITH DISABILITY PROVISIONS

|                             | Industrial              |                          | Ordinary                |                          | Credit                  |                          | Group                       |                          |
|-----------------------------|-------------------------|--------------------------|-------------------------|--------------------------|-------------------------|--------------------------|-----------------------------|--------------------------|
|                             | 1<br>Number of Policies | 2<br>Amount of Insurance | 3<br>Number of Policies | 4<br>Amount of Insurance | 5<br>Number of Policies | 6<br>Amount of Insurance | 7<br>Number of Certificates | 8<br>Amount of Insurance |
| 48. Waiver of Premium ..... |                         |                          |                         |                          |                         |                          |                             |                          |
| 49. Disability Income ..... |                         |                          |                         |                          |                         |                          |                             |                          |
| 50. Extended Benefits ..... |                         |                          | XXX                     | XXX                      |                         |                          |                             |                          |
| 51. Other .....             |                         |                          |                         |                          |                         |                          |                             |                          |
| 52. Total .....             | (a)                     |                          | (a)                     |                          | (a)                     |                          | (a)                         |                          |

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



ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Provident American Life and Health Insurance Company

**EXHIBIT OF NUMBER OF POLICIES, CONTRACTS, CERTIFICATES, INCOME PAYABLE AND ACCOUNT VALUES IN FORCE FOR SUPPLEMENTARY CONTRACTS, ANNUITIES, ACCIDENT & HEALTH AND OTHER POLICIES**

| SUPPLEMENTARY CONTRACTS                             |                                   |                                       |                                   |                                       |
|---|-----------------------------------|---------------------------------------|-----------------------------------|---------------------------------------|
|   | Ordinary                          |                                       | Group                             |                                       |
|   | 1<br>Involving Life Contingencies | 2<br>Not Involving Life Contingencies | 3<br>Involving Life Contingencies | 4<br>Not Involving Life Contingencies |
| 1. In force end of prior year .....                 |                                   |                                       |                                   |                                       |
| 2. Issued during year .....                         |                                   |                                       |                                   |                                       |
| 3. Reinsurance assumed .....                        |                                   |                                       |                                   |                                       |
| 4. Increased during year (net) .....                |                                   |                                       |                                   |                                       |
| 5. Total (Lines 1 to 4) .....                       |                                   |                                       |                                   |                                       |
| Deductions during year:                             |                                   |                                       |                                   |                                       |
| 6. Decreased (net) .....                            |                                   |                                       |                                   |                                       |
| 7. Reinsurance ceded .....                          |                                   |                                       |                                   |                                       |
| 8. Totals (Lines 6 and 7) .....                     |                                   |                                       |                                   |                                       |
| 9. In force end of year (line 5 minus line 8) ..... |                                   |                                       |                                   |                                       |
| 10. Amount on deposit .....                         |                                   | (a)                                   |                                   | (a)                                   |
| 11. Income now payable .....                        |                                   |                                       |                                   |                                       |
| 12. Amount of income payable                        | (a)                               | (a)                                   | (a)                               | (a)                                   |

| ANNUITIES   |                |               |                |                   |
|---|----------------|---------------|----------------|-------------------|
|   | Ordinary       |               | Group          |                   |
|   | 1<br>Immediate | 2<br>Deferred | 3<br>Contracts | 4<br>Certificates |
| 1. In force end of prior year .....                 |                |               |                |                   |
| 2. Issued during year .....                         |                |               |                |                   |
| 3. Reinsurance assumed .....                        |                |               |                |                   |
| 4. Increased during year (net) .....                |                |               |                |                   |
| 5. Totals (Lines 1 to 4) .....                      |                |               |                |                   |
| Deductions during year:                             |                |               |                |                   |
| 6. Decreased (net) .....                            |                |               |                |                   |
| 7. Reinsurance ceded .....                          |                |               |                |                   |
| 8. Totals (Lines 6 and 7) .....                     |                |               |                |                   |
| 9. In force end of year (line 5 minus line 8) ..... |                |               |                |                   |
| Income now payable:                                 |                |               |                |                   |
| 10. Amount of income payable .....                  | (a)            | XXX           | XXX            | (a)               |
| Deferred fully paid:                                |                |               |                |                   |
| 11. Account balance .....                           | XXX            | (a)           | XXX            | (a)               |
| Deferred not fully paid:                            |                |               |                |                   |
| 12. Account balance                                 | XXX            | (a)           | XXX            | (a)               |

| ACCIDENT AND HEALTH INSURANCE                        |                   |                        |               |                        |               |                        |
|--|-------------------|------------------------|---------------|------------------------|---------------|------------------------|
|  | Group             |                        | Credit        |                        | Other         |                        |
|  | 1<br>Certificates | 2<br>Premiums in Force | 3<br>Policies | 4<br>Premiums in Force | 5<br>Policies | 6<br>Premiums in Force |
| 1. In force end of prior year .....                  |                   |                        |               |                        | 642           | 3,579,268              |
| 2. Issued during year .....                          |                   |                        |               |                        |               |                        |
| 3. Reinsurance assumed .....                         |                   |                        |               |                        |               |                        |
| 4. Increased during year (net) .....                 |                   | XXX                    |               | XXX                    |               | XXX                    |
| 5. Totals (Lines 1 to 4) .....                       |                   | XXX                    |               | XXX                    | 642           | XXX                    |
| Deductions during year:                              |                   |                        |               |                        |               |                        |
| 6. Conversions .....                                 |                   | XXX                    | XXX           | XXX                    | XXX           | XXX                    |
| 7. Decreased (net) .....                             |                   | XXX                    |               | XXX                    | 131           | XXX                    |
| 8. Reinsurance ceded .....                           |                   | XXX                    |               | XXX                    |               | XXX                    |
| 9. Totals (Lines 6 to 8) .....                       |                   | XXX                    |               | XXX                    | 131           | XXX                    |
| 10. In force end of year (line 5 minus line 9) ..... |                   | (a)                    |               | (a)                    | 511           | (a) 2,909,337          |

| DEPOSIT FUNDS AND DIVIDEND ACCUMULATIONS            |                            |  |
|---|----------------------------|--|
|   | 1                          | 2                                      |
|   | Deposit Funds<br>Contracts | Dividend<br>Accumulations<br>Contracts |
| 1. In force end of prior year .....                 |                            |  |
| 2. Issued during year .....                         |                            |  |
| 3. Reinsurance assumed .....                        |                            |  |
| 4. Increased during year (net) .....                |                            |  |
| 5. Totals (Lines 1 to 4) .....                      |                            |  |
| Deductions During Year:                             |                            |  |
| 6. Decreased (net) .....                            |                            |  |
| 7. Reinsurance ceded .....                          |                            |  |
| 8. Totals (Lines 6 and 7) .....                     |                            |  |
| 9. In force end of year (line 5 minus line 8) ..... |                            |  |
| 10. Amount of account balance                       | (a)                        | (a)                                    |

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

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Provident American Life and Health Insurance Company

