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

ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2023

OF THE CONDITION AND AFFAIRS OF THE

Cigna National Health Insurance Company

NAIC Group Code 0901 (Current) 0901 (Prior) NAIC Company Code 61727 Employer's ID Number 34-0970995

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

Country of Domicile United States of America

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

Incorporated/Organized 07/02/1963 Commenced Business 05/12/1965

Statutory Home Office 1300 East Ninth Street (Street and Number), Cleveland, OH, US 44114 (City or Town, State, Country and Zip Code)

Main Administrative Office 11501 Alterra Parkway, Suite 500 (Street and Number)

Austin, TX, US 78758 (City or Town, State, Country and Zip Code), 512-451-2224 (Area Code) (Telephone Number)

Mail Address 11501 Alterra Parkway, Suite 500 (Street and Number or P.O. Box), Austin, TX, US 78758 (City or Town, State, Country and Zip Code)

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

Austin, TX, US 78758 (City or Town, State, Country and Zip Code), 512-451-2224 (Area Code) (Telephone Number)

Internet Website Address www.CignaSupplementalBenefits.com

Statutory Statement Contact Renee Wilkins Feldman (Name), 512-531-1465 (Area Code) (Telephone Number)

CSBFinRpt@cigna.com (E-mail Address), 512-467-1399 (FAX Number)

OFFICERS

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

OTHER

Mark Fleming, Vice President and Assistant Treasurer	Joanne Ruth Hart, Vice President and Assistant Treasurer	Scott Ronald Lambert, Vice President and Assistant Treasurer
Mark Edmund Ochal, General Manager	Kathleen Murphy O'Neil, Vice President	Daniel Ernest Paffumi, Appointed Actuary

DIRECTORS OR TRUSTEES

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

State of Pennsylvania
County of Philadelphia SS

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

Byron Keith Buescher Chief Accounting Officer and Treasurer	David Leroy Swanson Chief Financial Officer and Chief Actuary	Geneva Campbell Brown Secretary

Subscribed and sworn to before me this
_____ day of _____

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

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0901 BUSINESS IN THE STATE OF Alabama DURING THE YEAR 2023 NAIC Company Code 61727

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members: 3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	Claims and Benefits Paid: 8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole	2,816						0	0		1,818		1,818
3. Term	10,463						0	0				0
4. Indexed							0					0
5. Universal	2,936						0			0		0
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other (f)							0					0
11. Total Individual Life	16,215	0	0	0	0	0	0	0	0	1,818	0	1,818
Group Life												
12. Whole							0					0
13. Term							0					0
14. Universal							0					0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other (f)							0					0
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed	7,200						0	0		0		0
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout							0	0				0
25. Other (f)							0					0
26. Total Individual Annuities	7,200	0	0	0	0	0	0	0	0	0	0	0
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other (f)							0					0
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d)	0						0	XXX	XXX	XXX	0	0
35. Comprehensive group (d)							0	XXX	XXX	XXX		0
36. Medicare Supplement (d)	2,039,966						0	XXX	XXX	XXX	1,854,443	1,854,443
37. Vision only (d)							0	XXX	XXX	XXX		0
38. Dental only (d)	3,430						0	XXX	XXX	XXX	1,218	1,218
39. Federal Employees Health Benefits Plan (d)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)	(e)						0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)							0	XXX	XXX	XXX		0
42. Credit A&H							0	XXX	XXX	XXX		0
43. Disability income (d)							0	XXX	XXX	XXX	0	0
44. Long-term care (d)							0	XXX	XXX	XXX		0
45. Other health (d)	680						0	XXX	XXX	XXX	0	0
46. Total Accident and Health	2,044,076	0	0	0	0	0	0	XXX	XXX	XXX	1,855,661	1,855,661
47. Total	2,067,491 (c)	0	0	0	0	0	0	0	0	1,818	1,855,661	1,857,479

LIFE INSURANCE (STATE PAGE) (Continued)[b]

NAIC Group Code 0901 BUSINESS IN THE STATE OF Alabama DURING THE YEAR 2023 NAIC Company Code 61727

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year							22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year		23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life															
1. Industrial								0	0						
2. Whole	0	0	0	0	0	0	0	0	0	0			(1)	(5,000)	4	12,006
3. Term	0	0	0	0	0	0	0	0	0	0			(1)	(95,000)	14	1,016,443
4. Indexed								0	0							
5. Universal								0	0				0	(15)	5	383,410
6. Universal with secondary guarantees								0	0							
7. Variable								0	0							
8. Variable universal								0	0							
9. Credit								0	0							
10. Other (f)								0	0							
11. Total Individual Life	0	0	0	0	0	0	0	0	0	0	0	0	(2)	(100,015)	23	1,411,859
Group Life																
12. Whole								0	0							
13. Term								0	0							
14. Universal								0	0							
15. Variable								0	0							
16. Variable universal								0	0							
17. Credit								0	0							(a)
18. Other (f)								0	0							
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities																
20. Fixed	0	0	0	0	0	0	0	0	0	0	0	0	0	12,184	2	119,141
21. Indexed								0	0							
22. Variable with guarantees								0	0							
23. Variable without guarantees								0	0							
24. Life contingent payout	0	0	0	0	0	0	0	0	0	0						
25. Other (f)								0	0							
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	12,184	2	119,141
Group Annuities																
27. Fixed								0	0							
28. Indexed								0	0							
29. Variable with guarantees								0	0							
30. Variable without guarantees								0	0							
31. Life contingent payout								0	0							
32. Other (f)								0	0							
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	897	827,587	(96)	364,262	1,629	2,039,966
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	(1)	(1,570)	6	3,430
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	3	680
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	897	827,587	(97)	362,692	1,638	2,044,076
47. TOTAL	0	0	0	0	0	0	0	0	0	0	897	827,587	(99)	274,861	1,663	3,575,076

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

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: ..... 2) covering number of lives: ..... 3) face amount $ .....

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: $ ..... Group: $ ..... Total: $ 0

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

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $ .....

(f) Certain Separate Account products are included in "Other" product categories in the table(s) above:

1. Individual Life - Other includes the following amounts related to Separate Account policies: Column 1) $ ..... Column 7) $ ..... Column 12) $ .....
2. Group Life - Other includes the following amounts related to Separate Account policies: Column 1) $ ..... Column 7) $ ..... Column 12) $ .....
3. Individual Annuities - Other includes the following amounts related to Separate Account policies: Column 1) $ ..... Column 7) $ ..... Column 12) $ .....
4. Group Annuities - Other includes the following amounts related to Separate Account policies: Column 1) $ ..... Column 7) $ ..... Column 12) $ .....

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0901 BUSINESS IN THE STATE OF Alaska DURING THE YEAR 2023 NAIC Company Code 61727

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members: 3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	Claims and Benefits Paid: 8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole	0						0	0		0		0
3. Term	127						0	0				0
4. Indexed							0					0
5. Universal	676						0			0		0
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other (f)							0					0
11. Total Individual Life	803	0	0	0	0	0	0	0	0	0	0	0
Group Life												
12. Whole							0					0
13. Term							0					0
14. Universal							0					0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other (f)							0					0
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed	0						0	0		0		0
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout							0	0				0
25. Other (f)							0					0
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other (f)							0					0
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d)	0						0	XXX	XXX	XXX	0	0
35. Comprehensive group (d)							0	XXX	XXX	XXX		0
36. Medicare Supplement (d)	0						0	XXX	XXX	XXX	0	0
37. Vision only (d)							0	XXX	XXX	XXX		0
38. Dental only (d)	0						0	XXX	XXX	XXX	0	0
39. Federal Employees Health Benefits Plan (d)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)	(e)						0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)							0	XXX	XXX	XXX		0
42. Credit A&H							0	XXX	XXX	XXX		0
43. Disability income (d)							0	XXX	XXX	XXX	0	0
44. Long-term care (d)							0	XXX	XXX	XXX		0
45. Other health (d)	0						0	XXX	XXX	XXX	0	0
46. Total Accident and Health	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
47. Total	803 (c)	0	0	0	0	0	0	0	0	0	0	0

LIFE INSURANCE (STATE PAGE) (Continued)(b)

NAIC Group Code 0901 BUSINESS IN THE STATE OF Alaska DURING THE YEAR 2023 NAIC Company Code 61727

Line of Business	13 Incurred During Current Year	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits: Claims Settled During Current Year: Totals Paid 14 Number of Pols/ Certs	Totals Paid 15 Amount	Reduction by Compromise 16 Number of Pols/ Certs	Reduction by Compromise 17 Amount	Amount Rejected 18 Number of Pols/ Certs	Amount Rejected 19 Amount	Total Settled During Current Year 20 Number of Pols/ Certs	Total Settled During Current Year 21 Amount	22 Unpaid December 31, Current Year	Policy Exhibit: Issued During Year 23 Number of Pols/ Certs	Issued During Year 24 Amount	Other Changes to In Force (Net) 25 Number of Pols/ Certs	Other Changes to In Force (Net) 26 Amount	In Force December 31, Current Year (b) 27 Number of Pols/ Certs	In Force December 31, Current Year (b) 28 Amount
Individual Life																
1. Industrial								0	0							
2. Whole	0	0	0	0	0	0	0	0	0	0			0	0	0	0
3. Term	0	0	0	0	0	0	0	0	0	0			0	0	1	50,000
4. Indexed								0	0							
5. Universal								0	0				0	0	1	30,000
6. Universal with secondary guarantees								0	0							
7. Variable								0	0							
8. Variable universal								0	0							
9. Credit								0	0							
10. Other (f)								0	0							
11. Total Individual Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	80,000
Group Life																
12. Whole								0	0							
13. Term								0	0							
14. Universal								0	0							
15. Variable								0	0							
16. Variable universal								0	0							
17. Credit								0	0							(a)
18. Other (f)								0	0							
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities																
20. Fixed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
21. Indexed								0	0							
22. Variable with guarantees								0	0							
23. Variable without guarantees								0	0							
24. Life contingent payout	0		0	0	0	0	0	0	0	0						
25. Other (f)								0	0							
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities																
27. Fixed								0	0							
28. Indexed								0	0							
29. Variable with guarantees								0	0							
30. Variable without guarantees								0	0							
31. Life contingent payout								0	0							
32. Other (f)								0	0							
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
47. TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	80,000

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

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: ..... 2) covering number of lives: ..... 3) face amount $ .....

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: $ ..... Group: $ ..... Total: $ 0

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

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $ .....

(f) Certain Separate Account products are included in "Other" product categories in the table(s) above:

1. Individual Life - Other includes the following amounts related to Separate Account policies: Column 1) $ ..... Column 7) $ ..... Column 12) $ .....
2. Group Life - Other includes the following amounts related to Separate Account policies: Column 1) $ ..... Column 7) $ ..... Column 12) $ .....
3. Individual Annuities - Other includes the following amounts related to Separate Account policies: Column 1) $ ..... Column 7) $ ..... Column 12) $ .....
4. Group Annuities - Other includes the following amounts related to Separate Account policies: Column 1) $ ..... Column 7) $ ..... Column 12) $ .....

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0901 BUSINESS IN THE STATE OF Arizona DURING THE YEAR 2023 NAIC Company Code 61727

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members: 3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	Claims and Benefits Paid: 8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole	304						0	0		0		0
3. Term	4,675						0	0				0
4. Indexed							0					0
5. Universal	0						0			0		0
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other (f)							0					0
11. Total Individual Life	4,979	0	0	0	0	0	0	0	0	0	0	0
Group Life												
12. Whole							0					0
13. Term							0					0
14. Universal							0					0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other (f)							0					0
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed	0						0	0		0		0
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout							0	344				344
25. Other (f)							0					0
26. Total Individual Annuities	0	0	0	0	0	0	0	344	0	0	0	344
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other (f)							0					0
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d)	0						0	XXX	XXX	XXX	0	0
35. Comprehensive group (d)							0	XXX	XXX	XXX		0
36. Medicare Supplement (d)	547,953						0	XXX	XXX	XXX	283,864	283,864
37. Vision only (d)							0	XXX	XXX	XXX		0
38. Dental only (d)	0						0	XXX	XXX	XXX	0	0
39. Federal Employees Health Benefits Plan (d)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)	(e)						0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)							0	XXX	XXX	XXX		0
42. Credit A&H							0	XXX	XXX	XXX		0
43. Disability income (d)							0	XXX	XXX	XXX	0	0
44. Long-term care (d)							0	XXX	XXX	XXX		0
45. Other health (d)	2,034						0	XXX	XXX	XXX	0	0
46. Total Accident and Health	549,987	0	0	0	0	0	0	XXX	XXX	XXX	283,864	283,864
47. Total	554,966 (c)	0	0	0	0	0	0	344	0	0	283,864	284,208

LIFE INSURANCE (STATE PAGE) (Continued)(b)

NAIC Group Code 0901 BUSINESS IN THE STATE OF Arizona DURING THE YEAR 2023 NAIC Company Code 61727

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year							22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year		23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life															
1. Industrial								0	0						
2. Whole	0	0	0	0	0	0	0	0	0	0			0	0	1	6,000
3. Term	0	0	0	0	0	0	0	0	0	0			0	0	5	484,957
4. Indexed								0	0							
5. Universal								0	0				0	0	0	0
6. Universal with secondary guarantees								0	0							
7. Variable								0	0							
8. Variable universal								0	0							
9. Credit								0	0							
10. Other (f)								0	0							
11. Total Individual Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	6	490,957
Group Life															
12. Whole								0	0							
13. Term								0	0							
14. Universal								0	0							
15. Variable								0	0							
16. Variable universal								0	0							
17. Credit								0	0							(a)
18. Other (f)								0	0							
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities															
20. Fixed	0	0	0	0	0	0	0	0	0	0	0	0	0	23,816	3	515,860
21. Indexed								0	0							
22. Variable with guarantees								0	0							
23. Variable without guarantees								0	0							
24. Life contingent payout	0	0	0	0	0	0	0	0	0	0				(51)	1	699
25. Other (f)								0	0							
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	23,765	4	516,559
Group Annuities															
27. Fixed								0	0							
28. Indexed								0	0							
29. Variable with guarantees								0	0							
30. Variable without guarantees								0	0							
31. Life contingent payout								0	0							
32. Other (f)								0	0							
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health															
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,079	506,962	4	24,680	1,095	547,953
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	(1)	(55)	4	2,034
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,079	506,962	3	24,625	1,099	549,987
47. TOTAL	0	0	0	0	0	0	0	0	0	0	1,079	506,962	3	48,390	1,109	1,557,503

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

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: ..... 2) covering number of lives: ..... 3) face amount $ .....

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: $ ..... Group: $ ..... Total: $ 0

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

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $ .....

(f) Certain Separate Account products are included in "Other" product categories in the table(s) above:

1. Individual Life - Other includes the following amounts related to Separate Account policies: Column 1) $ ..... Column 7) $ ..... Column 12) $ .....
2. Group Life - Other includes the following amounts related to Separate Account policies: Column 1) $ ..... Column 7) $ ..... Column 12) $ .....
3. Individual Annuities - Other includes the following amounts related to Separate Account policies: Column 1) $ ..... Column 7) $ ..... Column 12) $ .....
4. Group Annuities - Other includes the following amounts related to Separate Account policies: Column 1) $ ..... Column 7) $ ..... Column 12) $ .....

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0901 BUSINESS IN THE STATE OF Arkansas DURING THE YEAR 2023 NAIC Company Code 61727

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole	3,368						0	0		0		0
3. Term	0						0	0				0
4. Indexed							0					0
5. Universal	0						0			0		0
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other (f)							0					0
11. Total Individual Life	3,368	0	0	0	0	0	0	0	0	0	0	0
Group Life												
12. Whole							0					0
13. Term							0					0
14. Universal							0					0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other (f)							0					0
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed	0						0	0		0		0
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout							0	0				0
25. Other (f)							0					0
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other (f)							0					0
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d)	0						0	XXX	XXX	XXX	0	0
35. Comprehensive group (d)							0	XXX	XXX	XXX		0
36. Medicare Supplement (d)	23,558						0	XXX	XXX	XXX	63,284	63,284
37. Vision only (d)							0	XXX	XXX	XXX		0
38. Dental only (d)	0						0	XXX	XXX	XXX	0	0
39. Federal Employees Health Benefits Plan (d)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)	(e)						0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)							0	XXX	XXX	XXX		0
42. Credit A&H							0	XXX	XXX	XXX		0
43. Disability income (d)							0	XXX	XXX	XXX	0	0
44. Long-term care (d)							0	XXX	XXX	XXX		0
45. Other health (d)	0						0	XXX	XXX	XXX	0	0
46. Total Accident and Health	23,558	0	0	0	0	0	0	XXX	XXX	XXX	63,284	63,284
47. Total	26,926 (c)	0	0	0	0	0	0	0	0	0	63,284	63,284

LIFE INSURANCE (STATE PAGE) (Continued)(b)

NAIC Group Code 0901 BUSINESS IN THE STATE OF Arkansas DURING THE YEAR 2023 NAIC Company Code 61727

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year							22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year		23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life															
1. Industrial								0	0						
2. Whole	0	0	0	0	0	0	0	0	0	0			0	0	4	60,000
3. Term	0	0	0	0	0	0	0	0	0	0			0	0	0	0
4. Indexed								0	0							
5. Universal								0	0				1	25,000	1	25,000
6. Universal with secondary guarantees								0	0							
7. Variable								0	0							
8. Variable universal								0	0							
9. Credit								0	0							
10. Other (f)								0	0							
11. Total Individual Life	0	0	0	0	0	0	0	0	0	0	0	0	1	25,000	5	85,000
Group Life																
12. Whole								0	0							
13. Term								0	0							
14. Universal								0	0							
15. Variable								0	0							
16. Variable universal								0	0							
17. Credit								0	0							(a)
18. Other (f)								0	0							
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities																
20. Fixed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
21. Indexed								0	0							
22. Variable with guarantees								0	0							
23. Variable without guarantees								0	0							
24. Life contingent payout	0		0	0	0	0	0	0	0	0						
25. Other (f)								0	0							
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities																
27. Fixed								0	0							
28. Indexed								0	0							
29. Variable with guarantees								0	0							
30. Variable without guarantees								0	0							
31. Life contingent payout								0	0							
32. Other (f)								0	0							
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	7	6,400	3	1,766	14	23,558
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	7	6,400	3	1,766	14	23,558
47. TOTAL	0	0	0	0	0	0	0	0	0	0	7	6,400	4	26,766	19	108,558

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

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: ..... 2) covering number of lives: ..... 3) face amount $ .....

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: $ ..... Group: $ ..... Total: $ 0

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

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $ .....

(f) Certain Separate Account products are included in "Other" product categories in the table(s) above:

1. Individual Life - Other includes the following amounts related to Separate Account policies: Column 1) $ ..... Column 7) $ ..... Column 12) $ .....
2. Group Life - Other includes the following amounts related to Separate Account policies: Column 1) $ ..... Column 7) $ ..... Column 12) $ .....
3. Individual Annuities - Other includes the following amounts related to Separate Account policies: Column 1) $ ..... Column 7) $ ..... Column 12) $ .....
4. Group Annuities - Other includes the following amounts related to Separate Account policies: Column 1) $ ..... Column 7) $ ..... Column 12) $ .....

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0901 BUSINESS IN THE STATE OF California DURING THE YEAR 2023 NAIC Company Code 61727

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members: 3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	Claims and Benefits Paid: 8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole	0						0	0		0		0
3. Term	12						0	0				0
4. Indexed							0					0
5. Universal	0						0			0		0
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other (f)							0					0
11. Total Individual Life	12	0	0	0	0	0	0	0	0	0	0	0
Group Life												
12. Whole							0					0
13. Term							0					0
14. Universal							0					0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other (f)							0					0
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed	0						0	0		0		0
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout							0	0				0
25. Other (f)							0					0
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other (f)							0					0
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d)	0						0	XXX	XXX	XXX	0	0
35. Comprehensive group (d)							0	XXX	XXX	XXX		0
36. Medicare Supplement (d)	57,275						0	XXX	XXX	XXX	101,980	101,980
37. Vision only (d)							0	XXX	XXX	XXX		0
38. Dental only (d)	0						0	XXX	XXX	XXX	0	0
39. Federal Employees Health Benefits Plan (d)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)	(e)						0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)							0	XXX	XXX	XXX		0
42. Credit A&H							0	XXX	XXX	XXX		0
43. Disability income (d)							0	XXX	XXX	XXX	0	0
44. Long-term care (d)							0	XXX	XXX	XXX		0
45. Other health (d)	0						0	XXX	XXX	XXX	0	0
46. Total Accident and Health	57,275	0	0	0	0	0	0	XXX	XXX	XXX	101,980	101,980
47. Total	57,287 (c)	0	0	0	0	0	0	0	0	0	101,980	101,980

LIFE INSURANCE (STATE PAGE) (Continued)(b)

NAIC Group Code 0901 BUSINESS IN THE STATE OF California DURING THE YEAR 2023 NAIC Company Code 61727

Line of Business	13 Incurred During Current Year	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits: Claims Settled During Current Year: Totals Paid 14 Number of Pols/ Certs	Totals Paid 15 Amount	Reduction by Compromise 16 Number of Pols/ Certs	Reduction by Compromise 17 Amount	Amount Rejected 18 Number of Pols/ Certs	Amount Rejected 19 Amount	Total Settled During Current Year 20 Number of Pols/ Certs	Total Settled During Current Year 21 Amount	22 Unpaid December 31, Current Year	Policy Exhibit: Issued During Year 23 Number of Pols/ Certs	Issued During Year 24 Amount	Other Changes to In Force (Net) 25 Number of Pols/ Certs	Other Changes to In Force (Net) 26 Amount	In Force December 31, Current Year (b) 27 Number of Pols/ Certs	In Force December 31, Current Year (b) 28 Amount
Individual Life																
1. Industrial								0	0							
2. Whole	0	0	0	0	0	0	0	0	0	0			0	0	0	0
3. Term	0	0	0	0	0	0	0	0	0	0			0	(26)	1	364
4. Indexed								0	0							
5. Universal								0	0				0	0	0	0
6. Universal with secondary guarantees								0	0							
7. Variable								0	0							
8. Variable universal								0	0							
9. Credit								0	0							
10. Other (f)								0	0							
11. Total Individual Life	0	0	0	0	0	0	0	0	0	0	0	0	0	(26)	1	364
Group Life																
12. Whole								0	0							
13. Term								0	0							
14. Universal								0	0							
15. Variable								0	0							
16. Variable universal								0	0							
17. Credit								0	0							(a)
18. Other (f)								0	0							
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities																
20. Fixed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
21. Indexed								0	0							
22. Variable with guarantees								0	0							
23. Variable without guarantees								0	0							
24. Life contingent payout	0	0	0	0	0	0	0	0	0	0						
25. Other (f)								0	0							
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities																
27. Fixed								0	0							
28. Indexed								0	0							
29. Variable with guarantees								0	0							
30. Variable without guarantees								0	0							
31. Life contingent payout								0	0							
32. Other (f)								0	0							
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	15	16,517	6	19,548	35	57,275
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	15	16,517	6	19,548	35	57,275
47. TOTAL	0	0	0	0	0	0	0	0	0	0	15	16,517	6	19,522	36	57,639

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

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: ..... 2) covering number of lives: ..... 3) face amount $ .....

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: $ ..... Group: $ ..... Total: $ 0

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

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $ .....

(f) Certain Separate Account products are included in "Other" product categories in the table(s) above:

1. Individual Life - Other includes the following amounts related to Separate Account policies: Column 1) $ ..... Column 7) $ ..... Column 12) $ .....
2. Group Life - Other includes the following amounts related to Separate Account policies: Column 1) $ ..... Column 7) $ ..... Column 12) $ .....
3. Individual Annuities - Other includes the following amounts related to Separate Account policies: Column 1) $ ..... Column 7) $ ..... Column 12) $ .....
4. Group Annuities - Other includes the following amounts related to Separate Account policies: Column 1) $ ..... Column 7) $ ..... Column 12) $ .....

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0901 BUSINESS IN THE STATE OF Colorado DURING THE YEAR 2023 NAIC Company Code 61727

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members: 3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	Claims and Benefits Paid: 8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole	292						0	0		0		0
3. Term	508						0	0				0
4. Indexed							0					0
5. Universal	0						0			0		0
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other (f)							0					0
11. Total Individual Life	800	0	0	0	0	0	0	0	0	0	0	0
Group Life												
12. Whole							0					0
13. Term							0					0
14. Universal							0					0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other (f)							0					0
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed	0						0	0		0		0
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout							0	0				0
25. Other (f)							0					0
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other (f)							0					0
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d)	0						0	XXX	XXX	XXX	0	0
35. Comprehensive group (d)							0	XXX	XXX	XXX		0
36. Medicare Supplement (d)	6,699,358						0	XXX	XXX	XXX	6,641,225	6,641,225
37. Vision only (d)							0	XXX	XXX	XXX		0
38. Dental only (d)	0						0	XXX	XXX	XXX	0	0
39. Federal Employees Health Benefits Plan (d)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)	(e)						0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)							0	XXX	XXX	XXX		0
42. Credit A&H							0	XXX	XXX	XXX		0
43. Disability income (d)							0	XXX	XXX	XXX	0	0
44. Long-term care (d)							0	XXX	XXX	XXX		0
45. Other health (d)	0						0	XXX	XXX	XXX	0	0
46. Total Accident and Health	6,699,358	0	0	0	0	0	0	XXX	XXX	XXX	6,641,225	6,641,225
47. Total	6,700,158 (c)	0	0	0	0	0	0	0	0	0	6,641,225	6,641,225

LIFE INSURANCE (STATE PAGE) (Continued)(b)

NAIC Group Code 0901 BUSINESS IN THE STATE OF Colorado DURING THE YEAR 2023 NAIC Company Code 61727

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year							22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year		23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life															
1. Industrial								0	0						
2. Whole	0	0	0	0	0	0	0	0	0	0			0	0	1	5,000
3. Term	0	0	0	0	0	0	0	0	0	0			(1)	(25,000)	2	125,000
4. Indexed								0	0							
5. Universal								0	0				0	0	0	0
6. Universal with secondary guarantees								0	0							
7. Variable								0	0							
8. Variable universal								0	0							
9. Credit								0	0							
10. Other (f)								0	0							
11. Total Individual Life	0	0	0	0	0	0	0	0	0	0	0	0	(1)	(25,000)	3	130,000
Group Life															
12. Whole								0	0						
13. Term								0	0						
14. Universal								0	0						
15. Variable								0	0						
16. Variable universal								0	0						
17. Credit								0	0						(a)
18. Other (f)								0	0						
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities															
20. Fixed	0	0	0	0	0	0	0	0	0	0	0	0	0	995	2	23,102
21. Indexed								0	0							
22. Variable with guarantees								0	0							
23. Variable without guarantees								0	0							
24. Life contingent payout	0	0	0	0	0	0	0	0	0	0						
25. Other (f)								0	0							
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	995	2	23,102
Group Annuities															
27. Fixed								0	0						
28. Indexed								0	0						
29. Variable with guarantees								0	0						
30. Variable without guarantees								0	0						
31. Life contingent payout								0	0						
32. Other (f)								0	0						
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health															
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,128	2,937,436	(266)	1,103,375	5,514	6,699,358
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,128	2,937,436	(266)	1,103,375	5,514	6,699,358
47. TOTAL	0	0	0	0	0	0	0	0	0	0	3,128	2,937,436	(267)	1,079,370	5,519	6,852,460

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

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: ..... 2) covering number of lives: ..... 3) face amount $ .....

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: $ ..... Group: $ ..... Total: $ 0

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

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $ .....

(f) Certain Separate Account products are included in "Other" product categories in the table(s) above:

1. Individual Life - Other includes the following amounts related to Separate Account policies: Column 1) $ ..... Column 7) $ ..... Column 12) $ .....
2. Group Life - Other includes the following amounts related to Separate Account policies: Column 1) $ ..... Column 7) $ ..... Column 12) $ .....
3. Individual Annuities - Other includes the following amounts related to Separate Account policies: Column 1) $ ..... Column 7) $ ..... Column 12) $ .....
4. Group Annuities - Other includes the following amounts related to Separate Account policies: Column 1) $ ..... Column 7) $ ..... Column 12) $ .....

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0901 BUSINESS IN THE STATE OF Connecticut DURING THE YEAR 2023 NAIC Company Code 61727

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members: 3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	Claims and Benefits Paid: 8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole	0						0	0		0		0
3. Term	0						0	0				0
4. Indexed							0					0
5. Universal	0						0			0		0
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other (f)							0					0
11. Total Individual Life	0	0	0	0	0	0	0	0	0	0	0	0
Group Life												
12. Whole							0					0
13. Term							0					0
14. Universal							0					0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other (f)							0					0
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed	0						0	0		0		0
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout							0	0				0
25. Other (f)							0					0
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other (f)							0					0
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d)	0						0	XXX	XXX	XXX	0	0
35. Comprehensive group (d)							0	XXX	XXX	XXX		0
36. Medicare Supplement (d)	117,172						0	XXX	XXX	XXX	40,361	40,361
37. Vision only (d)							0	XXX	XXX	XXX		0
38. Dental only (d)	0						0	XXX	XXX	XXX	0	0
39. Federal Employees Health Benefits Plan (d)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)	(e)						0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)							0	XXX	XXX	XXX		0
42. Credit A&H							0	XXX	XXX	XXX		0
43. Disability income (d)							0	XXX	XXX	XXX	0	0
44. Long-term care (d)							0	XXX	XXX	XXX		0
45. Other health (d)	0						0	XXX	XXX	XXX	0	0
46. Total Accident and Health	117,172	0	0	0	0	0	0	XXX	XXX	XXX	40,361	40,361
47. Total	117,172 (c)	0	0	0	0	0	0	0	0	0	40,361	40,361

LIFE INSURANCE (STATE PAGE) (Continued)(b)

NAIC Group Code 0901 BUSINESS IN THE STATE OF Connecticut DURING THE YEAR 2023 NAIC Company Code 61727

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year								22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life																
1. Industrial								0	0							
2. Whole	0	0	0	0	0	0	0	0	0	0			0	0	0	0
3. Term	0	0	0	0	0	0	0	0	0	0			0	0	0	0
4. Indexed								0	0							
5. Universal								0	0				0	0	0	0
6. Universal with secondary guarantees								0	0							
7. Variable								0	0							
8. Variable universal								0	0							
9. Credit								0	0							
10. Other (f)								0	0							
11. Total Individual Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Life																
12. Whole								0	0							
13. Term								0	0							
14. Universal								0	0							
15. Variable								0	0							
16. Variable universal								0	0							
17. Credit								0	0							(a)
18. Other (f)								0	0							
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities																
20. Fixed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
21. Indexed								0	0							
22. Variable with guarantees								0	0							
23. Variable without guarantees								0	0							
24. Life contingent payout	0		0	0	0	0	0	0	0	0						
25. Other (f)								0	0							
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities																
27. Fixed								0	0							
28. Indexed								0	0							
29. Variable with guarantees								0	0							
30. Variable without guarantees								0	0							
31. Life contingent payout								0	0							
32. Other (f)								0	0							
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	124	111,359	1	4,954	126	117,172
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	124	111,359	1	4,954	126	117,172
47. TOTAL	0	0	0	0	0	0	0	0	0	0	124	111,359	1	4,954	126	117,172

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

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: ..... 2) covering number of lives: ..... 3) face amount $ .....

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: $ ..... Group: $ ..... Total: $ 0

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

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $ .....

(f) Certain Separate Account products are included in "Other" product categories in the table(s) above:

1. Individual Life - Other includes the following amounts related to Separate Account policies: Column 1) $ ..... Column 7) $ ..... Column 12) $ .....
2. Group Life - Other includes the following amounts related to Separate Account policies: Column 1) $ ..... Column 7) $ ..... Column 12) $ .....
3. Individual Annuities - Other includes the following amounts related to Separate Account policies: Column 1) $ ..... Column 7) $ ..... Column 12) $ .....
4. Group Annuities - Other includes the following amounts related to Separate Account policies: Column 1) $ ..... Column 7) $ ..... Column 12) $ .....

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0901 BUSINESS IN THE STATE OF Delaware DURING THE YEAR 2023 NAIC Company Code 61727

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole	413						0	0		0		0
3. Term	0						0	0				0
4. Indexed							0					0
5. Universal	0						0			0		0
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other (f)							0					0
11. Total Individual Life	413	0	0	0	0	0	0	0	0	0	0	0
Group Life												
12. Whole							0					0
13. Term							0					0
14. Universal							0					0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other (f)							0					0
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed	0						0	0		0		0
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout							0	0				0
25. Other (f)							0					0
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other (f)							0					0
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d)	0						0	XXX	XXX	XXX	0	0
35. Comprehensive group (d)							0	XXX	XXX	XXX		0
36. Medicare Supplement (d)	35,698						0	XXX	XXX	XXX	25,772	25,772
37. Vision only (d)							0	XXX	XXX	XXX		0
38. Dental only (d)	0						0	XXX	XXX	XXX	0	0
39. Federal Employees Health Benefits Plan (d)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)	(e)						0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)							0	XXX	XXX	XXX		0
42. Credit A&H							0	XXX	XXX	XXX		0
43. Disability income (d)							0	XXX	XXX	XXX	0	0
44. Long-term care (d)							0	XXX	XXX	XXX		0
45. Other health (d)	0						0	XXX	XXX	XXX	0	0
46. Total Accident and Health	35,698	0	0	0	0	0	0	XXX	XXX	XXX	25,772	25,772
47. Total	36,111 (c)	0	0	0	0	0	0	0	0	0	25,772	25,772

LIFE INSURANCE (STATE PAGE) (Continued)[b]

NAIC Group Code 0901 BUSINESS IN THE STATE OF Delaware DURING THE YEAR 2023 NAIC Company Code 61727

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year							22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year		23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life															
1. Industrial								0	0						
2. Whole	0	0	0	0	0	0	0	0	0	0			0	0	1	6,000
3. Term	0	0	0	0	0	0	0	0	0	0			0	0	0	0
4. Indexed								0	0							
5. Universal								0	0				0	0	0	0
6. Universal with secondary guarantees								0	0							
7. Variable								0	0							
8. Variable universal								0	0							
9. Credit								0	0							
10. Other (f)								0	0							
11. Total Individual Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	6,000
Group Life															
12. Whole								0	0							
13. Term								0	0							
14. Universal								0	0							
15. Variable								0	0							
16. Variable universal								0	0							
17. Credit								0	0							(a)
18. Other (f)								0	0							
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities															
20. Fixed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
21. Indexed								0	0							
22. Variable with guarantees								0	0							
23. Variable without guarantees								0	0							
24. Life contingent payout	0		0	0	0	0	0	0	0	0						
25. Other (f)								0	0							
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities															
27. Fixed								0	0							
28. Indexed								0	0							
29. Variable with guarantees								0	0							
30. Variable without guarantees								0	0							
31. Life contingent payout								0	0							
32. Other (f)								0	0							
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health															
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5	5,722	12	22,084	25	35,698
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5	5,722	12	22,084	25	35,698
47. TOTAL	0	0	0	0	0	0	0	0	0	0	5	5,722	12	22,084	26	41,698

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

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: ..... 2) covering number of lives: ..... 3) face amount $ .....

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: $ ..... Group: $ ..... Total: $ 0

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

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $ .....

(f) Certain Separate Account products are included in "Other" product categories in the table(s) above:

1. Individual Life - Other includes the following amounts related to Separate Account policies: Column 1) $ ..... Column 7) $ ..... Column 12) $ .....
2. Group Life - Other includes the following amounts related to Separate Account policies: Column 1) $ ..... Column 7) $ ..... Column 12) $ .....
3. Individual Annuities - Other includes the following amounts related to Separate Account policies: Column 1) $ ..... Column 7) $ ..... Column 12) $ .....
4. Group Annuities - Other includes the following amounts related to Separate Account policies: Column 1) $ ..... Column 7) $ ..... Column 12) $ .....

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0901 BUSINESS IN THE STATE OF District of Columbia DURING THE YEAR 2023 NAIC Company Code 61727

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members: 3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	Claims and Benefits Paid: 8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole	0						0	0		0		0
3. Term	0						0	0				0
4. Indexed							0					0
5. Universal	0						0			0		0
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other (f)							0					0
11. Total Individual Life	0	0	0	0	0	0	0	0	0	0	0	0
Group Life												
12. Whole							0					0
13. Term							0					0
14. Universal							0					0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other (f)							0					0
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed	0						0	0		0		0
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout							0	0				0
25. Other (f)							0					0
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other (f)							0					0
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d)	0						0	XXX	XXX	XXX	0	0
35. Comprehensive group (d)							0	XXX	XXX	XXX		0
36. Medicare Supplement (d)	1,107						0	XXX	XXX	XXX	0	0
37. Vision only (d)							0	XXX	XXX	XXX		0
38. Dental only (d)	0						0	XXX	XXX	XXX	0	0
39. Federal Employees Health Benefits Plan (d)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)	(e)						0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)							0	XXX	XXX	XXX		0
42. Credit A&H							0	XXX	XXX	XXX		0
43. Disability income (d)							0	XXX	XXX	XXX	0	0
44. Long-term care (d)							0	XXX	XXX	XXX		0
45. Other health (d)	0						0	XXX	XXX	XXX	0	0
46. Total Accident and Health	1,107	0	0	0	0	0	0	XXX	XXX	XXX	0	0
47. Total	1,107 (c)	0	0	0	0	0	0	0	0	0	0	0

LIFE INSURANCE (STATE PAGE) (Continued)[b]

NAIC Group Code 0901 BUSINESS IN THE STATE OF District of Columbia DURING THE YEAR 2023 NAIC Company Code 61727

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year							22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year		23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life															
1. Industrial								0	0						
2. Whole	0	0	0	0	0	0	0	0	0	0			0	0	0	0
3. Term	0	0	0	0	0	0	0	0	0	0			0	0	0	0
4. Indexed								0	0							
5. Universal								0	0				0	0	0	0
6. Universal with secondary guarantees								0	0							
7. Variable								0	0							
8. Variable universal								0	0							
9. Credit								0	0							
10. Other (f)								0	0							
11. Total Individual Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Life															
12. Whole								0	0							
13. Term								0	0							
14. Universal								0	0							
15. Variable								0	0							
16. Variable universal								0	0							
17. Credit								0	0							(a)
18. Other (f)								0	0							
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities															
20. Fixed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
21. Indexed								0	0							
22. Variable with guarantees								0	0							
23. Variable without guarantees								0	0							
24. Life contingent payout	0	0	0	0	0	0	0	0	0	0						
25. Other (f)								0	0							
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities															
27. Fixed								0	0							
28. Indexed								0	0							
29. Variable with guarantees								0	0							
30. Variable without guarantees								0	0							
31. Life contingent payout								0	0							
32. Other (f)								0	0							
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health															
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	161	1	1,107
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	161	1	1,107
47. TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	0	161	1	1,107

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

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: ..... 2) covering number of lives: ..... 3) face amount $ .....

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: $ ..... Group: $ ..... Total: $ 0

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

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $ .....

(f) Certain Separate Account products are included in "Other" product categories in the table(s) above:

1. Individual Life - Other includes the following amounts related to Separate Account policies: Column 1) $ ..... Column 7) $ ..... Column 12) $ .....
2. Group Life - Other includes the following amounts related to Separate Account policies: Column 1) $ ..... Column 7) $ ..... Column 12) $ .....
3. Individual Annuities - Other includes the following amounts related to Separate Account policies: Column 1) $ ..... Column 7) $ ..... Column 12) $ .....
4. Group Annuities - Other includes the following amounts related to Separate Account policies: Column 1) $ ..... Column 7) $ ..... Column 12) $ .....

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0901 BUSINESS IN THE STATE OF Florida DURING THE YEAR 2023 NAIC Company Code 61727

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members: 3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	Claims and Benefits Paid: 8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole	1,933						0	12,100		0		12,100
3. Term	3,285						0	0				0
4. Indexed							0					0
5. Universal	600						0			0		0
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other (f)							0					0
11. Total Individual Life	5,818	0	0	0	0	0	0	12,100	0	0	0	12,100
Group Life												
12. Whole							0					0
13. Term							0					0
14. Universal							0					0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other (f)							0					0
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed	0						0	0		1,941		1,941
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout							0	0				0
25. Other (f)							0					0
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	1,941	0	1,941
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other (f)							0					0
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d)	0						0	XXX	XXX	XXX	0	0
35. Comprehensive group (d)							0	XXX	XXX	XXX		0
36. Medicare Supplement (d)	242,483						0	XXX	XXX	XXX	199,314	199,314
37. Vision only (d)							0	XXX	XXX	XXX		0
38. Dental only (d)	0						0	XXX	XXX	XXX	0	0
39. Federal Employees Health Benefits Plan (d)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)	(e)						0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)							0	XXX	XXX	XXX		0
42. Credit A&H							0	XXX	XXX	XXX		0
43. Disability income (d)							0	XXX	XXX	XXX	0	0
44. Long-term care (d)							0	XXX	XXX	XXX		0
45. Other health (d)	318						0	XXX	XXX	XXX	0	0
46. Total Accident and Health	242,801	0	0	0	0	0	0	XXX	XXX	XXX	199,314	199,314
47. Total	248,619 (c)	0	0	0	0	0	0	12,100	0	1,941	199,314	213,355

LIFE INSURANCE (STATE PAGE) (Continued)[b]

NAIC Group Code 0901 BUSINESS IN THE STATE OF Florida DURING THE YEAR 2023 NAIC Company Code 61727

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year								22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life																
1. Industrial								0	0							
2. Whole	15,100	3	12,100	0	0	0	0	3	12,100	5,000			(2)	(2,100)	7	58,500
3. Term	0	0	0	0	0	0	0	0	0	0			0	0	6	420,346
4. Indexed								0	0							
5. Universal								0	0				0	0	2	75,000
6. Universal with secondary guarantees								0	0							
7. Variable								0	0							
8. Variable universal								0	0							
9. Credit								0	0							
10. Other (f)								0	0							
11. Total Individual Life	15,100	3	12,100	0	0	0	0	3	12,100	5,000	0	0	(2)	(2,100)	15	553,846
Group Life																
12. Whole								0	0							
13. Term								0	0							
14. Universal								0	0							
15. Variable								0	0							
16. Variable universal								0	0							
17. Credit								0	0							(a)
18. Other (f)								0	0							
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities																
20. Fixed	0	0	0	0	0	0	0	0	0	0	0	0	0	7,718	4	190,362
21. Indexed								0	0							
22. Variable with guarantees								0	0							
23. Variable without guarantees								0	0							
24. Life contingent payout	0	0	0	0	0	0	0	0	0	0						
25. Other (f)								0	0							
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	7,718	4	190,362
Group Annuities																
27. Fixed								0	0							
28. Indexed								0	0							
29. Variable with guarantees								0	0							
30. Variable without guarantees								0	0							
31. Life contingent payout								0	0							
32. Other (f)								0	0							
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	46	41,952	35	85,352	157	242,483
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	(1)	(215)	5	318
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	46	41,952	34	85,136	162	242,801
47. TOTAL	15,100	3	12,100	0	0	0	0	3	12,100	5,000	46	41,952	32	90,754	181	987,009

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

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: ..... 2) covering number of lives: ..... 3) face amount $ .....

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: $ ..... Group: $ ..... Total: $ 0

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

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $ .....

(f) Certain Separate Account products are included in "Other" product categories in the table(s) above:

1. Individual Life - Other includes the following amounts related to Separate Account policies: Column 1) $ ..... Column 7) $ ..... Column 12) $ .....
2. Group Life - Other includes the following amounts related to Separate Account policies: Column 1) $ ..... Column 7) $ ..... Column 12) $ .....
3. Individual Annuities - Other includes the following amounts related to Separate Account policies: Column 1) $ ..... Column 7) $ ..... Column 12) $ .....
4. Group Annuities - Other includes the following amounts related to Separate Account policies: Column 1) $ ..... Column 7) $ ..... Column 12) $ .....

