

ASSETS

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 Net Admitted 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 \$ encumbrances)				
4.2 Properties held for the production of income (less \$ encumbrances)				
4.3 Properties held for sale (less \$ encumbrances)				
5. Cash (\$ 809,872 , Schedule E - Part 1), cash equivalents (\$ 254,849 , Schedule E - Part 2) and short-term 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 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 deferred and not yet due (including \$ earned but unbilled premiums)				
15.3 Accrued retrospective premiums (\$) and 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 (\$)				
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 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 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 Current Year	2 Prior Year
1. Aggregate reserve for life contracts \$	(Exh. 5, Line 9999999) less \$		
included in Line 6.3 (including \$	Modco Reserve)	213,376	239,940
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	39,172
19,283 accident and health premiums (Exhibit 1, Part 1, Col. 1, sum of lines 4 and 14)			
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 \$	17,918	112,211
9.3 Other amounts payable on reinsurance, including \$	0 assumed and \$	5,740	5,740
9.4 Interest maintenance reserve (IMR, Line 6)	ceded		6,110
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
23. Dividends to stockholders declared and unpaid			200,258
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)			

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

	1 Current Year	2 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)	172,532	223,340
23. General insurance expenses and fraternal expenses (Exhibit 2, Line 10, Cols. 1, 2, 3, 4 and 6)	160,522	132,415
24. Insurance taxes, licenses and fees, excluding federal income taxes (Exhibit 3, Line 7, Cols. 1 + 2 + 3 + 5)	(347)	(3,012)
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	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)	823,213	783,471
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		
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 Current Year	2 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:

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

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS - SUMMARY

	1 Total	2 Individual Life	3 Group Life	4 Individual Annuities	5 Group Annuities	6 Accident and Health	7 Fraternal	8 Other Lines of Business	9 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		
14. Coupons, guaranteed annual pure endowments and similar benefits							XXX	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 (b)

	1 Total	2 Industrial Life	3 Whole Life	4 Term Life	5 Indexed Life	6 Universal Life	7 Universal Life With Secondary Guarantees	8 Variable Life	9 Variable Universal Life	10 Credit Life (c)	11 Other Individual Life	12 YRT Mortality Risk Only
1. Premiums for life contracts ^(a)												
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 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, 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 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 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 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 members and federal income taxes and before realized capital gains or (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 Total	2 Whole Life	3 Term Life	4 Universal Life	5 Variable Life	6 Variable Universal Life	7 Credit Life (d)	8 Other Group Life (a)	9 YRT Mortality Risk Only
1. Premiums for life contracts ^(b)	(57)								
2. Considerations for supplementary contracts with life contingencies	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 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health
		2 Individual	3 Group										
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	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
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								
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		77		6,010							
2702.													
2703.													
2798. Summary of remaining write-ins for Line 27 from overflow page		6,087		77		6,010							
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

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Provident American Life and Health Insurance Company
EXHIBIT OF NET INVESTMENT INCOME

		1 Collected During Year	2 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) On Sales or Maturity	Other Realized Adjustments	Total Realized Capital Gain (Loss) (Columns 1 + 2)	Change in Unrealized Capital Gain (Loss)	Change in Unrealized Foreign Exchange 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 overflow page					
0999. Totals (Lines 0901 thru 0903 plus 0998) (Line 9, 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 Total	2 Individual Life	3 Group Life	4 Individual Annuities	5 Group Annuities	6 Accident & Health	7 Fraternal	8 Other Lines of Business
FIRST YEAR (other than single)								
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)								
SINGLE								
10. Single premiums and considerations:								
10.1 Direct								
10.2 Reinsurance assumed								
10.3 Reinsurance ceded								
10.4 Net								
RENEWAL								
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	138,648	87,695	6,322					44,631
13.3 Reinsurance ceded	(63,196)		(6,322)					(56,874)
13.4 Net (Line 11 + Line 12)								
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
TOTAL								
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 Total	2 Individual Life	3 Group Life	4 Individual Annuities	5 Group Annuities	6 Accident & Health	7 Fraternal	8 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 Life	Accident and Health			6	7	
		2 Cost Containment	3 All Other				
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			315			315	
4.2 Medical examination fees							
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 Life	2 Accident and Health	3 All Other Lines of Business			
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 Life	2 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)		