SCHEDULE T - PREMIUMS AND ANNUITY CONSIDERATIONS <sup>(b)</sup>

| Allocated by States and Territories |   |                   |                         |                        |   |                      |                               |
|-------------------------------------|---|-------------------|-------------------------|------------------------|---|----------------------|-------------------------------|
| States, Etc.                        |   | 1                 | Direct Business Only    |                        |   |                      |                               |
|                                     |   |                   | Life Contracts          |                        | 4   | 5                    | 6                             |
|                                     |   |                   | 2                       | 3                      |   |                      |                               |
|                                     |   | Active Status (a) | Life Insurance Premiums | Annuity Considerations | Accident and Health Insurance Premiums, Including Policy, Membership and Other Fees | Other Considerations | Total Columns 2 through 5 (b) |
|                                     |   |                   |                         |                        |   |                      | Deposit-Type Contracts        |
| 1.                                  | Alabama .....   | AL N              | 19,879                  |                        | 6,504   |                      | 26,383                        |
| 2.                                  | Alaska .....  | AK L              |                         |                        |   |                      |                               |
| 3.                                  | Arizona .....   | AZ L              | 1,301                   |                        | 6,432   |                      | 7,733                         |
| 4.                                  | Arkansas .....  | AR L              |                         |                        | 13,157  |                      | 13,157                        |
| 5.                                  | California .....  | CA L              | 1,507                   |                        | 17,209  |                      | 18,716                        |
| 6.                                  | Colorado .....  | CO L              | 719                     |                        | 45,253  |                      | 45,972                        |
| 7.                                  | Connecticut .....   | CT N              |                         |                        |   |                      |                               |
| 8.                                  | Delaware .....  | DE L              |                         |                        |   |                      |                               |
| 9.                                  | District of Columbia .....  | DC L              |                         |                        |   |                      |                               |
| 10.                                 | Florida .....   | FL L              | 1,350                   |                        | 12,671  |                      | 14,021                        |
| 11.                                 | Georgia .....   | GA L              |                         |                        | 15,961  |                      | 15,961                        |
| 12.                                 | Hawaii .....  | HI L              |                         |                        |   |                      |                               |
| 13.                                 | Idaho .....   | ID L              | 795                     |                        | 5,200   |                      | 5,995                         |
| 14.                                 | Illinois .....  | IL L              | 7,642                   |                        | 68,223  |                      | 75,865                        |
| 15.                                 | Indiana .....   | IN L              | 1,518                   |                        | 22,307  |                      | 23,825                        |
| 16.                                 | Iowa .....  | IA L              | 4,175                   |                        | 140,418   |                      | 144,593                       |
| 17.                                 | Kansas .....  | KS L              |                         |                        | 10,101  |                      | 10,101                        |
| 18.                                 | Kentucky .....  | KY L              | 7,467                   |                        | 40,080  |                      | 47,547                        |
| 19.                                 | Louisiana .....   | LA L              | 1,667                   |                        | 35,408  |                      | 37,075                        |
| 20.                                 | Maine .....   | ME N              |                         |                        |   |                      |                               |
| 21.                                 | Maryland .....  | MD L              |                         |                        |   |                      |                               |
| 22.                                 | Massachusetts .....   | MA L              |                         |                        | 4,000   |                      | 4,000                         |
| 23.                                 | Michigan .....  | MI N              | 684                     |                        |   |                      | 684                           |
| 24.                                 | Minnesota .....   | MN N              | 417                     |                        | 16,288  |                      | 16,705                        |
| 25.                                 | Mississippi .....   | MS L              | 13,978                  |                        | 63,761  |                      | 77,739                        |
| 26.                                 | Missouri .....  | MO L              | 5,356                   |                        | 12,290  |                      | 17,646                        |
| 27.                                 | Montana .....   | MT L              | 1,593                   |                        | 63,413  |                      | 65,006                        |
| 28.                                 | Nebraska .....  | NE L              | 1,660                   |                        | 49,212  |                      | 50,872                        |
| 29.                                 | Nevada .....  | NV L              | 612                     |                        |   |                      | 612                           |
| 30.                                 | New Hampshire .....   | NH N              |                         |                        |   |                      |                               |
| 31.                                 | New Jersey .....  | NJ N              |                         |                        |   |                      |                               |
| 32.                                 | New Mexico .....  | NM N              |                         |                        | (15)  |                      | (15)                          |
| 33.                                 | New York .....  | NY N              |                         |                        |   |                      |                               |
| 34.                                 | North Carolina .....  | NC L              | 1,988                   |                        | 7,511   |                      | 9,499                         |
| 35.                                 | North Dakota .....  | ND L              |                         |                        |   |                      |                               |
| 36.                                 | Ohio .....  | OH L              | 3,058                   |                        | 31,565  |                      | 34,623                        |
| 37.                                 | Oklahoma .....  | OK L              | 8,979                   |                        | 111,338   |                      | 120,317                       |
| 38.                                 | Oregon .....  | OR L              | 11,160                  |                        | 157,645   |                      | 168,805                       |
| 39.                                 | Pennsylvania .....  | PA L              | 9,667                   |                        | 5,835   |                      | 15,502                        |
| 40.                                 | Rhode Island .....  | RI N              |                         |                        |   |                      |                               |
| 41.                                 | South Carolina .....  | SC L              | 44,478                  |                        | 288,011   |                      | 332,489                       |
| 42.                                 | South Dakota .....  | SD L              |                         |                        |   |                      |                               |
| 43.                                 | Tennessee .....   | TN N              |                         |                        | 6,165   |                      | 6,165                         |
| 44.                                 | Texas .....   | TX L              | 172,212                 |                        | 1,722,995   |                      | 1,895,207                     |
| 45.                                 | Utah .....  | UT L              | 6,556                   |                        | 8,180   |                      | 14,736                        |
| 46.                                 | Vermont .....   | VT L              |                         |                        |   |                      |                               |
| 47.                                 | Virginia .....  | VA N              | 866                     |                        | 14,664  |                      | 15,530                        |
| 48.                                 | Washington .....  | WA N              | 290                     |                        | 15,315  |                      | 15,605                        |
| 49.                                 | West Virginia .....   | WV L              | 3,583                   |                        | 26,947  |                      | 30,530                        |
| 50.                                 | Wisconsin .....   | WI L              | 2,419                   |                        |   |                      | 2,419                         |
| 51.                                 | Wyoming .....   | WY L              |                         |                        | 4,964   |                      | 4,964                         |
| 52.                                 | American Samoa .....  | AS N              |                         |                        |   |                      |                               |
| 53.                                 | Guam .....  | GU N              |                         |                        |   |                      |                               |
| 54.                                 | Puerto Rico .....   | PR N              |                         |                        |   |                      |                               |
| 55.                                 | U.S. Virgin Islands .....   | VI N              |                         |                        |   |                      |                               |
| 56.                                 | Northern Mariana Islands .....  | MP N              |                         |                        |   |                      |                               |
| 57.                                 | Canada .....  | CAN N             |                         |                        |   |                      |                               |
| 58.                                 | Aggregate Other Alien .....   | OT XXX            |                         |                        |   |                      |                               |
| 59.                                 | Subtotal .....  | XXX               | 337,576                 |                        | 3,049,008   |                      | 3,386,584                     |
| 90.                                 | Reporting entity contributions for employee benefits plans.....                             | XXX               |                         |                        |   |                      |                               |
| 91.                                 | Dividends or refunds applied to purchase paid-up additions and annuities.....               | XXX               |                         |                        |   |                      |                               |
| 92.                                 | Dividends or refunds applied to shorten endowment or premium paying period.....             | XXX               |                         |                        |   |                      |                               |
| 93.                                 | Premium or annuity considerations waived under disability or other contract provisions..... | XXX               |                         |                        |   |                      |                               |
| 94.                                 | Aggregate or other amounts not allocable by State.....                                      | XXX               |                         |                        |   |                      |                               |
| 95.                                 | Totals (Direct Business).....   | XXX               | 337,576                 |                        | 3,049,008   |                      | 3,386,584                     |
| 96.                                 | Plus reinsurance assumed.....   | XXX               |                         |                        |   |                      |                               |
| 97.                                 | Totals (All Business).....  | XXX               | 337,576                 |                        | 3,049,008   |                      | 3,386,584                     |
| 98.                                 | Less reinsurance ceded.....   | XXX               | 339,465                 |                        | 236,270   |                      | 575,735                       |
| 99.                                 | Totals (All Business) less Reinsurance Ceded .....  | XXX               | (1,889)                 |                        | (c) 2,812,738   |                      | 2,810,849                     |
| DETAILS OF WRITE-INS                |   |                   |                         |                        |   |                      |                               |
| 58001.                              | .....   | XXX               |                         |                        |   |                      |                               |
| 58002.                              | .....   | XXX               |                         |                        |   |                      |                               |
| 58003.                              | .....   | XXX               |                         |                        |   |                      |                               |
| 58998.                              | Summary of remaining write-ins for Line 58 from overflow page .....                         | XXX               |                         |                        |   |                      |                               |
| 58999.                              | Totals (Lines 58001 through 58003 plus 58998)(Line 58 above) .....                          | XXX               |                         |                        |   |                      |                               |
| 9401.                               | .....   | XXX               |                         |                        |   |                      |                               |
| 9402.                               | .....   | XXX               |                         |                        |   |                      |                               |
| 9403.                               | .....   | XXX               |                         |                        |   |                      |                               |
| 9498.                               | Summary of remaining write-ins for Line 94 from overflow page .....                         | XXX               |                         |                        |   |                      |                               |
| 9499.                               | Totals (Lines 9401 through 9403 plus 9498)(Line 94 above) .....                             | XXX               |                         |                        |   |                      |                               |