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0901 BUSINESS IN THE STATE OF Georgia DURING THE YEAR 2023 NAIC Company Code 61727

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members: 3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	Claims and Benefits Paid: 8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole	696						0	0		0		0
3. Term	0						0	0				0
4. Indexed							0					0
5. Universal	61						0			0		0
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other (f)							0					0
11. Total Individual Life	758	0	0	0	0	0	0	0	0	0	0	0
Group Life												
12. Whole							0					0
13. Term							0					0
14. Universal							0					0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other (f)							0					0
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed	0						0	0		1,215		1,215
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout							0	0				0
25. Other (f)							0					0
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	1,215	0	1,215
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other (f)							0					0
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d)	2,852						0	XXX	XXX	XXX	116	116
35. Comprehensive group (d)							0	XXX	XXX	XXX		0
36. Medicare Supplement (d)	373,829						0	XXX	XXX	XXX	141,862	141,862
37. Vision only (d)							0	XXX	XXX	XXX		0
38. Dental only (d)	2,740						0	XXX	XXX	XXX	1,092	1,092
39. Federal Employees Health Benefits Plan (d)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)	(e)						0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)							0	XXX	XXX	XXX		0
42. Credit A&H							0	XXX	XXX	XXX		0
43. Disability income (d)							0	XXX	XXX	XXX	0	0
44. Long-term care (d)							0	XXX	XXX	XXX		0
45. Other health (d)	0						0	XXX	XXX	XXX	0	0
46. Total Accident and Health	379,421	0	0	0	0	0	0	XXX	XXX	XXX	143,070	143,070
47. Total	380,179 (c)	0	0	0	0	0	0	0	0	1,215	143,070	144,285

LIFE INSURANCE (STATE PAGE) (Continued)(b)

NAIC Group Code 0901 BUSINESS IN THE STATE OF Georgia DURING THE YEAR 2023 NAIC Company Code 61727

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year							22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year		23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life															
1. Industrial								0	0						
2. Whole	0	0	0	0	0	0	0	0	0	0			0	0	2	10,579
3. Term	0	0	0	0	0	0	0	0	0	0			0	0	0	0
4. Indexed								0	0							
5. Universal								0	0				0	0	1	25,000
6. Universal with secondary guarantees								0	0							
7. Variable								0	0							
8. Variable universal								0	0							
9. Credit								0	0							
10. Other (f)								0	0							
11. Total Individual Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3	35,579
Group Life															
12. Whole								0	0							
13. Term								0	0							
14. Universal								0	0							
15. Variable								0	0							
16. Variable universal								0	0							
17. Credit								0	0							(a)
18. Other (f)								0	0							
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities															
20. Fixed	0	0	0	0	0	0	0	0	0	0	0	0	0	(187)	2	22,763
21. Indexed								0	0							
22. Variable with guarantees								0	0							
23. Variable without guarantees								0	0							
24. Life contingent payout	0	0	0	0	0	0	0	0	0	0						
25. Other (f)								0	0							
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	(187)	2	22,763
Group Annuities															
27. Fixed								0	0							
28. Indexed								0	0							
29. Variable with guarantees								0	0							
30. Variable without guarantees								0	0							
31. Life contingent payout								0	0							
32. Other (f)								0	0							
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health															
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	(899)	1	2,852
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	662	341,164	0	19,544	674	373,829
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	(2)	(1,929)	4	2,740
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	662	341,164	(2)	16,716	679	379,421
47. TOTAL	0	0	0	0	0	0	0	0	0	0	662	341,164	(2)	16,529	684	437,763

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

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: ..... 2) covering number of lives: ..... 3) face amount $ .....

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: $ ..... Group: $ ..... Total: $ 0

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

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $ .....

(f) Certain Separate Account products are included in "Other" product categories in the table(s) above:

1. Individual Life - Other includes the following amounts related to Separate Account policies: Column 1) $ ..... Column 7) $ ..... Column 12) $ .....
2. Group Life - Other includes the following amounts related to Separate Account policies: Column 1) $ ..... Column 7) $ ..... Column 12) $ .....
3. Individual Annuities - Other includes the following amounts related to Separate Account policies: Column 1) $ ..... Column 7) $ ..... Column 12) $ .....
4. Group Annuities - Other includes the following amounts related to Separate Account policies: Column 1) $ ..... Column 7) $ ..... Column 12) $ .....

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0901 BUSINESS IN THE STATE OF Hawaii DURING THE YEAR 2023 NAIC Company Code 61727

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members 3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	Claims and Benefits Paid 8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole	0						0	0		0		0
3. Term	0						0	0				0
4. Indexed							0					0
5. Universal	0						0			0		0
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other (f)							0					0
11. Total Individual Life	0	0	0	0	0	0	0	0	0	0	0	0
Group Life												
12. Whole							0					0
13. Term							0					0
14. Universal							0					0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other (f)							0					0
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed	0						0	0		0		0
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout							0	0				0
25. Other (f)							0					0
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other (f)							0					0
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d)	0						0	XXX	XXX	XXX	0	0
35. Comprehensive group (d)							0	XXX	XXX	XXX		0
36. Medicare Supplement (d)	2,351						0	XXX	XXX	XXX	1,949	1,949
37. Vision only (d)							0	XXX	XXX	XXX		0
38. Dental only (d)	0						0	XXX	XXX	XXX	0	0
39. Federal Employees Health Benefits Plan (d)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)	(e)						0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)							0	XXX	XXX	XXX		0
42. Credit A&H							0	XXX	XXX	XXX		0
43. Disability income (d)							0	XXX	XXX	XXX	0	0
44. Long-term care (d)							0	XXX	XXX	XXX		0
45. Other health (d)	0						0	XXX	XXX	XXX	0	0
46. Total Accident and Health	2,351	0	0	0	0	0	0	XXX	XXX	XXX	1,949	1,949
47. Total	2,351 (c)	0	0	0	0	0	0	0	0	0	1,949	1,949

LIFE INSURANCE (STATE PAGE) (Continued)(b)

NAIC Group Code 0901 BUSINESS IN THE STATE OF Hawaii DURING THE YEAR 2023 NAIC Company Code 61727

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year							22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year		23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life															
1. Industrial								0	0						
2. Whole	0	0	0	0	0	0	0	0	0	0			0	0	0	0
3. Term	0	0	0	0	0	0	0	0	0	0			0	0	0	0
4. Indexed								0	0							
5. Universal								0	0				0	0	0	0
6. Universal with secondary guarantees								0	0							
7. Variable								0	0							
8. Variable universal								0	0							
9. Credit								0	0							
10. Other (f)								0	0							
11. Total Individual Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Life															
12. Whole								0	0							
13. Term								0	0							
14. Universal								0	0							
15. Variable								0	0							
16. Variable universal								0	0							
17. Credit								0	0							(a)
18. Other (f)								0	0							
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities															
20. Fixed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
21. Indexed								0	0							
22. Variable with guarantees								0	0							
23. Variable without guarantees								0	0							
24. Life contingent payout	0		0	0	0	0	0	0	0	0						
25. Other (f)								0	0							
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities															
27. Fixed								0	0							
28. Indexed								0	0							
29. Variable with guarantees								0	0							
30. Variable without guarantees								0	0							
31. Life contingent payout								0	0							
32. Other (f)								0	0							
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health															
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	719	(1)	(272)	2	2,351
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	719	(1)	(272)	2	2,351
47. TOTAL	0	0	0	0	0	0	0	0	0	0	1	719	(1)	(272)	2	2,351

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

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: ..... 2) covering number of lives: ..... 3) face amount $ .....

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: $ ..... Group: $ ..... Total: $ 0

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

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $ .....

(f) Certain Separate Account products are included in "Other" product categories in the table(s) above:

1. Individual Life - Other includes the following amounts related to Separate Account policies: Column 1) $ ..... Column 7) $ ..... Column 12) $ .....
2. Group Life - Other includes the following amounts related to Separate Account policies: Column 1) $ ..... Column 7) $ ..... Column 12) $ .....
3. Individual Annuities - Other includes the following amounts related to Separate Account policies: Column 1) $ ..... Column 7) $ ..... Column 12) $ .....
4. Group Annuities - Other includes the following amounts related to Separate Account policies: Column 1) $ ..... Column 7) $ ..... Column 12) $ .....

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0901 BUSINESS IN THE STATE OF Idaho DURING THE YEAR 2023 NAIC Company Code 61727

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole	0						0	0		0		0
3. Term	265						0	0				0
4. Indexed							0					0
5. Universal	0						0			0		0
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other (f)							0					0
11. Total Individual Life	265	0	0	0	0	0	0	0	0	0	0	0
Group Life												
12. Whole							0					0
13. Term							0					0
14. Universal							0					0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other (f)							0					0
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed	0						0	0		0		0
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout							0	0				0
25. Other (f)							0					0
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other (f)							0					0
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d)	0						0	XXX	XXX	XXX	0	0
35. Comprehensive group (d)							0	XXX	XXX	XXX		0
36. Medicare Supplement (d)	25,663						0	XXX	XXX	XXX	25,140	25,140
37. Vision only (d)							0	XXX	XXX	XXX		0
38. Dental only (d)	0						0	XXX	XXX	XXX	0	0
39. Federal Employees Health Benefits Plan (d)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)	(e)						0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)							0	XXX	XXX	XXX		0
42. Credit A&H							0	XXX	XXX	XXX		0
43. Disability income (d)							0	XXX	XXX	XXX	0	0
44. Long-term care (d)							0	XXX	XXX	XXX		0
45. Other health (d)	0						0	XXX	XXX	XXX	0	0
46. Total Accident and Health	25,663	0	0	0	0	0	0	XXX	XXX	XXX	25,140	25,140
47. Total	25,928 (c)	0	0	0	0	0	0	0	0	0	25,140	25,140

LIFE INSURANCE (STATE PAGE) (Continued)(b)

NAIC Group Code 0901 BUSINESS IN THE STATE OF Idaho DURING THE YEAR 2023 NAIC Company Code 61727

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year							22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year		23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life															
1. Industrial								0	0						
2. Whole	0	0	0	0	0	0	0	0	0	0			0	0	0	0
3. Term	0	0	0	0	0	0	0	0	0	0			0	0	1	90,000
4. Indexed								0	0							
5. Universal								0	0				0	0	0	0
6. Universal with secondary guarantees								0	0							
7. Variable								0	0							
8. Variable universal								0	0							
9. Credit								0	0							
10. Other (f)								0	0							
11. Total Individual Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	90,000
Group Life															
12. Whole								0	0							
13. Term								0	0							
14. Universal								0	0							
15. Variable								0	0							
16. Variable universal								0	0							
17. Credit								0	0							(a)
18. Other (f)								0	0							
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities															
20. Fixed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
21. Indexed								0	0							
22. Variable with guarantees								0	0							
23. Variable without guarantees								0	0							
24. Life contingent payout	0		0	0	0	0	0	0	0	0						
25. Other (f)								0	0							
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities															
27. Fixed								0	0							
28. Indexed								0	0							
29. Variable with guarantees								0	0							
30. Variable without guarantees								0	0							
31. Life contingent payout								0	0							
32. Other (f)								0	0							
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health															
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	2,284	1	6,786	15	25,663
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	2,284	1	6,786	15	25,663
47. TOTAL	0	0	0	0	0	0	0	0	0	0	1	2,284	1	6,786	16	115,663

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

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: ..... 2) covering number of lives: ..... 3) face amount $ .....

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: $ ..... Group: $ ..... Total: $ 0

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

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $ .....

(f) Certain Separate Account products are included in "Other" product categories in the table(s) above:

1. Individual Life - Other includes the following amounts related to Separate Account policies: Column 1) $ ..... Column 7) $ ..... Column 12) $ .....
2. Group Life - Other includes the following amounts related to Separate Account policies: Column 1) $ ..... Column 7) $ ..... Column 12) $ .....
3. Individual Annuities - Other includes the following amounts related to Separate Account policies: Column 1) $ ..... Column 7) $ ..... Column 12) $ .....
4. Group Annuities - Other includes the following amounts related to Separate Account policies: Column 1) $ ..... Column 7) $ ..... Column 12) $ .....

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0901 BUSINESS IN THE STATE OF Illinois DURING THE YEAR 2023 NAIC Company Code 61727

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members: 3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	Claims and Benefits Paid: 8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole	6,195						0	10,000		0		10,000
3. Term	1,125						0	0				0
4. Indexed							0					0
5. Universal	0						0			0		0
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other (f)							0					0
11. Total Individual Life	7,320	0	0	0	0	0	0	10,000	0	0	0	10,000
Group Life												
12. Whole							0					0
13. Term							0					0
14. Universal							0					0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other (f)							0					0
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed	0						0	0		0		0
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout							0	0				0
25. Other (f)							0					0
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other (f)							0					0
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d)	0						0	XXX	XXX	XXX	0	0
35. Comprehensive group (d)							0	XXX	XXX	XXX		0
36. Medicare Supplement (d)	442,192						0	XXX	XXX	XXX	224,870	224,870
37. Vision only (d)							0	XXX	XXX	XXX		0
38. Dental only (d)	986						0	XXX	XXX	XXX	426	426
39. Federal Employees Health Benefits Plan (d)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)	(e)						0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)							0	XXX	XXX	XXX		0
42. Credit A&H							0	XXX	XXX	XXX		0
43. Disability income (d)							0	XXX	XXX	XXX	0	0
44. Long-term care (d)							0	XXX	XXX	XXX		0
45. Other health (d)	8,643						0	XXX	XXX	XXX	0	0
46. Total Accident and Health	451,821	0	0	0	0	0	0	XXX	XXX	XXX	225,296	225,296
47. Total	459,141 (c)	0	0	0	0	0	0	10,000	0	0	225,296	235,296

LIFE INSURANCE (STATE PAGE) (Continued)[b]

NAIC Group Code 0901 BUSINESS IN THE STATE OF Illinois DURING THE YEAR 2023 NAIC Company Code 61727

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year								22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life																
1. Industrial								0	0							
2. Whole	12,500	1	10,000	0	0	0	0	1	10,000	2,500			(1)	(10,000)	13	102,500
3. Term	0	0	0	0	0	0	0	0	0	0			0	0	2	55,000
4. Indexed								0	0							
5. Universal								0	0				0	0	0	0
6. Universal with secondary guarantees								0	0							
7. Variable								0	0							
8. Variable universal								0	0							
9. Credit								0	0							
10. Other (f)								0	0							
11. Total Individual Life	12,500	1	10,000	0	0	0	0	1	10,000	2,500	0	0	(1)	(10,000)	15	157,500
Group Life																
12. Whole								0	0							
13. Term								0	0							
14. Universal								0	0							
15. Variable								0	0							
16. Variable universal								0	0							
17. Credit								0	0							(a)
18. Other (f)								0	0							
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities																
20. Fixed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
21. Indexed								0	0							
22. Variable with guarantees								0	0							
23. Variable without guarantees								0	0							
24. Life contingent payout	0		0	0	0	0	0	0	0	0						
25. Other (f)								0	0							
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities																
27. Fixed								0	0							
28. Indexed								0	0							
29. Variable with guarantees								0	0							
30. Variable without guarantees								0	0							
31. Life contingent payout								0	0							
32. Other (f)								0	0							
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	822	379,728	(14)	(34,024)	831	442,192
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	(260)	2	986
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	(4)	(2,549)	10	8,643
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	822	379,728	(18)	(36,834)	843	451,821
47. TOTAL	12,500	1	10,000	0	0	0	0	1	10,000	2,500	822	379,728	(19)	(46,834)	858	609,321

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

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: ..... 2) covering number of lives: ..... 3) face amount $ .....

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: $ ..... Group: $ ..... Total: $ 0

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

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $ .....

(f) Certain Separate Account products are included in "Other" product categories in the table(s) above:

1. Individual Life - Other includes the following amounts related to Separate Account policies: Column 1) $ ..... Column 7) $ ..... Column 12) $ .....
2. Group Life - Other includes the following amounts related to Separate Account policies: Column 1) $ ..... Column 7) $ ..... Column 12) $ .....
3. Individual Annuities - Other includes the following amounts related to Separate Account policies: Column 1) $ ..... Column 7) $ ..... Column 12) $ .....
4. Group Annuities - Other includes the following amounts related to Separate Account policies: Column 1) $ ..... Column 7) $ ..... Column 12) $ .....

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0901 BUSINESS IN THE STATE OF Indiana DURING THE YEAR 2023 NAIC Company Code 61727

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members: 3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	Claims and Benefits Paid: 8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole	3,432						0	12,500		0		12,500
3. Term	25,701						0	37,906				37,906
4. Indexed							0					0
5. Universal	3,994						0			0		0
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other (f)							0					0
11. Total Individual Life	33,126	0	0	0	0	0	0	50,406	0	0	0	50,406
Group Life												
12. Whole							0					0
13. Term							0					0
14. Universal							0					0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other (f)							0					0
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed	2,000						0	734		1,768		2,501
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout							0	0				0
25. Other (f)							0					0
26. Total Individual Annuities	2,000	0	0	0	0	0	0	734	0	1,768	0	2,501
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other (f)							0					0
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d)	0						0	XXX	XXX	XXX	0	0
35. Comprehensive group (d)							0	XXX	XXX	XXX		0
36. Medicare Supplement (d)	9,289,142						0	XXX	XXX	XXX	8,237,507	8,237,507
37. Vision only (d)							0	XXX	XXX	XXX		0
38. Dental only (d)	742						0	XXX	XXX	XXX	785	785
39. Federal Employees Health Benefits Plan (d)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)	(e)						0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)							0	XXX	XXX	XXX		0
42. Credit A&H							0	XXX	XXX	XXX		0
43. Disability income (d)							0	XXX	XXX	XXX	0	0
44. Long-term care (d)							0	XXX	XXX	XXX		0
45. Other health (d)	281						0	XXX	XXX	XXX	0	0
46. Total Accident and Health	9,290,165	0	0	0	0	0	0	XXX	XXX	XXX	8,238,292	8,238,292
47. Total	9,325,291 (c)	0	0	0	0	0	0	51,140	0	1,768	8,238,292	8,291,199

LIFE INSURANCE (STATE PAGE) (Continued)[b]

NAIC Group Code 0901 BUSINESS IN THE STATE OF Indiana DURING THE YEAR 2023 NAIC Company Code 61727

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year								22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life																
1. Industrial								0	0							
2. Whole	12,500	2	12,500	0	0	0	0	2	12,500	0			(2)	(12,500)	6	50,000
3. Term	37,906	1	37,906	0	0	0	0	1	37,906	0			(4)	(347,037)	46	3,104,849
4. Indexed								0	0							
5. Universal								0	0				0	0	6	250,000
6. Universal with secondary guarantees								0	0							
7. Variable								0	0							
8. Variable universal								0	0							
9. Credit								0	0							
10. Other (f)								0	0							
11. Total Individual Life	50,406	3	50,406	0	0	0	0	3	50,406	0	0	0	(6)	(359,537)	58	3,404,849
Group Life																
12. Whole								0	0							
13. Term								0	0							
14. Universal								0	0							
15. Variable								0	0							
16. Variable universal								0	0							
17. Credit								0	0							(a)
18. Other (f)								0	0							
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities																
20. Fixed	734	1	734	0	0	0	0	1	734	0	0	0	(2)	(37,886)	19	291,647
21. Indexed								0	0							
22. Variable with guarantees								0	0							
23. Variable without guarantees								0	0							
24. Life contingent payout	0		0	0	0	0	0	0	0	0						
25. Other (f)								0	0							
26. Total Individual Annuities	734	1	734	0	0	0	0	1	734	0	0	0	(2)	(37,886)	19	291,647
Group Annuities																
27. Fixed								0	0							
28. Indexed								0	0							
29. Variable with guarantees								0	0							
30. Variable without guarantees								0	0							
31. Life contingent payout								0	0							
32. Other (f)								0	0							
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,321	1,515,981	(445)	1,112,936	5,809	9,289,142
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	2	742
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	2	281
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,321	1,515,981	(445)	1,112,936	5,813	9,290,165
47. TOTAL	51,140	4	51,140	0	0	0	0	4	51,140	0	1,321	1,515,981	(453)	715,513	5,890	12,986,661

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

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: ..... 2) covering number of lives: ..... 3) face amount $ .....

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: $ ..... Group: $ ..... Total: $ 0

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

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $ .....

(f) Certain Separate Account products are included in "Other" product categories in the table(s) above:

1. Individual Life - Other includes the following amounts related to Separate Account policies: Column 1) $ ..... Column 7) $ ..... Column 12) $ .....
2. Group Life - Other includes the following amounts related to Separate Account policies: Column 1) $ ..... Column 7) $ ..... Column 12) $ .....
3. Individual Annuities - Other includes the following amounts related to Separate Account policies: Column 1) $ ..... Column 7) $ ..... Column 12) $ .....
4. Group Annuities - Other includes the following amounts related to Separate Account policies: Column 1) $ ..... Column 7) $ ..... Column 12) $ .....

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0901 BUSINESS IN THE STATE OF Iowa DURING THE YEAR 2023 NAIC Company Code 61727

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members: 3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	Claims and Benefits Paid: 8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole	1,811						0	12,000		0		12,000
3. Term	0						0	0				0
4. Indexed							0					0
5. Universal	0						0			0		0
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other (f)							0					0
11. Total Individual Life	1,811	0	0	0	0	0	0	12,000	0	0	0	12,000
Group Life												
12. Whole							0					0
13. Term							0					0
14. Universal							0					0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other (f)							0					0
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed	0						0	0		0		0
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout							0	0				0
25. Other (f)							0					0
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other (f)							0					0
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d)	0						0	XXX	XXX	XXX	0	0
35. Comprehensive group (d)							0	XXX	XXX	XXX		0
36. Medicare Supplement (d)	34,346						0	XXX	XXX	XXX	21,696	21,696
37. Vision only (d)							0	XXX	XXX	XXX		0
38. Dental only (d)	0						0	XXX	XXX	XXX	0	0
39. Federal Employees Health Benefits Plan (d)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)	(e)						0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)							0	XXX	XXX	XXX		0
42. Credit A&H							0	XXX	XXX	XXX		0
43. Disability income (d)							0	XXX	XXX	XXX	0	0
44. Long-term care (d)							0	XXX	XXX	XXX		0
45. Other health (d)	0						0	XXX	XXX	XXX	0	0
46. Total Accident and Health	34,346	0	0	0	0	0	0	XXX	XXX	XXX	21,696	21,696
47. Total	36,157 (c)	0	0	0	0	0	0	12,000	0	0	21,696	33,696

LIFE INSURANCE (STATE PAGE) (Continued)(b)

NAIC Group Code 0901 BUSINESS IN THE STATE OF Iowa DURING THE YEAR 2023 NAIC Company Code 61727

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year								22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life																
1. Industrial								0	0							
2. Whole	12,000	1	12,000	0	0	0	0	1	12,000	0			(1)	(12,000)	1	10,000
3. Term	0	0	0	0	0	0	0	0	0	0			0	0	0	0
4. Indexed								0	0							
5. Universal								0	0				0	0	0	0
6. Universal with secondary guarantees								0	0							
7. Variable								0	0							
8. Variable universal								0	0							
9. Credit								0	0							
10. Other (f)								0	0							
11. Total Individual Life	12,000	1	12,000	0	0	0	0	1	12,000	0	0	0	(1)	(12,000)	1	10,000
Group Life																
12. Whole								0	0							
13. Term								0	0							
14. Universal								0	0							
15. Variable								0	0							
16. Variable universal								0	0							
17. Credit								0	0							(a)
18. Other (f)								0	0							
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities																
20. Fixed	0	0	0	0	0	0	0	0	0	0	0	0	0	318	1	7,374
21. Indexed								0	0							
22. Variable with guarantees								0	0							
23. Variable without guarantees								0	0							
24. Life contingent payout	0	0	0	0	0	0	0	0	0	0						
25. Other (f)								0	0							
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	318	1	7,374
Group Annuities																
27. Fixed								0	0							
28. Indexed								0	0							
29. Variable with guarantees								0	0							
30. Variable without guarantees								0	0							
31. Life contingent payout								0	0							
32. Other (f)								0	0							
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	(1)	(5,504)	8	34,346
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	(1)	(5,504)	8	34,346
47. TOTAL	12,000	1	12,000	0	0	0	0	1	12,000	0	0	0	(2)	(17,186)	10	51,720

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

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: ..... 2) covering number of lives: ..... 3) face amount $ .....

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: $ ..... Group: $ ..... Total: $ 0

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

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $ .....

(f) Certain Separate Account products are included in "Other" product categories in the table(s) above:

1. Individual Life - Other includes the following amounts related to Separate Account policies: Column 1) $ ..... Column 7) $ ..... Column 12) $ .....
2. Group Life - Other includes the following amounts related to Separate Account policies: Column 1) $ ..... Column 7) $ ..... Column 12) $ .....
3. Individual Annuities - Other includes the following amounts related to Separate Account policies: Column 1) $ ..... Column 7) $ ..... Column 12) $ .....
4. Group Annuities - Other includes the following amounts related to Separate Account policies: Column 1) $ ..... Column 7) $ ..... Column 12) $ .....

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0901 BUSINESS IN THE STATE OF Kansas DURING THE YEAR 2023 NAIC Company Code 61727

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members: 3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	Claims and Benefits Paid: 8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole	6,946						0	16,896		0		16,896
3. Term	5,242						0	0				0
4. Indexed							0					0
5. Universal	180						0			0		0
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other (f)							0					0
11. Total Individual Life	12,368	0	0	0	0	0	0	16,896	0	0	0	16,896
Group Life												
12. Whole							0					0
13. Term							0					0
14. Universal							0					0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other (f)							0					0
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed	0						0	0		0		0
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout							0	0				0
25. Other (f)							0					0
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other (f)							0					0
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d)	5,703						0	XXX	XXX	XXX	231	231
35. Comprehensive group (d)							0	XXX	XXX	XXX		0
36. Medicare Supplement (d)	5,422,387						0	XXX	XXX	XXX	4,621,544	4,621,544
37. Vision only (d)							0	XXX	XXX	XXX		0
38. Dental only (d)	1,608						0	XXX	XXX	XXX	1,472	1,472
39. Federal Employees Health Benefits Plan (d)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)	(e)						0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)							0	XXX	XXX	XXX		0
42. Credit A&H							0	XXX	XXX	XXX		0
43. Disability income (d)							0	XXX	XXX	XXX	0	0
44. Long-term care (d)							0	XXX	XXX	XXX		0
45. Other health (d)	279						0	XXX	XXX	XXX	10,000	10,000
46. Total Accident and Health	5,429,977	0	0	0	0	0	0	XXX	XXX	XXX	4,633,247	4,633,247
47. Total	5,442,345 (c)	0	0	0	0	0	0	16,896	0	0	4,633,247	4,650,143

LIFE INSURANCE (STATE PAGE) (Continued)[b]

NAIC Group Code 0901 BUSINESS IN THE STATE OF Kansas DURING THE YEAR 2023 NAIC Company Code 61727

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year								22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life																
1. Industrial								0	0							
2. Whole	16,896	4	16,896	0	0	0	0	4	16,896	0			(4)	(16,896)	14	118,547
3. Term	0	0	0	0	0	0	0	0	0	0			0	0	15	878,374
4. Indexed								0	0							
5. Universal								0	0				0	0	2	180,000
6. Universal with secondary guarantees								0	0							
7. Variable								0	0							
8. Variable universal								0	0							
9. Credit								0	0							
10. Other (f)								0	0							
11. Total Individual Life	16,896	4	16,896	0	0	0	0	4	16,896	0	0	0	(4)	(16,896)	31	1,176,921
Group Life																
12. Whole								0	0							
13. Term								0	0							
14. Universal								0	0							
15. Variable								0	0							
16. Variable universal								0	0							
17. Credit								0	0							(a)
18. Other (f)								0	0							
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities																
20. Fixed	0	0	0	0	0	0	0	0	0	0	0	0	0	1,431	1	33,234
21. Indexed								0	0							
22. Variable with guarantees								0	0							
23. Variable without guarantees								0	0							
24. Life contingent payout	0	0	0	0	0	0	0	0	0	0						
25. Other (f)								0	0							
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	1,431	1	33,234
Group Annuities																
27. Fixed								0	0							
28. Indexed								0	0							
29. Variable with guarantees								0	0							
30. Variable without guarantees								0	0							
31. Life contingent payout								0	0							
32. Other (f)								0	0							
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	(1,800)	2	5,703
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,442	2,375,388	(136)	958,136	4,172	5,422,387
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	2	1,608
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	(26)	1	279
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,442	2,375,388	(136)	956,310	4,177	5,429,977
47. TOTAL	16,896	4	16,896	0	0	0	0	4	16,896	0	2,442	2,375,388	(140)	940,845	4,209	6,640,132

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

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: ..... 2) covering number of lives: ..... 3) face amount $ .....

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: $ ..... Group: $ ..... Total: $ 0

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

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $ .....

(f) Certain Separate Account products are included in "Other" product categories in the table(s) above:

1. Individual Life - Other includes the following amounts related to Separate Account policies: Column 1) $ ..... Column 7) $ ..... Column 12) $ .....
2. Group Life - Other includes the following amounts related to Separate Account policies: Column 1) $ ..... Column 7) $ ..... Column 12) $ .....
3. Individual Annuities - Other includes the following amounts related to Separate Account policies: Column 1) $ ..... Column 7) $ ..... Column 12) $ .....
4. Group Annuities - Other includes the following amounts related to Separate Account policies: Column 1) $ ..... Column 7) $ ..... Column 12) $ .....

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0901 BUSINESS IN THE STATE OF Kentucky DURING THE YEAR 2023 NAIC Company Code 61727

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members: 3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	Claims and Benefits Paid: 8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole	302						0	0		0		0
3. Term	0						0	0				0
4. Indexed							0					0
5. Universal	0						0			0		0
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other (f)							0					0
11. Total Individual Life	302	0	0	0	0	0	0	0	0	0	0	0
Group Life												
12. Whole							0					0
13. Term							0					0
14. Universal							0					0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other (f)							0					0
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed	0						0	1,554		53,133		54,687
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout							0	0				0
25. Other (f)							0					0
26. Total Individual Annuities	0	0	0	0	0	0	0	1,554	0	53,133	0	54,687
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other (f)							0					0
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d)	0						0	XXX	XXX	XXX	0	0
35. Comprehensive group (d)							0	XXX	XXX	XXX		0
36. Medicare Supplement (d)	1,487,284						0	XXX	XXX	XXX	1,252,059	1,252,059
37. Vision only (d)							0	XXX	XXX	XXX		0
38. Dental only (d)	0						0	XXX	XXX	XXX	0	0
39. Federal Employees Health Benefits Plan (d)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)	(e)						0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)							0	XXX	XXX	XXX		0
42. Credit A&H							0	XXX	XXX	XXX		0
43. Disability income (d)							0	XXX	XXX	XXX	0	0
44. Long-term care (d)							0	XXX	XXX	XXX		0
45. Other health (d)	0						0	XXX	XXX	XXX	0	0
46. Total Accident and Health	1,487,284	0	0	0	0	0	0	XXX	XXX	XXX	1,252,059	1,252,059
47. Total	1,487,586 (c)	0	0	0	0	0	0	1,554	0	53,133	1,252,059	1,306,746

LIFE INSURANCE (STATE PAGE) (Continued)(b)

NAIC Group Code 0901 BUSINESS IN THE STATE OF Kentucky DURING THE YEAR 2023 NAIC Company Code 61727

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year							22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year		23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life															
1. Industrial								0	0						
2. Whole	0	0	0	0	0	0	0	0	0	0			0	0	1	5,000
3. Term	0	0	0	0	0	0	0	0	0	0			0	0	0	0
4. Indexed								0	0							
5. Universal								0	0				0	0	0	0
6. Universal with secondary guarantees								0	0							
7. Variable								0	0							
8. Variable universal								0	0							
9. Credit								0	0							
10. Other (f)								0	0							
11. Total Individual Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	5,000
Group Life															
12. Whole								0	0							
13. Term								0	0							
14. Universal								0	0							
15. Variable								0	0							
16. Variable universal								0	0							
17. Credit								0	0							(a)
18. Other (f)								0	0							
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities															
20. Fixed	0	0	0	0	0	0	0	0	0	0	0	0	(2)	(67,212)	2	46,992
21. Indexed								0	0							
22. Variable with guarantees								0	0							
23. Variable without guarantees								0	0							
24. Life contingent payout	0	0	0	0	0	0	0	0	0	0						
25. Other (f)								0	0		1	15,576			1	15,576
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	1	15,576	(2)	(67,212)	3	62,568
Group Annuities															
27. Fixed								0	0							
28. Indexed								0	0							
29. Variable with guarantees								0	0							
30. Variable without guarantees								0	0							
31. Life contingent payout								0	0							
32. Other (f)								0	0							
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health															
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	996	893,681	(31)	344,476	1,318	1,487,284
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	996	893,681	(31)	344,476	1,318	1,487,284
47. TOTAL	0	0	0	0	0	0	0	0	0	0	997	909,257	(33)	277,264	1,322	1,554,852

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

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: ..... 2) covering number of lives: ..... 3) face amount $ .....

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: $ ..... Group: $ ..... Total: $ 0

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

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $ .....

(f) Certain Separate Account products are included in "Other" product categories in the table(s) above:

1. Individual Life - Other includes the following amounts related to Separate Account policies: Column 1) $ ..... Column 7) $ ..... Column 12) $ .....
2. Group Life - Other includes the following amounts related to Separate Account policies: Column 1) $ ..... Column 7) $ ..... Column 12) $ .....
3. Individual Annuities - Other includes the following amounts related to Separate Account policies: Column 1) $ ..... Column 7) $ ..... Column 12) $ .....
4. Group Annuities - Other includes the following amounts related to Separate Account policies: Column 1) $ ..... Column 7) $ ..... Column 12) $ .....

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0901 BUSINESS IN THE STATE OF Louisiana DURING THE YEAR 2023 NAIC Company Code 61727

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole	0						0	0		0		0
3. Term	275						0	0				0
4. Indexed							0					0
5. Universal	0						0			0		0
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other (f)							0					0
11. Total Individual Life	275	0	0	0	0	0	0	0	0	0	0	0
Group Life												
12. Whole							0					0
13. Term							0					0
14. Universal							0					0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other (f)							0					0
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed	0						0	0		0		0
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout							0	0				0
25. Other (f)							0					0
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other (f)							0					0
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d)	0						0	XXX	XXX	XXX	0	0
35. Comprehensive group (d)							0	XXX	XXX	XXX		0
36. Medicare Supplement (d)	1,974,512						0	XXX	XXX	XXX	1,781,493	1,781,493
37. Vision only (d)							0	XXX	XXX	XXX		0
38. Dental only (d)	0						0	XXX	XXX	XXX	0	0
39. Federal Employees Health Benefits Plan (d)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)	(e)						0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)							0	XXX	XXX	XXX		0
42. Credit A&H							0	XXX	XXX	XXX		0
43. Disability income (d)							0	XXX	XXX	XXX	0	0
44. Long-term care (d)							0	XXX	XXX	XXX		0
45. Other health (d)	916						0	XXX	XXX	XXX	0	0
46. Total Accident and Health	1,975,428	0	0	0	0	0	0	XXX	XXX	XXX	1,781,493	1,781,493
47. Total	1,975,703 (c)	0	0	0	0	0	0	0	0	0	1,781,493	1,781,493

LIFE INSURANCE (STATE PAGE) (Continued)[b]

NAIC Group Code 0901 BUSINESS IN THE STATE OF Louisiana DURING THE YEAR 2023 NAIC Company Code 61727

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year							22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year		23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life															
1. Industrial								0	0						
2. Whole	0	0	0	0	0	0	0	0	0	0			0	0	1	1,566
3. Term	0	0	0	0	0	0	0	0	0	0			0	0	1	99,000
4. Indexed								0	0							
5. Universal								0	0				0	0	0	0
6. Universal with secondary guarantees								0	0							
7. Variable								0	0							
8. Variable universal								0	0							
9. Credit								0	0							
10. Other (f)								0	0							
11. Total Individual Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	100,566
Group Life															
12. Whole								0	0							
13. Term								0	0							
14. Universal								0	0							
15. Variable								0	0							
16. Variable universal								0	0							
17. Credit								0	0							(a)
18. Other (f)								0	0							
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities															
20. Fixed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
21. Indexed								0	0							
22. Variable with guarantees								0	0							
23. Variable without guarantees								0	0							
24. Life contingent payout	0	0	0	0	0	0	0	0	0	0						
25. Other (f)								0	0							
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities															
27. Fixed								0	0							
28. Indexed								0	0							
29. Variable with guarantees								0	0							
30. Variable without guarantees								0	0							
31. Life contingent payout								0	0							
32. Other (f)								0	0							
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health															
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	997	881,301	(61)	363,249	1,604	1,974,512
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	1	916
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	997	881,301	(61)	363,249	1,605	1,975,428
47. TOTAL	0	0	0	0	0	0	0	0	0	0	997	881,301	(61)	363,249	1,607	2,075,994

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

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: ..... 2) covering number of lives: ..... 3) face amount $ .....

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: $ ..... Group: $ ..... Total: $ 0

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

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $ .....

(f) Certain Separate Account products are included in "Other" product categories in the table(s) above:

1. Individual Life - Other includes the following amounts related to Separate Account policies: Column 1) $ ..... Column 7) $ ..... Column 12) $ .....
2. Group Life - Other includes the following amounts related to Separate Account policies: Column 1) $ ..... Column 7) $ ..... Column 12) $ .....
3. Individual Annuities - Other includes the following amounts related to Separate Account policies: Column 1) $ ..... Column 7) $ ..... Column 12) $ .....
4. Group Annuities - Other includes the following amounts related to Separate Account policies: Column 1) $ ..... Column 7) $ ..... Column 12) $ .....

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0901 BUSINESS IN THE STATE OF Maine DURING THE YEAR 2023 NAIC Company Code 61727

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members: 3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	Claims and Benefits Paid: 8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole	0						0	0		0		0
3. Term	0						0	0				0
4. Indexed							0					0
5. Universal	0						0			0		0
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other (f)							0					0
11. Total Individual Life	0	0	0	0	0	0	0	0	0	0	0	0
Group Life												
12. Whole							0					0
13. Term							0					0
14. Universal							0					0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other (f)							0					0
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed	0						0	0		0		0
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout							0	0				0
25. Other (f)							0					0
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other (f)							0					0
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d)	0						0	XXX	XXX	XXX	0	0
35. Comprehensive group (d)							0	XXX	XXX	XXX		0
36. Medicare Supplement (d)	13,462						0	XXX	XXX	XXX	6,974	6,974
37. Vision only (d)							0	XXX	XXX	XXX		0
38. Dental only (d)	0						0	XXX	XXX	XXX	0	0
39. Federal Employees Health Benefits Plan (d)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)	(e)						0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)							0	XXX	XXX	XXX		0
42. Credit A&H							0	XXX	XXX	XXX		0
43. Disability income (d)							0	XXX	XXX	XXX	0	0
44. Long-term care (d)							0	XXX	XXX	XXX		0
45. Other health (d)	0						0	XXX	XXX	XXX	0	0
46. Total Accident and Health	13,462	0	0	0	0	0	0	XXX	XXX	XXX	6,974	6,974
47. Total	13,462 (c)	0	0	0	0	0	0	0	0	0	6,974	6,974

LIFE INSURANCE (STATE PAGE) (Continued)(b)

NAIC Group Code 0901 BUSINESS IN THE STATE OF Maine DURING THE YEAR 2023 NAIC Company Code 61727

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year							22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year		23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life															
1. Industrial								0	0						
2. Whole	0	0	0	0	0	0	0	0	0	0			0	0	0	0
3. Term	0	0	0	0	0	0	0	0	0	0			0	0	0	0
4. Indexed								0	0							
5. Universal								0	0				0	0	0	0
6. Universal with secondary guarantees								0	0							
7. Variable								0	0							
8. Variable universal								0	0							
9. Credit								0	0							
10. Other (f)								0	0							
11. Total Individual Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Life															
12. Whole								0	0							
13. Term								0	0							
14. Universal								0	0							
15. Variable								0	0							
16. Variable universal								0	0							
17. Credit								0	0							(a)
18. Other (f)								0	0							
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities															
20. Fixed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
21. Indexed								0	0							
22. Variable with guarantees								0	0							
23. Variable without guarantees								0	0							
24. Life contingent payout	0		0	0	0	0	0	0	0	0						
25. Other (f)								0	0							
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities															
27. Fixed								0	0							
28. Indexed								0	0							
29. Variable with guarantees								0	0							
30. Variable without guarantees								0	0							
31. Life contingent payout								0	0							
32. Other (f)								0	0							
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health															
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	272	3	6,778	8	13,462
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	272	3	6,778	8	13,462
47. TOTAL	0	0	0	0	0	0	0	0	0	0	1	272	3	6,778	8	13,462

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

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: ..... 2) covering number of lives: ..... 3) face amount $ .....

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: $ ..... Group: $ ..... Total: $ 0

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

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $ .....

(f) Certain Separate Account products are included in "Other" product categories in the table(s) above:

1. Individual Life - Other includes the following amounts related to Separate Account policies: Column 1) $ ..... Column 7) $ ..... Column 12) $ .....
2. Group Life - Other includes the following amounts related to Separate Account policies: Column 1) $ ..... Column 7) $ ..... Column 12) $ .....
3. Individual Annuities - Other includes the following amounts related to Separate Account policies: Column 1) $ ..... Column 7) $ ..... Column 12) $ .....
4. Group Annuities - Other includes the following amounts related to Separate Account policies: Column 1) $ ..... Column 7) $ ..... Column 12) $ .....

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0901 BUSINESS IN THE STATE OF Maryland DURING THE YEAR 2023 NAIC Company Code 61727

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members: 3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	Claims and Benefits Paid: 8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole	855						0	0		0		0
3. Term	0						0	0				0
4. Indexed							0					0
5. Universal	0						0			0		0
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other (f)							0					0
11. Total Individual Life	855	0	0	0	0	0	0	0	0	0	0	0
Group Life												
12. Whole							0					0
13. Term							0					0
14. Universal							0					0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other (f)							0					0
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed	0						0	0		0		0
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout							0	0				0
25. Other (f)							0					0
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other (f)							0					0
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d)	0						0	XXX	XXX	XXX	0	0
35. Comprehensive group (d)							0	XXX	XXX	XXX		0
36. Medicare Supplement (d)	5,001,423						0	XXX	XXX	XXX	4,130,004	4,130,004
37. Vision only (d)							0	XXX	XXX	XXX		0
38. Dental only (d)	0						0	XXX	XXX	XXX	0	0
39. Federal Employees Health Benefits Plan (d)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)	(e)						0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)							0	XXX	XXX	XXX		0
42. Credit A&H							0	XXX	XXX	XXX		0
43. Disability income (d)							0	XXX	XXX	XXX	0	0
44. Long-term care (d)							0	XXX	XXX	XXX		0
45. Other health (d)	0						0	XXX	XXX	XXX	0	0
46. Total Accident and Health	5,001,423	0	0	0	0	0	0	XXX	XXX	XXX	4,130,004	4,130,004
47. Total	5,002,278 (c)	0	0	0	0	0	0	0	0	0	4,130,004	4,130,004

LIFE INSURANCE (STATE PAGE) (Continued)(b)

NAIC Group Code 0901 BUSINESS IN THE STATE OF Maryland DURING THE YEAR 2023 NAIC Company Code 61727

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year							22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year		23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life															
1. Industrial								0	0						
2. Whole	0	0	0	0	0	0	0	0	0	0			0	0	1	15,000
3. Term	0	0	0	0	0	0	0	0	0	0			0	0	0	0
4. Indexed								0	0							
5. Universal								0	0				0	0	0	0
6. Universal with secondary guarantees								0	0							
7. Variable								0	0							
8. Variable universal								0	0							
9. Credit								0	0							
10. Other (f)								0	0							
11. Total Individual Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	15,000
Group Life															
12. Whole								0	0							
13. Term								0	0							
14. Universal								0	0							
15. Variable								0	0							
16. Variable universal								0	0							
17. Credit								0	0							(a)
18. Other (f)								0	0							
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities															
20. Fixed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
21. Indexed								0	0							
22. Variable with guarantees								0	0							
23. Variable without guarantees								0	0							
24. Life contingent payout	0		0	0	0	0	0	0	0	0						
25. Other (f)								0	0							
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities															
27. Fixed								0	0							
28. Indexed								0	0							
29. Variable with guarantees								0	0							
30. Variable without guarantees								0	0							
31. Life contingent payout								0	0							
32. Other (f)								0	0							
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health															
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,613	2,407,399	(166)	1,006,481	4,034	5,001,423
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,613	2,407,399	(166)	1,006,481	4,034	5,001,423
47. TOTAL	0	0	0	0	0	0	0	0	0	0	2,613	2,407,399	(166)	1,006,481	4,035	5,016,423

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

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: ..... 2) covering number of lives: ..... 3) face amount $ .....

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: $ ..... Group: $ ..... Total: $ 0

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

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $ .....

(f) Certain Separate Account products are included in "Other" product categories in the table(s) above:

1. Individual Life - Other includes the following amounts related to Separate Account policies: Column 1) $ ..... Column 7) $ ..... Column 12) $ .....
2. Group Life - Other includes the following amounts related to Separate Account policies: Column 1) $ ..... Column 7) $ ..... Column 12) $ .....
3. Individual Annuities - Other includes the following amounts related to Separate Account policies: Column 1) $ ..... Column 7) $ ..... Column 12) $ .....
4. Group Annuities - Other includes the following amounts related to Separate Account policies: Column 1) $ ..... Column 7) $ ..... Column 12) $ .....