NONE

EXHIBIT 5 - AGGREGATE RESERVE FOR LIFE CONTRACTS

1 Valuation Standard	2 Total ^(a)	3 Industrial	4 Ordinary	5 Credit (Group and Individual)	6 Group
0100001. 2001 CSO 4.0% ANB CRVM CNF. (06-10)	1,935,529		1,935,529		
0100002. 2001 CSO 4.0% ALB CRVM CNF. (06-10)	12,329		12,329		
0100003. 2001 CSO 4.0% ANB NLP CRF. (06-10)	941		941		
0199997. Totals (Gross)	1,948,799		1,948,799		
0199998. Reinsurance ceded	1,948,799		1,948,799		
0199999. Life Insurance: Totals (Net)					
0299998. Reinsurance ceded		XXX		XXX	
0299999. Annuities: Totals (Net)		XXX		XXX	
0399998. Reinsurance ceded					
0399999. SCWLC: Totals (Net)					
0400001.					
0499997. Totals (Gross)					
0499998. Reinsurance ceded					
0499999. Accidental Death Benefits: Totals (Net)					
0599998. Reinsurance ceded					
0599999. Disability-Active Lives: Totals (Net)					
0699998. Reinsurance ceded					
0699999. Disability-Disabled Lives: Totals (Net)					
0700001. Non-deduction of deferred fractional premiums	57,676		57,676		
0700002. Immediate Payment of Death Claims					
0799997. Totals (Gross)	57,676		57,676		
0799998. Reinsurance ceded	57,676		57,676		
0799999. Miscellaneous Reserves: Totals (Net)					
9999999. Totals (Net) - Page 3, Line 1					

(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 Description of Valuation Class	Valuation Basis		4 Increase in Actuarial Reserve Due to Change
	2 Changed From	3 Changed To	
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 ^(a)

	1	Comprehensive		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10	11	12	13	
		2 Individual	3 Group											
ACTIVE LIFE RESERVE	Total													
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									
CLAIM RESERVE														
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.

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

EXHIBIT 7 - DEPOSIT TYPE CONTRACTS

	1 Total	2 Guaranteed Interest Contracts	3 Annuities Certain	4 Supplemental Contracts	5 Dividend Accumulations or Refunds	6 Premium and Other 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 Total	2 Individual Life	3 Group Life	4 Individual Annuities	5 Group Annuities	6 Accident & Health	7 Fraternal	8 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	71,538	62,300				9,238		
2.21 Direct								
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	249,276	64,522				184,754		
4.1 Direct								
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 Total	2 Individual Life (a)	3 Group Life (b)	4 Individual Annuities	5 Group Annuities	6 Accident & Health	7 Fraternal	8 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 Current Year Total Nonadmitted Assets	2 Prior Year Total Nonadmitted Assets	3 Change in Total Nonadmitted Assets (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 (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 (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	
	1	2	3	4	5		
Restricted Asset Category	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
Restricted Asset Category	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 (Contracts 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:

(in whole dollars)	12/31/2023			12/31/2022			Change		
	(1) Ordinary	(2) Capital	(3) (Col 1+2) Total	(4) Ordinary	(5) Capital	(6) (Col 4+5) Total	(7) (Col 1-4) Ordinary	(8) (Col 2-5) Capital	(9) (Col 7+8) 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.

Admission Calculation Components SSAP No. 101	12/31/2023			12/31/2022			Change		
	(1) Ordinary	(2) Capital	(3) (Col 1+2) Total	(4) Ordinary	(5) Capital	(6) (Col 4+5) Total	(7) (Col 1-4) Ordinary	(8) (Col 2-5) Capital	(9) (Col 7+8) 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

	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.