(a) Active Status Counts:

1. L - Licensed or Chartered - Licensed insurance carrier or domiciled RRG..... 38

2. R - Registered - Non-domiciled RRGs.....

3. E - Eligible - Reporting entities eligible or approved to write surplus lines in the state.....

(b) Explanation of basis of allocation by states, etc., of premiums and annuity considerations  
Premiums are allocated to the state in which the related policy or certificate holder resides.

(c) Column 4 should balance with Exhibit 1, Lines 6.4, 10.4 and 16.4, Col. 6, or with Schedule H, Part 1, Line 1, indicate which: Exhibit 1, Lines 6.4, 10.4, and 16.4, Col. 6..... 19

PART 1 -- ORGANIZATION CHART

The Cigna Group  
(A Delaware corporation and ultimate parent company)

The following is a listing identifying and indicating the interrelationships among all affiliated insurers and all other affiliates, as December 31, 2023:

| Entity Name  | EIN        | State | NAIC CODE |
|--|------------|-------|-----------|
| The Cigna Group (A Delaware corporation and ultimate parent company) | 82-4991898 | DE    |           |
| Cigna Holding Company  | 06-1059331 | DE    |           |
| Cigna Holdings, Inc.   | 06-1072796 | DE    |           |
| Cigna Intellectual Property, Inc.                                    | 51-0402128 | DE    |           |
| Cigna Investment Group, Inc.   | 06-1095823 | DE    |           |
| Cigna International Finance, Inc.                                    | 52-0291385 | DE    |           |
| Former Cigna Investments, Inc.                                       | 23-1914061 | DE    |           |
| Cigna Investments, Inc.  | 06-0861092 | DE    |           |
| Cigna Benefits Financing, Inc.                                       | 01-0947889 | DE    |           |
| CareAllies, Inc.   | 26-0180898 | DE    |           |
| CareAllies Accountable Care Collaborative LLC                        | 85-0954556 | DE    |           |
| CareAllies Accountable Care Network LLC                              | 85-0935554 | DE    |           |
| CareAllies Accountable Care Solutions LLC                            | 00-0000000 | DE    |           |
| Connecticut General Corporation                                      | 06-0840391 | CT    |           |
| Benefit Management Corp.   | 81-0585518 | MT    |           |
| Allegiance Life & Health Insurance Company                           | 20-4433475 | MT    | 12814     |
| Allegiance Re, Inc.  | 20-3851464 | MT    |           |
| Allegiance Benefit Plan Management, Inc.                             | 81-0400550 | MT    |           |
| Allegiance COBRA Services, Inc.                                      | 71-0916514 | MT    |           |
| Allegiance Provider Direct, LLC                                      | 26-2201582 | MT    |           |
| Community Health Network, LLC  | 84-1461840 | MT    |           |
| Intermountain Underwriters, Inc.                                     | 81-0425785 | MT    |           |
| Allegiance Care Management, LLC                                      | 03-0507057 | MT    |           |
| HealthSpring, Inc.   | 20-1821898 | DE    |           |
| NewQuest, LLC  | 76-0628370 | TX    |           |
| NewQuest Management Northeast, LLC                                   | 52-1929677 | DE    |           |
| Bravo Health Mid-Atlantic, Inc.                                      | 52-2259087 | MD    | 10095     |
| Bravo Health Pennsylvania, Inc.                                      | 52-2363406 | PA    | 11524     |
| HealthSpring Life & Health Insurance Company, Inc.                   | 20-8534298 | TX    | 12902     |
| HealthSpring of Florida, Inc.  | 65-1129599 | FL    | 11532     |
| NewQuest Management of Illinois, LLC                                 | 77-0632665 | IL    |           |
| NewQuest Management of Florida, LLC                                  | 20-4954206 | FL    |           |

**PART 1 -- ORGANIZATION CHART**

**The Cigna Group**  
**(A Delaware corporation and ultimate parent company)**

The following is a listing identifying and indicating the interrelationships among all affiliated insurers and all other affiliates, as December 31, 2023:

| Entity Name  | EIN        | State | NAIC CODE |
|--|------------|-------|-----------|
| HealthSpring Management of America, LLC                | 20-8647386 | DE    |           |
| NewQuest Management of West Virginia, LLC              | 45-0633893 | DE    |           |
| TexQuest, LLC  | 75-3108527 | DE    |           |
| HouQuest, LLC  | 75-3108521 | DE    |           |
| GulfQuest, LP  | 76-0657035 | TX    |           |
| NewQuest Management of Alabama, LLC                    | 33-1033586 | AL    |           |
| HealthSpring USA, LLC                                  | 72-1559530 | TN    |           |
| Tennessee Quest, LLC                                   | 20-5524622 | TN    |           |
| HealthSpring Pharmacy Services, LLC                    | 26-2353476 | DE    |           |
| HealthSpring Pharmacy of Tennessee, LLC                | 26-2353772 | DE    |           |
| Home Physicians Management, LLC                        | 20-4266628 | DE    |           |
| Alegis Care Services, LLC                              | 35-2562415 | DE    |           |
| Alegis Care Services of Colorado, LLC                  | 85-0909305 | CO    |           |
| Cigna Arbor Life Insurance Company                     | 03-0452349 | CT    | 13733     |
| Evernorth Behavioral Health, Inc.                      | 41-1648670 | MN    |           |
| Evernorth Behavioral Health of California, Inc.        | 94-3107309 | CA    |           |
| Evernorth Behavioral Health of Texas, Inc.             | 75-2751090 | TX    |           |
| MCC Independent Practice Association of New York, Inc. | 06-1346406 | NY    |           |
| Cigna Dental Health, Inc.                              | 59-2308055 | FL    |           |
| Cigna Dental Health Plan of Arizona, Inc.              | 86-0807222 | AZ    | 47013     |
| Cigna Dental Health of California, Inc.                | 59-2600475 | CA    |           |
| Cigna Dental Health of Colorado, Inc.                  | 59-2675861 | CO    | 11175     |
| Cigna Dental Health of Delaware, Inc.                  | 59-2676987 | DE    | 95380     |
| Cigna Dental Health of Florida, Inc.                   | 59-1611217 | FL    | 52021     |
| Cigna Dental Health of Kansas, Inc.                    | 59-2625350 | KS    | 52024     |
| Cigna Dental Health of Kentucky, Inc.                  | 59-2619589 | KY    | 52108     |
| Cigna Dental Health of Maryland, Inc.                  | 20-2844020 | MD    | 48119     |
| Cigna Dental Health of Missouri, Inc.                  | 06-1582068 | MO    | 11160     |
| Cigna Dental Health of New Jersey, Inc.                | 59-2308062 | NJ    | 11167     |
| Cigna Dental Health of North Carolina, Inc.            | 56-1803464 | NC    | 95179     |
| Cigna Dental Health of Ohio, Inc.                      | 59-2579774 | OH    | 47805     |
| Cigna Dental Health of Pennsylvania, Inc.              | 52-1220578 | PA    | 47041     |