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0901 BUSINESS IN THE STATE OF Massachusetts DURING THE YEAR 2023 NAIC Company Code 61727

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members: 3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	Claims and Benefits Paid: 8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole	0						0	0		0		0
3. Term	0						0	0				0
4. Indexed							0					0
5. Universal	0						0			0		0
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other (f)							0					0
11. Total Individual Life	0	0	0	0	0	0	0	0	0	0	0	0
Group Life												
12. Whole							0					0
13. Term							0					0
14. Universal							0					0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other (f)							0					0
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed	0						0	0		0		0
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout							0	0				0
25. Other (f)							0					0
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other (f)							0					0
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d)	0						0	XXX	XXX	XXX	0	0
35. Comprehensive group (d)							0	XXX	XXX	XXX		0
36. Medicare Supplement (d)	8,586						0	XXX	XXX	XXX	6,847	6,847
37. Vision only (d)							0	XXX	XXX	XXX		0
38. Dental only (d)	0						0	XXX	XXX	XXX	0	0
39. Federal Employees Health Benefits Plan (d)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)	(e)						0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)							0	XXX	XXX	XXX		0
42. Credit A&H							0	XXX	XXX	XXX		0
43. Disability income (d)							0	XXX	XXX	XXX	0	0
44. Long-term care (d)							0	XXX	XXX	XXX		0
45. Other health (d)	0						0	XXX	XXX	XXX	0	0
46. Total Accident and Health	8,586	0	0	0	0	0	0	XXX	XXX	XXX	6,847	6,847
47. Total	8,586 (c)	0	0	0	0	0	0	0	0	0	6,847	6,847

LIFE INSURANCE (STATE PAGE) (Continued)(b)

NAIC Group Code 0901 BUSINESS IN THE STATE OF Massachusetts DURING THE YEAR 2023 NAIC Company Code 61727

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year								22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life																
1. Industrial								0	0							
2. Whole	0	0	0	0	0	0	0	0	0	0			0	0	0	0
3. Term	0	0	0	0	0	0	0	0	0	0			0	0	0	0
4. Indexed								0	0							
5. Universal								0	0				0	0	0	0
6. Universal with secondary guarantees								0	0							
7. Variable								0	0							
8. Variable universal								0	0							
9. Credit								0	0							
10. Other (f)								0	0							
11. Total Individual Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Life																
12. Whole								0	0							
13. Term								0	0							
14. Universal								0	0							
15. Variable								0	0							
16. Variable universal								0	0							
17. Credit								0	0							(a)
18. Other (f)								0	0							
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities																
20. Fixed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
21. Indexed								0	0							
22. Variable with guarantees								0	0							
23. Variable without guarantees								0	0							
24. Life contingent payout	0	0	0	0	0	0	0	0	0	0						
25. Other (f)								0	0							
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities																
27. Fixed								0	0							
28. Indexed								0	0							
29. Variable with guarantees								0	0							
30. Variable without guarantees								0	0							
31. Life contingent payout								0	0							
32. Other (f)								0	0							
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	2,245	0	856	5	8,586
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	2,245	0	856	5	8,586
47. TOTAL	0	0	0	0	0	0	0	0	0	0	1	2,245	0	856	5	8,586

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

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: ..... 2) covering number of lives: ..... 3) face amount $ .....

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: $ ..... Group: $ ..... Total: $ 0

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

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $ .....

(f) Certain Separate Account products are included in "Other" product categories in the table(s) above:

1. Individual Life - Other includes the following amounts related to Separate Account policies: Column 1) $ ..... Column 7) $ ..... Column 12) $ .....
2. Group Life - Other includes the following amounts related to Separate Account policies: Column 1) $ ..... Column 7) $ ..... Column 12) $ .....
3. Individual Annuities - Other includes the following amounts related to Separate Account policies: Column 1) $ ..... Column 7) $ ..... Column 12) $ .....
4. Group Annuities - Other includes the following amounts related to Separate Account policies: Column 1) $ ..... Column 7) $ ..... Column 12) $ .....

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0901 BUSINESS IN THE STATE OF Michigan DURING THE YEAR 2023 NAIC Company Code 61727

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members: 3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	Claims and Benefits Paid: 8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole	0						0	0		0		0
3. Term	4,085						0	0				0
4. Indexed							0					0
5. Universal	0						0			0		0
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other (f)							0					0
11. Total Individual Life	4,085	0	0	0	0	0	0	0	0	0	0	0
Group Life												
12. Whole							0					0
13. Term							0					0
14. Universal							0					0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other (f)							0					0
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed	0						0	0		13,766		13,766
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout							0	0				0
25. Other (f)							0					0
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	13,766	0	13,766
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other (f)							0					0
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d)	0						0	XXX	XXX	XXX	0	0
35. Comprehensive group (d)							0	XXX	XXX	XXX		0
36. Medicare Supplement (d)	3,518,217						0	XXX	XXX	XXX	2,888,682	2,888,682
37. Vision only (d)							0	XXX	XXX	XXX		0
38. Dental only (d)	0						0	XXX	XXX	XXX	0	0
39. Federal Employees Health Benefits Plan (d)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)	(e)						0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)							0	XXX	XXX	XXX		0
42. Credit A&H							0	XXX	XXX	XXX		0
43. Disability income (d)							0	XXX	XXX	XXX	0	0
44. Long-term care (d)							0	XXX	XXX	XXX		0
45. Other health (d)	948						0	XXX	XXX	XXX	0	0
46. Total Accident and Health	3,519,165	0	0	0	0	0	0	XXX	XXX	XXX	2,888,682	2,888,682
47. Total	3,523,250 (c)	0	0	0	0	0	0	0	0	13,766	2,888,682	2,902,448

LIFE INSURANCE (STATE PAGE) (Continued)(b)

NAIC Group Code 0901 BUSINESS IN THE STATE OF Michigan DURING THE YEAR 2023 NAIC Company Code 61727

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year							22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year		23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life															
1. Industrial								0	0						
2. Whole	0	0	0	0	0	0	0	0	0	0			0	0	0	0
3. Term	0	0	0	0	0	0	0	0	0	0			(1)	(50,000)	10	681,909
4. Indexed								0	0							
5. Universal								0	0				0	0	0	0
6. Universal with secondary guarantees								0	0							
7. Variable								0	0							
8. Variable universal								0	0							
9. Credit								0	0							
10. Other (f)								0	0							
11. Total Individual Life	0	0	0	0	0	0	0	0	0	0	0	0	(1)	(50,000)	10	681,909
Group Life															
12. Whole								0	0							
13. Term								0	0							
14. Universal								0	0							
15. Variable								0	0							
16. Variable universal								0	0							
17. Credit								0	0							(a)
18. Other (f)								0	0							
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities															
20. Fixed	0	0	0	0	0	0	0	0	0	0	0	0	(1)	(2,957)	9	209,743
21. Indexed								0	0							
22. Variable with guarantees								0	0							
23. Variable without guarantees								0	0							
24. Life contingent payout	0	0	0	0	0	0	0	0	0	0						
25. Other (f)								0	0							
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0	(1)	(2,957)	9	209,743
Group Annuities															
27. Fixed								0	0							
28. Indexed								0	0							
29. Variable with guarantees								0	0							
30. Variable without guarantees								0	0							
31. Life contingent payout								0	0							
32. Other (f)								0	0							
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health															
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,788	1,468,092	(189)	594,209	3,016	3,518,217
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	103	3	948
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,788	1,468,092	(189)	594,312	3,019	3,519,165
47. TOTAL	0	0	0	0	0	0	0	0	0	0	1,788	1,468,092	(191)	541,355	3,038	4,410,817

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

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: ..... 2) covering number of lives: ..... 3) face amount $ .....

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: $ ..... Group: $ ..... Total: $ 0

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

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $ .....

(f) Certain Separate Account products are included in "Other" product categories in the table(s) above:

1. Individual Life - Other includes the following amounts related to Separate Account policies: Column 1) $ ..... Column 7) $ ..... Column 12) $ .....
2. Group Life - Other includes the following amounts related to Separate Account policies: Column 1) $ ..... Column 7) $ ..... Column 12) $ .....
3. Individual Annuities - Other includes the following amounts related to Separate Account policies: Column 1) $ ..... Column 7) $ ..... Column 12) $ .....
4. Group Annuities - Other includes the following amounts related to Separate Account policies: Column 1) $ ..... Column 7) $ ..... Column 12) $ .....

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0901 BUSINESS IN THE STATE OF Minnesota DURING THE YEAR 2023 NAIC Company Code 61727

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members: 3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	Claims and Benefits Paid: 8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole	0						0	0		0		0
3. Term	0						0	0				0
4. Indexed							0					0
5. Universal	0						0			0		0
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other (f)							0					0
11. Total Individual Life	0	0	0	0	0	0	0	0	0	0	0	0
Group Life												
12. Whole							0					0
13. Term							0					0
14. Universal							0					0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other (f)							0					0
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed	0						0	0		0		0
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout							0	0				0
25. Other (f)							0					0
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other (f)							0					0
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d)	0						0	XXX	XXX	XXX	0	0
35. Comprehensive group (d)							0	XXX	XXX	XXX		0
36. Medicare Supplement (d)	22,048						0	XXX	XXX	XXX	9,465	9,465
37. Vision only (d)							0	XXX	XXX	XXX		0
38. Dental only (d)	0						0	XXX	XXX	XXX	0	0
39. Federal Employees Health Benefits Plan (d)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)	(e)						0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)							0	XXX	XXX	XXX		0
42. Credit A&H							0	XXX	XXX	XXX		0
43. Disability income (d)							0	XXX	XXX	XXX	0	0
44. Long-term care (d)							0	XXX	XXX	XXX		0
45. Other health (d)	0						0	XXX	XXX	XXX	0	0
46. Total Accident and Health	22,048	0	0	0	0	0	0	XXX	XXX	XXX	9,465	9,465
47. Total	22,048 (c)	0	0	0	0	0	0	0	0	0	9,465	9,465

LIFE INSURANCE (STATE PAGE) (Continued)(b)

NAIC Group Code 0901 BUSINESS IN THE STATE OF Minnesota DURING THE YEAR 2023 NAIC Company Code 61727

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year							22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year		23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life															
1. Industrial								0	0						
2. Whole	0	0	0	0	0	0	0	0	0	0			0	0	0	0
3. Term	0	0	0	0	0	0	0	0	0	0			0	0	0	0
4. Indexed								0	0							
5. Universal								0	0				0	0	0	0
6. Universal with secondary guarantees								0	0							
7. Variable								0	0							
8. Variable universal								0	0							
9. Credit								0	0							
10. Other (f)								0	0							
11. Total Individual Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Life															
12. Whole								0	0							
13. Term								0	0							
14. Universal								0	0							
15. Variable								0	0							
16. Variable universal								0	0							
17. Credit								0	0							(a)
18. Other (f)								0	0							
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities															
20. Fixed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
21. Indexed								0	0							
22. Variable with guarantees								0	0							
23. Variable without guarantees								0	0							
24. Life contingent payout	0		0	0	0	0	0	0	0	0						
25. Other (f)								0	0							
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities															
27. Fixed								0	0							
28. Indexed								0	0							
29. Variable with guarantees								0	0							
30. Variable without guarantees								0	0							
31. Life contingent payout								0	0							
32. Other (f)								0	0							
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health															
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5	3,073	5	8,572	12	22,048
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5	3,073	5	8,572	12	22,048
47. TOTAL	0	0	0	0	0	0	0	0	0	0	5	3,073	5	8,572	12	22,048

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

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: ..... 2) covering number of lives: ..... 3) face amount $ .....

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: $ ..... Group: $ ..... Total: $ 0

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

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $ .....

(f) Certain Separate Account products are included in "Other" product categories in the table(s) above:

1. Individual Life - Other includes the following amounts related to Separate Account policies: Column 1) $ ..... Column 7) $ ..... Column 12) $ .....
2. Group Life - Other includes the following amounts related to Separate Account policies: Column 1) $ ..... Column 7) $ ..... Column 12) $ .....
3. Individual Annuities - Other includes the following amounts related to Separate Account policies: Column 1) $ ..... Column 7) $ ..... Column 12) $ .....
4. Group Annuities - Other includes the following amounts related to Separate Account policies: Column 1) $ ..... Column 7) $ ..... Column 12) $ .....

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0901 BUSINESS IN THE STATE OF Mississippi DURING THE YEAR 2023 NAIC Company Code 61727

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole	815						0	0		0		0
3. Term	0						0	0				0
4. Indexed							0					0
5. Universal	0						0			0		0
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other (f)							0					0
11. Total Individual Life	815	0	0	0	0	0	0	0	0	0	0	0
Group Life												
12. Whole							0					0
13. Term							0					0
14. Universal							0					0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other (f)							0					0
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed	0						0	0		0		0
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout							0	0				0
25. Other (f)							0					0
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other (f)							0					0
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d)	0						0	XXX	XXX	XXX	0	0
35. Comprehensive group (d)							0	XXX	XXX	XXX		0
36. Medicare Supplement (d)	787,503						0	XXX	XXX	XXX	602,483	602,483
37. Vision only (d)							0	XXX	XXX	XXX		0
38. Dental only (d)	0						0	XXX	XXX	XXX	0	0
39. Federal Employees Health Benefits Plan (d)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)	(e)						0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)							0	XXX	XXX	XXX		0
42. Credit A&H							0	XXX	XXX	XXX		0
43. Disability income (d)							0	XXX	XXX	XXX	0	0
44. Long-term care (d)							0	XXX	XXX	XXX		0
45. Other health (d)	55						0	XXX	XXX	XXX	0	0
46. Total Accident and Health	787,558	0	0	0	0	0	0	XXX	XXX	XXX	602,483	602,483
47. Total	788,373 (c)	0	0	0	0	0	0	0	0	0	602,483	602,483

LIFE INSURANCE (STATE PAGE) (Continued)(b)

NAIC Group Code 0901 BUSINESS IN THE STATE OF Mississippi DURING THE YEAR 2023 NAIC Company Code 61727

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year							22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year		23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life															
1. Industrial								0	0						
2. Whole	0	0	0	0	0	0	0	0	0	0			0	0	2	13,000
3. Term	0	0	0	0	0	0	0	0	0	0			0	0	0	0
4. Indexed								0	0							
5. Universal								0	0				0	0	0	0
6. Universal with secondary guarantees								0	0							
7. Variable								0	0							
8. Variable universal								0	0							
9. Credit								0	0							
10. Other (f)								0	0							
11. Total Individual Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	13,000
Group Life															
12. Whole								0	0							
13. Term								0	0							
14. Universal								0	0							
15. Variable								0	0							
16. Variable universal								0	0							
17. Credit								0	0							(a)
18. Other (f)								0	0							
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities															
20. Fixed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
21. Indexed								0	0							
22. Variable with guarantees								0	0							
23. Variable without guarantees								0	0							
24. Life contingent payout	0	0	0	0	0	0	0	0	0	0						
25. Other (f)								0	0							
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities															
27. Fixed								0	0							
28. Indexed								0	0							
29. Variable with guarantees								0	0							
30. Variable without guarantees								0	0							
31. Life contingent payout								0	0							
32. Other (f)								0	0							
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health															
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	565	527,530	(21)	183,570	699	787,503
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	(1)	(1,420)	1	55
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	565	527,530	(22)	182,150	700	787,558
47. TOTAL	0	0	0	0	0	0	0	0	0	0	565	527,530	(22)	182,150	702	800,558

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

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: ..... 2) covering number of lives: ..... 3) face amount $ .....

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: $ ..... Group: $ ..... Total: $ 0

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

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $ .....

(f) Certain Separate Account products are included in "Other" product categories in the table(s) above:

1. Individual Life - Other includes the following amounts related to Separate Account policies: Column 1) $ ..... Column 7) $ ..... Column 12) $ .....
2. Group Life - Other includes the following amounts related to Separate Account policies: Column 1) $ ..... Column 7) $ ..... Column 12) $ .....
3. Individual Annuities - Other includes the following amounts related to Separate Account policies: Column 1) $ ..... Column 7) $ ..... Column 12) $ .....
4. Group Annuities - Other includes the following amounts related to Separate Account policies: Column 1) $ ..... Column 7) $ ..... Column 12) $ .....

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0901 BUSINESS IN THE STATE OF Missouri DURING THE YEAR 2023 NAIC Company Code 61727

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole	7,969						0	10,000		0		10,000
3. Term	7,917						0	0				0
4. Indexed							0					0
5. Universal	444						0			0		0
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other (f)							0					0
11. Total Individual Life	16,330	0	0	0	0	0	0	10,000	0	0	0	10,000
Group Life												
12. Whole							0					0
13. Term							0					0
14. Universal							0					0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other (f)							0					0
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed	0						0	0		2,391		2,391
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout							0	0				0
25. Other (f)							0					0
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	2,391	0	2,391
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other (f)							0					0
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d)	0						0	XXX	XXX	XXX	0	0
35. Comprehensive group (d)							0	XXX	XXX	XXX		0
36. Medicare Supplement (d)	313,902						0	XXX	XXX	XXX	82,735	82,735
37. Vision only (d)							0	XXX	XXX	XXX		0
38. Dental only (d)	0						0	XXX	XXX	XXX	0	0
39. Federal Employees Health Benefits Plan (d)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)	(e)						0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)							0	XXX	XXX	XXX		0
42. Credit A&H							0	XXX	XXX	XXX		0
43. Disability income (d)							0	XXX	XXX	XXX	0	0
44. Long-term care (d)							0	XXX	XXX	XXX		0
45. Other health (d)	293						0	XXX	XXX	XXX	0	0
46. Total Accident and Health	314,195	0	0	0	0	0	0	XXX	XXX	XXX	82,735	82,735
47. Total	330,525 (c)	0	0	0	0	0	0	10,000	0	2,391	82,735	95,126

LIFE INSURANCE (STATE PAGE) (Continued)(b)

NAIC Group Code 0901 BUSINESS IN THE STATE OF Missouri DURING THE YEAR 2023 NAIC Company Code 61727

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year							22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year		23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life															
1. Industrial								0	0						
2. Whole	10,000	1	10,000	0	0	0	0	1	10,000	0			(1)	(10,000)	14	98,000
3. Term	0	0	0	0	0	0	0	0	0	0			(1)	(8,861)	11	652,331
4. Indexed								0	0							
5. Universal								0	0				0	0	8	270,000
6. Universal with secondary guarantees								0	0							
7. Variable								0	0							
8. Variable universal								0	0							
9. Credit								0	0							
10. Other (f)								0	0							
11. Total Individual Life	10,000	1	10,000	0	0	0	0	1	10,000	0	0	0	(2)	(18,861)	33	1,020,331
Group Life															
12. Whole								0	0							
13. Term								0	0							
14. Universal								0	0							
15. Variable								0	0							
16. Variable universal								0	0							
17. Credit								0	0							(a)
18. Other (f)								0	0							
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities															
20. Fixed	11,216	0	0	0	0	0	0	0	0	11,216	0	0	(1)	(8,715)	5	104,128
21. Indexed								0	0							
22. Variable with guarantees								0	0							
23. Variable without guarantees								0	0							
24. Life contingent payout	0		0	0	0	0	0	0	0	0						
25. Other (f)								0	0							
26. Total Individual Annuities	11,216	0	0	0	0	0	0	0	0	11,216	0	0	(1)	(8,715)	5	104,128
Group Annuities															
27. Fixed								0	0							
28. Indexed								0	0							
29. Variable with guarantees								0	0							
30. Variable without guarantees								0	0							
31. Life contingent payout								0	0							
32. Other (f)								0	0							
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health															
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	487	281,667	5	5,887	503	313,902
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	3	293
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	487	281,667	5	5,887	506	314,195
47. TOTAL	21,216	1	10,000	0	0	0	0	1	10,000	11,216	487	281,667	2	(21,689)	544	1,438,654

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

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: ..... 2) covering number of lives: ..... 3) face amount $ .....

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: $ ..... Group: $ ..... Total: $ 0

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

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $ .....

(f) Certain Separate Account products are included in "Other" product categories in the table(s) above:

1. Individual Life - Other includes the following amounts related to Separate Account policies: Column 1) $ ..... Column 7) $ ..... Column 12) $ .....
2. Group Life - Other includes the following amounts related to Separate Account policies: Column 1) $ ..... Column 7) $ ..... Column 12) $ .....
3. Individual Annuities - Other includes the following amounts related to Separate Account policies: Column 1) $ ..... Column 7) $ ..... Column 12) $ .....
4. Group Annuities - Other includes the following amounts related to Separate Account policies: Column 1) $ ..... Column 7) $ ..... Column 12) $ .....

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0901 BUSINESS IN THE STATE OF Montana DURING THE YEAR 2023 NAIC Company Code 61727

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members: 3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	Claims and Benefits Paid: 8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole	0						0	0		0		0
3. Term	0						0	0				0
4. Indexed							0					0
5. Universal	0						0			0		0
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other (f)							0					0
11. Total Individual Life	0	0	0	0	0	0	0	0	0	0	0	0
Group Life												
12. Whole							0					0
13. Term							0					0
14. Universal							0					0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other (f)							0					0
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed	0						0	0		0		0
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout							0	0				0
25. Other (f)							0					0
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other (f)							0					0
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d)	0						0	XXX	XXX	XXX	0	0
35. Comprehensive group (d)							0	XXX	XXX	XXX		0
36. Medicare Supplement (d)	40,908						0	XXX	XXX	XXX	38,143	38,143
37. Vision only (d)							0	XXX	XXX	XXX		0
38. Dental only (d)	0						0	XXX	XXX	XXX	0	0
39. Federal Employees Health Benefits Plan (d)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)	(e)						0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)							0	XXX	XXX	XXX		0
42. Credit A&H							0	XXX	XXX	XXX		0
43. Disability income (d)							0	XXX	XXX	XXX	0	0
44. Long-term care (d)							0	XXX	XXX	XXX		0
45. Other health (d)	0						0	XXX	XXX	XXX	0	0
46. Total Accident and Health	40,908	0	0	0	0	0	0	XXX	XXX	XXX	38,143	38,143
47. Total	40,908 (c)	0	0	0	0	0	0	0	0	0	38,143	38,143

LIFE INSURANCE (STATE PAGE) (Continued)(b)

NAIC Group Code 0901 BUSINESS IN THE STATE OF Montana DURING THE YEAR 2023 NAIC Company Code 61727

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year							22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year		23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life															
1. Industrial								0	0						
2. Whole	0	0	0	0	0	0	0	0	0	0			0	0	0	0
3. Term	0	0	0	0	0	0	0	0	0	0			0	0	0	0
4. Indexed								0	0							
5. Universal								0	0				0	0	0	0
6. Universal with secondary guarantees								0	0							
7. Variable								0	0							
8. Variable universal								0	0							
9. Credit								0	0							
10. Other (f)								0	0							
11. Total Individual Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Life															
12. Whole								0	0							
13. Term								0	0							
14. Universal								0	0							
15. Variable								0	0							
16. Variable universal								0	0							
17. Credit								0	0							(a)
18. Other (f)								0	0							
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities															
20. Fixed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
21. Indexed								0	0							
22. Variable with guarantees								0	0							
23. Variable without guarantees								0	0							
24. Life contingent payout	0		0	0	0	0	0	0	0	0						
25. Other (f)								0	0							
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities															
27. Fixed								0	0							
28. Indexed								0	0							
29. Variable with guarantees								0	0							
30. Variable without guarantees								0	0							
31. Life contingent payout								0	0							
32. Other (f)								0	0							
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health															
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	832	(5)	(6,171)	12	40,908
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	832	(5)	(6,171)	12	40,908
47. TOTAL	0	0	0	0	0	0	0	0	0	0	1	832	(5)	(6,171)	12	40,908

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

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: ..... 2) covering number of lives: ..... 3) face amount $ .....

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: $ ..... Group: $ ..... Total: $ 0

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

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $ .....

(f) Certain Separate Account products are included in "Other" product categories in the table(s) above:

1. Individual Life - Other includes the following amounts related to Separate Account policies: Column 1) $ ..... Column 7) $ ..... Column 12) $ .....
2. Group Life - Other includes the following amounts related to Separate Account policies: Column 1) $ ..... Column 7) $ ..... Column 12) $ .....
3. Individual Annuities - Other includes the following amounts related to Separate Account policies: Column 1) $ ..... Column 7) $ ..... Column 12) $ .....
4. Group Annuities - Other includes the following amounts related to Separate Account policies: Column 1) $ ..... Column 7) $ ..... Column 12) $ .....

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0901 BUSINESS IN THE STATE OF Nebraska DURING THE YEAR 2023 NAIC Company Code 61727

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members: 3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	Claims and Benefits Paid: 8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole	0						0	0		0		0
3. Term	0						0	0				0
4. Indexed							0					0
5. Universal	0						0			0		0
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other (f)							0					0
11. Total Individual Life	0	0	0	0	0	0	0	0	0	0	0	0
Group Life												
12. Whole							0					0
13. Term							0					0
14. Universal							0					0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other (f)							0					0
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed	0						0	0		0		0
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout							0	0				0
25. Other (f)							0					0
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other (f)							0					0
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d)	0						0	XXX	XXX	XXX	0	0
35. Comprehensive group (d)							0	XXX	XXX	XXX		0
36. Medicare Supplement (d)	114,356						0	XXX	XXX	XXX	68,999	68,999
37. Vision only (d)							0	XXX	XXX	XXX		0
38. Dental only (d)	0						0	XXX	XXX	XXX	0	0
39. Federal Employees Health Benefits Plan (d)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)	(e)						0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)							0	XXX	XXX	XXX		0
42. Credit A&H							0	XXX	XXX	XXX		0
43. Disability income (d)							0	XXX	XXX	XXX	0	0
44. Long-term care (d)							0	XXX	XXX	XXX		0
45. Other health (d)	234						0	XXX	XXX	XXX	0	0
46. Total Accident and Health	114,590	0	0	0	0	0	0	XXX	XXX	XXX	68,999	68,999
47. Total	114,590 (c)	0	0	0	0	0	0	0	0	0	68,999	68,999

LIFE INSURANCE (STATE PAGE) (Continued)(b)

NAIC Group Code 0901 BUSINESS IN THE STATE OF Nebraska DURING THE YEAR 2023 NAIC Company Code 61727

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year							22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year		23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life															
1. Industrial								0	0						
2. Whole	0	0	0	0	0	0	0	0	0	0			0	0	0	0
3. Term	0	0	0	0	0	0	0	0	0	0			0	0	0	0
4. Indexed								0	0							
5. Universal								0	0				0	0	0	0
6. Universal with secondary guarantees								0	0							
7. Variable								0	0							
8. Variable universal								0	0							
9. Credit								0	0							
10. Other (f)								0	0							
11. Total Individual Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Life															
12. Whole								0	0							
13. Term								0	0							
14. Universal								0	0							
15. Variable								0	0							
16. Variable universal								0	0							
17. Credit								0	0							(a)
18. Other (f)								0	0							
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities															
20. Fixed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
21. Indexed								0	0							
22. Variable with guarantees								0	0							
23. Variable without guarantees								0	0							
24. Life contingent payout	0		0	0	0	0	0	0	0	0						
25. Other (f)								0	0							
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities															
27. Fixed								0	0							
28. Indexed								0	0							
29. Variable with guarantees								0	0							
30. Variable without guarantees								0	0							
31. Life contingent payout								0	0							
32. Other (f)								0	0							
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health															
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	9	8,832	(2)	(17,075)	31	114,356
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	234	0	234
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	9	8,832	(2)	(16,841)	31	114,590
47. TOTAL	0	0	0	0	0	0	0	0	0	0	9	8,832	(2)	(16,841)	31	114,590

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

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: ..... 2) covering number of lives: ..... 3) face amount $ .....

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: $ ..... Group: $ ..... Total: $ 0

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

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $ .....

(f) Certain Separate Account products are included in "Other" product categories in the table(s) above:

1. Individual Life - Other includes the following amounts related to Separate Account policies: Column 1) $ ..... Column 7) $ ..... Column 12) $ .....
2. Group Life - Other includes the following amounts related to Separate Account policies: Column 1) $ ..... Column 7) $ ..... Column 12) $ .....
3. Individual Annuities - Other includes the following amounts related to Separate Account policies: Column 1) $ ..... Column 7) $ ..... Column 12) $ .....
4. Group Annuities - Other includes the following amounts related to Separate Account policies: Column 1) $ ..... Column 7) $ ..... Column 12) $ .....

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0901 BUSINESS IN THE STATE OF Nevada DURING THE YEAR 2023 NAIC Company Code 61727

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole	0						0	0		0		0
3. Term	650						0	0				0
4. Indexed							0					0
5. Universal	0						0			0		0
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other (f)							0					0
11. Total Individual Life	650	0	0	0	0	0	0	0	0	0	0	0
Group Life												
12. Whole							0					0
13. Term							0					0
14. Universal							0					0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other (f)							0					0
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed	0						0	0		0		0
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout							0	0				0
25. Other (f)							0					0
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other (f)							0					0
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d)	0						0	XXX	XXX	XXX	0	0
35. Comprehensive group (d)							0	XXX	XXX	XXX		0
36. Medicare Supplement (d)	1,905,200						0	XXX	XXX	XXX	1,693,028	1,693,028
37. Vision only (d)							0	XXX	XXX	XXX		0
38. Dental only (d)	0						0	XXX	XXX	XXX	0	0
39. Federal Employees Health Benefits Plan (d)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)	(e)						0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)							0	XXX	XXX	XXX		0
42. Credit A&H							0	XXX	XXX	XXX		0
43. Disability income (d)							0	XXX	XXX	XXX	0	0
44. Long-term care (d)							0	XXX	XXX	XXX		0
45. Other health (d)	0						0	XXX	XXX	XXX	0	0
46. Total Accident and Health	1,905,200	0	0	0	0	0	0	XXX	XXX	XXX	1,693,028	1,693,028
47. Total	1,905,850 (c)	0	0	0	0	0	0	0	0	0	1,693,028	1,693,028

LIFE INSURANCE (STATE PAGE) (Continued)(b)

NAIC Group Code 0901 BUSINESS IN THE STATE OF Nevada DURING THE YEAR 2023 NAIC Company Code 61727

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year							22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year		23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life															
1. Industrial								0	0						
2. Whole	0	0	0	0	0	0	0	0	0	0			0	0	0	0
3. Term	0	0	0	0	0	0	0	0	0	0			0	0	1	51,938
4. Indexed								0	0							
5. Universal								0	0				0	0	0	0
6. Universal with secondary guarantees								0	0							
7. Variable								0	0							
8. Variable universal								0	0							
9. Credit								0	0							
10. Other (f)								0	0							
11. Total Individual Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	51,938
Group Life															
12. Whole								0	0							
13. Term								0	0							
14. Universal								0	0							
15. Variable								0	0							
16. Variable universal								0	0							
17. Credit								0	0							(a)
18. Other (f)								0	0							
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities															
20. Fixed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
21. Indexed								0	0							
22. Variable with guarantees								0	0							
23. Variable without guarantees								0	0							
24. Life contingent payout	0	0	0	0	0	0	0	0	0	0						
25. Other (f)								0	0							
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities															
27. Fixed								0	0							
28. Indexed								0	0							
29. Variable with guarantees								0	0							
30. Variable without guarantees								0	0							
31. Life contingent payout								0	0							
32. Other (f)								0	0							
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health															
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	216	295,330	(201)	246,279	932	1,905,200
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	216	295,330	(201)	246,279	932	1,905,200
47. TOTAL	0	0	0	0	0	0	0	0	0	0	216	295,330	(201)	246,279	933	1,957,138

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

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: ..... 2) covering number of lives: ..... 3) face amount $ .....

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: $ ..... Group: $ ..... Total: $ 0

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

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $ .....

(f) Certain Separate Account products are included in "Other" product categories in the table(s) above:

1. Individual Life - Other includes the following amounts related to Separate Account policies: Column 1) $ ..... Column 7) $ ..... Column 12) $ .....
2. Group Life - Other includes the following amounts related to Separate Account policies: Column 1) $ ..... Column 7) $ ..... Column 12) $ .....
3. Individual Annuities - Other includes the following amounts related to Separate Account policies: Column 1) $ ..... Column 7) $ ..... Column 12) $ .....
4. Group Annuities - Other includes the following amounts related to Separate Account policies: Column 1) $ ..... Column 7) $ ..... Column 12) $ .....

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0901 BUSINESS IN THE STATE OF New Hampshire DURING THE YEAR 2023 NAIC Company Code 61727

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members: 3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	Claims and Benefits Paid: 8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole	0						0	0		0		0
3. Term	0						0	0				0
4. Indexed							0					0
5. Universal	0						0			0		0
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other (f)							0					0
11. Total Individual Life	0	0	0	0	0	0	0	0	0	0	0	0
Group Life												
12. Whole							0					0
13. Term							0					0
14. Universal							0					0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other (f)							0					0
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed	0						0	0		0		0
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout							0	0				0
25. Other (f)							0					0
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other (f)							0					0
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d)	0						0	XXX	XXX	XXX	0	0
35. Comprehensive group (d)							0	XXX	XXX	XXX		0
36. Medicare Supplement (d)	4,082						0	XXX	XXX	XXX	2,544	2,544
37. Vision only (d)							0	XXX	XXX	XXX		0
38. Dental only (d)	0						0	XXX	XXX	XXX	0	0
39. Federal Employees Health Benefits Plan (d)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)	(e)						0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)							0	XXX	XXX	XXX		0
42. Credit A&H							0	XXX	XXX	XXX		0
43. Disability income (d)							0	XXX	XXX	XXX	0	0
44. Long-term care (d)							0	XXX	XXX	XXX		0
45. Other health (d)	0						0	XXX	XXX	XXX	0	0
46. Total Accident and Health	4,082	0	0	0	0	0	0	XXX	XXX	XXX	2,544	2,544
47. Total	4,082 (c)	0	0	0	0	0	0	0	0	0	2,544	2,544

LIFE INSURANCE (STATE PAGE) (Continued)(b)

NAIC Group Code 0901 BUSINESS IN THE STATE OF New Hampshire DURING THE YEAR 2023 NAIC Company Code 61727

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year							22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year		23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life															
1. Industrial								0	0						
2. Whole	0	0	0	0	0	0	0	0	0	0			0	0	0	0
3. Term	0	0	0	0	0	0	0	0	0	0			0	0	0	0
4. Indexed								0	0							
5. Universal								0	0				0	0	0	0
6. Universal with secondary guarantees								0	0							
7. Variable								0	0							
8. Variable universal								0	0							
9. Credit								0	0							
10. Other (f)								0	0							
11. Total Individual Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Life															
12. Whole								0	0							
13. Term								0	0							
14. Universal								0	0							
15. Variable								0	0							
16. Variable universal								0	0							
17. Credit								0	0							(a)
18. Other (f)								0	0							
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities															
20. Fixed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
21. Indexed								0	0							
22. Variable with guarantees								0	0							
23. Variable without guarantees								0	0							
24. Life contingent payout	0		0	0	0	0	0	0	0	0						
25. Other (f)								0	0							
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities															
27. Fixed								0	0							
28. Indexed								0	0							
29. Variable with guarantees								0	0							
30. Variable without guarantees								0	0							
31. Life contingent payout								0	0							
32. Other (f)								0	0							
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health															
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2	2,246	0	784	3	4,082
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2	2,246	0	784	3	4,082
47. TOTAL	0	0	0	0	0	0	0	0	0	0	2	2,246	0	784	3	4,082

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

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: ..... 2) covering number of lives: ..... 3) face amount $ .....

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: $ ..... Group: $ ..... Total: $ 0

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

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $ .....

(f) Certain Separate Account products are included in "Other" product categories in the table(s) above:

1. Individual Life - Other includes the following amounts related to Separate Account policies: Column 1) $ ..... Column 7) $ ..... Column 12) $ .....
2. Group Life - Other includes the following amounts related to Separate Account policies: Column 1) $ ..... Column 7) $ ..... Column 12) $ .....
3. Individual Annuities - Other includes the following amounts related to Separate Account policies: Column 1) $ ..... Column 7) $ ..... Column 12) $ .....
4. Group Annuities - Other includes the following amounts related to Separate Account policies: Column 1) $ ..... Column 7) $ ..... Column 12) $ .....

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0901 BUSINESS IN THE STATE OF New Jersey DURING THE YEAR 2023 NAIC Company Code 61727

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members: 3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	Claims and Benefits Paid: 8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole	0						0	0		0		0
3. Term	0						0	0				0
4. Indexed							0					0
5. Universal	0						0			0		0
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other (f)							0					0
11. Total Individual Life	0	0	0	0	0	0	0	0	0	0	0	0
Group Life												
12. Whole							0					0
13. Term							0					0
14. Universal							0					0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other (f)							0					0
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed	0						0	0		0		0
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout							0	0				0
25. Other (f)							0					0
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other (f)							0					0
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d)	0						0	XXX	XXX	XXX	0	0
35. Comprehensive group (d)							0	XXX	XXX	XXX		0
36. Medicare Supplement (d)	729,544						0	XXX	XXX	XXX	192,881	192,881
37. Vision only (d)							0	XXX	XXX	XXX		0
38. Dental only (d)	0						0	XXX	XXX	XXX	0	0
39. Federal Employees Health Benefits Plan (d)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)	(e)						0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)							0	XXX	XXX	XXX		0
42. Credit A&H							0	XXX	XXX	XXX		0
43. Disability income (d)							0	XXX	XXX	XXX	0	0
44. Long-term care (d)							0	XXX	XXX	XXX		0
45. Other health (d)	0						0	XXX	XXX	XXX	0	0
46. Total Accident and Health	729,544	0	0	0	0	0	0	XXX	XXX	XXX	192,881	192,881
47. Total	729,544 (c)	0	0	0	0	0	0	0	0	0	192,881	192,881

LIFE INSURANCE (STATE PAGE) (Continued)(b)

NAIC Group Code 0901 BUSINESS IN THE STATE OF New Jersey DURING THE YEAR 2023 NAIC Company Code 61727

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year							22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year		23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life															
1. Industrial								0	0						
2. Whole	0	0	0	0	0	0	0	0	0	0			0	0	0	0
3. Term	0	0	0	0	0	0	0	0	0	0			0	0	0	0
4. Indexed								0	0							
5. Universal								0	0				0	0	0	0
6. Universal with secondary guarantees								0	0							
7. Variable								0	0							
8. Variable universal								0	0							
9. Credit								0	0							
10. Other (f)								0	0							
11. Total Individual Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Life															
12. Whole								0	0							
13. Term								0	0							
14. Universal								0	0							
15. Variable								0	0							
16. Variable universal								0	0							
17. Credit								0	0							(a)
18. Other (f)								0	0							
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities															
20. Fixed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
21. Indexed								0	0							
22. Variable with guarantees								0	0							
23. Variable without guarantees								0	0							
24. Life contingent payout	0		0	0	0	0	0	0	0	0						
25. Other (f)								0	0							
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities															
27. Fixed								0	0							
28. Indexed								0	0							
29. Variable with guarantees								0	0							
30. Variable without guarantees								0	0							
31. Life contingent payout								0	0							
32. Other (f)								0	0							
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health															
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,386	671,883	4	22,152	1,413	729,544
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,386	671,883	4	22,152	1,413	729,544
47. TOTAL	0	0	0	0	0	0	0	0	0	0	1,386	671,883	4	22,152	1,413	729,544

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

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: ..... 2) covering number of lives: ..... 3) face amount $ .....

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: $ ..... Group: $ ..... Total: $ 0

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

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $ .....

(f) Certain Separate Account products are included in "Other" product categories in the table(s) above:

1. Individual Life - Other includes the following amounts related to Separate Account policies: Column 1) $ ..... Column 7) $ ..... Column 12) $ .....
2. Group Life - Other includes the following amounts related to Separate Account policies: Column 1) $ ..... Column 7) $ ..... Column 12) $ .....
3. Individual Annuities - Other includes the following amounts related to Separate Account policies: Column 1) $ ..... Column 7) $ ..... Column 12) $ .....
4. Group Annuities - Other includes the following amounts related to Separate Account policies: Column 1) $ ..... Column 7) $ ..... Column 12) $ .....

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0901 BUSINESS IN THE STATE OF New Mexico DURING THE YEAR 2023 NAIC Company Code 61727

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members: 3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	Claims and Benefits Paid: 8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole	0						0	0		0		0
3. Term	0						0	0				0
4. Indexed							0					0
5. Universal	0						0			0		0
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other (f)							0					0
11. Total Individual Life	0	0	0	0	0	0	0	0	0	0	0	0
Group Life												
12. Whole							0					0
13. Term							0					0
14. Universal							0					0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other (f)							0					0
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed	0						0	0		0		0
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout							0	0				0
25. Other (f)							0					0
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other (f)							0					0
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d)	0						0	XXX	XXX	XXX	0	0
35. Comprehensive group (d)							0	XXX	XXX	XXX		0
36. Medicare Supplement (d)	13,654						0	XXX	XXX	XXX	4,138	4,138
37. Vision only (d)							0	XXX	XXX	XXX		0
38. Dental only (d)	0						0	XXX	XXX	XXX	0	0
39. Federal Employees Health Benefits Plan (d)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)	(e)						0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)							0	XXX	XXX	XXX		0
42. Credit A&H							0	XXX	XXX	XXX		0
43. Disability income (d)							0	XXX	XXX	XXX	0	0
44. Long-term care (d)							0	XXX	XXX	XXX		0
45. Other health (d)	0						0	XXX	XXX	XXX	0	0
46. Total Accident and Health	13,654	0	0	0	0	0	0	XXX	XXX	XXX	4,138	4,138
47. Total	13,654 (c)	0	0	0	0	0	0	0	0	0	4,138	4,138

LIFE INSURANCE (STATE PAGE) (Continued)(b)

NAIC Group Code 0901 BUSINESS IN THE STATE OF New Mexico DURING THE YEAR 2023 NAIC Company Code 61727

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year							22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year		23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life															
1. Industrial								0	0						
2. Whole	0	0	0	0	0	0	0	0	0	0			0	0	0	0
3. Term	0	0	0	0	0	0	0	0	0	0			0	0	0	0
4. Indexed								0	0							
5. Universal								0	0				0	0	0	0
6. Universal with secondary guarantees								0	0							
7. Variable								0	0							
8. Variable universal								0	0							
9. Credit								0	0							
10. Other (f)								0	0							
11. Total Individual Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Life															
12. Whole								0	0							
13. Term								0	0							
14. Universal								0	0							
15. Variable								0	0							
16. Variable universal								0	0							
17. Credit								0	0							(a)
18. Other (f)								0	0							
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities															
20. Fixed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
21. Indexed								0	0							
22. Variable with guarantees								0	0							
23. Variable without guarantees								0	0							
24. Life contingent payout	0		0	0	0	0	0	0	0	0						
25. Other (f)								0	0							
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities															
27. Fixed								0	0							
28. Indexed								0	0							
29. Variable with guarantees								0	0							
30. Variable without guarantees								0	0							
31. Life contingent payout								0	0							
32. Other (f)								0	0							
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health															
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	6	7,356	3	4,746	10	13,654
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	6	7,356	3	4,746	10	13,654
47. TOTAL	0	0	0	0	0	0	0	0	0	0	6	7,356	3	4,746	10	13,654

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

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: ..... 2) covering number of lives: ..... 3) face amount $ .....

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: $ ..... Group: $ ..... Total: $ 0

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

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $ .....

(f) Certain Separate Account products are included in "Other" product categories in the table(s) above:

1. Individual Life - Other includes the following amounts related to Separate Account policies: Column 1) $ ..... Column 7) $ ..... Column 12) $ .....
2. Group Life - Other includes the following amounts related to Separate Account policies: Column 1) $ ..... Column 7) $ ..... Column 12) $ .....
3. Individual Annuities - Other includes the following amounts related to Separate Account policies: Column 1) $ ..... Column 7) $ ..... Column 12) $ .....
4. Group Annuities - Other includes the following amounts related to Separate Account policies: Column 1) $ ..... Column 7) $ ..... Column 12) $ .....