Impact of Tax Planning Strategies	12/31/2023		12/31/2022		Change	
	(1) Ordinary	(2) Capital	(3) Ordinary	(4) Capital	(5) (Col 1-3) Ordinary	(6) (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 <u>X</u>				

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) 12/31/2023	(2) 12/31/2022	(3) (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) 12/31/2023	(2) 12/31/2022	(3) (Col 1-2) 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) 12/31/2023	(2) 12/31/2022	(3) (Col 1-2) 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]			\$ (141,323)

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	\$ 183,731	21.23%
 Federal income taxes incurred	 \$ 42,408	 4.90%
Change in net deferred income taxes	141,323	16.33%
Total statutory income taxes	\$ 183,731	21.23%

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
Cigna Healthcare Mid-Atlantic Inc	Evernorth-VillageMD Health Organization of TX, Inc.	Tel-Drug Inc
Cigna Healthcare of Arizona Inc	eviCore 1, LLC	Universal Claims Administration
Cigna Healthcare of California Inc	Express Reinsurance Company	Verity Solutions Group, Inc.
Cigna Healthcare of Colorado Inc	Express Scripts Administrators, LLC	

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 Applied

3.5%

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

Name of the Insolvency	Guaranty Fund Assessment		Related Assets	
	Undiscounted	Discounted	Undiscounted	Discounted
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:

Name of the 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
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 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
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 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 If yes, what is the amount of reinsurance credits, whether an asset or a reduction of liability, taken for such new agreements or amendments? \$

A. 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 Cash Value	Reserve	Account- Account Value	Guaranteed and Cash Value	Nonguaranteed 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.

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Provident American Life and Health Insurance Company
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? Yes [X] No []
 If yes, complete Schedule Y, Parts 1, 1A, 2 and 3.

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 [X] No [] N/A []

1.3 State Regulating?

1.4 Is the reporting entity publicly traded or a member of a publicly traded group? Yes [X] 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 [X]

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 [X]

3.6 Have all of the recommendations within the latest financial examination report been complied with? Yes [] No [] N/A [X]

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? Yes [] No [X]
 4.12 renewals? Yes [] No [X]

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? Yes [] No [X]
 4.22 renewals? Yes [] No [X]

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 [X]

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 Name of Entity	2 NAIC Company Code	3 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 [X]

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 [X]

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 Nationality	2 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 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 FDIC	6 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 American Bankers Association (ABA) Routing Number	2 Issuing or Confirming Bank Name	3 Circumstances That Can Trigger the Letter of Credit	4 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	\$
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 Nature of Restriction	2 Description	3 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:

- 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 Name of Custodian(s)	2 Custodian's Address
JP Morgan Chase Bank N.A.	4 Chase Metro Tech Center, 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 Name(s)	2 Location(s)	3 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 Old Custodian	2 New Custodian	3 Date of Change	4 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 Name of Firm or Individual	2 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 Central Registration Depository Number	2 Name of Firm or Individual	3 Legal Entity Identifier (LEI)	4 Registered With	5 Investment Management Agreement (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 CUSIP #	2 Name of Mutual Fund	3 Book/Adjusted Carrying Value
30.2999 - Total

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

1 Name of Mutual Fund (from above table)	2 Name of Significant Holding of the Mutual Fund	3 Amount of Mutual Fund's Book/Adjusted Carrying Value Attributable to the Holding	4 Date of 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 Statement (Admitted) Value	2 Fair Value	3 Excess of Statement over Fair Value (-), or Fair Value over 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 [X]

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 [X]

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 Name of Cryptocurrency	2 Immediately Converted to USD, Directly Held, or Both	3 Accepted for Payment of 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 Name	2 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 Name	2 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 Name	2 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
	Statement Value on Purchase Date of Annuities (i.e., Present Value)
P&C Insurance Company And Location	

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 Company Name	2 NAIC Company Code	3 Domiciliary Jurisdiction	4 Reserve Credit	Assets Supporting Reserve Credit		
				5 Letters of Credit	6 Trust Agreements	7 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 guarantee)	
Universal Life (with or without secondary guarantee)	
Variable Universal Life (with or without secondary guarantee)	

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 reinsurance 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 Reinsurance Assumed	2 Reinsurance Ceded	3 Net 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

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

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 Point	1 Earned Premium	2 Claim Liability 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? Yes [] No []

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? Yes [] No []

25. Are applicants admitted to membership without filing an application with and becoming a member of a local branch by ballot and initiation? Yes [] No []

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 Lien Amount
.....