**PART 1 -- ORGANIZATION CHART**

**The Cigna Group**  
**(A Delaware corporation and ultimate parent company)**

The following is a listing identifying and indicating the interrelationships among all affiliated insurers and all other affiliates, as December 31, 2023:

| Entity Name                                | EIN        | State | NAIC CODE |
|--|------------|-------|-----------|
| Cigna Dental Health of Texas, Inc.         | 59-2676977 | TX    | 95037     |
| Cigna Dental Health of Virginia, Inc.      | 52-2188914 | VA    | 52617     |
| Cigna Health Corporation                   | 62-1312478 | DE    |           |
| Healthsource, Inc.                         | 02-0387748 | DE    |           |
| Cigna HealthCare of Arizona, Inc.          | 86-0334392 | AZ    | 95125     |
| Cigna HealthCare of California, Inc.       | 95-3310115 | CA    |           |
| Cigna HealthCare of Colorado, Inc.         | 84-1004500 | CO    | 95604     |
| Cigna HealthCare of Connecticut, Inc.      | 06-1141174 | CT    | 95660     |
| Cigna HealthCare of Florida, Inc.          | 59-2089259 | FL    | 95136     |
| Cigna HealthCare of Georgia, Inc.          | 58-1641057 | GA    | 96229     |
| Cigna HealthCare of Illinois, Inc.         | 36-3385638 | IL    | 95602     |
| Cigna HealthCare of Indiana, Inc.          | 35-1679172 | IN    | 95525     |
| Cigna HealthCare of Massachusetts, Inc.    | 02-0402111 | MA    |           |
| Cigna HealthCare Mid-Atlantic, Inc.        | 52-1404350 | MD    |           |
| Cigna HealthCare of New Hampshire, Inc.    | 02-0387749 | NH    | 95493     |
| Cigna HealthCare of New Jersey, Inc.       | 22-2720890 | NJ    | 95500     |
| Cigna HealthCare of North Carolina, Inc.   | 56-1479515 | NC    | 95132     |
| Cigna HealthCare of Pennsylvania, Inc.     | 23-2301807 | PA    |           |
| Cigna HealthCare of St. Louis, Inc.        | 36-3359925 | MO    | 95635     |
| Cigna HealthCare of South Carolina, Inc.   | 06-1185590 | SC    | 95708     |
| Cigna HealthCare of Tennessee, Inc.        | 62-1218053 | TN    | 95606     |
| Cigna HealthCare of Texas, Inc.            | 74-2767437 | TX    | 95383     |
| Temple Insurance Company Limited           | 00-0000000 | BM    |           |
| Arizona Health Plan, Inc.                  | 86-3581583 | AZ    |           |
| Healthsource Properties, Inc.              | 02-0467679 | NH    |           |
| Cigna Benefit Technology Solutions, Inc.   | 02-0515554 | DE    |           |
| Sagamore Health Network, Inc.              | 35-1641636 | IN    |           |
| Cigna Healthcare Holdings, Inc.            | 84-0985843 | CO    |           |
| Great-West Healthcare of Illinois, Inc.    | 93-1174749 | IL    |           |
| Cigna Healthcare, Inc.                     | 02-0495422 | VT    |           |
| Connecticut General Life Insurance Company | 06-0303370 | CT    | 62308     |
| Evernorth Direct Health, LLC               | 32-0222252 | DE    |           |

**PART 1 -- ORGANIZATION CHART**

**The Cigna Group**  
**(A Delaware corporation and ultimate parent company)**

The following is a listing identifying and indicating the interrelationships among all affiliated insurers and all other affiliates, as December 31, 2023:

| Entity Name   | EIN        | State | NAIC CODE |
|---|------------|-------|-----------|
| Gillette Ridge Community Council, Inc.              | 00-0000000 | CT    |           |
| Gillette Ridge Golf, LLC                            | 20-3700105 | DE    |           |
| Tel-Drug of Pennsylvania, LLC                       | 23-3074013 | PA    |           |
| GRG Acquisitions LLC                                | 00-0000000 | DE    |           |
| Cigna Affiliates Realty Investment Group, LLC       | 27-5402196 | DE    |           |
| Secon Properties, LP                                | 95-2876207 | CA    |           |
| Transwestern Federal Holdings, L.L.C.               | 00-0000000 | DE    |           |
| Transwestern Federal, L.L.C.                        | 00-0000000 | DE    |           |
| CR Washington Street Investors LP                   | 27-3555688 | DE    |           |
| PUR Arbors Apartments Venture LLC                   | 45-5046449 | DE    |           |
| CG Seventh Street, LLC                              | 45-5499889 | DE    |           |
| Ideal Properties II LLC                             | 95-4838551 | CA    |           |
| Mallory Square Partners I, LLC                      | 80-0908244 | DE    |           |
| Houston Briar Forest Apartments Limited Partnership | 37-1708015 | DE    |           |
| SB-SNH LLC  | 46-3593103 | DE    |           |
| 680 Investors LLC                                   | 00-0000000 | CA    |           |
| 685 New Hampshire LLC                               | 00-0000000 | CA    |           |
| Lakehills CM-CG LLC                                 | 47-4375626 | DE    |           |
| Berewick Apartments LLC                             | 81-2650133 | DE    |           |
| CIG-LEI Ygnacio Associates LLC                      | 81-3389374 | DE    |           |
| CGGL Orange Collection LLC                          | 61-1797835 | DE    |           |
| CGGL City Parkway LLC                               | 81-3313562 | DE    |           |
| Heights at Bear Creek Venture LLC                   | 81-4139432 | DE    |           |
| SOMA Apartments Venture LLC                         | 82-1732483 | DE    |           |
| Arbor Heights Venture LLC                           | 82-3315524 | DE    |           |
| CG/Wood ALTA 601, LLC                               | 82-1280312 | DE    |           |
| CPI-CII 9171 Wilshire JV LLC                        | 82-4936006 | DE    |           |
| 9171 Wilshire CPI-CII LLC                           | 82-4794800 | DE    |           |
| CARING Alta Leander Investor LLC                    | 85-2966766 | DE    |           |
| CG/Wood Alta Leander Station, LLC                   | 85-2233381 | DE    |           |
| CARING Capitol Hill GP LLC                          | 32-0570889 | DE    |           |
| CARING Capitol Hill LP LLC                          | 37-1903297 | DE    |           |