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0901 BUSINESS IN THE STATE OF New York DURING THE YEAR 2023 NAIC Company Code 61727

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members: 3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	Claims and Benefits Paid: 8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole	(15)						0	5,000		0		5,000
3. Term	0						0	0				0
4. Indexed							0					0
5. Universal	0						0			0		0
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other (f)							0					0
11. Total Individual Life	(15)	0	0	0	0	0	0	5,000	0	0	0	5,000
Group Life												
12. Whole							0					0
13. Term							0					0
14. Universal							0					0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other (f)							0					0
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed	0						0	0		0		0
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout							0	0				0
25. Other (f)							0					0
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other (f)							0					0
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d)	0						0	XXX	XXX	XXX	0	0
35. Comprehensive group (d)							0	XXX	XXX	XXX		0
36. Medicare Supplement (d)	27,734						0	XXX	XXX	XXX	14,750	14,750
37. Vision only (d)							0	XXX	XXX	XXX		0
38. Dental only (d)	0						0	XXX	XXX	XXX	0	0
39. Federal Employees Health Benefits Plan (d)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)	(e)						0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)							0	XXX	XXX	XXX		0
42. Credit A&H							0	XXX	XXX	XXX		0
43. Disability income (d)							0	XXX	XXX	XXX	0	0
44. Long-term care (d)							0	XXX	XXX	XXX		0
45. Other health (d)	0						0	XXX	XXX	XXX	0	0
46. Total Accident and Health	27,734	0	0	0	0	0	0	XXX	XXX	XXX	14,750	14,750
47. Total	27,719 (c)	0	0	0	0	0	0	5,000	0	0	14,750	19,750

LIFE INSURANCE (STATE PAGE) (Continued)[b]

NAIC Group Code 0901 BUSINESS IN THE STATE OF New York DURING THE YEAR 2023 NAIC Company Code 61727

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year								22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life																
1. Industrial								0	0							
2. Whole	5,000	1	5,000	0	0	0	0	1	5,000	0			(1)	(5,000)	0	0
3. Term	0	0	0	0	0	0	0	0	0	0			0	0	0	0
4. Indexed								0	0							
5. Universal								0	0				0	0	0	0
6. Universal with secondary guarantees								0	0							
7. Variable								0	0							
8. Variable universal								0	0							
9. Credit								0	0							
10. Other (f)								0	0							
11. Total Individual Life	5,000	1	5,000	0	0	0	0	1	5,000	0	0	0	(1)	(5,000)	0	0
Group Life																
12. Whole								0	0							
13. Term								0	0							
14. Universal								0	0							
15. Variable								0	0							
16. Variable universal								0	0							
17. Credit								0	0							(a)
18. Other (f)								0	0							
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities																
20. Fixed	0	0	0	0	0	0	0	0	0	0	0	0	0	419	1	8,042
21. Indexed								0	0							
22. Variable with guarantees								0	0							
23. Variable without guarantees								0	0							
24. Life contingent payout	0	0	0	0	0	0	0	0	0	0						
25. Other (f)								0	0							
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	419	1	8,042
Group Annuities																
27. Fixed								0	0							
28. Indexed								0	0							
29. Variable with guarantees								0	0							
30. Variable without guarantees								0	0							
31. Life contingent payout								0	0							
32. Other (f)								0	0							
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4	5,257	3	9,033	17	27,734
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4	5,257	3	9,033	17	27,734
47. TOTAL	5,000	1	5,000	0	0	0	0	1	5,000	0	4	5,257	2	4,452	18	35,776

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

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: ..... 2) covering number of lives: ..... 3) face amount $ .....

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: $ ..... Group: $ ..... Total: $ 0

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

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $ .....

(f) Certain Separate Account products are included in "Other" product categories in the table(s) above:

1. Individual Life - Other includes the following amounts related to Separate Account policies: Column 1) $ ..... Column 7) $ ..... Column 12) $ .....
2. Group Life - Other includes the following amounts related to Separate Account policies: Column 1) $ ..... Column 7) $ ..... Column 12) $ .....
3. Individual Annuities - Other includes the following amounts related to Separate Account policies: Column 1) $ ..... Column 7) $ ..... Column 12) $ .....
4. Group Annuities - Other includes the following amounts related to Separate Account policies: Column 1) $ ..... Column 7) $ ..... Column 12) $ .....

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0901 BUSINESS IN THE STATE OF North Carolina DURING THE YEAR 2023 NAIC Company Code 61727

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole	36,192						0	52,000		0		52,000
3. Term	16,118						0	0				0
4. Indexed							0					0
5. Universal	0						0			0		0
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other (f)							0					0
11. Total Individual Life	52,310	0	0	0	0	0	0	52,000	0	0	0	52,000
Group Life												
12. Whole							0					0
13. Term							0					0
14. Universal							0					0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other (f)							0					0
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed	0						0	0		0		0
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout							0	0				0
25. Other (f)							0					0
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other (f)							0					0
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d)	0						0	XXX	XXX	XXX	0	0
35. Comprehensive group (d)							0	XXX	XXX	XXX		0
36. Medicare Supplement (d)	4,853,783						0	XXX	XXX	XXX	4,165,362	4,165,362
37. Vision only (d)							0	XXX	XXX	XXX		0
38. Dental only (d)	3,887						0	XXX	XXX	XXX	3,212	3,212
39. Federal Employees Health Benefits Plan (d)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)	(e)						0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)							0	XXX	XXX	XXX		0
42. Credit A&H							0	XXX	XXX	XXX		0
43. Disability income (d)							0	XXX	XXX	XXX	0	0
44. Long-term care (d)							0	XXX	XXX	XXX		0
45. Other health (d)	1,903						0	XXX	XXX	XXX	0	0
46. Total Accident and Health	4,859,573	0	0	0	0	0	0	XXX	XXX	XXX	4,168,574	4,168,574
47. Total	4,911,883 (c)	0	0	0	0	0	0	52,000	0	0	4,168,574	4,220,574

LIFE INSURANCE (STATE PAGE) (Continued)(b)

NAIC Group Code 0901 BUSINESS IN THE STATE OF North Carolina DURING THE YEAR 2023 NAIC Company Code 61727

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year							22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year		23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life															
1. Industrial								0	0						
2. Whole	52,000	5	52,000	0	0	0	0	5	52,000	0			(5)	(52,000)	59	541,891
3. Term	0	0	0	0	0	0	0	0	0	0			(5)	(218,540)	23	1,424,687
4. Indexed								0	0							
5. Universal								0	0				0	0	0	0
6. Universal with secondary guarantees								0	0							
7. Variable								0	0							
8. Variable universal								0	0							
9. Credit								0	0							
10. Other (f)								0	0							
11. Total Individual Life	52,000	5	52,000	0	0	0	0	5	52,000	0	0	0	(10)	(270,540)	82	1,966,578
Group Life															
12. Whole								0	0							
13. Term								0	0							
14. Universal								0	0							
15. Variable								0	0							
16. Variable universal								0	0							
17. Credit								0	0							(a)
18. Other (f)								0	0							
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities															
20. Fixed	0	0	0	0	0	0	0	0	0	0	0	0	0	107	1	2,486
21. Indexed								0	0							
22. Variable with guarantees								0	0							
23. Variable without guarantees								0	0							
24. Life contingent payout	0		0	0	0	0	0	0	0	0						
25. Other (f)								0	0							
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	107	1	2,486
Group Annuities															
27. Fixed								0	0							
28. Indexed								0	0							
29. Variable with guarantees								0	0							
30. Variable without guarantees								0	0							
31. Life contingent payout								0	0							
32. Other (f)								0	0							
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health															
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,291	1,988,953	(190)	943,478	4,048	4,853,783
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	0	0	(789)	4	3,887
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	(1)	(374)	3	1,903
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,292	1,988,953	(191)	942,315	4,055	4,859,573
47. TOTAL	52,000	5	52,000	0	0	0	0	5	52,000	0	2,292	1,988,953	(201)	671,882	4,138	6,828,637

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

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: ..... 2) covering number of lives: ..... 3) face amount $ .....

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: $ ..... Group: $ ..... Total: $ 0

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

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $ .....

(f) Certain Separate Account products are included in "Other" product categories in the table(s) above:

1. Individual Life - Other includes the following amounts related to Separate Account policies: Column 1) $ ..... Column 7) $ ..... Column 12) $ .....
2. Group Life - Other includes the following amounts related to Separate Account policies: Column 1) $ ..... Column 7) $ ..... Column 12) $ .....
3. Individual Annuities - Other includes the following amounts related to Separate Account policies: Column 1) $ ..... Column 7) $ ..... Column 12) $ .....
4. Group Annuities - Other includes the following amounts related to Separate Account policies: Column 1) $ ..... Column 7) $ ..... Column 12) $ .....

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0901 BUSINESS IN THE STATE OF North Dakota DURING THE YEAR 2023 NAIC Company Code 61727

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members: 3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	Claims and Benefits Paid: 8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole	726						0	0		0		0
3. Term	0						0	0				0
4. Indexed							0					0
5. Universal	0						0			0		0
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other (f)							0					0
11. Total Individual Life	726	0	0	0	0	0	0	0	0	0	0	0
Group Life												
12. Whole							0					0
13. Term							0					0
14. Universal							0					0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other (f)							0					0
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed	0						0	0		0		0
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout							0	0				0
25. Other (f)							0					0
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other (f)							0					0
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d)	0						0	XXX	XXX	XXX	0	0
35. Comprehensive group (d)							0	XXX	XXX	XXX		0
36. Medicare Supplement (d)	15,460						0	XXX	XXX	XXX	10,944	10,944
37. Vision only (d)							0	XXX	XXX	XXX		0
38. Dental only (d)	0						0	XXX	XXX	XXX	0	0
39. Federal Employees Health Benefits Plan (d)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)	(e)						0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)							0	XXX	XXX	XXX		0
42. Credit A&H							0	XXX	XXX	XXX		0
43. Disability income (d)							0	XXX	XXX	XXX	0	0
44. Long-term care (d)							0	XXX	XXX	XXX		0
45. Other health (d)	0						0	XXX	XXX	XXX	0	0
46. Total Accident and Health	15,460	0	0	0	0	0	0	XXX	XXX	XXX	10,944	10,944
47. Total	16,186 (c)	0	0	0	0	0	0	0	0	0	10,944	10,944

LIFE INSURANCE (STATE PAGE) (Continued)(b)

NAIC Group Code 0901 BUSINESS IN THE STATE OF North Dakota DURING THE YEAR 2023 NAIC Company Code 61727

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year							22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year		23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life															
1. Industrial								0	0						
2. Whole	0	0	0	0	0	0	0	0	0	0			0	0	1	10,000
3. Term	0	0	0	0	0	0	0	0	0	0			0	0	0	0
4. Indexed								0	0							
5. Universal								0	0				0	0	0	0
6. Universal with secondary guarantees								0	0							
7. Variable								0	0							
8. Variable universal								0	0							
9. Credit								0	0							
10. Other (f)								0	0							
11. Total Individual Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	10,000
Group Life															
12. Whole								0	0							
13. Term								0	0							
14. Universal								0	0							
15. Variable								0	0							
16. Variable universal								0	0							
17. Credit								0	0							(a)
18. Other (f)								0	0							
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities															
20. Fixed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
21. Indexed								0	0							
22. Variable with guarantees								0	0							
23. Variable without guarantees								0	0							
24. Life contingent payout	0		0	0	0	0	0	0	0	0						
25. Other (f)								0	0							
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities															
27. Fixed								0	0							
28. Indexed								0	0							
29. Variable with guarantees								0	0							
30. Variable without guarantees								0	0							
31. Life contingent payout								0	0							
32. Other (f)								0	0							
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health															
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	(2)	(4,577)	3	15,460
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	(2)	(4,577)	3	15,460
47. TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	(2)	(4,577)	4	25,460

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

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: ..... 2) covering number of lives: ..... 3) face amount $ .....

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: $ ..... Group: $ ..... Total: $ 0

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

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $ .....

(f) Certain Separate Account products are included in "Other" product categories in the table(s) above:

1. Individual Life - Other includes the following amounts related to Separate Account policies: Column 1) $ ..... Column 7) $ ..... Column 12) $ .....
2. Group Life - Other includes the following amounts related to Separate Account policies: Column 1) $ ..... Column 7) $ ..... Column 12) $ .....
3. Individual Annuities - Other includes the following amounts related to Separate Account policies: Column 1) $ ..... Column 7) $ ..... Column 12) $ .....
4. Group Annuities - Other includes the following amounts related to Separate Account policies: Column 1) $ ..... Column 7) $ ..... Column 12) $ .....

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0901 BUSINESS IN THE STATE OF Ohio DURING THE YEAR 2023 NAIC Company Code 61727

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members: 3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	Claims and Benefits Paid: 8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole	20,452		499		307		806	20,824		34,581		55,405
3. Term	27,977						0	472				472
4. Indexed							0					0
5. Universal	9,315						0			457		457
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other (f)							0					0
11. Total Individual Life	57,744	0	499	0	307	0	806	21,296	0	35,039	0	56,335
Group Life												
12. Whole							0					0
13. Term							0					0
14. Universal							0					0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other (f)							0					0
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed	47,103						0	19,012		503,414		522,426
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout							0	20,181				20,181
25. Other (f)							0					0
26. Total Individual Annuities	47,103	0	0	0	0	0	0	39,193	0	503,414	0	542,607
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other (f)							0					0
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d)	0						0	XXX	XXX	XXX	0	0
35. Comprehensive group (d)							0	XXX	XXX	XXX		0
36. Medicare Supplement (d)	1,513,222						0	XXX	XXX	XXX	907,699	907,699
37. Vision only (d)							0	XXX	XXX	XXX		0
38. Dental only (d)	14,287						0	XXX	XXX	XXX	8,380	8,380
39. Federal Employees Health Benefits Plan (d)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)	(e)						0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)							0	XXX	XXX	XXX		0
42. Credit A&H							0	XXX	XXX	XXX		0
43. Disability income (d)							0	XXX	XXX	XXX	3,757	3,757
44. Long-term care (d)							0	XXX	XXX	XXX		0
45. Other health (d)	3,988						0	XXX	XXX	XXX	0	0
46. Total Accident and Health	1,531,497	0	0	0	0	0	0	XXX	XXX	XXX	919,836	919,836
47. Total	1,636,343 (c)	0	499	0	307	0	806	60,489	0	538,453	919,836	1,518,778

LIFE INSURANCE (STATE PAGE) (Continued)[b]

NAIC Group Code 0901 BUSINESS IN THE STATE OF Ohio DURING THE YEAR 2023 NAIC Company Code 61727

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year								22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life																
1. Industrial								0	0							
2. Whole	20,000	4	21,070	0	0	0	0	4	21,070	0			(9)	(78,189)	43	253,393
3. Term	0	1	226	0	0	0	0	1	226	0			(10)	(290,388)	85	3,234,310
4. Indexed								0	0							
5. Universal								0	0				(1)	(25,000)	27	1,595,275
6. Universal with secondary guarantees								0	0							
7. Variable								0	0							
8. Variable universal								0	0							
9. Credit								0	0							
10. Other (f)								0	0							
11. Total Individual Life	20,000	5	21,296	0	0	0	0	5	21,296	0	0	0	(20)	(393,577)	155	5,082,978
Group Life																
12. Whole								0	0							
13. Term								0	0							
14. Universal								0	0							
15. Variable								0	0							
16. Variable universal								0	0							
17. Credit								0	0							(a)
18. Other (f)								0	0							
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities																
20. Fixed	15,255	1	15,255	0	0	0	0	1	15,255	0	0	0	(2)	(244,161)	70	3,885,790
21. Indexed								0	0							
22. Variable with guarantees								0	0							
23. Variable without guarantees								0	0							
24. Life contingent payout	0		0	0	0	0	0	0	0	0				(13,016)	3	108,411
25. Other (f)								0	0					(3,494)	1	5,488
26. Total Individual Annuities	15,255	1	15,255	0	0	0	0	1	15,255	0	0	0	(2)	(260,671)	74	3,999,689
Group Annuities																
27. Fixed								0	0							
28. Indexed								0	0							
29. Variable with guarantees								0	0							
30. Variable without guarantees								0	0							
31. Life contingent payout								0	0							
32. Other (f)								0	0							
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,339	1,001,547	(67)	336,307	1,595	1,513,222
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	(1)	(1,407)	20	14,287
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	(19)	(1,021)	65	3,988
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,339	1,001,547	(87)	333,878	1,680	1,531,497
47. TOTAL	35,255	6	36,551	0	0	0	0	6	36,551	0	1,339	1,001,547	(109)	(320,369)	1,909	10,614,164

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

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: ..... 2) covering number of lives: ..... 3) face amount $ .....

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: $ ..... Group: $ ..... Total: $ 0

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

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $ .....

(f) Certain Separate Account products are included in "Other" product categories in the table(s) above:

1. Individual Life - Other includes the following amounts related to Separate Account policies: Column 1) $ ..... Column 7) $ ..... Column 12) $ .....
2. Group Life - Other includes the following amounts related to Separate Account policies: Column 1) $ ..... Column 7) $ ..... Column 12) $ .....
3. Individual Annuities - Other includes the following amounts related to Separate Account policies: Column 1) $ ..... Column 7) $ ..... Column 12) $ .....
4. Group Annuities - Other includes the following amounts related to Separate Account policies: Column 1) $ ..... Column 7) $ ..... Column 12) $ .....

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0901 BUSINESS IN THE STATE OF Oklahoma DURING THE YEAR 2023 NAIC Company Code 61727

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members: 3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	Claims and Benefits Paid: 8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole	2,814						0	10,000		4,795		14,795
3. Term	770						0	0				0
4. Indexed							0					0
5. Universal	0						0			0		0
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other (f)							0					0
11. Total Individual Life	3,584	0	0	0	0	0	0	10,000	0	4,795	0	14,795
Group Life												
12. Whole							0					0
13. Term							0					0
14. Universal							0					0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other (f)							0					0
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed	0						0	0		0		0
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout							0	0				0
25. Other (f)							0					0
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other (f)							0					0
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d)	0						0	XXX	XXX	XXX	0	0
35. Comprehensive group (d)							0	XXX	XXX	XXX		0
36. Medicare Supplement (d)	717,629						0	XXX	XXX	XXX	650,959	650,959
37. Vision only (d)							0	XXX	XXX	XXX		0
38. Dental only (d)	0						0	XXX	XXX	XXX	0	0
39. Federal Employees Health Benefits Plan (d)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)	(e)						0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)							0	XXX	XXX	XXX		0
42. Credit A&H							0	XXX	XXX	XXX		0
43. Disability income (d)							0	XXX	XXX	XXX	0	0
44. Long-term care (d)							0	XXX	XXX	XXX		0
45. Other health (d)	0						0	XXX	XXX	XXX	0	0
46. Total Accident and Health	717,629	0	0	0	0	0	0	XXX	XXX	XXX	650,959	650,959
47. Total	721,213 (c)	0	0	0	0	0	0	10,000	0	4,795	650,959	665,754

LIFE INSURANCE (STATE PAGE) (Continued)(b)

NAIC Group Code 0901 BUSINESS IN THE STATE OF Oklahoma DURING THE YEAR 2023 NAIC Company Code 61727

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year								22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life																
1. Industrial								0	0							
2. Whole	10,000	1	10,000	0	0	0	0	1	10,000	0			(2)	(20,000)	4	25,750
3. Term	0	0	0	0	0	0	0	0	0	0			0	0	2	174,000
4. Indexed								0	0							
5. Universal								0	0				0	0	0	0
6. Universal with secondary guarantees								0	0							
7. Variable								0	0							
8. Variable universal								0	0							
9. Credit								0	0							
10. Other (f)								0	0							
11. Total Individual Life	10,000	1	10,000	0	0	0	0	1	10,000	0	0	0	(2)	(20,000)	6	199,750
Group Life																
12. Whole								0	0							
13. Term								0	0							
14. Universal								0	0							
15. Variable								0	0							
16. Variable universal								0	0							
17. Credit								0	0							(a)
18. Other (f)								0	0							
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities																
20. Fixed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
21. Indexed								0	0							
22. Variable with guarantees								0	0							
23. Variable without guarantees								0	0							
24. Life contingent payout	0	0	0	0	0	0	0	0	0	0						
25. Other (f)								0	0							
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities																
27. Fixed								0	0							
28. Indexed								0	0							
29. Variable with guarantees								0	0							
30. Variable without guarantees								0	0							
31. Life contingent payout								0	0							
32. Other (f)								0	0							
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	416	396,607	(22)	191,300	578	717,629
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	416	396,607	(22)	191,300	578	717,629
47. TOTAL	10,000	1	10,000	0	0	0	0	1	10,000	0	416	396,607	(24)	171,300	584	917,379

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

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: ..... 2) covering number of lives: ..... 3) face amount $ .....

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: $ ..... Group: $ ..... Total: $ 0

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

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $ .....

(f) Certain Separate Account products are included in "Other" product categories in the table(s) above:

1. Individual Life - Other includes the following amounts related to Separate Account policies: Column 1) $ ..... Column 7) $ ..... Column 12) $ .....
2. Group Life - Other includes the following amounts related to Separate Account policies: Column 1) $ ..... Column 7) $ ..... Column 12) $ .....
3. Individual Annuities - Other includes the following amounts related to Separate Account policies: Column 1) $ ..... Column 7) $ ..... Column 12) $ .....
4. Group Annuities - Other includes the following amounts related to Separate Account policies: Column 1) $ ..... Column 7) $ ..... Column 12) $ .....

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0901 BUSINESS IN THE STATE OF Oregon DURING THE YEAR 2023 NAIC Company Code 61727

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members: 3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	Claims and Benefits Paid: 8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole	0						0	0		0		0
3. Term	0						0	0				0
4. Indexed							0					0
5. Universal	0						0			0		0
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other (f)							0					0
11. Total Individual Life	0	0	0	0	0	0	0	0	0	0	0	0
Group Life												
12. Whole							0					0
13. Term							0					0
14. Universal							0					0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other (f)							0					0
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed	0						0	0		0		0
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout							0	0				0
25. Other (f)							0					0
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other (f)							0					0
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d)	0						0	XXX	XXX	XXX	0	0
35. Comprehensive group (d)							0	XXX	XXX	XXX		0
36. Medicare Supplement (d)	13,216						0	XXX	XXX	XXX	16,044	16,044
37. Vision only (d)							0	XXX	XXX	XXX		0
38. Dental only (d)	0						0	XXX	XXX	XXX	0	0
39. Federal Employees Health Benefits Plan (d)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)	(e)						0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)							0	XXX	XXX	XXX		0
42. Credit A&H							0	XXX	XXX	XXX		0
43. Disability income (d)							0	XXX	XXX	XXX	0	0
44. Long-term care (d)							0	XXX	XXX	XXX		0
45. Other health (d)	3,286						0	XXX	XXX	XXX	0	0
46. Total Accident and Health	16,502	0	0	0	0	0	0	XXX	XXX	XXX	16,044	16,044
47. Total	16,502 (c)	0	0	0	0	0	0	0	0	0	16,044	16,044

LIFE INSURANCE (STATE PAGE) (Continued)(b)

NAIC Group Code 0901 BUSINESS IN THE STATE OF Oregon DURING THE YEAR 2023 NAIC Company Code 61727

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year							22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year		23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life															
1. Industrial								0	0						
2. Whole	0	0	0	0	0	0	0	0	0	0			0	0	0	0
3. Term	0	0	0	0	0	0	0	0	0	0			0	0	0	0
4. Indexed								0	0							
5. Universal								0	0				(1)	(25,000)	0	0
6. Universal with secondary guarantees								0	0							
7. Variable								0	0							
8. Variable universal								0	0							
9. Credit								0	0							
10. Other (f)								0	0							
11. Total Individual Life	0	0	0	0	0	0	0	0	0	0	0	0	(1)	(25,000)	0	0
Group Life																
12. Whole								0	0							
13. Term								0	0							
14. Universal								0	0							
15. Variable								0	0							
16. Variable universal								0	0							
17. Credit								0	0							(a)
18. Other (f)								0	0							
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities																
20. Fixed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
21. Indexed								0	0							
22. Variable with guarantees								0	0							
23. Variable without guarantees								0	0							
24. Life contingent payout	0	0	0	0	0	0	0	0	0	0						
25. Other (f)								0	0							
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities																
27. Fixed								0	0							
28. Indexed								0	0							
29. Variable with guarantees								0	0							
30. Variable without guarantees								0	0							
31. Life contingent payout								0	0							
32. Other (f)								0	0							
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	526	4	6,382	8	13,216
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	(1)	(271)	2	3,286
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	526	3	6,112	10	16,502
47. TOTAL	0	0	0	0	0	0	0	0	0	0	1	526	2	(18,888)	10	16,502

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

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: ..... 2) covering number of lives: ..... 3) face amount $ .....

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: $ ..... Group: $ ..... Total: $ 0

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

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $ .....

(f) Certain Separate Account products are included in "Other" product categories in the table(s) above:

1. Individual Life - Other includes the following amounts related to Separate Account policies: Column 1) $ ..... Column 7) $ ..... Column 12) $ .....
2. Group Life - Other includes the following amounts related to Separate Account policies: Column 1) $ ..... Column 7) $ ..... Column 12) $ .....
3. Individual Annuities - Other includes the following amounts related to Separate Account policies: Column 1) $ ..... Column 7) $ ..... Column 12) $ .....
4. Group Annuities - Other includes the following amounts related to Separate Account policies: Column 1) $ ..... Column 7) $ ..... Column 12) $ .....

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0901 BUSINESS IN THE STATE OF Pennsylvania DURING THE YEAR 2023 NAIC Company Code 61727

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members: 3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	Claims and Benefits Paid: 8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole	179						0	10,000		0		10,000
3. Term	5,572						0	0				0
4. Indexed							0					0
5. Universal	236						0			0		0
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other (f)							0					0
11. Total Individual Life	5,987	0	0	0	0	0	0	10,000	0	0	0	10,000
Group Life												
12. Whole							0					0
13. Term							0					0
14. Universal							0					0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other (f)							0					0
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed	300						0	0		8,578		8,578
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout							0	4,350				4,350
25. Other (f)							0					0
26. Total Individual Annuities	300	0	0	0	0	0	0	4,350	0	8,578	0	12,927
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other (f)							0					0
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d)	0						0	XXX	XXX	XXX	0	0
35. Comprehensive group (d)							0	XXX	XXX	XXX		0
36. Medicare Supplement (d)	17,165,299						0	XXX	XXX	XXX	13,916,205	13,916,205
37. Vision only (d)							0	XXX	XXX	XXX		0
38. Dental only (d)	0						0	XXX	XXX	XXX	0	0
39. Federal Employees Health Benefits Plan (d)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)	(e)						0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)							0	XXX	XXX	XXX		0
42. Credit A&H							0	XXX	XXX	XXX		0
43. Disability income (d)							0	XXX	XXX	XXX	0	0
44. Long-term care (d)							0	XXX	XXX	XXX		0
45. Other health (d)	55						0	XXX	XXX	XXX	0	0
46. Total Accident and Health	17,165,354	0	0	0	0	0	0	XXX	XXX	XXX	13,916,205	13,916,205
47. Total	17,171,641 (c)	0	0	0	0	0	0	14,350	0	8,578	13,916,205	13,939,132

LIFE INSURANCE (STATE PAGE) (Continued)(b)

NAIC Group Code 0901 BUSINESS IN THE STATE OF Pennsylvania DURING THE YEAR 2023 NAIC Company Code 61727

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year								22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life																
1. Industrial								0	0							
2. Whole	10,000	1	10,000	0	0	0	0	1	10,000	0			(1)	(10,000)	1	10,000
3. Term	0	0	0	0	0	0	0	0	0	0			(1)	(71,685)	12	644,849
4. Indexed								0	0							
5. Universal								0	0				0	0	1	25,000
6. Universal with secondary guarantees								0	0							
7. Variable								0	0							
8. Variable universal								0	0							
9. Credit								0	0							
10. Other (f)								0	0							
11. Total Individual Life	10,000	1	10,000	0	0	0	0	1	10,000	0	0	0	(2)	(81,685)	14	679,849
Group Life																
12. Whole								0	0							
13. Term								0	0							
14. Universal								0	0							
15. Variable								0	0							
16. Variable universal								0	0							
17. Credit								0	0							(a)
18. Other (f)								0	0							
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities																
20. Fixed	0	0	0	0	0	0	0	0	0	0	0	0	(1)	19,111	21	598,658
21. Indexed								0	0							
22. Variable with guarantees								0	0							
23. Variable without guarantees								0	0							
24. Life contingent payout	0	0	0	0	0	0	0	0	0	0						
25. Other (f)								0	0					(998)	2	20,298
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0	(1)	18,113	23	618,956
Group Annuities																
27. Fixed								0	0							
28. Indexed								0	0							
29. Variable with guarantees								0	0							
30. Variable without guarantees								0	0							
31. Life contingent payout								0	0							
32. Other (f)								0	0							
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,030	4,136,456	(640)	2,006,104	11,210	17,165,299
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	1	55
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,030	4,136,456	(640)	2,006,104	11,211	17,165,354
47. TOTAL	10,000	1	10,000	0	0	0	0	1	10,000	0	4,030	4,136,456	(643)	1,942,532	11,248	18,464,159

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

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: ..... 2) covering number of lives: ..... 3) face amount $ .....

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: $ ..... Group: $ ..... Total: $ 0

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

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $ .....

(f) Certain Separate Account products are included in "Other" product categories in the table(s) above:

1. Individual Life - Other includes the following amounts related to Separate Account policies: Column 1) $ ..... Column 7) $ ..... Column 12) $ .....
2. Group Life - Other includes the following amounts related to Separate Account policies: Column 1) $ ..... Column 7) $ ..... Column 12) $ .....
3. Individual Annuities - Other includes the following amounts related to Separate Account policies: Column 1) $ ..... Column 7) $ ..... Column 12) $ .....
4. Group Annuities - Other includes the following amounts related to Separate Account policies: Column 1) $ ..... Column 7) $ ..... Column 12) $ .....

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0901 BUSINESS IN THE STATE OF Rhode Island DURING THE YEAR 2023 NAIC Company Code 61727

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole	0						0	0		0		0
3. Term	0						0	0				0
4. Indexed							0					0
5. Universal	0						0			0		0
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other (f)							0					0
11. Total Individual Life	0	0	0	0	0	0	0	0	0	0	0	0
Group Life												
12. Whole							0					0
13. Term							0					0
14. Universal							0					0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other (f)							0					0
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed	0						0	0		0		0
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout							0	0				0
25. Other (f)							0					0
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other (f)							0					0
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d)	0						0	XXX	XXX	XXX	0	0
35. Comprehensive group (d)							0	XXX	XXX	XXX		0
36. Medicare Supplement (d)	0						0	XXX	XXX	XXX	0	0
37. Vision only (d)							0	XXX	XXX	XXX		0
38. Dental only (d)	0						0	XXX	XXX	XXX	0	0
39. Federal Employees Health Benefits Plan (d)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)	(e)						0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)							0	XXX	XXX	XXX		0
42. Credit A&H							0	XXX	XXX	XXX		0
43. Disability income (d)							0	XXX	XXX	XXX	0	0
44. Long-term care (d)							0	XXX	XXX	XXX		0
45. Other health (d)	0						0	XXX	XXX	XXX	0	0
46. Total Accident and Health	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
47. Total	0 (c)	0	0	0	0	0	0	0	0	0	0	0

LIFE INSURANCE (STATE PAGE) (Continued)(b)

NAIC Group Code 0901 BUSINESS IN THE STATE OF Rhode Island DURING THE YEAR 2023 NAIC Company Code 61727

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year							22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year		23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life															
1. Industrial								0	0						
2. Whole	0	0	0	0	0	0	0	0	0	0			0	0	0	0
3. Term	0	0	0	0	0	0	0	0	0	0			0	0	0	0
4. Indexed								0	0							
5. Universal								0	0				0	0	0	0
6. Universal with secondary guarantees								0	0							
7. Variable								0	0							
8. Variable universal								0	0							
9. Credit								0	0							
10. Other (f)								0	0							
11. Total Individual Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Life															
12. Whole								0	0							
13. Term								0	0							
14. Universal								0	0							
15. Variable								0	0							
16. Variable universal								0	0							
17. Credit								0	0							(a)
18. Other (f)								0	0							
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities															
20. Fixed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
21. Indexed								0	0							
22. Variable with guarantees								0	0							
23. Variable without guarantees								0	0							
24. Life contingent payout	0		0	0	0	0	0	0	0	0						
25. Other (f)								0	0							
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities															
27. Fixed								0	0							
28. Indexed								0	0							
29. Variable with guarantees								0	0							
30. Variable without guarantees								0	0							
31. Life contingent payout								0	0							
32. Other (f)								0	0							
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health															
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
47. TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

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

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: ..... 2) covering number of lives: ..... 3) face amount $ .....

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: $ ..... Group: $ ..... Total: $ 0

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

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $ .....

(f) Certain Separate Account products are included in "Other" product categories in the table(s) above:

1. Individual Life - Other includes the following amounts related to Separate Account policies: Column 1) $ ..... Column 7) $ ..... Column 12) $ .....
2. Group Life - Other includes the following amounts related to Separate Account policies: Column 1) $ ..... Column 7) $ ..... Column 12) $ .....
3. Individual Annuities - Other includes the following amounts related to Separate Account policies: Column 1) $ ..... Column 7) $ ..... Column 12) $ .....
4. Group Annuities - Other includes the following amounts related to Separate Account policies: Column 1) $ ..... Column 7) $ ..... Column 12) $ .....

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0901 BUSINESS IN THE STATE OF South Carolina DURING THE YEAR 2023 NAIC Company Code 61727

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members: 3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	Claims and Benefits Paid: 8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole	2,533						0	10,000		0		10,000
3. Term	9,117						0	15,776				15,776
4. Indexed							0					0
5. Universal	0						0			0		0
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other (f)							0					0
11. Total Individual Life	11,650	0	0	0	0	0	0	25,776	0	0	0	25,776
Group Life												
12. Whole							0					0
13. Term							0					0
14. Universal							0					0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other (f)							0					0
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed	0						0	0		3,572		3,572
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout							0	0				0
25. Other (f)							0					0
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	3,572	0	3,572
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other (f)							0					0
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d)	0						0	XXX	XXX	XXX	0	0
35. Comprehensive group (d)							0	XXX	XXX	XXX		0
36. Medicare Supplement (d)	4,237,698						0	XXX	XXX	XXX	3,848,528	3,848,528
37. Vision only (d)							0	XXX	XXX	XXX		0
38. Dental only (d)	0						0	XXX	XXX	XXX	0	0
39. Federal Employees Health Benefits Plan (d)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)	(e)						0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)							0	XXX	XXX	XXX		0
42. Credit A&H							0	XXX	XXX	XXX		0
43. Disability income (d)							0	XXX	XXX	XXX	0	0
44. Long-term care (d)							0	XXX	XXX	XXX		0
45. Other health (d)	0						0	XXX	XXX	XXX	0	0
46. Total Accident and Health	4,237,698	0	0	0	0	0	0	XXX	XXX	XXX	3,848,528	3,848,528
47. Total	4,249,348 (c)	0	0	0	0	0	0	25,776	0	3,572	3,848,528	3,877,876

LIFE INSURANCE (STATE PAGE) (Continued)[b]

NAIC Group Code 0901 BUSINESS IN THE STATE OF South Carolina DURING THE YEAR 2023 NAIC Company Code 61727

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year							22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year		23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life															
1. Industrial								0	0						
2. Whole	10,000	1	10,000	0	0	0	0	1	10,000	0			(2)	(20,000)	4	32,500
3. Term	15,776	1	15,776	0	0	0	0	1	15,776	0			(1)	(15,776)	17	1,292,236
4. Indexed								0	0							
5. Universal								0	0				0	0	2	50,000
6. Universal with secondary guarantees								0	0							
7. Variable								0	0							
8. Variable universal								0	0							
9. Credit								0	0							
10. Other (f)								0	0							
11. Total Individual Life	25,776	2	25,776	0	0	0	0	2	25,776	0	0	0	(3)	(35,776)	23	1,374,736
Group Life															
12. Whole								0	0							
13. Term								0	0							
14. Universal								0	0							
15. Variable								0	0							
16. Variable universal								0	0							
17. Credit								0	0							(a)
18. Other (f)								0	0							
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities															
20. Fixed	0	0	0	0	0	0	0	0	0	0	0	0	0	386	2	72,539
21. Indexed								0	0							
22. Variable with guarantees								0	0							
23. Variable without guarantees								0	0							
24. Life contingent payout	0		0	0	0	0	0	0	0	0						
25. Other (f)								0	0							
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	386	2	72,539
Group Annuities															
27. Fixed								0	0							
28. Indexed								0	0							
29. Variable with guarantees								0	0							
30. Variable without guarantees								0	0							
31. Life contingent payout								0	0							
32. Other (f)								0	0							
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health															
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,044	930,632	(185)	417,136	3,014	4,237,698
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,044	930,632	(185)	417,136	3,014	4,237,698
47. TOTAL	25,776	2	25,776	0	0	0	0	2	25,776	0	1,044	930,632	(188)	381,746	3,039	5,684,973

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

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: ..... 2) covering number of lives: ..... 3) face amount $ .....

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: $ ..... Group: $ ..... Total: $ 0

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

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $ .....

(f) Certain Separate Account products are included in "Other" product categories in the table(s) above:

1. Individual Life - Other includes the following amounts related to Separate Account policies: Column 1) $ ..... Column 7) $ ..... Column 12) $ .....
2. Group Life - Other includes the following amounts related to Separate Account policies: Column 1) $ ..... Column 7) $ ..... Column 12) $ .....
3. Individual Annuities - Other includes the following amounts related to Separate Account policies: Column 1) $ ..... Column 7) $ ..... Column 12) $ .....
4. Group Annuities - Other includes the following amounts related to Separate Account policies: Column 1) $ ..... Column 7) $ ..... Column 12) $ .....

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0901 BUSINESS IN THE STATE OF South Dakota DURING THE YEAR 2023 NAIC Company Code 61727

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members: 3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	Claims and Benefits Paid: 8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole	0						0	0		0		0
3. Term	0						0	0				0
4. Indexed							0					0
5. Universal	0						0			0		0
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other (f)							0					0
11. Total Individual Life	0	0	0	0	0	0	0	0	0	0	0	0
Group Life												
12. Whole							0					0
13. Term							0					0
14. Universal							0					0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other (f)							0					0
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed	0						0	0		0		0
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout							0	0				0
25. Other (f)							0					0
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other (f)							0					0
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d)	0						0	XXX	XXX	XXX	0	0
35. Comprehensive group (d)							0	XXX	XXX	XXX		0
36. Medicare Supplement (d)	291,795						0	XXX	XXX	XXX	224,883	224,883
37. Vision only (d)							0	XXX	XXX	XXX		0
38. Dental only (d)	5,312						0	XXX	XXX	XXX	3,945	3,945
39. Federal Employees Health Benefits Plan (d)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)	(e)						0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)							0	XXX	XXX	XXX		0
42. Credit A&H							0	XXX	XXX	XXX		0
43. Disability income (d)							0	XXX	XXX	XXX	0	0
44. Long-term care (d)							0	XXX	XXX	XXX		0
45. Other health (d)	0						0	XXX	XXX	XXX	0	0
46. Total Accident and Health	297,107	0	0	0	0	0	0	XXX	XXX	XXX	228,828	228,828
47. Total	297,107 (c)	0	0	0	0	0	0	0	0	0	228,828	228,828

LIFE INSURANCE (STATE PAGE) (Continued)(b)

NAIC Group Code 0901 BUSINESS IN THE STATE OF South Dakota DURING THE YEAR 2023 NAIC Company Code 61727

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year								22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life																
1. Industrial								0	0							
2. Whole	0	0	0	0	0	0	0	0	0	0			0	0	0	0
3. Term	0	0	0	0	0	0	0	0	0	0			0	0	1	5,000
4. Indexed								0	0							
5. Universal								0	0				0	0	0	0
6. Universal with secondary guarantees								0	0							
7. Variable								0	0							
8. Variable universal								0	0							
9. Credit								0	0							
10. Other (f)								0	0							
11. Total Individual Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	5,000
Group Life																
12. Whole								0	0							
13. Term								0	0							
14. Universal								0	0							
15. Variable								0	0							
16. Variable universal								0	0							
17. Credit								0	0							(a)
18. Other (f)								0	0							
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities																
20. Fixed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
21. Indexed								0	0							
22. Variable with guarantees								0	0							
23. Variable without guarantees								0	0							
24. Life contingent payout	0		0	0	0	0	0	0	0	0						
25. Other (f)								0	0							
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities																
27. Fixed								0	0							
28. Indexed								0	0							
29. Variable with guarantees								0	0							
30. Variable without guarantees								0	0							
31. Life contingent payout								0	0							
32. Other (f)								0	0							
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	130	104,966	(27)	38,478	232	291,795
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	(1)	(390)	6	5,312
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	130	104,966	(28)	38,088	238	297,107
47. TOTAL	0	0	0	0	0	0	0	0	0	0	130	104,966	(28)	38,088	239	302,107

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

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: ..... 2) covering number of lives: ..... 3) face amount $ .....

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: $ ..... Group: $ ..... Total: $ 0

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

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $ .....

(f) Certain Separate Account products are included in "Other" product categories in the table(s) above:

1. Individual Life - Other includes the following amounts related to Separate Account policies: Column 1) $ ..... Column 7) $ ..... Column 12) $ .....
2. Group Life - Other includes the following amounts related to Separate Account policies: Column 1) $ ..... Column 7) $ ..... Column 12) $ .....
3. Individual Annuities - Other includes the following amounts related to Separate Account policies: Column 1) $ ..... Column 7) $ ..... Column 12) $ .....
4. Group Annuities - Other includes the following amounts related to Separate Account policies: Column 1) $ ..... Column 7) $ ..... Column 12) $ .....

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0901 BUSINESS IN THE STATE OF Tennessee DURING THE YEAR 2023 NAIC Company Code 61727

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole	7,124						0	20,000		4,183		24,183
3. Term	4,408						0	0				0
4. Indexed							0					0
5. Universal	0						0			0		0
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other (f)							0					0
11. Total Individual Life	11,532	0	0	0	0	0	0	20,000	0	4,183	0	24,183
Group Life												
12. Whole							0					0
13. Term							0					0
14. Universal							0					0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other (f)							0					0
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed	0						0	0		746		746
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout							0	0				0
25. Other (f)							0					0
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	746	0	746
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other (f)							0					0
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d)	0						0	XXX	XXX	XXX	0	0
35. Comprehensive group (d)							0	XXX	XXX	XXX		0
36. Medicare Supplement (d)	5,627,329						0	XXX	XXX	XXX	5,284,490	5,284,490
37. Vision only (d)							0	XXX	XXX	XXX		0
38. Dental only (d)	0						0	XXX	XXX	XXX	0	0
39. Federal Employees Health Benefits Plan (d)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)	(e)						0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)							0	XXX	XXX	XXX		0
42. Credit A&H							0	XXX	XXX	XXX		0
43. Disability income (d)							0	XXX	XXX	XXX	0	0
44. Long-term care (d)							0	XXX	XXX	XXX		0
45. Other health (d)	204						0	XXX	XXX	XXX	4,410	4,410
46. Total Accident and Health	5,627,533	0	0	0	0	0	0	XXX	XXX	XXX	5,288,900	5,288,900
47. Total	5,639,065 (c)	0	0	0	0	0	0	20,000	0	4,929	5,288,900	5,313,829

LIFE INSURANCE (STATE PAGE) (Continued)[b]

NAIC Group Code 0901 BUSINESS IN THE STATE OF Tennessee DURING THE YEAR 2023 NAIC Company Code 61727

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year								22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life																
1. Industrial								0	0							
2. Whole	20,000	1	20,000	0	0	0	0	1	20,000	0			(2)	(30,000)	4	26,000
3. Term	0	0	0	0	0	0	0	0	0	0			(2)	(261,493)	9	410,645
4. Indexed								0	0							
5. Universal								0	0				0	0	0	0
6. Universal with secondary guarantees								0	0							
7. Variable								0	0							
8. Variable universal								0	0							
9. Credit								0	0							
10. Other (f)								0	0							
11. Total Individual Life	20,000	1	20,000	0	0	0	0	1	20,000	0	0	0	(4)	(291,493)	13	436,645
Group Life																
12. Whole								0	0							
13. Term								0	0							
14. Universal								0	0							
15. Variable								0	0							
16. Variable universal								0	0							
17. Credit								0	0							(a)
18. Other (f)								0	0							
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities																
20. Fixed	0	0	0	0	0	0	0	0	0	0	0	0	0	33	2	17,973
21. Indexed								0	0							
22. Variable with guarantees								0	0							
23. Variable without guarantees								0	0							
24. Life contingent payout	0		0	0	0	0	0	0	0	0						
25. Other (f)								0	0							
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	33	2	17,973
Group Annuities																
27. Fixed								0	0							
28. Indexed								0	0							
29. Variable with guarantees								0	0							
30. Variable without guarantees								0	0							
31. Life contingent payout								0	0							
32. Other (f)								0	0							
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,361	2,659,799	(294)	931,974	5,435	5,627,329
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	(1,163)	3	204
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,361	2,659,799	(294)	930,810	5,438	5,627,533
47. TOTAL	20,000	1	20,000	0	0	0	0	1	20,000	0	3,361	2,659,799	(298)	639,350	5,453	6,082,151

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

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: ..... 2) covering number of lives: ..... 3) face amount $ .....

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: $ ..... Group: $ ..... Total: $ 0

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

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $ .....

(f) Certain Separate Account products are included in "Other" product categories in the table(s) above:

1. Individual Life - Other includes the following amounts related to Separate Account policies: Column 1) $ ..... Column 7) $ ..... Column 12) $ .....
2. Group Life - Other includes the following amounts related to Separate Account policies: Column 1) $ ..... Column 7) $ ..... Column 12) $ .....
3. Individual Annuities - Other includes the following amounts related to Separate Account policies: Column 1) $ ..... Column 7) $ ..... Column 12) $ .....
4. Group Annuities - Other includes the following amounts related to Separate Account policies: Column 1) $ ..... Column 7) $ ..... Column 12) $ .....