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

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 2023	2 2022	3 2021	4 2020	5 2019
Life Insurance in Force (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					
New Business Issued (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)					
Premium Income - Lines of Business (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
Balance Sheet (Pages 2 & 3)					
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
Cash Flow (Page 5)					
29. Net Cash from Operations (Line 11)	778,830	727,081	997,706	1,317,800	1,084,311
Risk-Based Capital Analysis					
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
Percentage Distribution of Cash, Cash Equivalents and Invested Assets (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
Investments in Parent, Subsidiaries and Affiliates					
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					

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

FIVE-YEAR HISTORICAL DATA

(Continued)

	1 2023	2 2022	3 2021	4 2020	5 2019
Total Nonadmitted and Admitted Assets					
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
Investment Data					
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
Benefits and Reserve Increases (Page 6)					
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)					
Operating Percentages					
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
A & H Claim Reserve Adequacy					
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.
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)					
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 Total Amount of Insurance	
	1 Number of Policies	2 Amount of Insurance	3 Number of Policies	4 Amount of Insurance	5 Number of Individual Policies and Group Certificates	6 Amount of Insurance	Number of			
							7 Policies	8 Certificates		
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.		
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?

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) (Continued)

ADDITIONAL INFORMATION ON INSURANCE IN FORCE END OF YEAR

	Industrial		Ordinary	
	1 Number of Policies	2 Amount of Insurance	3 Number of Policies	4 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 (Included in Line 2)		In Force End of Year (Included in Line 21)	
	1 Number of Policies	2 Amount of Insurance	3 Number of Policies	4 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 (Included in Line 2)		In Force End of Year (Included in Line 21)	
	1 Non-Participating	2 Participating	3 Non-Participating	4 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 Number of Individuals Policies	2 Amount of Insurance	3 Number of Certificates	4 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 ceded policies is multiplied 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				

NONE

BASIS OF CALCULATION OF ORDINARY TERM INSURANCE

47. State basis of calculation of (47.1) decreasing term insurance contained in Family Insurance, 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
47.1
47.2

NONE

POLICIES WITH DISABILITY PROVISIONS

Disability Provisions	Industrial		Ordinary		Credit		Group	
	1 Number of Policies	2 Amount of Insurance	3 Number of Policies	4 Amount of Insurance	5 Number of Policies	6 Amount of Insurance	7 Number of Certificates	8 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 Involving Life Contingencies	2 Not Involving Life Contingencies	3 Involving Life Contingencies	4 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)

NONE

ANNUITIES

	Ordinary		Group	
	1 Immediate	2 Deferred	3 Contracts	4 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 Certificates	2 Premiums in Force	3 Policies	4 Premiums in Force	5 Policies	6 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	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 Deposit Funds	2 Dividend Accumulations
					Contracts	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 ^(b)

Allocated by States and Territories

States, Etc.	Active Status (a)	Direct Business Only				Total Columns 2 through 5 (b)	Deposit-Type Contracts		
		Life Contracts		Accident and Health Insurance Premiums, Including Policy, Membership and Other Fees	Other Considerations				
		2 Life Insurance Premiums	3 Annuity Considerations						
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 4. Q - Qualified - Qualified or accredited reinsurer.....
 2. R - Registered - Non-domiciled RRGs.....5. N - None of the above - Not allowed to write business in the state.....19

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.....

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

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
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
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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
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
(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
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 ILLC	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	

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
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 Eisenhauer, 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	

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
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 Merrilltown, 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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The Cigna Group
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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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The Cigna Group
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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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The Cigna Group
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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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The Cigna Group
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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	

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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	

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NONE