**PART 1 -- ORGANIZATION CHART**

**The Cigna Group**  
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The following is a listing identifying and indicating the interrelationships among all affiliated insurers and all other affiliates, as December 31, 2023:

| Entity Name                               | EIN        | State | NAIC CODE |
|---|------------|-------|-----------|
| Rise-CG Capitol Hill, LP                  | 83-1460134 | DE    |           |
| CARING 3130 Investor LLC                  | 84-1960231 | DE    |           |
| CARING 9171 Wilshire Investor LLC         | 83-2318410 | DE    |           |
| CARING Heights at Bear Creek Investor LLC | 83-2318233 | DE    |           |
| Heights at Bear Creek Borrower I LLC      | 81-4139432 | DE    |           |
| Heights at Bear Creek Mezzanine LLC       | 81-4139432 | DE    |           |
| CARING 500 Ygnacio Investor LLC           | 83-2562994 | DE    |           |
| CARING Alta Englewood Investor LLC        | 83-2851501 | DE    |           |
| CARING Alta Woodson Investor LLC          | 83-2563284 | DE    |           |
| CARING Mallory Square Investor LLC        | 83-2339522 | DE    |           |
| CARING Soma Investor LLC                  | 83-2563138 | DE    |           |
| CARING Century Plaza Investor LLC         | 83-2851364 | DE    |           |
| CG-Muller 550 Winchester, LLC             | 83-2993316 | DE    |           |
| CARING Hillcrest Investor LLC             | 83-1400482 | DE    |           |
| CI-GS Hillcrest LLC                       | 82-1612980 | DE    |           |
| CARING Alexan Enclave Investor LLC        | 83-2633790 | DE    |           |
| CARING Orange Collection Investor LLC     | 83-2633886 | DE    |           |
| CGGL Orange Collection Mezz LLC           | 00-0000000 | DE    |           |
| CARING South Coast Subsidiary LLC         | 83-8294933 | DE    |           |
| CARING 18th & Salmon Investor LLC         | 83-1400586 | DE    |           |
| CI-GS Portland, LLC                       | 82-4774243 | DE    |           |
| CARING Firestone Investor LLC             | 83-3701937 | DE    |           |
| CG-AQ 477 South Market Street LLC         | 84-2083351 | DE    |           |
| CARING XR 2 International Investor LLC    | 83-4317078 | DE    |           |
| CGGL XR 2 International LLC               | 84-1843578 | DE    |           |
| CGGL XR 2 International JV LLC            | 84-1843578 | DE    |           |
| CGGL XR 2 International Mezz LLC          | 84-1843578 | DE    |           |
| CARING XR International Investor LLC      | 83-3923178 | DE    |           |
| CGGL XR International LLC                 | 84-1921719 | DE    |           |
| CARING JA Lofts Investor GP LLC           | 00-0000000 | DE    |           |
| CARING JA Lofts Investor LP LLC           | 00-0000000 | DE    |           |
| JA Lofts JV Limited Partnership           | 84-3395923 | DE    |           |

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| Entity Name                                  | EIN        | State | NAIC CODE |
|--|------------|-------|-----------|
| JA Lofts Holdings, LLC                       | 84-3406799 | DE    |           |
| RISE-CG JA Lofts Limited Partnership         | 84-3254168 | DE    |           |
| CARING Westcore Holding Investor LLC         | 38-4085763 | DE    |           |
| Westcore CG AC, LLC                          | 00-0000000 | DE    |           |
| Westcore CG Dove Valley II, LLC              | 84-3178563 | DE    |           |
| Westcore CG Venture, LLC                     | 00-0000000 | DE    |           |
| Westcore CG Dove Valley I, LLC               | 84-3178563 | DE    |           |
| Westcore CG Camelback, LLC                   | 84-3178563 | DE    |           |
| Westcore CG Susana, LLC                      | 84-3178563 | DE    |           |
| Westcore CG Navy, LLC                        | 84-3178563 | DE    |           |
| Westcore CG I-35, LLC                        | 84-3178563 | DE    |           |
| Westcore CG Potomac Park, LLC                | 84-3178563 | DE    |           |
| Westcore CG Fountain Lakes, LLC              | 84-3178563 | DE    |           |
| Westcore CG Solano, LLC                      | 84-3178563 | DE    |           |
| Westcore CG Gateway, LLC                     | 84-3178563 | DE    |           |
| Westcore CG Cedar Port, LLC                  | 84-3178563 | DE    |           |
| Westcore CG Eisenhower, LLC                  | 84-3178563 | DE    |           |
| Westcore CG Raceway, LLC                     | 84-3178563 | DE    |           |
| CARING Westcore Holding II Investor LLC      | 87-3646420 | DE    |           |
| Westcore CG II AC, LLC                       | 87-3624928 | DE    |           |
| Westcore CG Venture II, LLC                  | 87-3624928 | DE    |           |
| Westcore CG II Park 225, LLC                 | 87-3624928 | DE    |           |
| Westcore CG II Union Cross, LLC              | 87-3624928 | DE    |           |
| Westcore CG II Denton, LLC                   | 87-3624928 | DE    |           |
| Westcore CG II Milan, LLC                    | 87-3624928 | DE    |           |
| CARING IBP Investor LLC                      | 84-4410554 | DE    |           |
| CG-LEDO IBP Venture LLC                      | 84-4773972 | DE    |           |
| CG-LEDO IBP I LLC                            | 84-4747045 | DE    |           |
| CG-LEDO IBP II LLC                           | 84-4755025 | DE    |           |
| CARING Interbay Investor LP LLC              | 85-1984627 | DE    |           |
| The Flats at Interbay JV Limited Partnership | 85-1955075 | DE    |           |
| The Flats at Interbay Limited Partnership    | 85-1962013 | DE    |           |



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| <b>Entity Name</b>                        | <b>EIN</b> | <b>State</b> | <b>NAIC CODE</b> |
|---|------------|--------------|------------------|
| The Flats at Interbay Holdings, LLC       | 85-1955731 | DE           |                  |
| CARING Interbay Investor GP LLC           | 85-1961034 | DE           |                  |
| CARING Deco Investor LLC                  | 85-4265529 | DE           |                  |
| Deco Apartments JV LLC                    | 86-1305728 | DE           |                  |
| Deco Apartments Owner LLC                 | 86-1334095 | DE           |                  |
| CARING ABS Investor LLC                   | 85-4247420 | DE           |                  |
| ABS Apartments Venture, L.L.C.            | 85-1046126 | DE           |                  |
| CARING Elan I Investor LLC                | 85-2912145 | DE           |                  |
| CI-GS Elan Everett Phase I, LLC           | 86-2964997 | DE           |                  |
| CARING Elan II Investor LLC               | 87-0928526 | DE           |                  |
| CI-GS Elan Everett Phase II, LLC          | 86-3726159 | DE           |                  |
| CARING St. Matthew's Investor LLC         | 86-1942593 | DE           |                  |
| ASM Apartments Venture, L.L.C.            | 86-1750832 | DE           |                  |
| CARING Montclair Investor LLC             | 85-4265529 | DE           |                  |
| Montclair Residences JV LLC               | 87-2772585 | DE           |                  |
| Montclair 11 Pine Operating Company LLC   | 87-2810715 | DE           |                  |
| Montclair 11 Pine Urban Renewal LLC       | 87-2790325 | DE           |                  |
| CARING Berwyn Investor LLC                | 87-1992977 | DE           |                  |
| Swedesford Road Apartments, LLC           | 87-0903685 | DE           |                  |
| CARING Alta Duraleigh Investor LLC        | 83-2851501 | DE           |                  |
| CG/Wood Alta Duraleigh, LLC               | 85-0734624 | DE           |                  |
| CG/Wood Alta Duraleigh Owner, LLC         | 85-0655107 | DE           |                  |
| CG/Wood Alta Duraleigh Townhome, LLC      | 87-2928410 | DE           |                  |
| CARING Optimist Park II Investor LLC      | 86-2627703 | DE           |                  |
| AOP II Apartments Venture, L.L.C.         | 87-4023291 | DE           |                  |
| CARING Galleria Investor LLC              | 87-4803572 | DE           |                  |
| AGA Apartments Venture, L.L.C.            | 87-4355549 | DE           |                  |
| CARING Waltham Investor LLC               | 88-2074593 | DE           |                  |
| 73 Pond Street Apartments Venture, L.L.C. | 88-1945947 | DE           |                  |
| CARING Slabtown Investor, LLC             | 87-2031777 | DE           |                  |
| CI-GS Slabtown, LLC                       | 88-3907567 | DE           |                  |
| CARING Brinkman Investor LLC              | 86-1885283 | DE           |                  |