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0901 BUSINESS IN THE STATE OF Texas DURING THE YEAR 2023 NAIC Company Code 61727

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members: 3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	Claims and Benefits Paid: 8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole	16,100						0	15,000		10,530		25,530
3. Term	1,976						0	0				0
4. Indexed							0					0
5. Universal	0						0			0		0
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other (f)							0					0
11. Total Individual Life	18,076	0	0	0	0	0	0	15,000	0	10,530	0	25,530
Group Life												
12. Whole							0					0
13. Term							0					0
14. Universal							0					0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other (f)							0					0
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed	0						0	0		3,346		3,346
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout							0	0				0
25. Other (f)							0					0
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	3,346	0	3,346
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other (f)							0					0
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d)	0						0	XXX	XXX	XXX	0	0
35. Comprehensive group (d)							0	XXX	XXX	XXX		0
36. Medicare Supplement (d)	6,298,125						0	XXX	XXX	XXX	5,054,058	5,054,058
37. Vision only (d)							0	XXX	XXX	XXX		0
38. Dental only (d)	3,740						0	XXX	XXX	XXX	890	890
39. Federal Employees Health Benefits Plan (d)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)	(e)						0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)							0	XXX	XXX	XXX		0
42. Credit A&H							0	XXX	XXX	XXX		0
43. Disability income (d)							0	XXX	XXX	XXX	0	0
44. Long-term care (d)							0	XXX	XXX	XXX		0
45. Other health (d)	6,765						0	XXX	XXX	XXX	0	0
46. Total Accident and Health	6,308,630	0	0	0	0	0	0	XXX	XXX	XXX	5,054,948	5,054,948
47. Total	6,326,706 (c)	0	0	0	0	0	0	15,000	0	13,876	5,054,948	5,083,824

LIFE INSURANCE (STATE PAGE) (Continued)(b)

NAIC Group Code 0901 BUSINESS IN THE STATE OF Texas DURING THE YEAR 2023 NAIC Company Code 61727

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year								22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life																
1. Industrial								0	0							
2. Whole	15,000	1	15,000	0	0	0	0	1	15,000	0			(3)	(30,000)	17	134,156
3. Term	0	0	0	0	0	0	0	0	0	0			1	4,968	9	285,922
4. Indexed								0	0							
5. Universal								0	0				0	0	1	90,000
6. Universal with secondary guarantees								0	0							
7. Variable								0	0							
8. Variable universal								0	0							
9. Credit								0	0							
10. Other (f)								0	0							
11. Total Individual Life	15,000	1	15,000	0	0	0	0	1	15,000	0	0	0	(2)	(25,032)	27	510,078
Group Life																
12. Whole								0	0							
13. Term								0	0							
14. Universal								0	0							
15. Variable								0	0							
16. Variable universal								0	0							
17. Credit								0	0							(a)
18. Other (f)								0	0							
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities																
20. Fixed	0	0	0	0	0	0	0	0	0	0	0	0	0	480	2	86,383
21. Indexed								0	0							
22. Variable with guarantees								0	0							
23. Variable without guarantees								0	0							
24. Life contingent payout	0		0	0	0	0	0	0	0	0						
25. Other (f)								0	0							
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	480	2	86,383
Group Annuities																
27. Fixed								0	0							
28. Indexed								0	0							
29. Variable with guarantees								0	0							
30. Variable without guarantees								0	0							
31. Life contingent payout								0	0							
32. Other (f)								0	0							
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,200	3,818,556	(204)	1,455,237	5,424	6,298,125
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	(2)	(616)	3	3,740
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	(246)	2	6,765
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,200	3,818,556	(206)	1,454,374	5,429	6,308,630
47. TOTAL	15,000	1	15,000	0	0	0	0	1	15,000	0	4,200	3,818,556	(208)	1,429,822	5,458	6,905,091

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

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: ..... 2) covering number of lives: ..... 3) face amount $ .....

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: $ ..... Group: $ ..... Total: $ 0

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

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $ .....

(f) Certain Separate Account products are included in "Other" product categories in the table(s) above:

1. Individual Life - Other includes the following amounts related to Separate Account policies: Column 1) $ ..... Column 7) $ ..... Column 12) $ .....
2. Group Life - Other includes the following amounts related to Separate Account policies: Column 1) $ ..... Column 7) $ ..... Column 12) $ .....
3. Individual Annuities - Other includes the following amounts related to Separate Account policies: Column 1) $ ..... Column 7) $ ..... Column 12) $ .....
4. Group Annuities - Other includes the following amounts related to Separate Account policies: Column 1) $ ..... Column 7) $ ..... Column 12) $ .....

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0901 BUSINESS IN THE STATE OF Utah DURING THE YEAR 2023 NAIC Company Code 61727

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members: 3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	Claims and Benefits Paid: 8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole	0						0	0		0		0
3. Term	2,262						0	0				0
4. Indexed							0					0
5. Universal	0						0			0		0
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other (f)							0					0
11. Total Individual Life	2,262	0	0	0	0	0	0	0	0	0	0	0
Group Life												
12. Whole							0					0
13. Term							0					0
14. Universal							0					0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other (f)							0					0
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed	0						0	0		0		0
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout							0	0				0
25. Other (f)							0					0
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other (f)							0					0
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d)	0						0	XXX	XXX	XXX	0	0
35. Comprehensive group (d)							0	XXX	XXX	XXX		0
36. Medicare Supplement (d)	2,086,836						0	XXX	XXX	XXX	2,318,307	2,318,307
37. Vision only (d)							0	XXX	XXX	XXX		0
38. Dental only (d)	0						0	XXX	XXX	XXX	0	0
39. Federal Employees Health Benefits Plan (d)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)	(e)						0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)							0	XXX	XXX	XXX		0
42. Credit A&H							0	XXX	XXX	XXX		0
43. Disability income (d)							0	XXX	XXX	XXX	0	0
44. Long-term care (d)							0	XXX	XXX	XXX		0
45. Other health (d)	0						0	XXX	XXX	XXX	0	0
46. Total Accident and Health	2,086,836	0	0	0	0	0	0	XXX	XXX	XXX	2,318,307	2,318,307
47. Total	2,089,098 (c)	0	0	0	0	0	0	0	0	0	2,318,307	2,318,307

LIFE INSURANCE (STATE PAGE) (Continued)(b)

NAIC Group Code 0901 BUSINESS IN THE STATE OF Utah DURING THE YEAR 2023 NAIC Company Code 61727

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year							22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year		23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life															
1. Industrial								0	0						
2. Whole	0	0	0	0	0	0	0	0	0	0			0	0	0	0
3. Term	0	0	0	0	0	0	0	0	0	0			0	0	1	93,024
4. Indexed								0	0							
5. Universal								0	0				0	0	0	0
6. Universal with secondary guarantees								0	0							
7. Variable								0	0							
8. Variable universal								0	0							
9. Credit								0	0							
10. Other (f)								0	0							
11. Total Individual Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	93,024
Group Life															
12. Whole								0	0							
13. Term								0	0							
14. Universal								0	0							
15. Variable								0	0							
16. Variable universal								0	0							
17. Credit								0	0							(a)
18. Other (f)								0	0							
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities															
20. Fixed	0	0	0	0	0	0	0	0	0	0	0	0	0	290	1	6,726
21. Indexed								0	0							
22. Variable with guarantees								0	0							
23. Variable without guarantees								0	0							
24. Life contingent payout	0		0	0	0	0	0	0	0	0						
25. Other (f)								0	0							
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	290	1	6,726
Group Annuities															
27. Fixed								0	0							
28. Indexed								0	0							
29. Variable with guarantees								0	0							
30. Variable without guarantees								0	0							
31. Life contingent payout								0	0							
32. Other (f)								0	0							
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health															
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	903	758,851	(113)	387,955	1,823	2,086,836
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	903	758,851	(113)	387,955	1,823	2,086,836
47. TOTAL	0	0	0	0	0	0	0	0	0	0	903	758,851	(113)	388,245	1,825	2,186,586

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

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: ..... 2) covering number of lives: ..... 3) face amount $ .....

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: $ ..... Group: $ ..... Total: $ 0

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

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $ .....

(f) Certain Separate Account products are included in "Other" product categories in the table(s) above:

1. Individual Life - Other includes the following amounts related to Separate Account policies: Column 1) $ ..... Column 7) $ ..... Column 12) $ .....
2. Group Life - Other includes the following amounts related to Separate Account policies: Column 1) $ ..... Column 7) $ ..... Column 12) $ .....
3. Individual Annuities - Other includes the following amounts related to Separate Account policies: Column 1) $ ..... Column 7) $ ..... Column 12) $ .....
4. Group Annuities - Other includes the following amounts related to Separate Account policies: Column 1) $ ..... Column 7) $ ..... Column 12) $ .....

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0901 BUSINESS IN THE STATE OF Vermont DURING THE YEAR 2023 NAIC Company Code 61727

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members: 3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	Claims and Benefits Paid: 8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole	0						0	0		0		0
3. Term	0						0	0				0
4. Indexed							0					0
5. Universal	0						0			0		0
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other (f)							0					0
11. Total Individual Life	0	0	0	0	0	0	0	0	0	0	0	0
Group Life												
12. Whole							0					0
13. Term							0					0
14. Universal							0					0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other (f)							0					0
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed	0						0	0		0		0
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout							0	0				0
25. Other (f)							0					0
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other (f)							0					0
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d)	0						0	XXX	XXX	XXX	0	0
35. Comprehensive group (d)							0	XXX	XXX	XXX		0
36. Medicare Supplement (d)	3,506						0	XXX	XXX	XXX	3,505	3,505
37. Vision only (d)							0	XXX	XXX	XXX		0
38. Dental only (d)	0						0	XXX	XXX	XXX	0	0
39. Federal Employees Health Benefits Plan (d)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)	(e)						0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)							0	XXX	XXX	XXX		0
42. Credit A&H							0	XXX	XXX	XXX		0
43. Disability income (d)							0	XXX	XXX	XXX	0	0
44. Long-term care (d)							0	XXX	XXX	XXX		0
45. Other health (d)	0						0	XXX	XXX	XXX	0	0
46. Total Accident and Health	3,506	0	0	0	0	0	0	XXX	XXX	XXX	3,505	3,505
47. Total	3,506 (c)	0	0	0	0	0	0	0	0	0	3,505	3,505

LIFE INSURANCE (STATE PAGE) (Continued)(b)

NAIC Group Code 0901 BUSINESS IN THE STATE OF Vermont DURING THE YEAR 2023 NAIC Company Code 61727

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year							22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year		23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life															
1. Industrial								0	0						
2. Whole	0	0	0	0	0	0	0	0	0	0			0	0	0	0
3. Term	0	0	0	0	0	0	0	0	0	0			0	0	0	0
4. Indexed								0	0							
5. Universal								0	0				0	0	0	0
6. Universal with secondary guarantees								0	0							
7. Variable								0	0							
8. Variable universal								0	0							
9. Credit								0	0							
10. Other (f)								0	0							
11. Total Individual Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Life															
12. Whole								0	0							
13. Term								0	0							
14. Universal								0	0							
15. Variable								0	0							
16. Variable universal								0	0							
17. Credit								0	0							(a)
18. Other (f)								0	0							
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities															
20. Fixed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
21. Indexed								0	0							
22. Variable with guarantees								0	0							
23. Variable without guarantees								0	0							
24. Life contingent payout	0		0	0	0	0	0	0	0	0						
25. Other (f)								0	0							
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities															
27. Fixed								0	0							
28. Indexed								0	0							
29. Variable with guarantees								0	0							
30. Variable without guarantees								0	0							
31. Life contingent payout								0	0							
32. Other (f)								0	0							
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health															
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	(1,679)	2	3,506
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	(1,679)	2	3,506
47. TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	0	(1,679)	2	3,506

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

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: ..... 2) covering number of lives: ..... 3) face amount $ .....

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: $ ..... Group: $ ..... Total: $ 0

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

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $ .....

(f) Certain Separate Account products are included in "Other" product categories in the table(s) above:

1. Individual Life - Other includes the following amounts related to Separate Account policies: Column 1) $ ..... Column 7) $ ..... Column 12) $ .....
2. Group Life - Other includes the following amounts related to Separate Account policies: Column 1) $ ..... Column 7) $ ..... Column 12) $ .....
3. Individual Annuities - Other includes the following amounts related to Separate Account policies: Column 1) $ ..... Column 7) $ ..... Column 12) $ .....
4. Group Annuities - Other includes the following amounts related to Separate Account policies: Column 1) $ ..... Column 7) $ ..... Column 12) $ .....

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0901 BUSINESS IN THE STATE OF Virginia DURING THE YEAR 2023 NAIC Company Code 61727

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members: 3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	Claims and Benefits Paid: 8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole	27,992						0	22,500		4,850		27,350
3. Term	11,527						0	0				0
4. Indexed							0					0
5. Universal	0						0			0		0
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other (f)							0					0
11. Total Individual Life	39,520	0	0	0	0	0	0	22,500	0	4,850	0	27,350
Group Life												
12. Whole							0					0
13. Term							0					0
14. Universal							0					0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other (f)							0					0
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed	0						0	0		24,186		24,186
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout							0	0				0
25. Other (f)							0					0
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	24,186	0	24,186
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other (f)							0					0
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d)	0						0	XXX	XXX	XXX	0	0
35. Comprehensive group (d)							0	XXX	XXX	XXX		0
36. Medicare Supplement (d)	654,621						0	XXX	XXX	XXX	503,209	503,209
37. Vision only (d)							0	XXX	XXX	XXX		0
38. Dental only (d)	0						0	XXX	XXX	XXX	0	0
39. Federal Employees Health Benefits Plan (d)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)	(e)						0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)							0	XXX	XXX	XXX		0
42. Credit A&H							0	XXX	XXX	XXX		0
43. Disability income (d)							0	XXX	XXX	XXX	0	0
44. Long-term care (d)							0	XXX	XXX	XXX		0
45. Other health (d)	986						0	XXX	XXX	XXX	0	0
46. Total Accident and Health	655,607	0	0	0	0	0	0	XXX	XXX	XXX	503,209	503,209
47. Total	695,127 (c)	0	0	0	0	0	0	22,500	0	29,036	503,209	554,745

LIFE INSURANCE (STATE PAGE) (Continued)(b)

NAIC Group Code 0901 BUSINESS IN THE STATE OF Virginia DURING THE YEAR 2023 NAIC Company Code 61727

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year								22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life																
1. Industrial								0	0							
2. Whole	12,500	3	22,500	0	0	0	0	3	22,500	0			(4)	(32,500)	41	320,500
3. Term	0	0	0	0	0	0	0	0	0	0			(2)	(112,593)	19	1,231,241
4. Indexed								0	0							
5. Universal								0	0				0	0	0	0
6. Universal with secondary guarantees								0	0							
7. Variable								0	0							
8. Variable universal								0	0							
9. Credit								0	0							
10. Other (f)								0	0							
11. Total Individual Life	12,500	3	22,500	0	0	0	0	3	22,500	0	0	0	(6)	(145,093)	60	1,551,741
Group Life																
12. Whole								0	0							
13. Term								0	0							
14. Universal								0	0							
15. Variable								0	0							
16. Variable universal								0	0							
17. Credit								0	0							(a)
18. Other (f)								0	0							
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities																
20. Fixed	0	0	0	0	0	0	0	0	0	0	0	0	0	2,096	3	589,111
21. Indexed								0	0							
22. Variable with guarantees								0	0							
23. Variable without guarantees								0	0							
24. Life contingent payout	0	0	0	0	0	0	0	0	0	0						
25. Other (f)								0	0							
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	2,096	3	589,111
Group Annuities																
27. Fixed								0	0							
28. Indexed								0	0							
29. Variable with guarantees								0	0							
30. Variable without guarantees								0	0							
31. Life contingent payout								0	0							
32. Other (f)								0	0							
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5	4,681	(7)	(15,368)	148	654,621
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	1	986
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5	4,681	(7)	(15,368)	149	655,607
47. TOTAL	12,500	3	22,500	0	0	0	0	3	22,500	0	5	4,681	(13)	(158,365)	212	2,796,459

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

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: ..... 2) covering number of lives: ..... 3) face amount $ .....

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: $ ..... Group: $ ..... Total: $ 0

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

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $ .....

(f) Certain Separate Account products are included in "Other" product categories in the table(s) above:

1. Individual Life - Other includes the following amounts related to Separate Account policies: Column 1) $ ..... Column 7) $ ..... Column 12) $ .....
2. Group Life - Other includes the following amounts related to Separate Account policies: Column 1) $ ..... Column 7) $ ..... Column 12) $ .....
3. Individual Annuities - Other includes the following amounts related to Separate Account policies: Column 1) $ ..... Column 7) $ ..... Column 12) $ .....
4. Group Annuities - Other includes the following amounts related to Separate Account policies: Column 1) $ ..... Column 7) $ ..... Column 12) $ .....

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0901 BUSINESS IN THE STATE OF Washington DURING THE YEAR 2023 NAIC Company Code 61727

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members: 3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	Claims and Benefits Paid: 8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole	0						0	0		0		0
3. Term	0						0	0				0
4. Indexed							0					0
5. Universal	0						0			0		0
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other (f)							0					0
11. Total Individual Life	0	0	0	0	0	0	0	0	0	0	0	0
Group Life												
12. Whole							0					0
13. Term							0					0
14. Universal							0					0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other (f)							0					0
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed	0						0	35,321		0		35,321
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout							0	0				0
25. Other (f)							0					0
26. Total Individual Annuities	0	0	0	0	0	0	0	35,321	0	0	0	35,321
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other (f)							0					0
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d)	0						0	XXX	XXX	XXX	0	0
35. Comprehensive group (d)							0	XXX	XXX	XXX		0
36. Medicare Supplement (d)	29,185						0	XXX	XXX	XXX	23,967	23,967
37. Vision only (d)							0	XXX	XXX	XXX		0
38. Dental only (d)	0						0	XXX	XXX	XXX	0	0
39. Federal Employees Health Benefits Plan (d)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)	(e)						0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)							0	XXX	XXX	XXX		0
42. Credit A&H							0	XXX	XXX	XXX		0
43. Disability income (d)							0	XXX	XXX	XXX	0	0
44. Long-term care (d)							0	XXX	XXX	XXX		0
45. Other health (d)	0						0	XXX	XXX	XXX	0	0
46. Total Accident and Health	29,185	0	0	0	0	0	0	XXX	XXX	XXX	23,967	23,967
47. Total	29,185 (c)	0	0	0	0	0	0	35,321	0	0	23,967	59,288

LIFE INSURANCE (STATE PAGE) (Continued)(b)

NAIC Group Code 0901 BUSINESS IN THE STATE OF Washington DURING THE YEAR 2023 NAIC Company Code 61727

Line of Business	13 Incurred During Current Year	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits: Claims Settled During Current Year: Totals Paid 14 Number of Pols/ Certs	Totals Paid 15 Amount	Reduction by Compromise 16 Number of Pols/ Certs	Reduction by Compromise 17 Amount	Amount Rejected 18 Number of Pols/ Certs	Amount Rejected 19 Amount	Total Settled During Current Year 20 Number of Pols/ Certs	Total Settled During Current Year 21 Amount	22 Unpaid December 31, Current Year	Policy Exhibit: Issued During Year 23 Number of Pols/ Certs	Issued During Year 24 Amount	Other Changes to In Force (Net) 25 Number of Pols/ Certs	Other Changes to In Force (Net) 26 Amount	In Force December 31, Current Year (b) 27 Number of Pols/ Certs	In Force December 31, Current Year (b) 28 Amount
Individual Life																
1. Industrial								0	0							
2. Whole	0	0	0	0	0	0	0	0	0	0			0	0	0	0
3. Term	0	0	0	0	0	0	0	0	0	0			0	0	0	0
4. Indexed								0	0							
5. Universal								0	0				0	0	0	0
6. Universal with secondary guarantees								0	0							
7. Variable								0	0							
8. Variable universal								0	0							
9. Credit								0	0							
10. Other (f)								0	0							
11. Total Individual Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Life																
12. Whole								0	0							
13. Term								0	0							
14. Universal								0	0							
15. Variable								0	0							
16. Variable universal								0	0							
17. Credit								0	0							(a)
18. Other (f)								0	0							
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities																
20. Fixed	35,321	1	35,321	0	0	0	0	1	35,321	0	0	0	(1)	(34,935)	0	0
21. Indexed								0	0							
22. Variable with guarantees								0	0							
23. Variable without guarantees								0	0							
24. Life contingent payout	0		0	0	0	0	0	0	0	0						
25. Other (f)								0	0							
26. Total Individual Annuities	35,321	1	35,321	0	0	0	0	1	35,321	0	0	0	(1)	(34,935)	0	0
Group Annuities																
27. Fixed								0	0							
28. Indexed								0	0							
29. Variable with guarantees								0	0							
30. Variable without guarantees								0	0							
31. Life contingent payout								0	0							
32. Other (f)								0	0							
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	7	4,458	3	10,602	19	29,185
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	7	4,458	3	10,602	19	29,185
47. TOTAL	35,321	1	35,321	0	0	0	0	1	35,321	0	7	4,458	2	(24,333)	19	29,185

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

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: ..... 2) covering number of lives: ..... 3) face amount $ .....

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: $ ..... Group: $ ..... Total: $ 0

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

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $ .....

(f) Certain Separate Account products are included in "Other" product categories in the table(s) above:

1. Individual Life - Other includes the following amounts related to Separate Account policies: Column 1) $ ..... Column 7) $ ..... Column 12) $ .....
2. Group Life - Other includes the following amounts related to Separate Account policies: Column 1) $ ..... Column 7) $ ..... Column 12) $ .....
3. Individual Annuities - Other includes the following amounts related to Separate Account policies: Column 1) $ ..... Column 7) $ ..... Column 12) $ .....
4. Group Annuities - Other includes the following amounts related to Separate Account policies: Column 1) $ ..... Column 7) $ ..... Column 12) $ .....

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0901 BUSINESS IN THE STATE OF West Virginia DURING THE YEAR 2023 NAIC Company Code 61727

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members: 3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	Claims and Benefits Paid: 8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole	1,251						0	0		0		0
3. Term	4,610						0	0				0
4. Indexed							0					0
5. Universal	722						0			0		0
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other (f)							0					0
11. Total Individual Life	6,583	0	0	0	0	0	0	0	0	0	0	0
Group Life												
12. Whole							0					0
13. Term							0					0
14. Universal							0					0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other (f)							0					0
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed	0						0	0		3,966		3,966
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout							0	0				0
25. Other (f)							0					0
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	3,966	0	3,966
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other (f)							0					0
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d)	0						0	XXX	XXX	XXX	0	0
35. Comprehensive group (d)							0	XXX	XXX	XXX		0
36. Medicare Supplement (d)	11,483						0	XXX	XXX	XXX	7,448	7,448
37. Vision only (d)							0	XXX	XXX	XXX		0
38. Dental only (d)	0						0	XXX	XXX	XXX	0	0
39. Federal Employees Health Benefits Plan (d)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)	(e)						0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)							0	XXX	XXX	XXX		0
42. Credit A&H							0	XXX	XXX	XXX		0
43. Disability income (d)							0	XXX	XXX	XXX	0	0
44. Long-term care (d)							0	XXX	XXX	XXX		0
45. Other health (d)	0						0	XXX	XXX	XXX	0	0
46. Total Accident and Health	11,483	0	0	0	0	0	0	XXX	XXX	XXX	7,448	7,448
47. Total	18,066 (c)	0	0	0	0	0	0	0	0	3,966	7,448	11,414

LIFE INSURANCE (STATE PAGE) (Continued)(b)

NAIC Group Code 0901 BUSINESS IN THE STATE OF West Virginia DURING THE YEAR 2023 NAIC Company Code 61727

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year							22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year		23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life															
1. Industrial								0	0						
2. Whole	0	0	0	0	0	0	0	0	0	0			0	0	2	19,500
3. Term	0	0	0	0	0	0	0	0	0	0			(2)	(65,000)	4	457,575
4. Indexed								0	0							
5. Universal								0	0				0	0	2	60,000
6. Universal with secondary guarantees								0	0							
7. Variable								0	0							
8. Variable universal								0	0							
9. Credit								0	0							
10. Other (f)								0	0							
11. Total Individual Life	0	0	0	0	0	0	0	0	0	0	0	0	(2)	(65,000)	8	537,075
Group Life															
12. Whole								0	0						
13. Term								0	0						
14. Universal								0	0						
15. Variable								0	0						
16. Variable universal								0	0						
17. Credit								0	0						(a)
18. Other (f)								0	0						
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities															
20. Fixed	0	0	0	0	0	0	0	0	0	0	0	0	0	2,554	6	134,420
21. Indexed								0	0							
22. Variable with guarantees								0	0							
23. Variable without guarantees								0	0							
24. Life contingent payout	0	0	0	0	0	0	0	0	0	0						
25. Other (f)								0	0							
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	2,554	6	134,420
Group Annuities															
27. Fixed								0	0						
28. Indexed								0	0						
29. Variable with guarantees								0	0						
30. Variable without guarantees								0	0						
31. Life contingent payout								0	0						
32. Other (f)								0	0						
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health															
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3	2,906	1	(3,520)	7	11,483
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	22	0	0
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	(1)	(55)	0	0
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3	2,906	0	(3,553)	7	11,483
47. TOTAL	0	0	0	0	0	0	0	0	0	0	3	2,906	(2)	(65,999)	21	682,978

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

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: ..... 2) covering number of lives: ..... 3) face amount $ .....

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: $ ..... Group: $ ..... Total: $ 0

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

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $ .....

(f) Certain Separate Account products are included in "Other" product categories in the table(s) above:

1. Individual Life - Other includes the following amounts related to Separate Account policies: Column 1) $ ..... Column 7) $ ..... Column 12) $ .....
2. Group Life - Other includes the following amounts related to Separate Account policies: Column 1) $ ..... Column 7) $ ..... Column 12) $ .....
3. Individual Annuities - Other includes the following amounts related to Separate Account policies: Column 1) $ ..... Column 7) $ ..... Column 12) $ .....
4. Group Annuities - Other includes the following amounts related to Separate Account policies: Column 1) $ ..... Column 7) $ ..... Column 12) $ .....

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0901 BUSINESS IN THE STATE OF Wisconsin DURING THE YEAR 2023 NAIC Company Code 61727

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole	0						0	0		0		0
3. Term	0						0	0				0
4. Indexed							0					0
5. Universal	0						0			0		0
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other (f)							0					0
11. Total Individual Life	0	0	0	0	0	0	0	0	0	0	0	0
Group Life												
12. Whole							0					0
13. Term							0					0
14. Universal							0					0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other (f)							0					0
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed	0						0	0		0		0
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout							0	0				0
25. Other (f)							0					0
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other (f)							0					0
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d)							0	XXX	XXX	XXX		0
35. Comprehensive group (d)							0	XXX	XXX	XXX		0
36. Medicare Supplement (d)	3,099,187						0	XXX	XXX	XXX	2,571,974	2,571,974
37. Vision only (d)							0	XXX	XXX	XXX		0
38. Dental only (d)	316						0	XXX	XXX	XXX	0	0
39. Federal Employees Health Benefits Plan (d)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)	(e)						0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)							0	XXX	XXX	XXX		0
42. Credit A&H							0	XXX	XXX	XXX		0
43. Disability income (d)							0	XXX	XXX	XXX	0	0
44. Long-term care (d)							0	XXX	XXX	XXX		0
45. Other health (d)	4,511						0	XXX	XXX	XXX	0	0
46. Total Accident and Health	3,104,014	0	0	0	0	0	0	XXX	XXX	XXX	2,571,974	2,571,974
47. Total	3,104,014 (c)	0	0	0	0	0	0	0	0	0	2,571,974	2,571,974

LIFE INSURANCE (STATE PAGE) (Continued)(b)

NAIC Group Code 0901 BUSINESS IN THE STATE OF Wisconsin DURING THE YEAR 2023 NAIC Company Code 61727

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year							22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year		23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life															
1. Industrial								0	0						
2. Whole	0	0	0	0	0	0	0	0	0	0			0	0	0	0
3. Term	0	0	0	0	0	0	0	0	0	0						
4. Indexed								0	0							
5. Universal								0	0							
6. Universal with secondary guarantees								0	0							
7. Variable								0	0							
8. Variable universal								0	0							
9. Credit								0	0							
10. Other (f)								0	0							
11. Total Individual Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Life															
12. Whole								0	0							
13. Term								0	0							
14. Universal								0	0							
15. Variable								0	0							
16. Variable universal								0	0							
17. Credit								0	0							(a)
18. Other (f)								0	0							
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities															
20. Fixed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
21. Indexed								0	0							
22. Variable with guarantees								0	0							
23. Variable without guarantees								0	0							
24. Life contingent payout	0		0	0	0	0	0	0	0	0						
25. Other (f)								0	0							
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities															
27. Fixed								0	0							
28. Indexed								0	0							
29. Variable with guarantees								0	0							
30. Variable without guarantees								0	0							
31. Life contingent payout								0	0							
32. Other (f)								0	0							
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health															
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,325	2,195,579	(62)	576,490	2,813	3,099,187
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	(105)	1	316
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	(2)	(1,377)	5	4,511
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,325	2,195,579	(64)	575,008	2,819	3,104,014
47. TOTAL	0	0	0	0	0	0	0	0	0	0	2,325	2,195,579	(64)	575,008	2,819	3,104,014

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

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: ..... 2) covering number of lives: ..... 3) face amount $ .....

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: $ ..... Group: $ ..... Total: $ 0

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

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $ .....

(f) Certain Separate Account products are included in "Other" product categories in the table(s) above:

1. Individual Life - Other includes the following amounts related to Separate Account policies: Column 1) $ ..... Column 7) $ ..... Column 12) $ .....
2. Group Life - Other includes the following amounts related to Separate Account policies: Column 1) $ ..... Column 7) $ ..... Column 12) $ .....
3. Individual Annuities - Other includes the following amounts related to Separate Account policies: Column 1) $ ..... Column 7) $ ..... Column 12) $ .....
4. Group Annuities - Other includes the following amounts related to Separate Account policies: Column 1) $ ..... Column 7) $ ..... Column 12) $ .....

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0901 BUSINESS IN THE STATE OF Wyoming DURING THE YEAR 2023 NAIC Company Code 61727

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members: 3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	Claims and Benefits Paid: 8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole	0						0	0		0		0
3. Term	0						0	0				0
4. Indexed							0					0
5. Universal	0						0			0		0
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other (f)							0					0
11. Total Individual Life	0	0	0	0	0	0	0	0	0	0	0	0
Group Life												
12. Whole							0					0
13. Term							0					0
14. Universal							0					0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other (f)							0					0
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed	0						0	0		0		0
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout							0	0				0
25. Other (f)							0					0
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other (f)							0					0
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d)							0	XXX	XXX	XXX		0
35. Comprehensive group (d)							0	XXX	XXX	XXX		0
36. Medicare Supplement (d)	29,476						0	XXX	XXX	XXX	10,382	10,382
37. Vision only (d)							0	XXX	XXX	XXX		0
38. Dental only (d)	0						0	XXX	XXX	XXX	0	0
39. Federal Employees Health Benefits Plan (d)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)	(e)						0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)							0	XXX	XXX	XXX		0
42. Credit A&H							0	XXX	XXX	XXX		0
43. Disability income (d)							0	XXX	XXX	XXX	0	0
44. Long-term care (d)							0	XXX	XXX	XXX		0
45. Other health (d)	4,017						0	XXX	XXX	XXX	0	0
46. Total Accident and Health	33,493	0	0	0	0	0	0	XXX	XXX	XXX	10,382	10,382
47. Total	33,493 (c)	0	0	0	0	0	0	0	0	0	10,382	10,382

LIFE INSURANCE (STATE PAGE) (Continued)(b)

NAIC Group Code 0901 BUSINESS IN THE STATE OF Wyoming DURING THE YEAR 2023 NAIC Company Code 61727

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year							22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year		23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life															
1. Industrial								0	0						
2. Whole	0	0	0	0	0	0	0	0	0	0			0	0	0	0
3. Term	0	0	0	0	0	0	0	0	0	0						
4. Indexed								0	0							
5. Universal								0	0							
6. Universal with secondary guarantees								0	0							
7. Variable								0	0							
8. Variable universal								0	0							
9. Credit								0	0							
10. Other (f)								0	0							
11. Total Individual Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Life															
12. Whole								0	0							
13. Term								0	0							
14. Universal								0	0							
15. Variable								0	0							
16. Variable universal								0	0							
17. Credit								0	0							(a)
18. Other (f)								0	0							
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities															
20. Fixed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
21. Indexed								0	0							
22. Variable with guarantees								0	0							
23. Variable without guarantees								0	0							
24. Life contingent payout	0		0	0	0	0	0	0	0	0						
25. Other (f)								0	0							
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities															
27. Fixed								0	0							
28. Indexed								0	0							
29. Variable with guarantees								0	0							
30. Variable without guarantees								0	0							
31. Life contingent payout								0	0							
32. Other (f)								0	0							
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health															
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3	1,779	(3)	(6,047)	13	29,476
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	238	4	4,017
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3	1,779	(3)	(5,808)	17	33,493
47. TOTAL	0	0	0	0	0	0	0	0	0	0	3	1,779	(3)	(5,808)	17	33,493

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

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: ..... 2) covering number of lives: ..... 3) face amount $ .....

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: $ ..... Group: $ ..... Total: $ 0

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

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $ .....

(f) Certain Separate Account products are included in "Other" product categories in the table(s) above:

1. Individual Life - Other includes the following amounts related to Separate Account policies: Column 1) $ ..... Column 7) $ ..... Column 12) $ .....
2. Group Life - Other includes the following amounts related to Separate Account policies: Column 1) $ ..... Column 7) $ ..... Column 12) $ .....
3. Individual Annuities - Other includes the following amounts related to Separate Account policies: Column 1) $ ..... Column 7) $ ..... Column 12) $ .....
4. Group Annuities - Other includes the following amounts related to Separate Account policies: Column 1) $ ..... Column 7) $ ..... Column 12) $ .....

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0901 BUSINESS IN THE STATE OF American Samoa DURING THE YEAR 2023 NAIC Company Code 61727

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members 3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	Claims and Benefits Paid 8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole	0						0	0		0		0
3. Term	0						0	0				0
4. Indexed							0					0
5. Universal	0						0			0		0
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other (f)							0					0
11. Total Individual Life	0	0	0	0	0	0	0	0	0	0	0	0
Group Life												
12. Whole							0					0
13. Term							0					0
14. Universal							0					0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other (f)							0					0
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed	0						0	0		0		0
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout							0	0				0
25. Other (f)							0					0
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other (f)							0					0
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d)							0	XXX	XXX	XXX		0
35. Comprehensive group (d)							0	XXX	XXX	XXX		0
36. Medicare Supplement (d)	0						0	XXX	XXX	XXX	0	0
37. Vision only (d)							0	XXX	XXX	XXX		0
38. Dental only (d)	0						0	XXX	XXX	XXX	0	0
39. Federal Employees Health Benefits Plan (d)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)	(e)						0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)							0	XXX	XXX	XXX		0
42. Credit A&H							0	XXX	XXX	XXX		0
43. Disability income (d)							0	XXX	XXX	XXX		0
44. Long-term care (d)							0	XXX	XXX	XXX		0
45. Other health (d)							0	XXX	XXX	XXX		0
46. Total Accident and Health	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
47. Total	0 (c)	0	0	0	0	0	0	0	0	0	0	0

LIFE INSURANCE (STATE PAGE) (Continued)(b)

NAIC Group Code 0901 BUSINESS IN THE STATE OF American Samoa DURING THE YEAR 2023 NAIC Company Code 61727

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year							22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year		23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life															
1. Industrial								0	0						
2. Whole	0	0	0	0	0	0	0	0	0	0						
3. Term	0	0	0	0	0	0	0	0	0	0						
4. Indexed								0	0							
5. Universal								0	0							
6. Universal with secondary guarantees								0	0							
7. Variable								0	0							
8. Variable universal								0	0							
9. Credit								0	0							
10. Other (f)								0	0							
11. Total Individual Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Life															
12. Whole								0	0							
13. Term								0	0							
14. Universal								0	0							
15. Variable								0	0							
16. Variable universal								0	0							
17. Credit								0	0							(a)
18. Other (f)								0	0							
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities															
20. Fixed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
21. Indexed								0	0							
22. Variable with guarantees								0	0							
23. Variable without guarantees								0	0							
24. Life contingent payout	0	0	0	0	0	0	0	0	0	0						
25. Other (f)								0	0							
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities															
27. Fixed								0	0							
28. Indexed								0	0							
29. Variable with guarantees								0	0							
30. Variable without guarantees								0	0							
31. Life contingent payout								0	0							
32. Other (f)								0	0							
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health															
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
47. TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

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

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: ..... 2) covering number of lives: ..... 3) face amount $ .....

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: $ ..... Group: $ ..... Total: $ 0

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

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $ .....

(f) Certain Separate Account products are included in "Other" product categories in the table(s) above:

1. Individual Life - Other includes the following amounts related to Separate Account policies: Column 1) $ ..... Column 7) $ ..... Column 12) $ .....
2. Group Life - Other includes the following amounts related to Separate Account policies: Column 1) $ ..... Column 7) $ ..... Column 12) $ .....
3. Individual Annuities - Other includes the following amounts related to Separate Account policies: Column 1) $ ..... Column 7) $ ..... Column 12) $ .....
4. Group Annuities - Other includes the following amounts related to Separate Account policies: Column 1) $ ..... Column 7) $ ..... Column 12) $ .....

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0901 BUSINESS IN THE STATE OF Guam DURING THE YEAR 2023 NAIC Company Code 61727

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members: 3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	Claims and Benefits Paid: 8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole	0						0	0		0		0
3. Term	0						0	0				0
4. Indexed							0					0
5. Universal	0						0			0		0
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other (f)							0					0
11. Total Individual Life	0	0	0	0	0	0	0	0	0	0	0	0
Group Life												
12. Whole							0					0
13. Term							0					0
14. Universal							0					0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other (f)							0					0
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed	0						0	0		0		0
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout							0	0				0
25. Other (f)							0					0
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other (f)							0					0
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d)							0	XXX	XXX	XXX		0
35. Comprehensive group (d)							0	XXX	XXX	XXX		0
36. Medicare Supplement (d)	0						0	XXX	XXX	XXX	0	0
37. Vision only (d)							0	XXX	XXX	XXX		0
38. Dental only (d)	0						0	XXX	XXX	XXX	0	0
39. Federal Employees Health Benefits Plan (d)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)	(e)						0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)							0	XXX	XXX	XXX		0
42. Credit A&H							0	XXX	XXX	XXX		0
43. Disability income (d)							0	XXX	XXX	XXX		0
44. Long-term care (d)							0	XXX	XXX	XXX		0
45. Other health (d)							0	XXX	XXX	XXX		0
46. Total Accident and Health	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
47. Total	0 (c)	0	0	0	0	0	0	0	0	0	0	0

LIFE INSURANCE (STATE PAGE) (Continued)(b)

NAIC Group Code 0901 BUSINESS IN THE STATE OF Guam DURING THE YEAR 2023 NAIC Company Code 61727

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year							22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year		23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life															
1. Industrial								0	0						
2. Whole	0	0	0	0	0	0	0	0	0	0						
3. Term	0	0	0	0	0	0	0	0	0	0						
4. Indexed								0	0							
5. Universal								0	0							
6. Universal with secondary guarantees								0	0							
7. Variable								0	0							
8. Variable universal								0	0							
9. Credit								0	0							
10. Other (f)								0	0							
11. Total Individual Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Life															
12. Whole								0	0							
13. Term								0	0							
14. Universal								0	0							
15. Variable								0	0							
16. Variable universal								0	0							
17. Credit								0	0							(a)
18. Other (f)								0	0							
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities															
20. Fixed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
21. Indexed								0	0							
22. Variable with guarantees								0	0							
23. Variable without guarantees								0	0							
24. Life contingent payout	0	0	0	0	0	0	0	0	0	0						
25. Other (f)								0	0							
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities															
27. Fixed								0	0							
28. Indexed								0	0							
29. Variable with guarantees								0	0							
30. Variable without guarantees								0	0							
31. Life contingent payout								0	0							
32. Other (f)								0	0							
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health															
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
47. TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

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

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: ..... 2) covering number of lives: ..... 3) face amount $ .....

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: $ ..... Group: $ ..... Total: $ 0

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

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $ .....

(f) Certain Separate Account products are included in "Other" product categories in the table(s) above:

1. Individual Life - Other includes the following amounts related to Separate Account policies: Column 1) $ ..... Column 7) $ ..... Column 12) $ .....
2. Group Life - Other includes the following amounts related to Separate Account policies: Column 1) $ ..... Column 7) $ ..... Column 12) $ .....
3. Individual Annuities - Other includes the following amounts related to Separate Account policies: Column 1) $ ..... Column 7) $ ..... Column 12) $ .....
4. Group Annuities - Other includes the following amounts related to Separate Account policies: Column 1) $ ..... Column 7) $ ..... Column 12) $ .....

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0901 BUSINESS IN THE STATE OF Puerto Rico DURING THE YEAR 2023 NAIC Company Code 61727

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole	0						0	0		0		0
3. Term	0						0	0				0
4. Indexed							0					0
5. Universal	0						0			0		0
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other (f)							0					0
11. Total Individual Life	0	0	0	0	0	0	0	0	0	0	0	0
Group Life												
12. Whole							0					0
13. Term							0					0
14. Universal							0					0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other (f)							0					0
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed	0						0	0		0		0
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout							0	0				0
25. Other (f)							0					0
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other (f)							0					0
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d)							0	XXX	XXX	XXX		0
35. Comprehensive group (d)							0	XXX	XXX	XXX		0
36. Medicare Supplement (d)	1,276						0	XXX	XXX	XXX	1	1
37. Vision only (d)							0	XXX	XXX	XXX		0
38. Dental only (d)	0						0	XXX	XXX	XXX	0	0
39. Federal Employees Health Benefits Plan (d)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)	(e)						0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)							0	XXX	XXX	XXX		0
42. Credit A&H							0	XXX	XXX	XXX		0
43. Disability income (d)							0	XXX	XXX	XXX		0
44. Long-term care (d)							0	XXX	XXX	XXX		0
45. Other health (d)							0	XXX	XXX	XXX		0
46. Total Accident and Health	1,276	0	0	0	0	0	0	XXX	XXX	XXX	1	1
47. Total	1,276 (c)	0	0	0	0	0	0	0	0	0	1	1

LIFE INSURANCE (STATE PAGE) (Continued)(b)

NAIC Group Code 0901 BUSINESS IN THE STATE OF Puerto Rico DURING THE YEAR 2023 NAIC Company Code 61727

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year								22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life																
1. Industrial								0	0							
2. Whole	0	0	0	0	0	0	0	0	0	0						
3. Term	0	0	0	0	0	0	0	0	0	0						
4. Indexed								0	0							
5. Universal								0	0							
6. Universal with secondary guarantees								0	0							
7. Variable								0	0							
8. Variable universal								0	0							
9. Credit								0	0							
10. Other (f)								0	0							
11. Total Individual Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Life																
12. Whole								0	0							
13. Term								0	0							
14. Universal								0	0							
15. Variable								0	0							
16. Variable universal								0	0							
17. Credit								0	0							(a)
18. Other (f)								0	0							
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities																
20. Fixed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
21. Indexed								0	0							
22. Variable with guarantees								0	0							
23. Variable without guarantees								0	0							
24. Life contingent payout	0	0	0	0	0	0	0	0	0	0						
25. Other (f)								0	0							
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities																
27. Fixed								0	0							
28. Indexed								0	0							
29. Variable with guarantees								0	0							
30. Variable without guarantees								0	0							
31. Life contingent payout								0	0							
32. Other (f)								0	0							
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	1	1,276	1	1,276
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	1	1,276	1	1,276
47. TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	1	1,276	1	1,276

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

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: ..... 2) covering number of lives: ..... 3) face amount $ .....

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: $ ..... Group: $ ..... Total: $ 0

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

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $ .....

(f) Certain Separate Account products are included in "Other" product categories in the table(s) above:

1. Individual Life - Other includes the following amounts related to Separate Account policies: Column 1) $ ..... Column 7) $ ..... Column 12) $ .....
2. Group Life - Other includes the following amounts related to Separate Account policies: Column 1) $ ..... Column 7) $ ..... Column 12) $ .....
3. Individual Annuities - Other includes the following amounts related to Separate Account policies: Column 1) $ ..... Column 7) $ ..... Column 12) $ .....
4. Group Annuities - Other includes the following amounts related to Separate Account policies: Column 1) $ ..... Column 7) $ ..... Column 12) $ .....

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0901 BUSINESS IN THE STATE OF U.S. Virgin Islands DURING THE YEAR 2023 NAIC Company Code 61727

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole	0						0	0		0		0
3. Term	0						0	0				0
4. Indexed							0					0
5. Universal	0						0			0		0
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other (f)							0					0
11. Total Individual Life	0	0	0	0	0	0	0	0	0	0	0	0
Group Life												
12. Whole							0					0
13. Term							0					0
14. Universal							0					0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other (f)							0					0
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed	0						0	0		0		0
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout							0	0				0
25. Other (f)							0					0
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other (f)							0					0
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d)							0	XXX	XXX	XXX		0
35. Comprehensive group (d)							0	XXX	XXX	XXX		0
36. Medicare Supplement (d)	814						0	XXX	XXX	XXX	0	0
37. Vision only (d)							0	XXX	XXX	XXX		0
38. Dental only (d)	0						0	XXX	XXX	XXX	0	0
39. Federal Employees Health Benefits Plan (d)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)	(e)						0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)							0	XXX	XXX	XXX		0
42. Credit A&H							0	XXX	XXX	XXX		0
43. Disability income (d)							0	XXX	XXX	XXX		0
44. Long-term care (d)							0	XXX	XXX	XXX		0
45. Other health (d)							0	XXX	XXX	XXX		0
46. Total Accident and Health	814	0	0	0	0	0	0	XXX	XXX	XXX	0	0
47. Total	814 (c)	0	0	0	0	0	0	0	0	0	0	0

LIFE INSURANCE (STATE PAGE) (Continued)(b)

NAIC Group Code 0901 BUSINESS IN THE STATE OF U.S. Virgin Islands DURING THE YEAR 2023 NAIC Company Code 61727

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits										Policy Exhibit					
	13	Claims Settled During Current Year								22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life																
1. Industrial								0	0							
2. Whole	0	0	0	0	0	0	0	0	0	0						
3. Term	0	0	0	0	0	0	0	0	0	0						
4. Indexed								0	0							
5. Universal								0	0							
6. Universal with secondary guarantees								0	0							
7. Variable								0	0							
8. Variable universal								0	0							
9. Credit								0	0							
10. Other (f)								0	0							
11. Total Individual Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Life																
12. Whole								0	0							
13. Term								0	0							
14. Universal								0	0							
15. Variable								0	0							
16. Variable universal								0	0							
17. Credit								0	0							(a)
18. Other (f)								0	0							
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities																
20. Fixed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
21. Indexed								0	0							
22. Variable with guarantees								0	0							
23. Variable without guarantees								0	0							
24. Life contingent payout	0	0	0	0	0	0	0	0	0	0						
25. Other (f)								0	0							
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities																
27. Fixed								0	0							
28. Indexed								0	0							
29. Variable with guarantees								0	0							
30. Variable without guarantees								0	0							
31. Life contingent payout								0	0							
32. Other (f)								0	0							
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	814	0	0	1	814
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	814	0	0	1	814
47. TOTAL	0	0	0	0	0	0	0	0	0	0	1	814	0	0	1	814

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

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: ..... 2) covering number of lives: ..... 3) face amount $ .....

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: $ ..... Group: $ ..... Total: $ 0

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

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $ .....

(f) Certain Separate Account products are included in "Other" product categories in the table(s) above:

1. Individual Life - Other includes the following amounts related to Separate Account policies: Column 1) $ ..... Column 7) $ ..... Column 12) $ .....
2. Group Life - Other includes the following amounts related to Separate Account policies: Column 1) $ ..... Column 7) $ ..... Column 12) $ .....
3. Individual Annuities - Other includes the following amounts related to Separate Account policies: Column 1) $ ..... Column 7) $ ..... Column 12) $ .....
4. Group Annuities - Other includes the following amounts related to Separate Account policies: Column 1) $ ..... Column 7) $ ..... Column 12) $ .....

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0901 BUSINESS IN THE STATE OF Northern Mariana Islands DURING THE YEAR 2023 NAIC Company Code 61727

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole	0						0	0		0		0
3. Term	0						0	0				0
4. Indexed							0					0
5. Universal	0						0			0		0
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other (f)							0					0
11. Total Individual Life	0	0	0	0	0	0	0	0	0	0	0	0
Group Life												
12. Whole							0					0
13. Term							0					0
14. Universal							0					0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other (f)							0					0
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed	0						0	0		0		0
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout							0	0				0
25. Other (f)							0					0
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other (f)							0					0
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d)							0	XXX	XXX	XXX		0
35. Comprehensive group (d)							0	XXX	XXX	XXX		0
36. Medicare Supplement (d)	0						0	XXX	XXX	XXX	0	0
37. Vision only (d)							0	XXX	XXX	XXX		0
38. Dental only (d)	0						0	XXX	XXX	XXX	0	0
39. Federal Employees Health Benefits Plan (d)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)	(e)						0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)							0	XXX	XXX	XXX		0
42. Credit A&H							0	XXX	XXX	XXX		0
43. Disability income (d)							0	XXX	XXX	XXX		0
44. Long-term care (d)							0	XXX	XXX	XXX		0
45. Other health (d)							0	XXX	XXX	XXX		0
46. Total Accident and Health	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
47. Total	0 (c)	0	0	0	0	0	0	0	0	0	0	0

LIFE INSURANCE (STATE PAGE) (Continued)(b)

NAIC Group Code 0901 BUSINESS IN THE STATE OF Northern Mariana Islands DURING THE YEAR 2023 NAIC Company Code 61727

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year							22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year		23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life															
1. Industrial								0	0						
2. Whole	0	0	0	0	0	0	0	0	0	0						
3. Term	0	0	0	0	0	0	0	0	0	0						
4. Indexed								0	0							
5. Universal								0	0							
6. Universal with secondary guarantees								0	0							
7. Variable								0	0							
8. Variable universal								0	0							
9. Credit								0	0							
10. Other (f)								0	0							
11. Total Individual Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Life															
12. Whole								0	0							
13. Term								0	0							
14. Universal								0	0							
15. Variable								0	0							
16. Variable universal								0	0							
17. Credit								0	0							(a)
18. Other (f)								0	0							
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities															
20. Fixed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
21. Indexed								0	0							
22. Variable with guarantees								0	0							
23. Variable without guarantees								0	0							
24. Life contingent payout	0	0	0	0	0	0	0	0	0	0						
25. Other (f)								0	0							
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities															
27. Fixed								0	0							
28. Indexed								0	0							
29. Variable with guarantees								0	0							
30. Variable without guarantees								0	0							
31. Life contingent payout								0	0							
32. Other (f)								0	0							
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health															
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
47. TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

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

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: ..... 2) covering number of lives: ..... 3) face amount $ .....

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: $ ..... Group: $ ..... Total: $ 0

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

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $ .....

(f) Certain Separate Account products are included in "Other" product categories in the table(s) above:

1. Individual Life - Other includes the following amounts related to Separate Account policies: Column 1) $ ..... Column 7) $ ..... Column 12) $ .....
2. Group Life - Other includes the following amounts related to Separate Account policies: Column 1) $ ..... Column 7) $ ..... Column 12) $ .....
3. Individual Annuities - Other includes the following amounts related to Separate Account policies: Column 1) $ ..... Column 7) $ ..... Column 12) $ .....
4. Group Annuities - Other includes the following amounts related to Separate Account policies: Column 1) $ ..... Column 7) $ ..... Column 12) $ .....

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0901 BUSINESS IN THE STATE OF Canada DURING THE YEAR 2023 NAIC Company Code 61727

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members: 3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	Claims and Benefits Paid: 8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole	0						0	0		0		0
3. Term	0						0	0				0
4. Indexed							0					0
5. Universal	0						0			0		0
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other (f)							0					0
11. Total Individual Life	0	0	0	0	0	0	0	0	0	0	0	0
Group Life												
12. Whole							0					0
13. Term							0					0
14. Universal							0					0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other (f)							0					0
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed	0						0	0		0		0
21. Indexed							0					0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout							0	0				0
25. Other (f)							0					0
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities												
27. Fixed							0					0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout							0					0
32. Other (f)							0					0
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d)							0	XXX	XXX	XXX		0
35. Comprehensive group (d)							0	XXX	XXX	XXX		0
36. Medicare Supplement (d)	0						0	XXX	XXX	XXX	0	0
37. Vision only (d)							0	XXX	XXX	XXX		0
38. Dental only (d)	0						0	XXX	XXX	XXX	0	0
39. Federal Employees Health Benefits Plan (d)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)	(e)						0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)							0	XXX	XXX	XXX		0
42. Credit A&H							0	XXX	XXX	XXX		0
43. Disability income (d)							0	XXX	XXX	XXX		0
44. Long-term care (d)							0	XXX	XXX	XXX		0
45. Other health (d)							0	XXX	XXX	XXX		0
46. Total Accident and Health	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
47. Total	0 (c)	0	0	0	0	0	0	0	0	0	0	0

LIFE INSURANCE (STATE PAGE) (Continued)[b]

NAIC Group Code 0901 BUSINESS IN THE STATE OF Canada DURING THE YEAR 2023 NAIC Company Code 61727

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year							22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year		23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life															
1. Industrial								0	0						
2. Whole	0	0	0	0	0	0	0	0	0	0						
3. Term	0	0	0	0	0	0	0	0	0	0						
4. Indexed								0	0							
5. Universal								0	0							
6. Universal with secondary guarantees								0	0							
7. Variable								0	0							
8. Variable universal								0	0							
9. Credit								0	0							
10. Other (f)								0	0							
11. Total Individual Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Life															
12. Whole								0	0							
13. Term								0	0							
14. Universal								0	0							
15. Variable								0	0							
16. Variable universal								0	0							
17. Credit								0	0							(a)
18. Other (f)								0	0							
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities															
20. Fixed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
21. Indexed								0	0							
22. Variable with guarantees								0	0							
23. Variable without guarantees								0	0							
24. Life contingent payout	0	0	0	0	0	0	0	0	0	0						
25. Other (f)								0	0							
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities															
27. Fixed								0	0							
28. Indexed								0	0							
29. Variable with guarantees								0	0							
30. Variable without guarantees								0	0							
31. Life contingent payout								0	0							
32. Other (f)								0	0							
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health															
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
47. TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

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

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: ..... 2) covering number of lives: ..... 3) face amount $ .....

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: $ ..... Group: $ ..... Total: $ 0

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

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $ .....

(f) Certain Separate Account products are included in "Other" product categories in the table(s) above:

1. Individual Life - Other includes the following amounts related to Separate Account policies: Column 1) $ ..... Column 7) $ ..... Column 12) $ .....
2. Group Life - Other includes the following amounts related to Separate Account policies: Column 1) $ ..... Column 7) $ ..... Column 12) $ .....
3. Individual Annuities - Other includes the following amounts related to Separate Account policies: Column 1) $ ..... Column 7) $ ..... Column 12) $ .....
4. Group Annuities - Other includes the following amounts related to Separate Account policies: Column 1) $ ..... Column 7) $ ..... Column 12) $ .....

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0901 BUSINESS IN THE STATE OF Other Aliens DURING THE YEAR 2023 NAIC Company Code 61727

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members: 3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	Claims and Benefits Paid: 8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial	0	0	0	0	0	0	0	0	0	0	0	0
2. Whole	0	0	0	0	0	0	0	0	0	0	0	0
3. Term	0	0	0	0	0	0	0	0	0	0	0	0
4. Indexed	0	0	0	0	0	0	0	0	0	0	0	0
5. Universal	0	0	0	0	0	0	0	0	0	0	0	0
6. Universal with secondary guarantees	0	0	0	0	0	0	0	0	0	0	0	0
7. Variable	0	0	0	0	0	0	0	0	0	0	0	0
8. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0
9. Credit	0	0	0	0	0	0	0	0	0	0	0	0
10. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0
11. Total Individual Life	0	0	0	0	0	0	0	0	0	0	0	0
Group Life												
12. Whole	0	0	0	0	0	0	0	0	0	0	0	0
13. Term	0	0	0	0	0	0	0	0	0	0	0	0
14. Universal	0	0	0	0	0	0	0	0	0	0	0	0
15. Variable	0	0	0	0	0	0	0	0	0	0	0	0
16. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0
17. Credit	0	0	0	0	0	0	0	0	0	0	0	0
18. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed	0	0	0	0	0	0	0	0	0	0	0	0
21. Indexed	0	0	0	0	0	0	0	0	0	0	0	0
22. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0
23. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0
24. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0
25. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities												
27. Fixed	0	0	0	0	0	0	0	0	0	0	0	0
28. Indexed	0	0	0	0	0	0	0	0	0	0	0	0
29. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0
30. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0
31. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0
32. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
35. Comprehensive group (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
36. Medicare Supplement (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
37. Vision only (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
38. Dental only (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
39. Federal Employees Health Benefits Plan (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
40. Title XVIII Medicare (d)	0 (e)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
41. Title XIX Medicaid (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
42. Credit A&H	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
43. Disability income (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
44. Long-term care (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
45. Other health (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
46. Total Accident and Health	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
47. Total	0 (c)	0	0	0	0	0	0	0	0	0	0	0

LIFE INSURANCE (STATE PAGE) (Continued)[b]

NAIC Group Code 0901 BUSINESS IN THE STATE OF Other Aliens DURING THE YEAR 2023 NAIC Company Code 61727

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year								22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life																
1. Industrial	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2. Whole	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3. Term	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4. Indexed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5. Universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6. Universal with secondary guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
7. Variable	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
8. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9. Credit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
11. Total Individual Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Life																
12. Whole	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
13. Term	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
14. Universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15. Variable	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
17. Credit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0 (a)
18. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities																
20. Fixed	0	0	0	0	0	0	0	0	0	0	0	0	0	4,186	1	80,293
21. Indexed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
22. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
23. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
24. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
25. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	4,186	1	80,293
Group Annuities																
27. Fixed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
28. Indexed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
29. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
30. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
31. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
32. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
47. TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	0	4,186	1	80,293

(a) Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year $ 0 , current year $ 0 Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year $ 0 , current year $ 0

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: 0 2) covering number of lives: 0 3) face amount $ 0

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: $ 0 Group: $ 0 Total: $ 0

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

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $ 0

(f) Certain Separate Account products are included in "Other" product categories in the table(s) above:

1. Individual Life - Other includes the following amounts related to Separate Account policies: Column 1) $ 0 Column 7) $ 0 Column 12) $ 0
2. Group Life - Other includes the following amounts related to Separate Account policies: Column 1) $ 0 Column 7) $ 0 Column 12) $ 0
3. Individual Annuities - Other includes the following amounts related to Separate Account policies: Column 1) $ 0 Column 7) $ 0 Column 12) $ 0
4. Group Annuities - Other includes the following amounts related to Separate Account policies: Column 1) $ 0 Column 7) $ 0 Column 12) $ 0

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0901 BUSINESS IN THE STATE OF Grand Total DURING THE YEAR 2023 NAIC Company Code 61727

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members: 3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	Claims and Benefits Paid: 8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial	0	0	0	0	0	0	0	0	0	0	0	0
2. Whole	153,495	0	499	0	307	0	806	238,820	0	60,757	0	299,577
3. Term	148,667	0	0	0	0	0	0	54,154	0	0	0	54,154
4. Indexed	0	0	0	0	0	0	0	0	0	0	0	0
5. Universal	19,163	0	0	0	0	0	0	0	0	457	0	457
6. Universal with secondary guarantees	0	0	0	0	0	0	0	0	0	0	0	0
7. Variable	0	0	0	0	0	0	0	0	0	0	0	0
8. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0
9. Credit	0	0	0	0	0	0	0	0	0	0	0	0
10. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0
11. Total Individual Life	321,325	0	499	0	307	0	806	292,974	0	61,215	0	354,189
Group Life												
12. Whole	0	0	0	0	0	0	0	0	0	0	0	0
13. Term	0	0	0	0	0	0	0	0	0	0	0	0
14. Universal	0	0	0	0	0	0	0	0	0	0	0	0
15. Variable	0	0	0	0	0	0	0	0	0	0	0	0
16. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0
17. Credit	0	0	0	0	0	0	0	0	0	0	0	0
18. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed	56,603	0	0	0	0	0	0	56,621	0	622,023	0	678,644
21. Indexed	0	0	0	0	0	0	0	0	0	0	0	0
22. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0
23. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0
24. Life contingent payout	0	0	0	0	0	0	0	24,876	0	0	0	24,876
25. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0
26. Total Individual Annuities	56,603	0	0	0	0	0	0	81,497	0	622,023	0	703,520
Group Annuities												
27. Fixed	0	0	0	0	0	0	0	0	0	0	0	0
28. Indexed	0	0	0	0	0	0	0	0	0	0	0	0
29. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0
30. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0
31. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0
32. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d)	8,555	0	0	0	0	0	0	XXX	XXX	XXX	347	347
35. Comprehensive group (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
36. Medicare Supplement (d)	87,966,835	0	0	0	0	0	0	XXX	XXX	XXX	74,778,001	74,778,001
37. Vision only (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
38. Dental only (d)	37,048	0	0	0	0	0	0	XXX	XXX	XXX	21,420	21,420
39. Federal Employees Health Benefits Plan (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
40. Title XVIII Medicare (d)	0 (e)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
41. Title XIX Medicaid (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
42. Credit A&H	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
43. Disability income (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	3,757	3,757
44. Long-term care (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
45. Other health (d)	40,396	0	0	0	0	0	0	XXX	XXX	XXX	14,410	14,410
46. Total Accident and Health	88,052,834	0	0	0	0	0	0	XXX	XXX	XXX	74,817,935	74,817,935
47. Total	88,430,762 (c)	0	499	0	307	0	806	374,471	0	683,238	74,817,935	75,875,644

LIFE INSURANCE (STATE PAGE) (Continued)(b)

NAIC Group Code 0901 BUSINESS IN THE STATE OF Grand Total DURING THE YEAR 2023 NAIC Company Code 61727

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year								22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life																
1. Industrial	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2. Whole	233,496	30	239,066	0	0	0	0	30	239,066	7,500	0	0	(41)	(346,185)	249	1,945,388
3. Term	53,682	3	53,908	0	0	0	0	3	53,908	0	0	0	(30)	(1,556,431)	298	16,964,000
4. Indexed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5. Universal	0	0	0	0	0	0	0	0	0	0	0	0	(1)	(25,015)	59	3,058,685
6. Universal with secondary guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
7. Variable	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
8. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9. Credit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
11. Total Individual Life	287,178	33	292,974	0	0	0	0	33	292,974	7,500	0	0	(72)	(1,927,630)	606	21,968,073
Group Life																
12. Whole	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
13. Term	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
14. Universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15. Variable	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
17. Credit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0 (a)
18. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities																
20. Fixed	62,525	3	51,309	0	0	0	0	3	51,309	11,216	0	0	(10)	(319,929)	160	7,046,767
21. Indexed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
22. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
23. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
24. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0	0	(13,067)	4	109,110
25. Other (f)	0	0	0	0	0	0	0	0	0	0	1	15,576	0	(4,492)	4	41,362
26. Total Individual Annuities	62,525	3	51,309	0	0	0	0	3	51,309	11,216	1	15,576	(10)	(337,488)	168	7,197,239
Group Annuities																
27. Fixed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
28. Indexed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
29. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
30. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
31. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
32. Other (f)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	(2,699)	3	8,555
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	39,686	34,533,307	(3,357)	13,729,136	70,098	87,966,835
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	0	(7)	(7,044)	50	37,048
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	(31)	(8,196)	119	40,396
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	39,687	34,533,307	(3,395)	13,711,196	70,270	88,052,834
47. TOTAL	349,703	36	344,283	0	0	0	0	36	344,283	18,716	39,688	34,548,883	(3,477)	11,446,078	71,044	117,218,146

(a) Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year $ 0 , current year $ 0 Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year $ 0 , current year $ 0

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: 0 2) covering number of lives: 0 3) face amount $ 0

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: $ 0 Group: $ 0 Total: $ 0

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

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $ 0

(f) Certain Separate Account products are included in "Other" product categories in the table(s) above:

1. Individual Life - Other includes the following amounts related to Separate Account policies: Column 1) $ 0 Column 7) $ 0 Column 12) $ 0
2. Group Life - Other includes the following amounts related to Separate Account policies: Column 1) $ 0 Column 7) $ 0 Column 12) $ 0
3. Individual Annuities - Other includes the following amounts related to Separate Account policies: Column 1) $ 0 Column 7) $ 0 Column 12) $ 0
4. Group Annuities - Other includes the following amounts related to Separate Account policies: Column 1) $ 0 Column 7) $ 0 Column 12) $ 0

FORM FOR CALCULATING THE INTEREST MAINTENANCE RESERVE

INTEREST MAINTENANCE RESERVE

		1 Amount
1.	Reserve as of December 31, Prior Year	(2,403)
2.	Current year's realized pre-tax capital gains/(losses) of $ 263 transferred into the reserve net of taxes of $ 55	208
3.	Adjustment for current year's liability gains/(losses) released from the reserve	0
4.	Balance before reduction for amount transferred to Summary of Operations (Line 1 + Line 2 + Line 3)	(2,195)
5.	Current year's amortization released to Summary of Operations (Amortization, Line 1, Column 4)	483
6.	Reserve as of December 31, current year (Line 4 minus Line 5)	(2,678)

AMORTIZATION

Year of Amortization	1 Reserve as of December 31, Prior Year	2 Current Year's Realized Capital Gains/(Losses) Transferred into the Reserve Net of Taxes	3 Adjustment for Current Year's Liability Gains/(Losses) Released From the Reserve	4 Balance Before Reduction for Current Year's Amortization (Cols. 1 + 2 + 3)
1. 2023	275	208	0	483
2. 2024	(304)	0	0	(304)
3. 2025	(404)	0	0	(404)
4. 2026	(376)	0	0	(376)
5. 2027	(257)	0	0	(257)
6. 2028	(212)	0	0	(212)
7. 2029	(228)	0	0	(228)
8. 2030	(244)	0	0	(244)
9. 2031	(228)	0	0	(228)
10. 2032	(181)	0	0	(181)
11. 2033	(134)	0	0	(134)
12. 2034	(82)	0	0	(82)
13. 2035	(28)	0	0	(28)
14. 2036	0	0	0	0
15. 2037	0	0	0	0
16. 2038	0	0	0	0
17. 2039	0	0	0	0
18. 2040	0	0	0	0
19. 2041	0	0	0	0
20. 2042	0	0	0	0
21. 2043	0	0	0	0
22. 2044	0	0	0	0
23. 2045	0	0	0	0
24. 2046	0	0	0	0
25. 2047	0	0	0	0
26. 2048	0	0	0	0
27. 2049	0	0	0	0
28. 2050	0	0	0	0
29. 2051	0	0	0	0
30. 2052	0	0	0	0
31. 2053 and Later		0	0	0
32. Total (Lines 1 to 31)	(2,403)	208	0	(2,195)

ASSET VALUATION RESERVE

	Default Component			Equity Component			
	1 Other Than Mortgage Loans	2 Mortgage Loans	3 Total (Cols. 1 + 2)	4 Common Stock	5 Real Estate and Other Invested Assets	6 Total (Cols. 4 + 5)	7 Total Amount (Cols. 3 + 6)
1. Reserve as of December 31, prior year	0	0	0	0	0	0	0
2. Realized capital gains/(losses) net of taxes - General Account			0			0	0
3. Realized capital gains/(losses) net of taxes - Separate Accounts			0			0	0
4. Unrealized capital gains/(losses) net of deferred taxes - General Account			0			0	0
5. Unrealized capital gains/(losses) net of deferred taxes - Separate Accounts			0			0	0
6. Capital gains credited/(losses charged) to contract benefits, payments or reserves			0			0	0
7. Basic contribution	0	0	0	0	0	0	0
8. Accumulated balances (Lines 1 through 5 - 6 + 7)	0	0	0	0	0	0	0
9. Maximum reserve	0	0	0	0	0	0	0
10. Reserve objective	0	0	0	0	0	0	0
11. 20% of (Line 10 - Line 8)	0	0	0	0	0	0	0
12. Balance before transfers (Lines 8 + 11)	0	0	0	0	0	0	0
13. Transfers			0			0	0
14. Voluntary contribution			0			0	0
15. Adjustment down to maximum/up to zero			0			0	0
16. Reserve as of December 31, current year (Lines 12 + 13 + 14 + 15)	0	0	0	0	0	0	0

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

Line Number	NAIC Designation	Description	1 Book/Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	Basic Contribution 5 Factor	Basic Contribution 6 Amount (Cols.4 x 5)	Reserve Objective 7 Factor	Reserve Objective 8 Amount (Cols. 4 x 7)	Maximum Reserve 9 Factor	Maximum Reserve 10 Amount (Cols. 4 x 9)
		LONG-TERM BONDS										
1.		Exempt Obligations	4,605,981	XXX	XXX	4,605,981	0.0000	0	0.0000	0	0.0000	0
2.1	1	NAIC Designation Category 1.A		XXX	XXX	0	0.0002	0	0.0007	0	0.0013	0
2.2	1	NAIC Designation Category 1.B		XXX	XXX	0	0.0004	0	0.0011	0	0.0023	0
2.3	1	NAIC Designation Category 1.C		XXX	XXX	0	0.0006	0	0.0018	0	0.0035	0
2.4	1	NAIC Designation Category 1.D		XXX	XXX	0	0.0007	0	0.0022	0	0.0044	0
2.5	1	NAIC Designation Category 1.E		XXX	XXX	0	0.0009	0	0.0027	0	0.0055	0
2.6	1	NAIC Designation Category 1.F		XXX	XXX	0	0.0011	0	0.0034	0	0.0068	0
2.7	1	NAIC Designation Category 1.G		XXX	XXX	0	0.0014	0	0.0042	0	0.0085	0
2.8		Subtotal NAIC 1 (2.1+2.2+2.3+2.4+2.5+2.6+2.7)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
3.1	2	NAIC Designation Category 2.A		XXX	XXX	0	0.0021	0	0.0063	0	0.0105	0
3.2	2	NAIC Designation Category 2.B		XXX	XXX	0	0.0025	0	0.0076	0	0.0127	0
3.3	2	NAIC Designation Category 2.C		XXX	XXX	0	0.0036	0	0.0108	0	0.0180	0
3.4		Subtotal NAIC 2 (3.1+3.2+3.3)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
4.1	3	NAIC Designation Category 3.A		XXX	XXX	0	0.0069	0	0.0183	0	0.0262	0
4.2	3	NAIC Designation Category 3.B		XXX	XXX	0	0.0099	0	0.0264	0	0.0377	0
4.3	3	NAIC Designation Category 3.C		XXX	XXX	0	0.0131	0	0.0350	0	0.0500	0
4.4		Subtotal NAIC 3 (4.1+4.2+4.3)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
5.1	4	NAIC Designation Category 4.A		XXX	XXX	0	0.0184	0	0.0430	0	0.0615	0
5.2	4	NAIC Designation Category 4.B		XXX	XXX	0	0.0238	0	0.0555	0	0.0793	0
5.3	4	NAIC Designation Category 4.C		XXX	XXX	0	0.0310	0	0.0724	0	0.1034	0
5.4		Subtotal NAIC 4 (5.1+5.2+5.3)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
6.1	5	NAIC Designation Category 5.A		XXX	XXX	0	0.0472	0	0.0846	0	0.1410	0
6.2	5	NAIC Designation Category 5.B		XXX	XXX	0	0.0663	0	0.1188	0	0.1980	0
6.3	5	NAIC Designation Category 5.C		XXX	XXX	0	0.0836	0	0.1498	0	0.2496	0
6.4		Subtotal NAIC 5 (6.1+6.2+6.3)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
7.	6	NAIC 6		XXX	XXX	0	0.0000	0	0.2370	0	0.2370	0
8.		Total Unrated Multi-class Securities Acquired by Conversion		XXX	XXX	0	XXX	0	XXX	0	XXX	0
9.		Total Long-Term Bonds (1+2.8+3.4+4.4+5.4+6.4+7+8)	4,605,981	XXX	XXX	4,605,981	XXX	0	XXX	0	XXX	0
		PREFERRED STOCKS										
10.	1	Highest Quality		XXX	XXX	0	0.0005	0	0.0016	0	0.0033	0
11.	2	High Quality		XXX	XXX	0	0.0021	0	0.0064	0	0.0106	0
12.	3	Medium Quality		XXX	XXX	0	0.0099	0	0.0263	0	0.0376	0
13.	4	Low Quality		XXX	XXX	0	0.0245	0	0.0572	0	0.0817	0
14.	5	Lower Quality		XXX	XXX	0	0.0630	0	0.1128	0	0.1880	0
15.	6	In or Near Default		XXX	XXX	0	0.0000	0	0.2370	0	0.2370	0
16.		Affiliated Life with AVR		XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
17.		Total Preferred Stocks (Sum of Lines 10 through 16)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0

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

Line Number	NAIC Designation	Description	1 Book/Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	Basic Contribution 5 Factor	Basic Contribution 6 Amount (Cols.4 x 5)	Reserve Objective 7 Factor	Reserve Objective 8 Amount (Cols. 4 x 7)	Maximum Reserve 9 Factor	Maximum Reserve 10 Amount (Cols. 4 x 9)
		SHORT-TERM BONDS										
18.		Exempt Obligations		XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
19.1	1	NAIC Designation Category 1.A		XXX	XXX	0	0.0002	0	0.0007	0	0.0013	0
19.2	1	NAIC Designation Category 1.B		XXX	XXX	0	0.0004	0	0.0011	0	0.0023	0
19.3	1	NAIC Designation Category 1.C		XXX	XXX	0	0.0006	0	0.0018	0	0.0035	0
19.4	1	NAIC Designation Category 1.D		XXX	XXX	0	0.0007	0	0.0022	0	0.0044	0
19.5	1	NAIC Designation Category 1.E		XXX	XXX	0	0.0009	0	0.0027	0	0.0055	0
19.6	1	NAIC Designation Category 1.F		XXX	XXX	0	0.0011	0	0.0034	0	0.0068	0
19.7	1	NAIC Designation Category 1.G		XXX	XXX	0	0.0014	0	0.0042	0	0.0085	0
19.8		Subtotal NAIC 1 (19.1+19.2+19.3+19.4+19.5+19.6+19.7)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
20.1	2	NAIC Designation Category 2.A		XXX	XXX	0	0.0021	0	0.0063	0	0.0105	0
20.2	2	NAIC Designation Category 2.B		XXX	XXX	0	0.0025	0	0.0076	0	0.0127	0
20.3	2	NAIC Designation Category 2.C		XXX	XXX	0	0.0036	0	0.0108	0	0.0180	0
20.4		Subtotal NAIC 2 (20.1+20.2+20.3)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
21.1	3	NAIC Designation Category 3.A		XXX	XXX	0	0.0069	0	0.0183	0	0.0262	0
21.2	3	NAIC Designation Category 3.B		XXX	XXX	0	0.0099	0	0.0264	0	0.0377	0
21.3	3	NAIC Designation Category 3.C		XXX	XXX	0	0.0131	0	0.0350	0	0.0500	0
21.4		Subtotal NAIC 3 (21.1+21.2+21.3)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
22.1	4	NAIC Designation Category 4.A		XXX	XXX	0	0.0184	0	0.0430	0	0.0615	0
22.2	4	NAIC Designation Category 4.B		XXX	XXX	0	0.0238	0	0.0555	0	0.0793	0
22.3	4	NAIC Designation Category 4.C		XXX	XXX	0	0.0310	0	0.0724	0	0.1034	0
22.4		Subtotal NAIC 4 (22.1+22.2+22.3)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
23.1	5	NAIC Designation Category 5.A		XXX	XXX	0	0.0472	0	0.0846	0	0.1410	0
23.2	5	NAIC Designation Category 5.B		XXX	XXX	0	0.0663	0	0.1188	0	0.1980	0
23.3	5	NAIC Designation Category 5.C		XXX	XXX	0	0.0836	0	0.1498	0	0.2496	0
23.4		Subtotal NAIC 5 (23.1+23.2+23.3)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
24.	6	NAIC 6		XXX	XXX	0	0.0000	0	0.2370	0	0.2370	0
25.		Total Short-Term Bonds (18+19.8+20.4+21.4+22.4+23.4+24)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
		DERIVATIVE INSTRUMENTS										
26.		Exchange Traded		XXX	XXX	0	0.0005	0	0.0016	0	0.0033	0
27.	1	Highest Quality		XXX	XXX	0	0.0005	0	0.0016	0	0.0033	0
28.	2	High Quality		XXX	XXX	0	0.0021	0	0.0064	0	0.0106	0
29.	3	Medium Quality		XXX	XXX	0	0.0099	0	0.0263	0	0.0376	0
30.	4	Low Quality		XXX	XXX	0	0.0245	0	0.0572	0	0.0817	0
31.	5	Lower Quality		XXX	XXX	0	0.0630	0	0.1128	0	0.1880	0
32.	6	In or Near Default		XXX	XXX	0	0.0000	0	0.2370	0	0.2370	0
33.		Total Derivative Instruments	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
34.		Total (Lines 9 + 17 + 25 + 33)	4,605,981	XXX	XXX	4,605,981	XXX	0	XXX	0	XXX	0

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

Line Number	NAIC Designation	Description	1 Book/Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	Basic Contribution		Reserve Objective		Maximum Reserve	
							5 Factor	6 Amount (Cols.4 x 5)	7 Factor	8 Amount (Cols. 4 x 7)	9 Factor	10 Amount (Cols. 4 x 9)
		MORTGAGE LOANS										
		In Good Standing:										
35.		Farm Mortgages - CM1 - Highest Quality			XXX	0	0.0011	0	0.0057	0	0.0074	0
36.		Farm Mortgages - CM2 - High Quality			XXX	0	0.0040	0	0.0114	0	0.0149	0
37.		Farm Mortgages - CM3 - Medium Quality			XXX	0	0.0069	0	0.0200	0	0.0257	0
38.		Farm Mortgages - CM4 - Low Medium Quality			XXX	0	0.0120	0	0.0343	0	0.0428	0
39.		Farm Mortgages - CM5 - Low Quality			XXX	0	0.0183	0	0.0486	0	0.0628	0
40.		Residential Mortgages - Insured or Guaranteed			XXX	0	0.0003	0	0.0007	0	0.0011	0
41.		Residential Mortgages - All Other			XXX	0	0.0015	0	0.0034	0	0.0046	0
42.		Commercial Mortgages - Insured or Guaranteed			XXX	0	0.0003	0	0.0007	0	0.0011	0
43.		Commercial Mortgages - All Other - CM1 - Highest Quality			XXX	0	0.0011	0	0.0057	0	0.0074	0
44.		Commercial Mortgages - All Other - CM2 - High Quality			XXX	0	0.0040	0	0.0114	0	0.0149	0
45.		Commercial Mortgages - All Other - CM3 - Medium Quality			XXX	0	0.0069	0	0.0200	0	0.0257	0
46.		Commercial Mortgages - All Other - CM4 - Low Medium Quality			XXX	0	0.0120	0	0.0343	0	0.0428	0
47.		Commercial Mortgages - All Other - CM5 - Low Quality			XXX	0	0.0183	0	0.0486	0	0.0628	0
		Overdue, Not in Process:										
48.		Farm Mortgages			XXX	0	0.0480	0	0.0868	0	0.1371	0
49.		Residential Mortgages - Insured or Guaranteed			XXX	0	0.0006	0	0.0014	0	0.0023	0
50.		Residential Mortgages - All Other			XXX	0	0.0029	0	0.0066	0	0.0103	0
51.		Commercial Mortgages - Insured or Guaranteed			XXX	0	0.0006	0	0.0014	0	0.0023	0
52.		Commercial Mortgages - All Other			XXX	0	0.0480	0	0.0868	0	0.1371	0
		In Process of Foreclosure:										
53.		Farm Mortgages			XXX	0	0.0000	0	0.1942	0	0.1942	0
54.		Residential Mortgages - Insured or Guaranteed			XXX	0	0.0000	0	0.0046	0	0.0046	0
55.		Residential Mortgages - All Other			XXX	0	0.0000	0	0.0149	0	0.0149	0
56.		Commercial Mortgages - Insured or Guaranteed			XXX	0	0.0000	0	0.0046	0	0.0046	0
57.		Commercial Mortgages - All Other			XXX	0	0.0000	0	0.1942	0	0.1942	0
58.		Total Schedule B Mortgages (Sum of Lines 35 through 57)	0	0	XXX	0	XXX	0	XXX	0	XXX	0
59.		Schedule DA Mortgages			XXX	0	0.0034	0	0.0114	0	0.0149	0
60.		Total Mortgage Loans on Real Estate (Lines 58 + 59)	0	0	XXX	0	XXX	0	XXX	0	XXX	0

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

Line Number	NAIC Designation	Description	1 Book/Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	Basic Contribution 5 Factor	Basic Contribution 6 Amount (Cols.4 x 5)	Reserve Objective 7 Factor	Reserve Objective 8 Amount (Cols. 4 x 7)	Maximum Reserve 9 Factor	Maximum Reserve 10 Amount (Cols. 4 x 9)
		COMMON STOCK										
1.		Unaffiliated - Public		XXX	XXX	0	0.0000	0	0.1580 (a)	0	0.1580 (a)	0
2.		Unaffiliated - Private		XXX	XXX	0	0.0000	0	0.1945	0	0.1945	0
3.		Federal Home Loan Bank		XXX	XXX	0	0.0000	0	0.0061	0	0.0097	0
4.		Affiliated - Life with AVR	17,718,635	XXX	XXX	17,718,635	0.0000	0	0.0000	0	0.0000	0
		Affiliated - Investment Subsidiary:										
5.		Fixed Income - Exempt Obligations				0	XXX		XXX		XXX	
6.		Fixed Income - Highest Quality				0	XXX		XXX		XXX	
7.		Fixed Income - High Quality				0	XXX		XXX		XXX	
8.		Fixed Income - Medium Quality				0	XXX		XXX		XXX	
9.		Fixed Income - Low Quality				0	XXX		XXX		XXX	
10.		Fixed Income - Lower Quality				0	XXX		XXX		XXX	
11.		Fixed Income - In/Near Default				0	XXX		XXX		XXX	
12.		Unaffiliated Common Stock - Public				0	0.0000	0	0.1580 (a)	0	0.1580 (a)	0
13.		Unaffiliated Common Stock - Private				0	0.0000	0	0.1945	0	0.1945	0
14.		Real Estate				0	(b)	0	(b)	0	(b)	0
15.		Affiliated - Certain Other (See SVO Purposes and Procedures Manual)		XXX	XXX	0	0.0000	0	0.1580	0	0.1580	0
16.		Affiliated - All Other		XXX	XXX	0	0.0000	0	0.1945	0	0.1945	0
17.		Total Common Stock (Sum of Lines 1 through 16)	17,718,635	0	0	17,718,635	XXX	0	XXX	0	XXX	0
		REAL ESTATE										
18.		Home Office Property (General Account only)				0	0.0000	0	0.0912	0	0.0912	0
19.		Investment Properties				0	0.0000	0	0.0912	0	0.0912	0
20.		Properties Acquired in Satisfaction of Debt				0	0.0000	0	0.1337	0	0.1337	0
21.		Total Real Estate (Sum of Lines 18 through 20)	0	0	0	0	XXX	0	XXX	0	XXX	0
		OTHER INVESTED ASSETS INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF BONDS										
22.		Exempt Obligations		XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
23.	1	Highest Quality		XXX	XXX	0	0.0005	0	0.0016	0	0.0033	0
24.	2	High Quality		XXX	XXX	0	0.0021	0	0.0064	0	0.0106	0
25.	3	Medium Quality		XXX	XXX	0	0.0099	0	0.0263	0	0.0376	0
26.	4	Low Quality		XXX	XXX	0	0.0245	0	0.0572	0	0.0817	0
27.	5	Lower Quality		XXX	XXX	0	0.0630	0	0.1128	0	0.1880	0
28.	6	In or Near Default		XXX	XXX	0	0.0000	0	0.2370	0	0.2370	0
29.		Total with Bond Characteristics (Sum of Lines 22 through 28)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0

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

Line Number	NAIC Designation	Description	1 Book/Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	Basic Contribution		Reserve Objective		Maximum Reserve	
							5 Factor	6 Amount (Cols.4 x 5)	7 Factor	8 Amount (Cols. 4 x 7)	9 Factor	10 Amount (Cols. 4 x 9)
		INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF PREFERRED STOCKS										
30.	1	Highest Quality		XXX	XXX	0	0.0005	0	0.0016	0	0.0033	0
31.	2	High Quality		XXX	XXX	0	0.0021	0	0.0064	0	0.0106	0
32.	3	Medium Quality		XXX	XXX	0	0.0099	0	0.0263	0	0.0376	0
33.	4	Low Quality		XXX	XXX	0	0.0245	0	0.0572	0	0.0817	0
34.	5	Lower Quality		XXX	XXX	0	0.0630	0	0.1128	0	0.1880	0
35.	6	In or Near Default		XXX	XXX	0	0.0000	0	0.2370	0	0.2370	0
36.		Affiliated Life with AVR		XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
37.		Total with Preferred Stock Characteristics (Sum of Lines 30 through 36)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
		INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF MORTGAGE LOANS										
		In Good Standing Affiliated:										
38.		Mortgages - CM1 - Highest Quality			XXX	0	0.0011	0	0.0057	0	0.0074	0
39.		Mortgages - CM2 - High Quality			XXX	0	0.0040	0	0.0114	0	0.0149	0
40.		Mortgages - CM3 - Medium Quality			XXX	0	0.0069	0	0.0200	0	0.0257	0
41.		Mortgages - CM4 - Low Medium Quality			XXX	0	0.0120	0	0.0343	0	0.0428	0
42.		Mortgages - CM5 - Low Quality			XXX	0	0.0183	0	0.0486	0	0.0628	0
43.		Residential Mortgages - Insured or Guaranteed			XXX	0	0.0003	0	0.0007	0	0.0011	0
44.		Residential Mortgages - All Other		XXX	XXX	0	0.0015	0	0.0034	0	0.0046	0
45.		Commercial Mortgages - Insured or Guaranteed			XXX	0	0.0003	0	0.0007	0	0.0011	0
		Overdue, Not in Process Affiliated:										
46.		Farm Mortgages			XXX	0	0.0480	0	0.0868	0	0.1371	0
47.		Residential Mortgages - Insured or Guaranteed			XXX	0	0.0006	0	0.0014	0	0.0023	0
48.		Residential Mortgages - All Other			XXX	0	0.0029	0	0.0066	0	0.0103	0
49.		Commercial Mortgages - Insured or Guaranteed			XXX	0	0.0006	0	0.0014	0	0.0023	0
50.		Commercial Mortgages - All Other			XXX	0	0.0480	0	0.0868	0	0.1371	0
		In Process of Foreclosure Affiliated:										
51.		Farm Mortgages			XXX	0	0.0000	0	0.1942	0	0.1942	0
52.		Residential Mortgages - Insured or Guaranteed			XXX	0	0.0000	0	0.0046	0	0.0046	0
53.		Residential Mortgages - All Other			XXX	0	0.0000	0	0.0149	0	0.0149	0
54.		Commercial Mortgages - Insured or Guaranteed			XXX	0	0.0000	0	0.0046	0	0.0046	0
55.		Commercial Mortgages - All Other			XXX	0	0.0000	0	0.1942	0	0.1942	0
56.		Total Affiliated (Sum of Lines 38 through 55)	0	0	XXX	0	XXX	0	XXX	0	XXX	0
57.		Unaffiliated - In Good Standing With Covenants			XXX	0	(c)	0	(c)	0	(c)	0
58.		Unaffiliated - In Good Standing Defeased With Government Securities			XXX	0	0.0011	0	0.0057	0	0.0074	0
59.		Unaffiliated - In Good Standing Primarily Senior			XXX	0	0.0040	0	0.0114	0	0.0149	0
60.		Unaffiliated - In Good Standing All Other			XXX	0	0.0069	0	0.0200	0	0.0257	0
61.		Unaffiliated - Overdue, Not in Process			XXX	0	0.0480	0	0.0868	0	0.1371	0
62.		Unaffiliated - In Process of Foreclosure			XXX	0	0.0000	0	0.1942	0	0.1942	0
63.		Total Unaffiliated (Sum of Lines 57 through 62)	0	0	XXX	0	XXX	0	XXX	0	XXX	0
64.		Total with Mortgage Loan Characteristics (Lines 56 + 63)	0	0	XXX	0	XXX	0	XXX	0	XXX	0

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

Line Number	NAIC Designation	Description	1 Book/Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	Basic Contribution 5 Factor	Basic Contribution 6 Amount (Cols.4 x 5)	Reserve Objective 7 Factor	Reserve Objective 8 Amount (Cols. 4 x 7)	Maximum Reserve 9 Factor	Maximum Reserve 10 Amount (Cols. 4 x 9)
		INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF COMMON STOCK										
65.		Unaffiliated Public		XXX	XXX	0	0.0000	0	0.1580 (a)	0	0.1580 (a)	0
66.		Unaffiliated Private		XXX	XXX	0	0.0000	0	0.1945	0	0.1945	0
67.		Affiliated Life with AVR		XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
68.		Affiliated Certain Other (See SVO Purposes & Procedures Manual)		XXX	XXX	0	0.0000	0	0.1580	0	0.1580	0
69.		Affiliated Other - All Other		XXX	XXX	0	0.0000	0	0.1945	0	0.1945	0
70.		Total with Common Stock Characteristics (Sum of Lines 65 through 69)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
		INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF REAL ESTATE										
71.		Home Office Property (General Account only)				0	0.0000	0	0.0912	0	0.0912	0
72.		Investment Properties				0	0.0000	0	0.0912	0	0.0912	0
73		Properties Acquired in Satisfaction of Debt				0	0.0000	0	0.1337	0	0.1337	0
74.		Total with Real Estate Characteristics (Sum of Lines 71 through 73)	0	0	0	0	XXX	0	XXX	0	XXX	0
		LOW INCOME HOUSING TAX CREDIT INVESTMENTS										
75.		Guaranteed Federal Low Income Housing Tax Credit	0			0	0.0003	0	0.0006	0	0.0010	0
76.		Non-guaranteed Federal Low Income Housing Tax Credit	0			0	0.0063	0	0.0120	0	0.0190	0
77.		Guaranteed State Low Income Housing Tax Credit	0			0	0.0003	0	0.0006	0	0.0010	0
78.		Non-guaranteed State Low Income Housing Tax Credit	0			0	0.0063	0	0.0120	0	0.0190	0
79.		All Other Low Income Housing Tax Credit	0			0	0.0273	0	0.0600	0	0.0975	0
80.		Total LIHTC (Sum of Lines 75 through 79)	0	0	0	0	XXX	0	XXX	0	XXX	0
		RESIDUAL TRANCHES OR INTERESTS										
81.		Fixed Income Instruments - Unaffiliated		XXX	XXX	0	0.0000	0	0.1580	0	0.1580	0
82.		Fixed Income Instruments - Affiliated		XXX	XXX	0	0.0000	0	0.1580	0	0.1580	0
83.		Common Stock - Unaffiliated		XXX	XXX	0	0.0000	0	0.1580	0	0.1580	0
84.		Common Stock - Affiliated		XXX	XXX	0	0.0000	0	0.1580	0	0.1580	0
85.		Preferred Stock - Unaffiliated		XXX	XXX	0	0.0000	0	0.1580	0	0.1580	0
86.		Preferred Stock - Affiliated		XXX	XXX	0	0.0000	0	0.1580	0	0.1580	0
87.		Real Estate - Unaffiliated				0	0.0000	0	0.1580	0	0.1580	0
88.		Real Estate - Affiliated				0	0.0000	0	0.1580	0	0.1580	0
89.		Mortgage Loans - Unaffiliated		XXX	XXX	0	0.0000	0	0.1580	0	0.1580	0
90.		Mortgage Loans - Affiliated		XXX	XXX	0	0.0000	0	0.1580	0	0.1580	0
91.		Other - Unaffiliated		XXX	XXX	0	0.0000	0	0.1580	0	0.1580	0
92.		Other - Affiliated		XXX	XXX	0	0.0000	0	0.1580	0	0.1580	0
93.		Total Residual Tranches or Interests (Sum of Lines 81 through 92)	0	0	0	0	XXX	0	XXX	0	XXX	0
		ALL OTHER INVESTMENTS										
94.		NAIC 1 Working Capital Finance Investments		XXX		0	0.0000	0	0.0042	0	0.0042	0
95.		NAIC 2 Working Capital Finance Investments		XXX		0	0.0000	0	0.0137	0	0.0137	0
96.		Other Invested Assets - Schedule BA		XXX		0	0.0000	0	0.1580	0	0.1580	0
97.		Other Short-Term Invested Assets - Schedule DA		XXX		0	0.0000	0	0.1580	0	0.1580	0
98.		Total All Other (Sum of Lines 94, 95, 96 and 97)	0	XXX	0	0	XXX	0	XXX	0	XXX	0
99.		Total Other Invested Assets - Schedules BA & DA (Sum of Lines 29, 37, 64, 70, 74, 80, 93 and 98)	0	0	0	0	XXX	0	XXX	0	XXX	0

(a) Times the company's weighted average portfolio beta (Minimum .1215, Maximum .2431).
(b) Determined using the same factors and breakdowns used for directly owned real estate.
(c) This will be the factor associated with the risk category determined in the company generated worksheet.