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| Entity Name  | EIN        | State | NAIC CODE |
|--|------------|-------|-----------|
| ABL Holding Co., L.L.C.                            | 88-4202407 | DE    |           |
| ABL Apartments Venture, L.L.C.                     | 86-1712743 | DE    |           |
| ABL Townhomes Venture, L.L.C.                      | 88-3747773 | DE    |           |
| CARING EndOpII-Mia Investor, LLC                   | 88-2276875 | DE    |           |
| ATX Merriltown, LP                                 | 00-0000000 | DE    |           |
| CARING Glenwood Investor LLC                       | 92-0571674 | DE    |           |
| AGS Apartments Venture, L.L.C.                     | 92-1596970 | DE    |           |
| CARING Tasman East Investor LLC                    | 88-2629352 | DE    |           |
| CI-GS Tasman East Apartments, LLC                  | 92-2089889 | DE    |           |
| CARING St. Elmo Investor LLC                       | 86-3275381 | DE    |           |
| ASE Apartments Venture, L.L.C.                     | 87-1304984 | DE    |           |
| Cigna Health and Life Insurance Company            | 59-1031071 | CT    | 67369     |
| Bright Health Group, Inc.                          | 47-4991296 | DE    |           |
| CarePlexus, LLC                                    | 45-2681649 | DE    |           |
| Cigna Corporate Services, LLC                      | 27-3396038 | DE    |           |
| Cigna Insurance Agency, LLC                        | 27-1903785 | CT    |           |
| Ceres Sales of Ohio, LLC                           | 34-1970892 | OH    |           |
| Cigna National Health Insurance Company            | 34-0970995 | OH    | 61727     |
| Provident American Life & Health Insurance Company | 23-1335885 | OH    | 67903     |
| Cigna Insurance Company                            | 75-2305400 | OH    | 65269     |
| Loyal American Life Insurance Company              | 63-0343428 | OH    | 65722     |
| American Retirement Life Insurance Company         | 59-2760189 | OH    | 88366     |
| Sterling Life Insurance Company                    | 13-1867829 | IL    | 77399     |
| Olympic Health Management Systems, Inc.            | 91-1500758 | WA    |           |
| Olympic Health Management Services, Inc.           | 91-1599329 | WA    |           |
| Cigna Ventures, LLC                                | 83-1069280 | DE    |           |
| AristaMD, Inc.                                     | 46-4080861 | DE    |           |
| Buoy Health, Inc.                                  | 46-4918521 | DE    |           |
| Octave Health Group, Inc.                          | 82-5244890 | DE    |           |
| Trainer Rx, Inc.                                   | 46-5264463 | DE    |           |
| 1EQ Inc. (d/b/a Babyscripts)                       | 46-2332355 | DE    |           |
| Verity Solutions Group, Inc.                       | 00-0000000 | DE    |           |

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| Entity Name   | EIN        | State | NAIC CODE |
|---|------------|-------|-----------|
| Cigna & CMB Life Insurance Company Limited              | 00-0000000 |       |           |
| Cigna & CMB Health Services Company, Ltd.               | 00-0000000 |       |           |
| Cigna & CMB Asset Management Company Limited            | 00-0000000 |       |           |
| Health-Lynx, LLC  | 46-2086778 | NJ    |           |
| QualCare Management Resources Limited Liability Company | 46-1801639 | NJ    |           |
| Cigna Management Company LLC                            | 87-3374500 | DE    |           |
| Hartford Community Lender Holding LLC                   | 87-3650143 | DE    |           |
| Hartford Community Lender I LLC                         | 87-3686301 | DE    |           |
| Cigna Health Management, Inc.                           | 23-1728483 | DE    |           |
| Kronos Optimal Health Company                           | 20-8064696 | AZ    |           |
| Cigna Direct Marketing Company, Inc.                    | 58-1136865 | DE    |           |
| Tel-Drug, Inc.  | 46-0427127 | SD    |           |
| Cigna Global Wellbeing Holdings Limited                 | 00-0000000 |       |           |
| Cigna Global Wellbeing Solutions Limited                | 00-0000000 |       |           |
| Vielife Services, Inc.                                  | 98-0463704 | DE    |           |
| CG Individual Tax Benefit Payments, Inc.                | 06-1332403 | DE    |           |
| CG Life Pension Benefits Payments, Inc.                 | 06-1332405 | DE    |           |
| CG LINA Pension Benefits Payments, Inc.                 | 06-1332401 | DE    |           |
| Cigna Federal Benefits, Inc.                            | 62-1724116 | DE    |           |
| Cigna Healthcare Benefits, Inc.                         | 23-2741293 | DE    |           |
| Cigna Integratedcare, Inc.                              | 23-2924152 | DE    |           |
| Cigna Managed Care Benefits Company                     | 23-2741294 | DE    |           |
| Cigna Re Corporation                                    | 06-1071502 | DE    |           |
| Cigna Resource Manager, Inc.                            | 06-1567902 | DE    |           |
| Connecticut General Benefit Payments, Inc.              | 06-1252419 | DE    |           |
| Healthsource Benefits, Inc.                             | 06-1533555 | DE    |           |
| IHN, Inc.   | 35-2041388 | IN    |           |
| Brighter, Inc.  | 27-1713977 | DE    |           |
| Patient Provider Alliance, Inc.                         | 80-0818758 | DE    |           |
| Cigna Global Holdings, Inc.                             | 51-0389196 | DE    |           |
| Cigna International Corporation, Inc.                   | 51-0111677 | DE    |           |
| Cigna International Services, Inc.                      | 23-2610178 | DE    |           |