Asset Valuation Reserve - Replications (Synthetic) Assets

N O N E

Schedule F - Claims

N O N E

SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT

PART 1 - ANALYSIS OF UNDERWRITING OPERATIONS

		Total		Comprehensive (Hospital and Medical) Individual		Comprehensive (Hospital and Medical) Group		Medicare Supplement		Vision Only		Dental Only		Federal Employees Health Benefits Plan	
		1 Amount	2 %	3 Amount	4 %	5 Amount	6 %	7 Amount	8 %	9 Amount	10 %	11 Amount	12 %	13 Amount	14 %
1.	Premiums written	86,865,619	XXX		XXX		XXX	86,817,181	XXX		XXX	23,271	XXX		XXX
2.	Premiums earned	85,821,214	XXX		XXX		XXX	85,772,451	XXX		XXX	23,302	XXX		XXX
3.	Incurred claims	80,999,302	94.4	0	0.0	0	0.0	80,985,232	94.4	0	0.0	12,448	53.4	0	0.0
4.	Cost containment expenses	47,787	0.1		0.0		0.0	47,787	0.1		0.0		0.0		0.0
5.	Incurred claims and cost containment expenses (Lines 3 and 4)	81,047,089	94.4	0	0.0	0	0.0	81,033,019	94.5	0	0.0	12,448	53.4	0	0.0
6.	Increase in contract reserves	(9,761)	0.0	0	0.0	0	0.0	(15,339)	0.0	0	0.0	0	0.0	0	0.0
7.	Commissions (a)	16,640,123	19.4		0.0		0.0	16,640,926	19.4		0.0	(376)	(1.6)		0.0
8.	Other general insurance expenses	23,920,877	27.9		0.0		0.0	23,902,751	27.9		0.0	6,728	28.9		0.0
9.	Taxes, licenses and fees	2,232,683	2.6	142	0.0		0.0	2,231,165	2.6		0.0	615	2.6		0.0
10.	Total other expenses incurred	42,793,683	49.9	142	0.0	0	0.0	42,774,842	49.9	0	0.0	6,967	29.9	0	0.0
11.	Aggregate write-ins for deductions	18,315	0.0	0	0.0	0	0.0	18,309	0.0	0	0.0	5	0.0	0	0.0
12.	Gain from underwriting before dividends or refunds	(38,028,112)	(44.3)	(142)	0.0	0	0.0	(38,038,380)	(44.3)	0	0.0	3,882	16.7	0	0.0
13.	Dividends or refunds	0	0.0		0.0		0.0		0.0		0.0		0.0		0.0
14.	Gain from underwriting after dividends or refunds	(38,028,112)	(44.3)	(142)	0.0	0	0.0	(38,038,380)	(44.3)	0	0.0	3,882	16.7	0	0.0
	DETAILS OF WRITE-INS														
1101.	Loading	12,226	0.0		0.0		0.0	12,224	0.0		0.0	4	0.0		0.0
1102.	Penalites	6,089	0.0		0.0		0.0	6,085	0.0		0.0	2	0.0		0.0
1103.															
1198.	Summary of remaining write-ins for Line 11 from overflow page	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
1199.	Totals (Lines 1101 thru 1103 plus 1198)(Line 11 above)	18,315	0.0	0	0.0	0	0.0	18,309	0.0	0	0.0	5	0.0	0	0.0

		Medicare Title XVIII		Medicaid Title XIX		Credit A&H		Disability Income		Long-Term Care		Other Health	
		15 Amount	16 %	17 Amount	18 %	19 Amount	20 %	21 Amount	22 %	23 Amount	24 %	25 Amount	26 %
1.	Premiums written		XXX		XXX		XXX		XXX		XXX	25,167	XXX
2.	Premiums earned		XXX		XXX		XXX		XXX		XXX	25,461	XXX
3.	Incurred claims	0	0.0	0	0.0	0	0.0	1,891	0.0	0	0.0	(269)	(1.1)
4.	Cost containment expenses		0.0		0.0		0.0		0.0		0.0		0.0
5.	Incurred claims and cost containment expenses (Lines 3 and 4)	0	0.0	0	0.0	0	0.0	1,891	0.0	0	0.0	(269)	(1.1)
6.	Increase in contract reserves	0	0.0	0	0.0	0	0.0	11,813	0.0	0	0.0	(6,235)	(24.5)
7.	Commissions (a)		0.0		0.0		0.0		0.0		0.0	(427)	(1.7)
8.	Other general insurance expenses		0.0		0.0		0.0	300	0.0		0.0	11,098	43.6
9.	Taxes, licenses and fees		0.0		0.0		0.0		0.0		0.0	761	3.0
10.	Total other expenses incurred	0	0.0	0	0.0	0	0.0	300	0.0	0	0.0	11,432	44.9
11.	Aggregate write-ins for deductions	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	1	0.0
12.	Gain from underwriting before dividends or refunds	0	0.0	0	0.0	0	0.0	(14,004)	0.0	0	0.0	20,532	80.6
13.	Dividends or refunds		0.0		0.0		0.0		0.0		0.0		0.0
14.	Gain from underwriting after dividends or refunds	0	0.0	0	0.0	0	0.0	(14,004)	0.0	0	0.0	20,532	80.6
	DETAILS OF WRITE-INS												
1101.	Loading		0.0		0.0		0.0		0.0		0.0	(2)	0.0
1102.	Penalites		0.0		0.0		0.0		0.0		0.0	3	0.0
1103.													
1198.	Summary of remaining write-ins for Line 11 from overflow page	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
1199.	Totals (Lines 1101 thru 1103 plus 1198)(Line 11 above)	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	1	0.0

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

SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT (Continued)

PART 2. - RESERVES AND LIABILITIES

	1 Total	2 Comprehensive (Hospital and Medical) Individual	3 Comprehensive (Hospital and Medical) Group	4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Medicare Title XVIII	9 Medicaid Title XIX	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health
A. Premium Reserves:													
1. Unearned premiums	2,321,764			2,317,498		574							3,692
2. Advance premiums	2,241,561			2,241,167		351							43
3. Reserve for rate credits	0												
4. Total premium reserves, current year	4,563,325	0	0	4,558,665	0	925	0	0	0	0	0	0	3,735
5. Total premium reserves, prior year	2,629,035	0	0	2,623,909	0	1,065	0	0	0	0	0	0	4,061
6. Increase in total premium reserves	1,934,290	0	0	1,934,756	0	(140)	0	0	0	0	0	0	(326)
B. Contract Reserves:													
1. Additional reserves (a)	184,668			5,921							60,569		118,178
2. Reserve for future contingent benefits	0												
3. Total contract reserves, current year	184,668	0	0	5,921	0	0	0	0	0	0	60,569	0	118,178
4. Total contract reserves, prior year.	194,429	0	0	21,260	0	0	0	0	0	0	48,756	0	124,413
5. Increase in contract reserves	(9,761)	0	0	(15,339)	0	0	0	0	0	0	11,813	0	(6,235)
C. Claim Reserves and Liabilities:													
1. Total current year	10,977,876	0	0	10,965,968	0	1,198	0	0	0	0	3,368	0	7,342
2. Total prior year	4,545,481	0	0	4,527,986	0	1,483	0	0	0	0	1,173	0	14,839
3. Increase	6,432,395	0	0	6,437,982	0	(285)	0	0	0	0	2,195	0	(7,497)

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

	1 Total	2 Comprehensive (Hospital and Medical) Individual	3 Comprehensive (Hospital and Medical) Group	4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Medicare Title XVIII	9 Medicaid Title XIX	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health
1. Claims paid during the year:													
1.1 On claims incurred prior to current year	4,339,024			4,336,326		375					289		2,034
1.2 On claims incurred during current year	70,227,883			70,210,924		12,358					(593)		5,194
2. Claim reserves and liabilities, December 31, current year:													
2.1 On claims incurred prior to current year	1,235			594									641
2.2 On claims incurred during current year	10,976,641			10,965,374		1,198					3,368		6,701
3. Test:													
3.1 Lines 1.1 and 2.1	4,340,259	0	0	4,336,920	0	375	0	0	0	0	289	0	2,675
3.2 Claim reserves and liabilities, December 31, prior year	4,545,481	0	0	4,527,986	0	1,483	0	0	0	0	1,173	0	14,839
3.3 Line 3.1 minus Line 3.2	(205,222)	0	0	(191,066)	0	(1,108)	0	0	0	0	(884)	0	(12,164)

PART 4. - REINSURANCE

	1 Total	2 Comprehensive (Hospital and Medical) Individual	3 Comprehensive (Hospital and Medical) Group	4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Medicare Title XVIII	9 Medicaid Title XIX	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health
A. Reinsurance Assumed:													
1. Premiums written	0	0	0	0	0	0	0	0	0	0	0	0	0
2. Premiums earned	0	0	0	0	0	0	0	0	0	0	0	0	0
3. Incurred claims	0	0	0	0	0	0	0	0	0	0	0	0	0
4. Commissions	0	0	0	0	0	0	0	0	0	0	0	0	0
B. Reinsurance Ceded:													
1. Premiums written	454,038	11,665	0	412,949	0	14,077	0	0	0	0	0	0	15,347
2. Premiums earned	460,264	11,648	0	418,749	0	14,107	0	0	0	0	0	0	15,760
3. Incurred claims	251,959	5,756	0	228,411	0	7,316	0	0	0	0	8,496	0	1,980
4. Commissions	41,929	0	0	37,106	0	2,409	0	0	0	0	0	0	2,414

(a) Includes $ ..... premium deficiency reserve.

SCHEDULE H - PART 5 - HEALTH CLAIMS

	1 Comprehensive (Hospital and Medical) Individual	2 Comprehensive (Hospital and Medical) Group	3 Medicare Supplement	4 Vision Only	5 Dental Only	6 Federal Employees Health Benefits Plan	7 Medicare Title XVIII	8 Medicaid Title XIX	9 Credit A&H	10 Disability Income	11 Long-Term Care	12 Other Health	13 Total
A. Direct:													
1. Incurred claims	5,756		81,213,642		19,764					10,981		1,711	81,251,854
2. Beginning claim reserves and liabilities	2,457		4,566,749		2,859					18,743		25,501	4,616,309
3. Ending claim reserves and liabilities	5,019		11,002,241		1,203					25,957		12,802	11,047,222
4. Claims paid	3,194	0	74,778,150	0	21,420	0	0	0	0	3,767	0	14,410	74,820,941
B. Assumed Reinsurance:													
1. Incurred claims	0	0	0	0	0	0	0	0	0	0	0	0	0
2. Beginning claim reserves and liabilities													0
3. Ending claim reserves and liabilities													0
4. Claims paid	0	0	0	0	0	0	0	0	0	0	0	0	0
C. Ceded Reinsurance:													
1. Incurred claims	5,756	0	228,411	0	7,316	0	0	0	0	8,496	0	1,980	251,959
2. Beginning claim reserves and liabilities	2,457		97,064		4,516					17,517		12,084	133,638
3. Ending claim reserves and liabilities	5,019		84,443		5					22,707		5,266	117,440
4. Claims paid	3,194	0	241,032	0	11,827	0	0	0	0	3,306	0	8,798	268,157
D. Net:													
1. Incurred claims	0	0	80,985,231	0	12,448	0	0	0	0	2,485	0	(269)	80,999,895
2. Beginning claim reserves and liabilities	0	0	4,469,685	0	(1,657)	0	0	0	0	1,226	0	13,417	4,482,671
3. Ending claim reserves and liabilities	0	0	10,917,798	0	1,198	0	0	0	0	3,250	0	7,536	10,929,782
4. Claims paid	0	0	74,537,118	0	9,593	0	0	0	0	461	0	5,612	74,552,784
E. Net Incurred Claims and Cost Containment Expenses:													
1. Incurred claims and cost containment expenses	0	0	81,033,019	0	12,448	0	0	0	0	1,891	0	(269)	81,047,089
2. Beginning reserves and liabilities			4,469,685		(1,657)					1,226		13,417	4,482,671
3. Ending reserves and liabilities			10,917,787		1,198					3,260		7,537	10,929,782
4. Paid claims and cost containment expenses	0	0	74,584,917	0	9,593	0	0	0	0	(143)	0	5,611	74,599,978

Schedule S - Part 1 - Section 1

N O N E

Schedule S - Part 1 - Section 2

N O N E

SCHEDULE S - PART 2

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Paid Losses	7 Unpaid Losses
0399999. Total Life and Annuity - U.S. Affiliates					0	0
0699999. Total Life and Annuity - Non-U.S. Affiliates					0	0
0799999. Total Life and Annuity - Affiliates					0	0
63312	13-1935920	08/31/2012	MassMutual Ascend Life Insurance Company	OH	0	22,497
88340	59-2859797	08/01/2006	Hannover Life Reassurance Co of America	FL	0	14,053
82627	06-0839705	02/01/1983	Swiss Re Life & Health of America Inc	MO	0	0
0899999. Life and Annuity - U.S. Non-Affiliates					0	36,550
1099999. Total Life and Annuity - Non-Affiliates					0	36,550
1199999. Total Life and Annuity					0	36,550
1499999. Total Accident and Health - U.S. Affiliates					0	0
1799999. Total Accident and Health - Non-U.S. Affiliates					0	0
1899999. Total Accident and Health - Affiliates					0	0
88340	59-2859797	08/01/2006	Hannover Life Reassurance Company of America	FL	48,069	42,796
88340	59-2859797	01/01/1998	Hannover Life Reassurance Co of America	FL	108	5,831
71404	47-0463747	01/01/2006	Continental General Insurance Company	TX	0	0
60836	42-0113630	08/01/2006	American Republic Insurance Company	IA	0	5,019
1999999. Accident and Health - U.S. Non-Affiliates					48,177	53,646
2199999. Total Accident and Health - Non-Affiliates					48,177	53,646
2299999. Total Accident and Health					48,177	53,646
2399999. Total U.S. (Sum of 0399999, 0899999, 1499999 and 1999999)					48,177	90,196
2499999. Total Non-U.S. (Sum of 0699999, 0999999, 1799999 and 2099999)					0	0
9999999 Totals - Life, Annuity and Accident and Health					48,177	90,196

SCHEDULE S - PART 3 - SECTION 1

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

1	2	3	4	5	6	7	8	Reserve Credit Taken		11	Outstanding Surplus Relief		14	15
								9	10		12	13		
NAIC Company Code	ID Number	Effective Date	Name of Company	Domiciliary Jurisdiction	Type of Reinsurance Ceded	Type of Business Ceded	Amount in Force at End of Year	Current Year	Prior Year	Premiums	Current Year	Prior Year	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
0399999. Total General Account - Authorized U.S. Affiliates							0	0	0	0	0	0	0	0
0699999. Total General Account - Authorized Non-U.S. Affiliates							0	0	0	0	0	0	0	0
0799999. Total General Account - Authorized Affiliates							0	0	0	0	0	0	0	0
63312	13-1935920	08/31/2012	MassMutual Ascend Life Insurance Company	OH	CO/I	OL	7,745,229	1,093,364	1,187,015	200,899				
63312	13-1935920	08/31/2012	MassMutual Ascend Life Insurance Company	OH	CO/I	FA	0	3,467,892	3,639,035	28,301				
88340	59-2859797	08/01/2006	Hannover Life Reassurance Co of America	FL	CO/I	FA	0	3,478,229	3,640,241	28,301				
88340	59-2859797	08/01/2006	Hannover Life Reassurance Co of America	FL	OTH/I	OL	5,974,884	459,040	500,140	95,418				
88099	75-1608507	10/12/2004	Optimum Re	TX	YRT/I	OL	6,724,932	256,306	264,655	19,390				
82627	06-0839705	01/01/2005	Swiss Re Life & Health	MO	CO/I	OL	840,696	6,420	6,000	5,776				
71404	47-0463747	01/01/2006	Continental General Insurance Comapny	TX	CO/I	FA	0	264,811	266,138	0				
71404	47-0463747	01/01/2006	Continental General Insurance Comapny	TX	CO/I	OL	682,331	8,754	8,462	4,097				
60836	42-0113630	08/01/2006	American Republic Insurance Company	IA	CO/G	OL	0	0	0	61				
0899999. General Account - Authorized U.S. Non-Affiliates							21,968,073	9,034,817	9,511,687	382,244	0	0	0	0
1099999. Total General Account - Authorized Non-Affiliates							21,968,073	9,034,817	9,511,687	382,244	0	0	0	0
1199999. Total General Account Authorized							21,968,073	9,034,817	9,511,687	382,244	0	0	0	0
1499999. Total General Account - Unauthorized U.S. Affiliates							0	0	0	0	0	0	0	0
1799999. Total General Account - Unauthorized Non-U.S. Affiliates							0	0	0	0	0	0	0	0
1899999. Total General Account - Unauthorized Affiliates							0	0	0	0	0	0	0	0
2199999. Total General Account - Unauthorized Non-Affiliates							0	0	0	0	0	0	0	0
2299999. Total General Account Unauthorized							0	0	0	0	0	0	0	0
2599999. Total General Account - Certified U.S. Affiliates							0	0	0	0	0	0	0	0
2899999. Total General Account - Certified Non-U.S. Affiliates							0	0	0	0	0	0	0	0
2999999. Total General Account - Certified Affiliates							0	0	0	0	0	0	0	0
3299999. Total General Account - Certified Non-Affiliates							0	0	0	0	0	0	0	0
3399999. Total General Account Certified							0	0	0	0	0	0	0	0
3699999. Total General Account - Reciprocal Jurisdiction U.S. Affiliates							0	0	0	0	0	0	0	0
3999999. Total General Account - Reciprocal Jurisdiction Non-U.S. Affiliates							0	0	0	0	0	0	0	0
4099999. Total General Account - Reciprocal Jurisdiction Affiliates							0	0	0	0	0	0	0	0
4399999. Total General Account - Reciprocal Jurisdiction Non-Affiliates							0	0	0	0	0	0	0	0
4499999. Total General Account Reciprocal Jurisdiction							0	0	0	0	0	0	0	0
4599999. Total General Account Authorized, Unauthorized, Reciprocal Jurisdiction and Certified							21,968,073	9,034,817	9,511,687	382,244	0	0	0	0
4899999. Total Separate Accounts - Authorized U.S. Affiliates							0	0	0	0	0	0	0	0
5199999. Total Separate Accounts - Authorized Non-U.S. Affiliates							0	0	0	0	0	0	0	0
5299999. Total Separate Accounts - Authorized Affiliates							0	0	0	0	0	0	0	0
5599999. Total Separate Accounts - Authorized Non-Affiliates							0	0	0	0	0	0	0	0
5699999. Total Separate Accounts Authorized							0	0	0	0	0	0	0	0
5999999. Total Separate Accounts - Unauthorized U.S. Affiliates							0	0	0	0	0	0	0	0
6299999. Total Separate Accounts - Unauthorized Non-U.S. Affiliates							0	0	0	0	0	0	0	0
6399999. Total Separate Accounts - Unauthorized Affiliates							0	0	0	0	0	0	0	0
6699999. Total Separate Accounts - Unauthorized Non-Affiliates							0	0	0	0	0	0	0	0
6799999. Total Separate Accounts Unauthorized							0	0	0	0	0	0	0	0
7099999. Total Separate Accounts - Certified U.S. Affiliates							0	0	0	0	0	0	0	0
7399999. Total Separate Accounts - Certified Non-U.S. Affiliates							0	0	0	0	0	0	0	0
7499999. Total Separate Accounts - Certified Affiliates							0	0	0	0	0	0	0	0
7799999. Total Separate Accounts - Certified Non-Affiliates							0	0	0	0	0	0	0	0
7899999. Total Separate Accounts Certified							0	0	0	0	0	0	0	0
8199999. Total Separate Accounts - Reciprocal Jurisdiction U.S. Affiliates							0	0	0	0	0	0	0	0
8499999. Total Separate Accounts - Reciprocal Jurisdiction Non-U.S. Affiliates							0	0	0	0	0	0	0	0
8599999. Total Separate Accounts - Reciprocal Jurisdiction Affiliates							0	0	0	0	0	0	0	0
8899999. Total Separate Accounts - Reciprocal Jurisdiction Non-Affiliates							0	0	0	0	0	0	0	0
8999999. Total Separate Accounts Reciprocal Jurisdiction							0	0	0	0	0	0	0	0
9099999. Total Separate Accounts Authorized, Unauthorized, Reciprocal Jurisdiction and Certified							0	0	0	0	0	0	0	0

SCHEDULE S - PART 3 - SECTION 1

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

1	2	3	4	5	6	7	8	Reserve Credit Taken		11	Outstanding Surplus Relief		14	15
								9	10		12	13		
NAIC Company Code	ID Number	Effective Date	Name of Company	Domiciliary Jurisdiction	Type of Reinsurance Ceded	Type of Business Ceded	Amount in Force at End of Year	Current Year	Prior Year	Premiums	Current Year	Prior Year	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
9199999. Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3699999, 4199999, 4899999, 5399999, 5999999, 6499999, 7099999, 7599999, 8199999 and 8699999)							21,968,073	9,034,817	9,511,687	382,244	0	0	0	0
9299999. Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2899999, 3199999, 3999999, 4299999, 5199999, 5499999, 6299999, 6599999, 7399999, 7699999, 8499999 and 8799999)							0	0	0	0	0	0	0	0
9999999 - Totals							21,968,073	9,034,817	9,511,687	382,244	0	0	0	0

SCHEDULE S - PART 3 - SECTION 2

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

1	2	3	4	5	6	7	8	9	10	Outstanding Surplus Relief		13	14
										11	12		
NAIC Company Code	ID Number	Effective Date	Name of Company	Domiciliary Jurisdiction	Type of Reinsurance Ceded	Type of Business Ceded	Premiums	Unearned Premiums (Estimated)	Reserve Credit Taken Other than for Unearned Premiums	Current Year	Prior Year	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
0399999. Total General Account - Authorized U.S. Affiliates							0	0	0	0	0	0	0
0699999. Total General Account - Authorized Non-U.S. Affiliates							0	0	0	0	0	0	0
0799999. Total General Account - Authorized Affiliates							0	0	0	0	0	0	0
88340	59-2859797	08/01/2006	Hannover Life Reassurance Company of America	FL	OTH/G	A	0	25	0				
88340	59-2859797	08/01/2006	Hannover Life Reassurance Company of America	FL	OTH/G	D	4,517	15	0				
88340	59-2859797	08/01/2006	Hannover Life Reassurance Company of America	FL	OTH/G	SD	152	0	0				
88340	59-2859797	08/01/2006	Hannover Life Reassurance Company of America	FL	OTH/G	LTDI	0	0	61,610				
88340	59-2859797	01/01/1998	Hannover Life Reassurance Company of America	FL	OTH/G	LTDI	0	0	2,082				
88340	59-2859797	08/01/2006	Hannover Life Reassurance Company of America	FL	OTH/I	A	293	0	97,672				
88340	59-2859797	08/01/2006	Hannover Life Reassurance Company of America	FL	OTH/I	LTDI	0	0	0				
88340	59-2859797	08/01/2006	Hannover Life Reassurance Company of America	FL	OTH/I	MS	411,967	29,735	4,038				
88340	59-2859797	08/01/2006	Hannover Life Reassurance Company of America	FL	OTH/I	SD	12,842	2,405	14,630				
88340	59-2859797	08/01/2006	Hannover Life Reassurance Company of America	FL	OTH/I	D	9,560	554	0				
88340	59-2859797	01/01/1998	Hannover Life Reassurance Company of America	FL	OTH/I	SD	1,969	650	0				
67679	23-1609793	08/01/2006	American Republic Insurance Company	IA	OTH/I	CMM	11,665	152	0				
71404	47-0463747	01/01/2006	Continental General Insurance Company	TX	OTH/I	MS	0	0	0				
71404	47-0463747	01/01/2006	Continental General Insurance Company	TX	OTH/I	SD	91	0	0				
71404	47-0463747	01/01/2006	Continental General Insurance Company	TX	OTH/G	MS	0	0	0				
71404	47-0463747	01/01/2006	Continental General Insurance Company	TX	OTH/G	LTDI	0	0	0				
62235	01-0278678	01/01/1994	UNUM Life Insurance Company	ME	OTH/G	LTDI	0	0	12,494				
0899999. General Account - Authorized U.S. Non-Affiliates							453,056	33,535	192,526	0	0	0	0
00000	AA-1122000	07/01/2019	Lloyds of London	GBR	CAT/G	OM	982	0	0				
00000	AA-1122000	07/01/2019	Lloyds of London	GBR	CAT/G	A	0	0	0				
0999999. General Account - Authorized Non-U.S. Non-Affiliates							982	0	0	0	0	0	0
1099999. Total General Account - Authorized Non-Affiliates							454,038	33,535	192,526	0	0	0	0
1199999. Total General Account Authorized							454,038	33,535	192,526	0	0	0	0
1499999. Total General Account - Unauthorized U.S. Affiliates							0	0	0	0	0	0	0
1799999. Total General Account - Unauthorized Non-U.S. Affiliates							0	0	0	0	0	0	0
1899999. Total General Account - Unauthorized Affiliates							0	0	0	0	0	0	0
2199999. Total General Account - Unauthorized Non-Affiliates							0	0	0	0	0	0	0
2299999. Total General Account Unauthorized							0	0	0	0	0	0	0
2599999. Total General Account - Certified U.S. Affiliates							0	0	0	0	0	0	0
2899999. Total General Account - Certified Non-U.S. Affiliates							0	0	0	0	0	0	0
2999999. Total General Account - Certified Affiliates							0	0	0	0	0	0	0
3299999. Total General Account - Certified Non-Affiliates							0	0	0	0	0	0	0
3399999. Total General Account Certified							0	0	0	0	0	0	0
3699999. Total General Account - Reciprocal Jurisdiction U.S. Affiliates							0	0	0	0	0	0	0
3999999. Total General Account - Reciprocal Jurisdiction Non-U.S. Affiliates							0	0	0	0	0	0	0
4099999. Total General Account - Reciprocal Jurisdiction Affiliates							0	0	0	0	0	0	0
4399999. Total General Account - Reciprocal Jurisdiction Non-Affiliates							0	0	0	0	0	0	0
4499999. Total General Account Reciprocal Jurisdiction							0	0	0	0	0	0	0
4599999. Total General Account Authorized, Unauthorized, Reciprocal Jurisdiction and Certified							454,038	33,535	192,526	0	0	0	0
4899999. Total Separate Accounts - Authorized U.S. Affiliates							0	0	0	0	0	0	0
5199999. Total Separate Accounts - Authorized Non-U.S. Affiliates							0	0	0	0	0	0	0
5299999. Total Separate Accounts - Authorized Affiliates							0	0	0	0	0	0	0
5599999. Total Separate Accounts - Authorized Non-Affiliates							0	0	0	0	0	0	0
5699999. Total Separate Accounts Authorized							0	0	0	0	0	0	0
5999999. Total Separate Accounts - Unauthorized U.S. Affiliates							0	0	0	0	0	0	0
6299999. Total Separate Accounts - Unauthorized Non-U.S. Affiliates							0	0	0	0	0	0	0
6399999. Total Separate Accounts - Unauthorized Affiliates							0	0	0	0	0	0	0
6699999. Total Separate Accounts - Unauthorized Non-Affiliates							0	0	0	0	0	0	0
6799999. Total Separate Accounts Unauthorized							0	0	0	0	0	0	0
7099999. Total Separate Accounts - Certified U.S. Affiliates							0	0	0	0	0	0	0
7399999. Total Separate Accounts - Certified Non-U.S. Affiliates							0	0	0	0	0	0	0

SCHEDULE S - PART 3 - SECTION 2

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

1	2	3	4	5	6	7	8	9	10	Outstanding Surplus Relief		13	14
										11	12		
NAIC Company Code	ID Number	Effective Date	Name of Company	Domiciliary Jurisdiction	Type of Reinsurance Ceded	Type of Business Ceded	Premiums	Unearned Premiums (Estimated)	Reserve Credit Taken Other than for Unearned Premiums	Current Year	Prior Year	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
7499999. Total Separate Accounts - Certified Affiliates							0	0	0	0	0	0	0
7799999. Total Separate Accounts - Certified Non-Affiliates							0	0	0	0	0	0	0
7899999. Total Separate Accounts Certified							0	0	0	0	0	0	0
8199999. Total Separate Accounts - Reciprocal Jurisdiction U.S. Affiliates							0	0	0	0	0	0	0
8499999. Total Separate Accounts - Reciprocal Jurisdiction Non-U.S. Affiliates							0	0	0	0	0	0	0
8599999. Total Separate Accounts - Reciprocal Jurisdiction Affiliates							0	0	0	0	0	0	0
8899999. Total Separate Accounts - Reciprocal Jurisdiction Non-Affiliates							0	0	0	0	0	0	0
8999999. Total Separate Accounts Reciprocal Jurisdiction							0	0	0	0	0	0	0
9099999. Total Separate Accounts Authorized, Unauthorized, Reciprocal Jurisdiction and Certified							0	0	0	0	0	0	0
9199999. Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3699999, 4199999, 4899999, 5399999, 5999999, 6499999, 7099999, 7599999, 8199999 and 8699999)							453,056	33,535	192,526	0	0	0	0
9299999. Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2899999, 3199999, 3999999, 4299999, 5199999, 5499999, 6299999, 6599999, 7399999, 7699999, 8499999 and 8799999)							982	0	0	0	0	0	0
9999999 - Totals							454,038	33,535	192,526	0	0	0	0

Schedule S - Part 4

N O N E

Schedule S - Part 4 - Bank Footnote

N O N E

Schedule S - Part 5

N O N E

Schedule S - Part 5 - Bank Footnote

N O N E

SCHEDULE S - PART 6

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

		1 2023	2 2022	3 2021	4 2020	5 2019
	A. OPERATIONS ITEMS					
1.	Premiums and annuity considerations for life and accident and health contracts	836	902	1,171	1,372	1,550
2.	Commissions and reinsurance expense allowances	47	56	78	97	117
3.	Contract claims	585	585	1,098	1,035	1,171
4.	Surrender benefits and withdrawals for life contracts					
5.	Dividends to policyholders and refunds to members					
6.	Reserve adjustments on reinsurance ceded	0	0	0	0	
7.	Increase in aggregate reserve for life and accident and health contracts					
	B. BALANCE SHEET ITEMS					
8.	Premiums and annuity considerations for life and accident and health contracts deferred and uncollected	212	243	287	357	394
9.	Aggregate reserves for life and accident and health contracts	9,261	9,738	9,791	10,175	10,295
10.	Liability for deposit-type contracts	23	22	24	27	29
11.	Contract claims unpaid	90	86	171	222	232
12.	Amounts recoverable on reinsurance	48	63	129	127	155
13.	Experience rating refunds due or unpaid					
14.	Policyholders' dividends and refunds to members (not included in Line 10)					
15.	Commissions and reinsurance expense allowances due					
16.	Unauthorized reinsurance offset	0	0	0	0	
17.	Offset for reinsurance with Certified Reinsurers					
	C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
18.	Funds deposited by and withheld from (F)	0	0	0	0	
19.	Letters of credit (L)	0	0	0	0	
20.	Trust agreements (T)	0	0	0	0	
21.	Other (O)	0	0	0	0	
	D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
22.	Multiple Beneficiary Trust					
23.	Funds deposited by and withheld from (F)					
24.	Letters of credit (L)					
25.	Trust agreements (T)					
26.	Other (O)					

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit for Ceded Reinsurance

		1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
	ASSETS (Page 2, Col. 3)			
1.	Cash and invested assets (Line 12)	38,630,880		38,630,880
2.	Reinsurance (Line 16)	60,646	(60,646)	0
3.	Premiums and considerations (Line 15)	139,796	212,052	351,848
4.	Net credit for ceded reinsurance	XXX	9,199,670	9,199,670
5.	All other admitted assets (balance)	889,571		889,571
6.	Total assets excluding Separate Accounts (Line 26)	39,720,893	9,351,076	49,071,969
7.	Separate Account assets (Line 27)	0		0
8.	Total assets (Line 28)	39,720,893	9,351,076	49,071,969
	LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
9.	Contract reserves (Lines 1 and 2)	2,507,473	9,238,138	11,745,611
10.	Liability for deposit-type contracts (Line 3)	0	22,742	22,742
11.	Claim reserves (Line 4)	10,976,929	90,196	11,067,125
12.	Policyholder dividends/member refunds/reserves (Lines 5 through 7)	0		0
13.	Premium & annuity considerations received in advance (Line 8)	2,241,561		2,241,561
14.	Other contract liabilities (Line 9)	2,695		2,695
15.	Reinsurance in unauthorized companies (Line 24.02 minus inset amount)	0	0	0
16.	Funds held under reinsurance treaties with unauthorized reinsurers (Line 24.03 minus inset amount)	0		0
17.	Reinsurance with Certified Reinsurers (Line 24.02 inset amount)	0		0
18.	Funds held under reinsurance treaties with Certified Reinsurers (Line 24.03 inset amount)			0
19.	All other liabilities (balance)	7,469,218		7,469,218
20.	Total liabilities excluding Separate Accounts (Line 26)	23,197,876	9,351,076	32,548,952
21.	Separate Account liabilities (Line 27)	0		0
22.	Total liabilities (Line 28)	23,197,876	9,351,076	32,548,952
23.	Capital & surplus (Line 38)	16,523,017	XXX	16,523,017
24.	Total liabilities, capital & surplus (Line 39)	39,720,893	9,351,076	49,071,969
	NET CREDIT FOR CEDED REINSURANCE			
25.	Contract reserves	9,238,138		
26.	Claim reserves	90,196		
27.	Policyholder dividends/reserves	0		
28.	Premium & annuity considerations received in advance	0		
29.	Liability for deposit-type contracts	22,742		
30.	Other contract liabilities	0		
31.	Reinsurance ceded assets	60,646		
32.	Other ceded reinsurance recoverables	0		
33.	Total ceded reinsurance recoverables	9,411,722		
34.	Premiums and considerations	212,052		
35.	Reinsurance in unauthorized companies	0		
36.	Funds held under reinsurance treaties with unauthorized reinsurers	0		
37.	Reinsurance with Certified Reinsurers	0		
38.	Funds held under reinsurance treaties with Certified Reinsurers	0		
39.	Other ceded reinsurance payables/offsets	0		
40.	Total ceded reinsurance payable/offsets	212,052		
41.	Total net credit for ceded reinsurance	9,199,670		

SCHEDULE T - PART 2

INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

States, Etc.		Direct Business Only					
		1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	6 Totals
1. Alabama	AL	16,215	7,200			0	23,415
2. Alaska	AK	803	0			0	803
3. Arizona	AZ	4,979	0			0	4,979
4. Arkansas	AR	3,368	0			0	3,368
5. California	CA	12	0			0	12
6. Colorado	CO	800	0			0	800
7. Connecticut	CT	0	0			0	0
8. Delaware	DE	413	0			0	413
9. District of Columbia	DC	0	0			0	0
10. Florida	FL	5,818	0			0	5,818
11. Georgia	GA	758	0			0	758
12. Hawaii	HI	0	0			0	0
13. Idaho	ID	265	0			0	265
14. Illinois	IL	7,320	0			0	7,320
15. Indiana	IN	33,126	2,000			0	35,126
16. Iowa	IA	1,811	0			0	1,811
17. Kansas	KS	12,368	0			0	12,368
18. Kentucky	KY	302	0			0	302
19. Louisiana	LA	275	0			0	275
20. Maine	ME	0	0			0	0
21. Maryland	MD	855	0			0	855
22. Massachusetts	MA	0	0			0	0
23. Michigan	MI	4,085	0			0	4,085
24. Minnesota	MN	0	0			0	0
25. Mississippi	MS	815	0			0	815
26. Missouri	MO	16,330	0			0	16,330
27. Montana	MT	0	0			0	0
28. Nebraska	NE	0	0			0	0
29. Nevada	NV	650	0			0	650
30. New Hampshire	NH	0	0			0	0
31. New Jersey	NJ	0	0			0	0
32. New Mexico	NM	0	0			0	0
33. New York	NY	(15)	0			0	(15)
34. North Carolina	NC	52,310	0			0	52,310
35. North Dakota	ND	726	0			0	726
36. Ohio	OH	57,742	47,103			0	104,845
37. Oklahoma	OK	3,584	0			0	3,584
38. Oregon	OR	0	0			0	0
39. Pennsylvania	PA	5,987	300			0	6,287
40. Rhode Island	RI	0	0			0	0
41. South Carolina	SC	11,650	0			0	11,650
42. South Dakota	SD	0	0			0	0
43. Tennessee	TN	11,532	0			0	11,532
44. Texas	TX	18,076	0			0	18,076
45. Utah	UT	2,262	0			0	2,262
46. Vermont	VT	0	0			0	0
47. Virginia	VA	39,520	0			0	39,520
48. Washington	WA	0	0			0	0
49. West Virginia	WV	6,583	0			0	6,583
50. Wisconsin	WI	0	0			0	0
51. Wyoming	WY	0	0			0	0
52. American Samoa	AS	0	0			0	0
53. Guam	GU	0	0			0	0
54. Puerto Rico	PR	0	0			0	0
55. U.S. Virgin Islands	VI	0	0			0	0
56. Northern Mariana Islands	MP	0	0			0	0
57. Canada	CAN	0	0			0	0
58. Aggregate Other Alien	OT	0	0			0	0
59. Total		321,325	56,603	0	0	0	377,928