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The Cigna Group  
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| Entity Name   | EIN        | State | NAIC CODE |
|---|------------|-------|-----------|
| Cigna International Marketing (Thailand) Limited          | 00-0000000 |       |           |
| YCFM Servicos LTDA  | 00-0000000 |       |           |
| Cigna Global Reinsurance Company, Ltd.                    | 98-0210110 |       |           |
| Cigna Holdings Overseas, Inc.                             | 23-3009279 | DE    |           |
| Cigna Bellevue Alpha LLC                                  | 00-0000000 | DE    |           |
| Cigna Linden Holdings, Inc.                               | 46-4110289 | DE    |           |
| Cigna Laurel Holdings, Ltd.                               | 98-1146864 |       |           |
| Cigna Palmetto Holdings, Ltd.                             | 98-1232443 |       |           |
| Cigna Apac Holdings, Ltd.                                 | 00-0000000 |       |           |
| Cigna Alder Holdings, LLC                                 | 00-0000000 | DE    |           |
| Cigna Walnut Holdings, Ltd.                               | 00-0000000 |       |           |
| Cigna Chestnut Holdings, Ltd.                             | 98-1137759 |       |           |
| Cigna International Services Australia Pty Ltd.           | 00-0000000 |       |           |
| Cigna Hong Kong Holdings Company Limited                  | 00-0000000 |       |           |
| Cigna Data Services (Shanghai) Company Limited            | 00-0000000 |       |           |
| Cigna HLA Technology Services Company Limited             | 00-0000000 |       |           |
| Cigna Worldwide General Insurance Company Limited         | 00-0000000 |       |           |
| Cigna International Health Services Sdn. Bhd.             | 00-0000000 |       |           |
| Cigna Healthcare Eastern Technology Services Company      | 00-0000000 |       |           |
| Cigna Life Insurance Company of Canada                    | AA-1560515 |       |           |
| Cigna Spruce Holdings GmbH                                | 00-0000000 |       |           |
| Ascent Health Services LLC                                | 00-0000000 | DE    |           |
| Quallent Pharmaceuticals Holdings LP                      | 00-0000000 |       |           |
| Quallent Pharmaceuticals Health LLC                       | 00-0000000 |       |           |
| NAS Neuron Health Services, L.L.C.                        | 00-0000000 |       |           |
| Claims and Risk Services Limited                          | 00-0000000 |       |           |
| Egyptian Emirates Administration Services SAE             | 00-0000000 |       |           |
| Independent Health Information Technology Services L.L.C. | 00-0000000 |       |           |
| NAS Administrative Services Company LLC                   | 00-0000000 |       |           |
| Kuwait Emirates Administration Services WLL               | 00-0000000 |       |           |
| NAS United SPV  | 00-0000000 |       |           |
| Neuron LLC  | 00-0000000 |       |           |

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| Entity Name  | EIN        | State | NAIC CODE |
|--|------------|-------|-----------|
| Cigna Nederland Gamma B.V.   | 00-0000000 |       |           |
| Cigna Myrtle Holdings, Ltd.  | 98-1154657 |       |           |
| Cigna Elmwood Holdings, SPRL   | 98-1155943 |       |           |
| Cigna Beechwood Holdings   | 98-1181787 |       |           |
| Cigna Life Insurance Company of Europe S.A.-N.V.   | AA-1240009 |       |           |
| Cigna Europe Insurance Company S.A.-N.V.   | 00-0000000 |       |           |
| Cigna European Services (UK) Limited   | 00-0000000 |       |           |
| Cigna 2000 UK Pension LTD  | 00-0000000 |       |           |
| Cigna Oak Holdings, Ltd.   | 00-0000000 |       |           |
| Cigna Willow Holdings, LTD.  | 00-0000000 |       |           |
| FirstAssist Administration Limited   | 00-0000000 |       |           |
| Cigna Legal Protection U.K. Ltd.   | 00-0000000 |       |           |
| Cigna Insurance Services (Europe) Limited  | 00-0000000 |       |           |
| Cigna International Health Services, BVBA  | 00-0000000 |       |           |
| Cigna International Health Services, LLC   | 30-0526216 | FL    |           |
| Cigna International Health Services Kenya Limited  | 00-0000000 |       |           |
| Cigna Cedar Holdings, Ltd.   | 00-0000000 |       |           |
| Cigna Insurance Middle East S.A.L.   | 00-0000000 |       |           |
| Cigna Services Middle East FZE   | 00-0000000 |       |           |
| Cigna Insurance Management Services (DIFC), Ltd.   | 00-0000000 |       |           |
| Cigna Magnolia Holdings, Ltd.  | 98-1232512 |       |           |
| Cigna Turkey Danismanlik Hizmetleri, A.S (A/K/A Cigna Turkey Consultancy Services, A.S.) | 00-0000000 |       |           |
| Cigna Health Solution India Pvt. Ltd.  | 00-0000000 |       |           |
| Cigna Poplar Holdings, Inc.  | 46-4099800 | DE    |           |
| PT GAR Indonesia   | 00-0000000 |       |           |
| Cigna Global Insurance Company Limited   | 68-0676638 |       |           |
| International Pharmaceutical Solutions, GmbH   | 00-0000000 |       |           |
| ManipalCigna Health Insurance Company Limited  | 00-0000000 |       |           |
| Cigna Worldwide Insurance Company  | 23-2088429 | DE    | 90859     |
| Cigna Teak Holdings, LLC   | 00-0000000 | DE    |           |
| Evernorth Strategic Development, Inc.  | 85-2717903 | DE    |           |
| Cigna-Evernorth Services, Inc.   | 85-2732455 | DE    |           |

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| Entity Name   | EIN        | State | NAIC CODE |
|---|------------|-------|-----------|
| Evernorth Health, Inc.                                | 45-2884094 | DE    |           |
| Express Scripts, Inc.                                 | 43-1420563 | DE    |           |
| Forsyth Health, LLC                                   | 88-3762943 | DE    |           |
| ESSCH Holdings, Inc.                                  | 92-1016132 | DE    |           |
| Express Scripts Senior Care Holdings LLC              | 20-3126104 | DE    |           |
| Express Scripts Senior Care, Inc.                     | 20-3126075 | DE    |           |
| Express Scripts Services Co.                          | 43-1832983 | DE    |           |
| Diversified Pharmaceutical Services, Inc.             | 41-1627938 | MN    |           |
| Diversified NY IPA, Inc.                              | 16-1526641 | NY    |           |
| ESI Mail Pharmacy Service, Inc.                       | 43-1867735 | DE    |           |
| Express Scripts Pharmaceutical Procurement, LLC       | 20-5826948 | DE    |           |
| Econdisc Contracting Solutions, LLC                   | 27-3542089 | DE    |           |
| Express Scripts Sales Operations, Inc.                | 22-3114423 | NJ    |           |
| Express Scripts Specialty Distribution Services, Inc. | 43-1869712 | DE    |           |
| ESI Partnership                                       | 43-1925562 | DE    |           |
| ESI Resources, Inc.                                   | 41-2006555 | MN    |           |
| ESI GP Holdings, Inc.                                 | 43-1925556 | DE    |           |
| Express Scripts Utilization Management Company        | 43-1869714 | DE    |           |
| Express Scripts Strategic Development, Inc.           | 22-2230703 | NJ    |           |
| Airport Holdings, LLC                                 | 75-3040465 | NJ    |           |
| CuraScript, Inc.                                      | 36-4369972 | DE    |           |
| Priority Healthcare Corporation                       | 35-1927379 | IN    |           |
| Lynnfield Drug, Inc.                                  | 04-3546044 | FL    |           |
| Freedom Service Company, LLC                          | 20-3229217 | FL    |           |
| Priority Healthcare Distribution, Inc.                | 59-3761140 | FL    |           |
| Evernorth Wholesale Distribution, Inc.                | 93-3608409 | DE    |           |
| Freco, Inc.   | 02-0523249 | FL    |           |
| Lynnfield Compounding Center, Inc.                    | 58-2593075 | FL    |           |
| SpectraCare, Inc.                                     | 61-1147068 | KY    |           |
| SpectraCare Health Care Ventures, Inc.                | 61-1317695 | KY    |           |
| Care Continuum, Inc.                                  | 61-1162797 | KY    |           |
| Matrix GPO, LLC                                       | 51-0500147 | IN    |           |

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| Entity Name   | EIN        | State | NAIC CODE |
|---|------------|-------|-----------|
| Healthbridge Reimbursement & Product Support, Inc.        | 04-2992335 | MA    |           |
| Strategic Pharmaceutical Investments, LLC                 | 47-2658932 | DE    |           |
| L&C Investments, LLC                                      | 47-5292506 | DE    |           |
| ESI Mail Order Processing, Inc. (f/k/a NXI)               | 74-2974964 | DE    |           |
| Express Reinsurance Company                               | 27-3175443 | MO    | 13918     |
| Express Scripts Canada Holding Co.                        | 43-1942542 | DE    |           |
| Express Scripts Canada Co.                                | 00-0000000 |       |           |
| ESI Canada  | 00-0000000 |       |           |
| ESI GP Canada ULC   | 00-0000000 |       |           |
| ESI GP2 Canada ULC  | 00-0000000 |       |           |
| Express Scripts Canada Wholesale                          | 00-0000000 |       |           |
| Express Scripts Canada Services                           | 00-0000000 |       |           |
| Express Scripts Pharmacy Ontario, Ltd.                    | 00-0000000 |       |           |
| Express Scripts Pharmacy West, Ltd.                       | 00-0000000 |       |           |
| Express Scripts Pharmacy Central, Ltd.                    | 00-0000000 |       |           |
| Express Scripts Pharmacy Atlantic, Ltd.                   | 00-0000000 |       |           |
| Express Scripts Canada Holding, LLC                       | 27-1490640 | DE    |           |
| Healthbridge, Inc.  | 26-2159005 | DE    |           |
| Inside RX, LLC  | 82-0658250 | DE    |           |
| myMatrixx Holdings, LLC                                   | 82-1350878 | DE    |           |
| Matrix Healthcare Services, Inc.                          | 59-3720653 | FL    |           |
| myMatrixx-B, LLC  | 46-2589799 | FL    |           |
| MyM Technology Services, LLC                              | 36-4833284 | FL    |           |
| Innovative Product Alignment, LLC                         | 82-1655179 | DE    |           |
| Express Scripts Health Information Network Partners, Inc. | 84-5003423 | DE    |           |
| Evernorth Care Solutions, Inc.                            | 86-1465626 | DE    |           |
| MDLive, Inc.  | 45-4937055 | DE    |           |
| MDLive LLC  | 00-0000000 | DE    |           |
| MDLivevisit, LLC  | 00-0000000 | FL    |           |
| Breakthrough Behavioral, Inc.                             | 00-0000000 | DE    |           |
| Breakthrough Behavioral of Texas, Inc.                    | 00-0000000 | TX    |           |
| MDLive Provider Services, LLC                             | 00-0000000 | FL    |           |

PART 1 -- ORGANIZATION CHART

The Cigna Group  
(A Delaware corporation and ultimate parent company)

The following is a listing identifying and indicating the interrelationships among all affiliated insurers and all other affiliates, as December 31, 2023:

| Entity Name  | EIN        | State | NAIC CODE |
|--|------------|-------|-----------|
| Medco Health Solutions, Inc.                           | 22-3461740 | DE    |           |
| MAH Pharmacy, LLC                                      | 27-1506930 | DE    |           |
| Medco Containment Life Insurance Company               | 42-1425239 | PA    | 63762     |
| Medco Containment Insurance Company of NY              | 13-3506395 | NY    | 34720     |
| Accredo Health, Incorporated                           | 55-0894449 | DE    |           |
| AHG of New York, Inc.                                  | 13-3888838 | NY    |           |
| Biopartners in Care, Inc.                              | 43-1815573 | MO    |           |
| Accredo Health Group, Inc.                             | 11-3358535 | DE    |           |
| Willow DSP LLC   | 00-0000000 | DE    |           |
| Medco Europe, LLC                                      | 46-2166374 | DE    |           |
| Medco Europe II, LLC                                   | 27-3709630 | DE    |           |
| Express Scripts Administrators LLC                     | 41-2063830 | DE    |           |
| Medco Health Puerto Rico, LLC                          | 81-0616525 | DE    |           |
| Systemed, LLC  | 22-3474888 | DE    |           |
| Medco Health Services, Inc.                            | 26-3544786 | DE    |           |
| Express Scripts Pharmacy, Inc.                         | 30-0789911 | DE    |           |
| Specialty Products Acquisitions, LLC                   | 82-4405071 | DE    |           |
| SureScripts, LLC                                       | 00-0000000 | VA    |           |
| Medco Health Information Network Partners, Inc.        | 84-5017653 | DE    |           |
| Evernorth Sales Operations, Inc.                       | 85-2759151 | DE    |           |
| Evernorth Accountable Care, LLC                        | 93-1916563 | DE    |           |
| Evernorth-VillageMD Care Alliance of AZ, LLC           | 93-1946921 | DE    |           |
| Evernorth-VillageMD Care Alliance of CT, LLC           | 93-3088901 | DE    |           |
| Evernorth-VillageMD Care Alliance of GA, LLC           | 93-1971121 | DE    |           |
| Evernorth-VillageMD Care Alliance of NJ, LLC           | 93-2000610 | NJ    |           |
| Evernorth-VillageMD Care Alliance of TX, LLC           | 93-2024744 | DE    |           |
| Evernorth-VillageMD Health Organization of Texas, Inc. | 93-2676484 | TX    |           |
| Evernorth Ireland Limited                              | 00-0000000 | IE    |           |
| eviCore 1, LLC   | 46-4676347 | DE    |           |
| MedSolutions Holdings, Inc.                            | 27-3801345 | DE    |           |
| eviCore healthcare MSI, LLC                            | 62-1615395 | TN    |           |
| CareCore NJ, LLC                                       | 20-1089572 | NJ    | 10144     |



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| Entity Name                            | EIN        | State | NAIC CODE |
|--|------------|-------|-----------|
| CCN-WNY IPA, LLC                       | 33-1039759 | NY    |           |
| CCN NMO, LLC                           | 45-2604992 | NY    |           |
| MSI Health Organization of Texas, Inc. | 32-0071543 | TX    |           |
| MSIAZ I, LLC                           | 86-1090522 | TN    |           |
| MSICA I, LLC                           | 20-1749733 | TN    |           |
| MSICO I, LLC                           | 20-1222347 | TN    |           |
| MSIFL, LLC                             | 55-0840800 | TN    |           |
| MSIMD I, LLC                           | 26-0181185 | TN    |           |
| MSINC I, LLC                           | 74-3122235 | TN    |           |
| MSINH, LLC                             | 03-0524694 | TN    |           |
| MSINH II, LLC                          | 11-3715243 | TN    |           |
| MSINJ I, LLC                           | 20-1749446 | TN    |           |
| MSINV I, LLC                           | 20-1761914 | TN    |           |
| MSI HT, LLC                            | 27-5492993 | TN    |           |
| MSI LT, LLC                            | 27-5493148 | TN    |           |
| MSI SAR-GW, LLC                        | 27-5493321 | TN    |           |
| MSISC II, LLC                          | 55-0840806 | TN    |           |
| MSIVT I, LLC                           | 26-0336736 | TN    |           |
| MSIWA, LLC                             | 20-2536458 | TN    |           |
| Chiro Alliance Corporation             | 59-3466707 | FL    |           |
| QPID Health, LLC                       | 45-5569416 | DE    |           |

**NONE**