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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0901	Cigna Group	00000	46-2332355				1EQ Inc. (d/b/a Babyscripts)	DE	NIA	Cigna Ventures, LLC	Ownership	10.100	The Cigna Group	NO	
0901	Cigna Group	00000	88-1945947				73 Pond Street Apartments Venture, L.L.C.	DE	NIA	CARING Waltham Investor LLC	Ownership	90.000	The Cigna Group	NO	
0901	Cigna Group	00000	00-0000000				680 Investors LLC	CA	NIA	SB-SNH LLC	Ownership	85.000	The Cigna Group	NO	
0901	Cigna Group	00000	00-0000000				685 New Hampshire LLC	CA	NIA	SB-SNH LLC	Ownership	85.000	The Cigna Group	NO	
0901	Cigna Group	00000	82-4794800				9171 Wilshire CPI-CII LLC	DE	NIA	CPI-CII 9171 Wilshire JV LLC	Ownership	90.000	The Cigna Group	NO	
0901	Cigna Group	00000	86-1712743				ABL Apartments Venture, L.L.C.	DE	NIA	CARING ABS Investor LLC	Ownership	90.000	The Cigna Group	NO	
0901	Cigna Group	00000	88-4202407				ABL Holding Co., L.L.C.	DE	NIA	CARING Brinkman Investor LLC	Ownership	73.000	The Cigna Group	NO	
0901	Cigna Group	00000	88-3747773				ABL Townhomes Venture, L.L.C.	DE	NIA	CARING Brinkman Investor LLC	Ownership	75.000	The Cigna Group	NO	
0901	Cigna Group	00000	85-1046126				ABS Apartments Venture, L.L.C.	DE	NIA	CARING ABS Investor LLC	Ownership	90.000	The Cigna Group	NO	
0901	Cigna Group	00000	11-3358535				Accredo Health Group, Inc.	DE	NIA	Accredo Health, Incorporated	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	55-0894449				Accredo Health, Incorporated	DE	NIA	Medco Health Solutions, Inc.	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	87-4355549				AGA Apartments Venture, L.L.C.	DE	NIA	CARING Galleria Investor LLC	Ownership	70.000	The Cigna Group	NO	
0901	Cigna Group	00000	92-1596970				AGS Apartments Venture, L.L.C.	DE	NIA	CARING Glenwood Investor LLC	Ownership	90.000	The Cigna Group	NO	
0901	Cigna Group	00000	13-3888838				AHG of New York, Inc.	NY	NIA	Accredo Health, Incorporated	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	75-3040465				Airport Holdings, LLC	NJ	NIA	Express Scripts, Inc.	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	35-2562415				Alegis Care Services, LLC	DE	NIA	Home Physicians Management, LLC	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	85-0909305				Alegis Care Services of Colorado, LLC	CO	NIA	Home Physicians Management, LLC	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	81-0400550				Allegiance Benefit Plan Management, Inc.	MT	NIA	Benefit Management Corp.	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	03-0507057				Allegiance Care Management, LLC	MT	NIA	Benefit Management Corp.	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	71-0916514				Allegiance COBRA Services, Inc.	MT	NIA	Benefit Management Corp.	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	12814	20-4433475				Allegiance Life & Health Insurance Company	MT	IA	Benefit Management Corp.	Ownership	95.000	The Cigna Group	NO	
0901	Cigna Group	00000	26-2201582				Allegiance Provider Direct, LLC	MT	NIA	Benefit Management Corp.	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	20-3851464				Allegiance Re, Inc.	MT	IA	Benefit Management Corp.	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	88366	59-2760189				American Retirement Life Insurance Company	OH	IA	Loyal American Life Insurance Company	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	87-4023291				AOP II Apartments Venture, L.L.C.	DE	IA	CARING Optimist Park II Investor LLC	Ownership	90.000	The Cigna Group	NO	
0901	Cigna Group	00000	82-3315524				Arbor Heights Venture LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	90.000	The Cigna Group	NO	
0901	Cigna Group	00000	46-4080861				AristaMD, Inc.	DE	NIA	Cigna Ventures, LLC	Ownership	14.000	The Cigna Group	NO	
0901	Cigna Group	00000	86-3581583				Arizona Health Plan, Inc.	AZ	NIA	Healthsource, Inc.	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	00-0000000				Ascent Health Services LLC	DE	NIA	Cigna Spruce Holdings GmbH	Ownership	80.000	The Cigna Group	NO	
0901	Cigna Group	00000	87-1304984				ASE Apartments Venture, L.L.C.	DE	NIA	CARING St. Elmo Investor, LLC	Ownership	90.000	The Cigna Group	NO	
0901	Cigna Group	00000	86-1750832				ASM Apartments Venture, L.L.C.	DE	NIA	CARING St. Matthew's Investor LLC	Ownership	90.000	The Cigna Group	NO	
0901	Cigna Group	00000	00-0000000				ATX Merrilltown, LP	DE	NIA	CARING EndOpII-MIA Investor LLC	Ownership	40.289	The Cigna Group	NO	
0901	Cigna Group	00000	81-0585518				Benefit Management Corp.	MT	NIA	Connecticut General Corporation	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	81-2650133				Berewick Apartments LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	85.000	The Cigna Group	NO	
0901	Cigna Group	00000	43-1815573				Biopartners in Care, Inc.	MO	NIA	Accredo Health, Incorporated	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	10095	52-2259087				Bravo Health Mid-Atlantic, Inc.	MD	IA	NewQuest Management Northeast, LLC	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	11524	52-2363406				Bravo Health Pennsylvania, Inc.	PA	IA	NewQuest Management Northeast, LLC	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	00-0000000				Breakthrough Behavioral, Inc.	DE	IA	MDLive, Inc.	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	00-0000000				Breakthrough Behavioral of Texas, Inc.	TX	IA	Breakthrough Behavioral, Inc.	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	27-1713977				Brighter, Inc.	DE	NIA	Connecticut General Corporation	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	46-4918521				Buoy Health, Inc.	DE	NIA	Cigna Ventures, LLC	Ownership	12.200	The Cigna Group	NO	
0901	Cigna Group	00000	47-4991296				Bright Health Group, Inc.	DE	NIA	Cigna Health and Life Insurance Company	Ownership	15.500	The Cigna Group	NO	
0901	Cigna Group	00000	61-1162797				Care Continuum, Inc.	KY	NIA	SpectraCare Health Care Ventures, Inc.	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	85-0954556				CareAllies Accountable Care Collaborative LLC	DE	NIA	CareAllies, Inc.	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	85-0935554				CareAllies Accountable Care Network LLC	DE	NIA	CareAllies, Inc.	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	00-0000000				CareAllies Accountable Care Solutions LLC	DE	NIA	CareAllies, Inc.	Ownership	100.000	The Cigna Group	NO	

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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0901	Cigna Group	00000	26-0180898				CareAllies, Inc.	DE	NIA	Cigna Holdings, Inc.	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	10144	20-1089572				CareCore NJ, LLC	NJ	IA	eviCore healthcare MSI, LLC	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	45-2681649				CarePlexus, LLC	DE	NIA	Cigna Health and Life Insurance Company	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	83-1400586				CARING 18th & Salmon Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	83-2562994				CARING 500 Ygnacio Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	84-1960231				CARING 3130 Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	83-2318410				CARING 9171 Wilshire Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	85-4247420				CARING ABS Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	83-2851501				CARING Alta Duraleigh Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	83-2851501				CARING Alta Englewood Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	85-2966766				CARING Alta Leander Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	83-2563284				CARING Alta Woodson Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	87-1992977				CARING Berwyn Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	86-1885283				CARING Brinkman Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	32-0570889				CARING Capitol Hill GP LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	37-1903297				CARING Capitol Hill LP LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	83-2851364				CARING Century Plaza Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	85-4265529				CARING Deco Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	85-2912145				CARING Elan I Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	87-0928526				CARING Elan II Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	88-2276875				CARING EndOpII-MIA Investor, LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	83-3701937				CARING Firestone Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	87-4803572				CARING Galleria Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	92-0571674				CARING Glenwood Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	00-0000000				CARING JA Lofts Investor LP LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	00-0000000				CARING JA Lofts Investor GP LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	83-2318233				CARING Heights at Bear Creek Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	The Cigna Group	NO	

SCHEDULE Y

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0901	Cigna Group	00000	83-1400482				CARING Hillcrest Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	84-4410554				CARING IBP Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	85-1961034				CARING Interbay Investor GP LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	85-1984627				CARING Interbay Investor LP LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	83-2339522				CARING Mallory Square Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	85-4265529				CARING Montclair Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	83-2563138				CARING Soma Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	83-2633790				CARING Alexan Enclave Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	83-2633886				CARING Orange Collection Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	86-2627703				CARING Optimist Park II Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	87-2031777				CARING Slabtown Investor, LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	83-8294933				CARING South Coast Subsidiary LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	86-3275381				CARING St. Elmo Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	86-1942593				CARING St. Matthew's Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	88-2629352				CARING Tasman East Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	88-2074593				CARING Waltham Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	38-4085763				CARING Westcore Holding Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	87-3646420				CARING Westcore Holding II Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	83-3923178				CARING XR International Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	83-4317078				CARING XR 2 International Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	84-1843578				CGGL XR 2 International JV LLC	DE	NIA	CARING XR 2 International Investor LLC	Ownership	90.000	The Cigna Group	NO	
0901	Cigna Group	00000	84-1843578				CGGL XR 2 International Mezz LLC	DE	NIA	CARING XR 2 International Investor LLC	Ownership	90.000	The Cigna Group	NO	
0901	Cigna Group	00000	45-2604992				CCN NMO, LLC	NY	NIA	eviCore healthcare MSI, LLC	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	33-1039759				CCN-WNY IPA, LLC	NY	NIA	eviCore healthcare MSI, LLC	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	34-1970892				Ceres Sales of Ohio, LLC	OH	NIA	Cigna Health and Life Insurance Company	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	06-1332403				CG Individual Tax Benefit Payments, Inc.	DE	NIA	Connecticut General Corporation	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	06-1332405				CG Life Pension Benefits Payments, Inc.	DE	NIA	Connecticut General Corporation	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	06-1332401				CG LINA Pension Benefits Payments, Inc.	DE	NIA	Connecticut General Corporation	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	84-2083351				CG-AQ 477 South Market Street LLC	DE	NIA	CARING Firestone Investor LLC	Ownership	85.000	The Cigna Group	NO	
0901	Cigna Group	00000	84-4773972				CG-LEDO IBP Venture LLC	DE	NIA	CARING IBP Investor LLC	Ownership	90.000	The Cigna Group	NO	
0901	Cigna Group	00000	84-4747045				CG-LEDO IBP I LLC	DE	NIA	CARING IBP Investor LLC	Ownership	90.000	The Cigna Group	NO	
0901	Cigna Group	00000	84-4755025				CG-LEDO IBP II LLC	DE	NIA	CARING IBP Investor LLC	Ownership	90.000	The Cigna Group	NO	

SCHEDULE Y

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0901	Cigna Group	00000	83-2993316				CG-Muller 550 Winchester, LLC	DE	NIA	CARING Century Plaza Investor LLC	Ownership	90.000	The Cigna Group	NO	
0901	Cigna Group	00000	45-5499889				CG Seventh Street, LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	87.500	The Cigna Group	NO	
0901	Cigna Group	00000	85-0734624				CG/Wood Alta Duraleigh, LLC	DE	NIA	CARING Alta Duraleigh Investor LLC	Ownership	90.000	The Cigna Group	NO	
0901	Cigna Group	00000	85-0655107				CG/Wood Alta Duraleigh Owner, LLC	DE	NIA	CARING Alta Duraleigh Investor LLC	Ownership	90.000	The Cigna Group	NO	
0901	Cigna Group	00000	87-2928410				CG/Wood Alta Duraleigh Townhome, LLC	DE	NIA	CARING Alta Duraleigh Investor LLC	Ownership	90.000	The Cigna Group	NO	
0901	Cigna Group	00000	82-1280312				CG/Wood Alta 601, LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	90.000	The Cigna Group	NO	
0901	Cigna Group	00000	85-2233381				CG/Wood Alta Leander Station, LLC	DE	NIA	CARING Alta Leander Investor LLC	Ownership	90.000	The Cigna Group	NO	
0901	Cigna Group	00000	81-3313562				CGGL City Parkway LLC	DE	NIA	CGGL Orange Collection LLC	Ownership	90.000	The Cigna Group	NO	
0901	Cigna Group	00000	61-1797835				CGGL Orange Collection LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	90.000	The Cigna Group	NO	
0901	Cigna Group	00000	00-0000000				CGGL Orange Collection Mezz LLC	DE	NIA	CARING Orange Collection Investor LLC	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	84-1921719				CGGL XR International LLC	DE	NIA	CARING XR International Investor LLC	Ownership	90.000	The Cigna Group	NO	
0901	Cigna Group	00000	84-1843578				CGGL XR 2 International LLC	DE	NIA	CARING XR 2 International Investor LLC	Ownership	90.000	The Cigna Group	NO	
0901	Cigna Group	00000	59-3466707				Chiro Alliance Corporation	FL	NIA	eviCore healthcare MSI, LLC	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	81-3389374				CIG-LEI Ygnacio Associates LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	90.000	The Cigna Group	NO	
0901	Cigna Group	00000	86-2964997				CI-GS Elan Everett Phase I, LLC	DE	NIA	CARING Elan I Investor, LLC	Ownership	90.000	The Cigna Group	NO	
0901	Cigna Group	00000	86-3726159				CI-GS Elan Everett Phase II, LLC	DE	NIA	CARING Elan II Investor, LLC	Ownership	39.000	The Cigna Group	NO	
0901	Cigna Group	00000	82-4774243				CI-GS Portland, LLC	DE	NIA	CARING 18th & Salmon Investor LLC	Ownership	86.200	The Cigna Group	NO	
0901	Cigna Group	00000	82-1612980				CI-GS Hillcrest LLC	DE	NIA	CARING Hillcrest Investor LLC	Ownership	90.000	The Cigna Group	NO	
0901	Cigna Group	00000	88-3907567				CI-GS Slabtown, LLC	DE	NIA	CARING Slabtown Investor LLC	Ownership	85.000	The Cigna Group	NO	
0901	Cigna Group	00000	92-2089889				CI-GS Tasman East Apartments, LLC	DE	NIA	CARING Tasman East Investor LLC	Ownership	85.000	The Cigna Group	NO	
0901	Cigna Group	00000	00-0000000				Cigna & CMB Asset Management Company Limited	CHN	NIA	Cigna & CMB Life Insurance Company Limited	Ownership	87.350	The Cigna Group	NO	
0901	Cigna Group	00000	00-0000000				Cigna & CMB Health Services Company, Ltd.	CHN	NIA	Cigna & CMB Life Insurance Company Limited	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	00-0000000				Cigna & CMB Life Insurance Company Limited	CHN	IA	Cigna Health and Life Insurance Company	Ownership	50.000	The Cigna Group	NO	
0901	Cigna Group	00000	00-0000000				CIGNA 2000 UK Pension LTD	GBR	NIA	Cigna European Services (UK) Limited	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	27-5402196				Cigna Affiliates Realty Investment Group, LLC	DE	NIA	Connecticut General Life Insurance Company	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	00-0000000				Cigna Alder Holdings, LLC	DE	NIA	Cigna Apac Holdings, Ltd.	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	00-0000000				Cigna Apac Holdings, Ltd.	BMU	NIA	Cigna Palmetto Holdings, Ltd.	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	13733	03-0452349				Cigna Arbor Life Insurance Company	CT	IA	Connecticut General Corporation	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	98-1181787				Cigna Beechwood Holdings	BEL	NIA	Cigna Elmwood Holdings, SPRL	Ownership	51.000	The Cigna Group	NO	
0901	Cigna Group	00000	00-0000000				Cigna Bellevue Alpha LLC	DE	NIA	Cigna Holdings Overseas, Inc.	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	02-0515554				Cigna Benefit Technology Solutions, Inc.	DE	NIA	Cigna Health Corporation	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	01-0947889		0001489070		Cigna Benefits Financing, Inc.	DE	NIA	Cigna Investments, Inc.	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	00-0000000				Cigna Cedar Holdings, Ltd.	MLT	NIA	Cigna Apac Holdings, Ltd.	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	98-1137759				Cigna Chestnut Holdings, Ltd.	GBR	NIA	Cigna Walnut Holdings, Ltd.	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	27-3396038				Cigna Corporate Services, LLC	DE	NIA	Cigna Health and Life Insurance Company	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	82-4991898		1739940	US	The Cigna Group (A Delaware corporation and ultimate parent company)	DE	UIP	Publicly Traded	Ownership	100.000	Publicly Traded	NO	
0901	Cigna Group	00000	00-0000000				Cigna Data Services (Shanghai) Company Limited	CHN	NIA	Cigna Hong Kong Holdings Company Limited	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	59-2600475				Cigna Dental Health Of California, Inc.	CA	NIA	Cigna Dental Health, Inc.	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	11175	59-2675861				Cigna Dental Health Of Colorado, Inc.	CO	IA	Cigna Dental Health, Inc.	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	95380	59-2676987				Cigna Dental Health Of Delaware, Inc.	DE	IA	Cigna Dental Health, Inc.	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	52021	59-1611217				Cigna Dental Health Of Florida, Inc.	FL	IA	Cigna Dental Health, Inc.	Ownership	100.000	The Cigna Group	NO	

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PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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0901	Cigna Group	52024	59-2625350				Cigna Dental Health Of Kansas, Inc.	KS	IA	Cigna Dental Health, Inc.	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	52108	59-2619589				Cigna Dental Health Of Kentucky, Inc.	KY	IA	Cigna Dental Health, Inc.	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	48119	20-2844020				Cigna Dental Health Of Maryland, Inc.	MD	IA	Cigna Dental Health, Inc.	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	11160	06-1582068				Cigna Dental Health Of Missouri, Inc.	MO	IA	Cigna Dental Health, Inc.	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	11167	59-2308062				Cigna Dental Health Of New Jersey, Inc.	NJ	IA	Cigna Dental Health, Inc.	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	95179	56-1803464				Cigna Dental Health Of North Carolina, Inc.	NC	IA	Cigna Dental Health, Inc.	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	47805	59-2579774				Cigna Dental Health Of Ohio, Inc.	OH	IA	Cigna Dental Health, Inc.	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	47041	52-1220578				Cigna Dental Health Of Pennsylvania, Inc.	PA	IA	Cigna Dental Health, Inc.	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	95037	59-2676977				Cigna Dental Health Of Texas, Inc.	TX	IA	Cigna Dental Health, Inc.	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	52617	52-2188914				Cigna Dental Health Of Virginia, Inc.	VA	IA	Cigna Dental Health, Inc.	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	47013	86-0807222				Cigna Dental Health Plan Of Arizona, Inc.	AZ	IA	Cigna Dental Health, Inc.	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	59-2308055				Cigna Dental Health, Inc.	FL	NIA	Connecticut General Corporation	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	58-1136865				Cigna Direct Marketing Company, Inc.	DE	NIA	Connecticut General Corporation	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	98-1155943				Cigna Elmwood Holdings, SPRL	BEL	NIA	Cigna Myrtle Holdings, Ltd.	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	00-0000000				Cigna Europe Insurance Company S.A.-N.V.	BEL	IA	Cigna Beechwood Holdings	Ownership	99.999	The Cigna Group	NO	
0901	Cigna Group	00000	00-0000000				Cigna European Services (UK) Limited	GBR	NIA	Cigna Elmwood Holdings, SPRL	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	85-2732455				Cigna-Evernorth Services, Inc.	DE	NIA	The Cigna Group	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	62-1724116				Cigna Federal Benefits, Inc.	DE	NIA	Connecticut General Corporation	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	51-0389196				Cigna Global Holdings, Inc.	DE	NIA	Cigna Holdings, Inc.	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	68-0676638				Cigna Global Insurance Company Limited	GGY	IA	Cigna Holdings Overseas, Inc.	Ownership	99.990	The Cigna Group	NO	
0901	Cigna Group	00000	98-0210110				Cigna Global Reinsurance Company, Ltd.	BMU	IA	Cigna Global Holdings, Inc.	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	00-0000000				Cigna Global Wellbeing Holdings Limited	GBR	NIA	Connecticut General Corporation	Ownership	70.000	The Cigna Group	NO	
0901	Cigna Group	00000	00-0000000				Cigna Global Wellbeing Solutions Limited	GBR	NIA	Cigna Global Wellbeing Holdings Limited	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	67369	59-1031071				Cigna Health and Life Insurance Company	CT	UDP	Connecticut General Life Insurance Company	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	62-1312478				Cigna Health Corporation	DE	NIA	Connecticut General Corporation	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	23-1728483				Cigna Health Management, Inc.	DE	NIA	Connecticut General Corporation	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	00-0000000				Cigna Health Solution India Pvt. Ltd.	IND	NIA	Cigna Holdings Overseas, Inc.	Ownership	99.900	The Cigna Group	NO	
0901	Cigna Group	00000	23-2741293				Cigna Healthcare Benefits, Inc.	DE	NIA	Connecticut General Corporation	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	00-0000000				Cigna Healthcare Eastern Technology Services Company	HKG	NIA	Cigna Hong Kong Holdings Company Limited	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	84-0985843				Cigna Healthcare Holdings, Inc.	CO	NIA	Connecticut General Corporation	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	95599	52-1404350				Cigna HealthCare Mid-Atlantic, Inc.	MD	NIA	Healthsource, Inc.	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	95125	86-0334392				Cigna HealthCare of Arizona, Inc.	AZ	IA	Healthsource, Inc.	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	95-3310115				Cigna HealthCare of California, Inc.	CA	NIA	Healthsource, Inc.	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	95604	84-1004500				Cigna HealthCare of Colorado, Inc.	CO	IA	Healthsource, Inc.	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	95660	06-1141174				Cigna HealthCare of Connecticut, Inc.	CT	IA	Healthsource, Inc.	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	95136	59-2089259				Cigna HealthCare of Florida, Inc.	FL	IA	Healthsource, Inc.	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	96229	58-1641057				Cigna HealthCare of Georgia, Inc.	GA	IA	Healthsource, Inc.	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	95602	36-3385638				Cigna HealthCare of Illinois, Inc.	IL	IA	Healthsource, Inc.	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	95525	35-1679172				Cigna HealthCare of Indiana, Inc.	IN	IA	Healthsource, Inc.	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	95220	02-0402111				Cigna HealthCare of Massachusetts, Inc.	MA	NIA	Healthsource, Inc.	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	95493	02-0387749				Cigna HealthCare of New Hampshire, Inc.	NH	IA	Healthsource, Inc.	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	95500	22-2720890				Cigna HealthCare of New Jersey, Inc.	NJ	IA	Healthsource, Inc.	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	95132	56-1479515				Cigna HealthCare of North Carolina, Inc.	NC	IA	Healthsource, Inc.	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	95121	23-2301807				Cigna HealthCare of Pennsylvania, Inc.	PA	NIA	Healthsource, Inc.	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	95708	06-1185590				Cigna HealthCare of South Carolina, Inc.	SC	IA	Healthsource, Inc.	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	95635	36-3359925				Cigna HealthCare of St. Louis, Inc.	MO	IA	Healthsource, Inc.	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	95606	62-1218053				Cigna HealthCare of Tennessee, Inc.	TN	IA	Healthsource, Inc.	Ownership	100.000	The Cigna Group	NO	

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0901	Cigna Group	95383	74-2767437				Cigna HealthCare of Texas, Inc.	TX	IA	Healthsource, Inc.	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	02-0495422				Cigna Healthcare, Inc.	VT	NIA	Cigna Healthcare Holdings, Inc.	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	00-0000000				Cigna HLA Technology Services Company Limited	HKG	NIA	Cigna Hong Kong Holdings Company Limited	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	06-1059331				Cigna Holding Company	DE	UIP	The Cigna Group	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	23-3009279				Cigna Holdings Overseas, Inc.	DE	NIA	Cigna Global Reinsurance Company, Ltd.	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	06-1072796				Cigna Holdings, Inc.	DE	UIP	Cigna Holding Company	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	00-0000000				Cigna Hong Kong Holdings Company Limited	HKG	NIA	Cigna Chestnut Holdings, Ltd.	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	27-1903785				Cigna Insurance Agency, LLC	CT	NIA	Cigna Health and Life Insurance Company	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	65269	75-2305400				Cigna Insurance Company	OH	IA	Provident American Life and Health Insurance Company	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	00-0000000				Cigna Insurance Management Services (DIFC), Ltd.	ARE	NIA	Cigna Apac Holdings, Ltd.	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	00-0000000				Cigna Insurance Middle East S.A.L.	LBN	IA	Cigna Cedar Holdings, Ltd.	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	00-0000000				Cigna Insurance Services (Europe) Limited	GBR	NIA	Cigna Willow Holdings, LTD.	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	23-2924152				Cigna Integratedcare, Inc.	DE	NIA	Connecticut General Corporation	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	51-0402128				Cigna Intellectual Property, Inc.	DE	NIA	Cigna Holdings, Inc.	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	51-0111677				Cigna International Corporation, Inc.	DE	NIA	Cigna Global Holdings, Inc.	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	52-0291385				Cigna International Finance, Inc.	DE	NIA	Cigna Investment Group, Inc.	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	00-0000000				Cigna International Health Services Kenya Limited	KEN	NIA	Cigna International Health Services, BVBA	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	00-0000000				Cigna International Health Services Sdn. Bhd.	MYS	NIA	Cigna Hong Kong Holdings Company Limited	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	00-0000000				Cigna International Health Services, BVBA	BEL	NIA	Cigna Elmwood Holdings, Ltd.	Ownership	51.000	The Cigna Group	NO	
0901	Cigna Group	00000	30-0526216				Cigna International Health Services, LLC	FL	NIA	Cigna International Health Services, BVBA	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	00-0000000				Cigna International Marketing (Thailand) Limited	THA	NIA	Cigna Global Holdings, Inc.	Ownership	99.900	The Cigna Group	NO	
0901	Cigna Group	00000	00-0000000				Cigna International Services Australia Pty Ltd.	AUS	NIA	Cigna Chestnut Holdings, Ltd.	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	23-2610178				Cigna International Services, Inc.	DE	NIA	Cigna Global Holdings, Inc.	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	06-1095823				Cigna Investment Group, Inc.	DE	NIA	Cigna Holdings, Inc.	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	06-0861092				Cigna Investments, Inc.	DE	NIA	Cigna Investment Group, Inc.	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	98-1146864				Cigna Laurel Holdings, Ltd.	BMU	NIA	Cigna Linden Holdings, Inc.	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	00-0000000				Cigna Legal Protection U.K. Ltd.	GBR	NIA	Cigna Willow Holdings, LTD.	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	AA-1560515				Cigna Life Insurance Company of Canada	CAN	IA	Cigna Chestnut Holdings, Ltd.	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	AA-1240009				Cigna Life Insurance Company of Europe S.A.-N.V.	BEL	IA	Cigna Beechwood Holdings	Ownership	99.993	The Cigna Group	NO	
0901	Cigna Group	00000	46-4110289				Cigna Linden Holdings, Inc.	DE	NIA	Cigna Holdings Overseas, Inc.	Ownership	82.000	The Cigna Group	NO	
0901	Cigna Group	00000	98-1232512				Cigna Magnolia Holdings, Ltd.	BMU	NIA	Cigna Palmetto Holdings, Ltd.	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	23-2741294				Cigna Managed Care Benefits Company	DE	NIA	Connecticut General Corporation	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	87-3374500				Cigna Management Company LLC	DE	NIA	Cigna Health and Life Insurance Company	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	98-1154657				Cigna Myrtle Holdings, Ltd.	MLT	NIA	Cigna Apac Holdings, Ltd.	Ownership	63.450	The Cigna Group	NO	
0901	Cigna Group	61727	34-0970995				Cigna National Health Insurance Company	OH	RE	Cigna Health and Life Insurance Company	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	00-0000000				Cigna Nederland Gamma B.V.	NLD	NIA	Cigna Walnut Holdings, Ltd.	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	00-0000000				Cigna Oak Holdings, Ltd.	GBR	NIA	Cigna Elmwood Holdings, SPRL	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	98-1232443				Cigna Palmetto Holdings, Ltd.	BMU	NIA	Cigna Laurel Holdings, Ltd.	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	46-4099800				Cigna Poplar Holdings, Inc.	DE	NIA	Cigna Holdings Overseas, Inc.	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	06-1071502				Cigna RE Corporation	DE	NIA	Connecticut General Corporation	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	06-1567902				Cigna Resource Manager, Inc.	DE	NIA	Connecticut General Corporation	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	00-0000000				Cigna Services Middle East FZE	ARE	NIA	Cigna Cedar Holdings, Ltd.	Ownership	100.000	The Cigna Group	NO	

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0901	Cigna Group	00000	00-0000000				Cigna Spruce Holdings GmbH	CHE	NIA	Cigna Chestnut Holdings, Ltd.	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	00-0000000				Cigna Teak Holdings, LLC	DE	NIA	Cigna Global Holdings, Inc.	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	00-0000000				Cigna Turkey Danismanlik Hizmetleri, A.S (A/K/A Cigna Turkey Consultancy Services, A.S.)	TUR	NIA	Cigna Magnolia Holdings, Ltd.	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	83-1069280				Cigna Ventures, LLC	DE	NIA	Cigna Health and Life Insurance Company	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	00-0000000				Cigna Walnut Holdings, Ltd.	GBR	NIA	Cigna Apac Holdings, Ltd.	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	00-0000000				Cigna Willow Holdings, Ltd.	GBR	NIA	Cigna Oak Holdings, Ltd.	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	00-0000000				Cigna Worldwide General Insurance Company Limited	HKG	IA	Cigna Hong Kong Holdings Company Limited	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	90859	23-2088429				Cigna Worldwide Insurance Company	DE	IA	Cigna Global Reinsurance Company, Ltd.	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	00-0000000				Claims and Risk Services Limited	SAU	IA	NAS Neuron Health Services, L.L.C.	Ownership	50.000	The Cigna Group	NO	
0901	Cigna Group	00000	00-0000000				ManipalCigna Health Insurance Company Limited	IND	IA	Cigna Holdings Overseas, Inc.	Ownership	49.000	TTK (non-affiliate)	NO	
0901	Cigna Group	00000	84-1461840				Community Health Network, LLC	MT	NIA	Benefit Management Corp.	Ownership	50.000	The Cigna Group	NO	
0901	Cigna Group	00000	06-1252419				Connecticut General Benefit Payments, Inc.	DE	NIA	Connecticut General Corporation	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	06-0840391				Connecticut General Corporation	CT	NIA	Cigna Holdings, Inc.	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	62308	06-0303370		0000023419		Connecticut General Life Insurance Company	CT	IA	Connecticut General Corporation	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	82-4936006				CPI-CII 9171 Wilshire JV LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	90.000	The Cigna Group	NO	
0901	Cigna Group	00000	27-3555688				CR Washington Street Investors LP	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	33.820	Charles River Washington Street LLC (non-affiliate)	NO	
0901	Cigna Group	00000	36-4369972				CuraScript, Inc.	DE	NIA	Express Scripts, Inc.	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	86-1305728				Deco Apartments JV LLC	DE	NIA	CARING Deco Investor LLC	Ownership	90.000	The Cigna Group	NO	
0901	Cigna Group	00000	86-1334095				Deco Apartments Owner LLC	DE	NIA	CARING Deco Investor LLC	Ownership	90.000	The Cigna Group	NO	
0901	Cigna Group	00000	16-1526641				Diversified NY IPA, Inc.	NY	NIA	Diversified Pharmaceutical Services, Inc.	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	41-1627938				Diversified Pharmaceutical Services, Inc.	MN	NIA	Express Scripts, Inc.	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	27-3542089				Econdisc Contracting Solutions, LLC	DE	NIA	Express Scripts Pharmaceutical Procurement LLC (90%)	Ownership	90.000	The Cigna Group	NO	
0901	Cigna Group	00000	00-0000000				Egyptian Emirates Administration Services SAE	EGY	NIA	NAS Neuron Health Services, L.L.C.	Ownership	64.999	The Cigna Group	NO	
0901	Cigna Group	00000	00-0000000				ESI Canada	CAN	NIA	Express Scripts Canada Co. (99.9%); ESI-GP Canada, ULC (0.1%)	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	00-0000000				ESI GP Canada ULC	CAN	NIA	Express Scripts Canada Co.	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	43-1925556				ESI GP Holdings, Inc.	DE	NIA	Express Scripts, Inc.	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	00-0000000				ESI GP2 Canada ULC	CAN	NIA	Express Scripts Canada Co.	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	74-2974964				ESI Mail Order Processing, Inc. (f/k/a NXI)	DE	NIA	Express Scripts, Inc.	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	43-1867735				ESI Mail Pharmacy Service, Inc.	DE	NIA	Express Scripts, Inc.	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	43-1925562				ESI Partnership	DE	NIA	Express Scripts, Inc. (82%); ESI-GP Holdings, Inc. (18%)	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	41-2006555				ESI Resources, Inc.	MN	NIA	ESI Partnership	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	92-1016132				ESSCH Holdings, Inc.	DE	NIA	Express Scripts, Inc.	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	93-1916563				Evernorth Accountable Care, LLC	DE	NIA	Evernorth Health, Inc.	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	94-3107309				Evernorth Behavioral Health of California, Inc.	CA	NIA	Evernorth Behavioral Health, Inc.	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	75-2751090				Evernorth Behavioral Health of Texas, Inc.	TX	NIA	Evernorth Behavioral Health, Inc.	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	41-1648670				Evernorth Behavioral Health, Inc.	MN	NIA	Connecticut General Corporation	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	86-1465626				Evernorth Care Solutions, Inc.	DE	NIA	Evernorth Health, Inc.	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	32-0222252				Evernorth Direct Health, LLC	DE	NIA	Connecticut General Life Insurance Company	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	45-2884094				Evernorth Health, Inc.	DE	NIA	The Cigna Group	Ownership	100.000	The Cigna Group	NO	

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PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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0901	Cigna Group	00000	00-0000000				Evernorth Ireland Limited	IRL	NIA	Evernorth Health, Inc.	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	85-2759151				Evernorth Sales Operations, Inc.	DE	NIA	Evernorth Health, Inc.	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	85-2717903				Evernorth Strategic Development, Inc.	DE	NIA	The Cigna Group	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	93-2676484				Evernorth-VillageMD Health Organization of Texas, Inc.	TX	NIA	Evernorth-VillageMD Care Alliance of Texas, LLC	Ownership	85.000	The Cigna Group	NO	
0901	Cigna Group	00000	93-1946921				Evernorth-VillageMD Care Alliance of AZ, LLC	DE	NIA	Evernorth Accountable Care, LLC	Ownership	85.000	The Cigna Group	NO	
0901	Cigna Group	00000	93-3088901				Evernorth-VillageMD Care Alliance of CT, LLC	DE	NIA	Evernorth Accountable Care, LLC	Ownership	85.000	The Cigna Group	NO	
0901	Cigna Group	00000	93-1971121				Evernorth-VillageMD Care Alliance of GA, LLC	DE	NIA	Evernorth Accountable Care, LLC	Ownership	85.000	The Cigna Group	NO	
0901	Cigna Group	00000	93-2000610				Evernorth-VillageMD Care Alliance of NJ, LLC	NJ	NIA	Evernorth Accountable Care, LLC	Ownership	85.000	The Cigna Group	NO	
0901	Cigna Group	00000	93-2024744				Evernorth-VillageMD Care Alliance of TX, LLC	DE	NIA	Evernorth Accountable Care, LLC	Ownership	85.000	The Cigna Group	NO	
0901	Cigna Group	00000	93-3608409				Evernorth Wholesale Distribution, Inc.	DE	NIA	Priority Healthcare Distribution, Inc.	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	46-4676347				eviCore 1, LLC	DE	NIA	Evernorth Health, Inc.	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	62-1615395				eviCore healthcare MSI, LLC	TN	NIA	MedSolutions Holdings, Inc.	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	13918	27-3175443				Express Reinsurance Company	MO	IA	Express Scripts, Inc.	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	41-2063830				Express Scripts Administrators LLC	DE	NIA	Medco Health Solutions, Inc.	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	00-0000000				Express Scripts Canada Co.	CAN	NIA	Express Scripts Canada Holding Co.	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	43-1942542				Express Scripts Canada Holding Co.	DE	NIA	Express Scripts, Inc.	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	27-1490640				Express Scripts Canada Holding, LLC	DE	NIA	Express Scripts Canada Holding Co.	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	00-0000000				Express Scripts Canada Services	CAN	NIA	Express Scripts Canada Co. (99.9%); ESI-GP2 Canada, ULC (0.1%)	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	00-0000000				Express Scripts Canada Wholesale	CAN	NIA	Express Scripts Canada Co. (99.9%); ESI-GP2 Canada, ULC (0.1%)	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	84-5003423				Express Scripts Health Information Network Partners, Inc.	DE	NIA	Express Scripts, Inc.	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	20-5826948				Express Scripts Pharmaceutical Procurement, LLC	DE	NIA	ESI Mail Pharmacy Service, Inc. (50%); Express Scripts, Inc. (50%)	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	00-0000000				Express Scripts Pharmacy Atlantic, Ltd.	CAN	NIA	Express Scripts Canada Services	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	00-0000000				Express Scripts Pharmacy Central, Ltd.	CAN	NIA	Express Scripts Canada Services	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	00-0000000				Express Scripts Pharmacy Ontario, Ltd.	CAN	NIA	Express Scripts Canada Services	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	00-0000000				Express Scripts Pharmacy West, Ltd.	CAN	NIA	Express Scripts Canada Services	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	30-0789911				Express Scripts Pharmacy, Inc.	DE	NIA	Medco Health Services, Inc.	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	22-3114423				Express Scripts Sales Operations, Inc.	NJ	NIA	ESI Mail Pharmacy Service, Inc.	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	20-3126104				Express Scripts Senior Care Holdings LLC	DE	NIA	ESSCH Holdings, Inc.	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	20-3126075				Express Scripts Senior Care, Inc.	DE	NIA	ESSCH Holdings, Inc.	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	43-1832983				Express Scripts Services Co.	DE	NIA	Express Scripts, Inc.	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	43-1869712				Express Scripts Specialty Distribution Services, Inc.	DE	NIA	Express Scripts, Inc.	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	22-2230703				Express Scripts Strategic Development, Inc.	NJ	NIA	Express Scripts, Inc.	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	43-1869714				Express Scripts Utilization Management Company	DE	NIA	Express Scripts, Inc.	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	43-1420563				Express Scripts, Inc.	DE	NIA	Evernorth Health, Inc.	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	00-0000000				FirstAssist Administration Limited	GBR	NIA	Cigna Willow Holdings, LTD.	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	23-1914061				Former Cigna Investments, Inc.	DE	NIA	Cigna Investment Group, Inc.	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	88-3762943				Forsyth Health, LLC	DE	NIA	Express Scripts, Inc.	Ownership	50.100	The Cigna Group	NO	
0901	Cigna Group	00000	02-0523249				Freco, Inc.	FL	NIA	Priority Healthcare Corporation	Ownership	100.000	The Cigna Group	NO	

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0901	Cigna Group	00000	20-3229217				Freedom Service Company, LLC	FL	NIA	Lynnfield Drug, Inc.	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	00-0000000				Gillette Ridge Community Council, Inc.	CT	NIA	Connecticut General Life Insurance Company	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	20-3700105				Gillette Ridge Golf, LLC	DE	NIA	Connecticut General Life Insurance Company	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	95388	93-1174749				Great-West Healthcare of Illinois, Inc.	IL	NIA	Cigna Healthcare Holdings, Inc.	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	00-0000000				GRG Acquisitions LLC	DE	NIA	Connecticut General Life Insurance Company	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	76-0657035				GulfQuest, LP	TX	NIA	HouQuest, LLC	Ownership	99.000	The Cigna Group	NO	
0901	Cigna Group	00000	87-3650143				Hartford Community Lender Holding LLC	DE	NIA	Cigna Health and Life Insurance Company	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	87-3686301				Hartford Community Lender I LLC	DE	NIA	Hartford Community Lender Holding LLC	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	04-2992335				Healthbridge Reimbursement & Product Support, Inc.	MA	NIA	Priority Healthcare Corporation	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	26-2159005				Healthbridge, Inc.	DE	NIA	Express Scripts, Inc.	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	46-2086778				Health-Lynx, LLC	NJ	NIA	Cigna Health and Life Insurance Company	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	06-1533555				Healthsource Benefits, Inc.	DE	NIA	Connecticut General Corporation	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	02-0467679				Healthsource Properties, Inc.	NH	NIA	Healthsource, Inc.	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	02-0387748		0000855587		Healthsource, Inc.	DE	NIA	Cigna Health Corporation	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	12902	20-8534298				HealthSpring Life & Health Insurance Company, Inc.	TX	IA	NewQuest, LLC	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	20-8647386				HealthSpring Management of America, LLC	DE	NIA	NewQuest, LLC	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	11532	65-1129599				HealthSpring of Florida, Inc.	FL	IA	NewQuest, LLC	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	26-2353772				HealthSpring Pharmacy of Tennessee, LLC	DE	NIA	HealthSpring Pharmacy Services, LLC	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	26-2353476				HealthSpring Pharmacy Services, LLC	DE	NIA	NewQuest, LLC	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	72-1559530				HealthSpring USA, LLC	TN	NIA	NewQuest, LLC	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	20-1821898		0001339553		HealthSpring, Inc.	DE	NIA	Connecticut General Corporation	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	81-4139432				Heights at Bear Creek Borrower LLC	DE	NIA	CARING Heights At Bear Creek Investor LLC	Ownership	80.000	The Cigna Group	NO	
0901	Cigna Group	00000	81-4139432				Heights at Bear Creek Mezzanine LLC	DE	NIA	CARING Heights At Bear Creek Investor LLC	Ownership	80.000	The Cigna Group	NO	
0901	Cigna Group	00000	81-4139432				Heights at Bear Creek Venture LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	90.000	The Cigna Group	NO	
0901	Cigna Group	00000	20-4266628				Home Physicians Management, LLC	DE	NIA	NewQuest, LLC	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	75-3108521				HouQuest, LLC	DE	NIA	NewQuest, LLC	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	37-1708015				Houston Briar Forest Apartments Limited Partnership	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	80.000	The Cigna Group	NO	
0901	Cigna Group	00000	95-4838551				Ideal Properties II LLC	CA	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	85.000	The Cigna Group	NO	
0901	Cigna Group	00000	35-2041388				IHN, Inc.	IN	NIA	Connecticut General Corporation	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	00-0000000				Independent Health Information Technology Services L.L.C.	ARE	NIA	NAS Neuron Health Services, L.L.C.	Ownership	50.000	The Cigna Group	NO	
0901	Cigna Group	00000	82-1655179				Innovative Product Alignment, LLC	DE	NIA	Express Scripts, Inc.	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	82-0658250				Inside RX, LLC	DE	NIA	Express Scripts, Inc.	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	81-0425785				Intermountain Underwriters, Inc.	MT	NIA	Benefit Management Corp.	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	00-0000000				International Pharmaceutical Solutions, GmbH	CHE	NIA	Cigna Holdings Overseas, Inc.	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	84-3406799				JA Lofts Holdings, LLC	DE	NIA	JA Lofts JV Limited Partnership	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	84-3395923				JA Lofts JV Limited Partnership	DE	NIA	CARING JA Lofts Investor LP LLC	Ownership	90.000	The Cigna Group	NO	
0901	Cigna Group	00000	00-0000000				Kuwait Emirates Administration Services WLL	KWT	NIA	NAS Administrative Services Company LLC	Ownership	90.000	The Cigna Group	NO	
0901	Cigna Group	00000	20-8064696				Kronos Optimal Health Company	AZ	NIA	Connecticut General Corporation	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	47-5292506				L&C Investments, LLC	DE	NIA	Express Scripts, Inc.	Ownership	100.000	The Cigna Group	NO	

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0901	Cigna Group	00000	47-4375626				Lakehills CM-CG LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	90.000	The Cigna Group	NO	
0901	Cigna Group	65722	63-0343428				Loyal American Life Insurance Company	OH	IA	Cigna Health and Life Insurance Company	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	58-2593075				Lynnfield Compounding Center, Inc.	FL	NIA	Priority Healthcare Corporation	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	04-3546044				Lynnfield Drug, Inc.	FL	NIA	Priority Healthcare Corporation	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	27-1506930				MAH Pharmacy, LLC	DE	NIA	Medco Health Solutions, Inc.	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	80-0908244				Mallory Square Partners I, LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	80.000	The Cigna Group	NO	
0901	Cigna Group	00000	51-0500147				Matrix GPO, LLC	IN	NIA	Priority Healthcare Corporation	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	59-3720653				Matrix Healthcare Services, Inc.	FL	NIA	MyMatrixx Holdings, LLC	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	06-1346406				MCC Independent Practice Association of New York, Inc.	NY	NIA	Evernorth Health, Inc.	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	45-4937055				MDLive, Inc.	DE	NIA	Evernorth Health, Inc.	Ownership	97.230	The Cigna Group	NO	
0901	Cigna Group	00000	00-0000000				MDLive LLC	DE	NIA	MDLive, Inc.	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	00-0000000				MDLivevisit, LLC	FL	NIA	MDLive, Inc.	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	00-0000000				MDLive Provider Services, LLC	FL	NIA	MDLive, Inc.	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	34720	13-3506395				Medco Containment Insurance Company of NY	NY	IA	Medco Health Solutions, Inc.	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	63762	42-1425239				Medco Containment Life Insurance Company	PA	IA	Medco Health Solutions, Inc.	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	27-3709630				Medco Europe II, LLC	DE	NIA	Medco Europe, LLC	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	46-2166374				Medco Europe, LLC	DE	NIA	Medco Health Solutions, Inc.	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	84-5017653				Medco Health Information Network Partners, Inc.	DE	NIA	Medco Health Solutions, Inc.	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	81-0616525				Medco Health Puerto Rico, LLC	DE	NIA	Medco Health Solutions, Inc.	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	26-3544786				Medco Health Services, Inc.	DE	NIA	Medco Health Solutions, Inc.	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	22-3461740				Medco Health Solutions, Inc.	DE	NIA	Evernorth Health, Inc.	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	27-3801345				MedSolutions Holdings, Inc.	DE	NIA	eviCore 1, LLC	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	87-2810715				Montclair 11 Pine Operating Company LLC	DE	NIA	CARING Montclair Investor LLC	Ownership	90.000	The Cigna Group	NO	
0901	Cigna Group	00000	87-2790325				Montclair 11 Pine Urban Renewal LLC	DE	NIA	CARING Montclair Investor LLC	Ownership	90.000	The Cigna Group	NO	
0901	Cigna Group	00000	87-2772585				Montclair Residences JV LLC	DE	NIA	CARING Montclair Investor LLC	Ownership	90.000	The Cigna Group	NO	
0901	Cigna Group	00000	32-0071543				MSI Health Organization of Texas, Inc.	TX	NIA	eviCore healthcare MSI, LLC	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	27-5492993				MSI HT, LLC	TN	NIA	eviCore healthcare MSI, LLC	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	27-5493148				MSI LT, LLC	TN	NIA	eviCore healthcare MSI, LLC	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	27-5493321				MSI SAR-GW, LLC	TN	NIA	eviCore healthcare MSI, LLC	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	86-1090522				MSIAZ I, LLC	TN	NIA	eviCore healthcare MSI, LLC	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	20-1749733				MSICA I, LLC	TN	NIA	eviCore healthcare MSI, LLC	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	20-1222347				MSICO I, LLC	TN	NIA	eviCore healthcare MSI, LLC	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	55-0840800				MSIFL, LLC	TN	NIA	eviCore healthcare MSI, LLC	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	26-0181185				MSIMD I, LLC	TN	NIA	eviCore healthcare MSI, LLC	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	74-3122235				MSINC I, LLC	TN	NIA	eviCore healthcare MSI, LLC	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	11-3715243				MSINH II, LLC	TN	NIA	eviCore healthcare MSI, LLC	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	03-0524694				MSINH, LLC	TN	NIA	eviCore healthcare MSI, LLC	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	20-1749446				MSINJ I, LLC	TN	NIA	eviCore healthcare MSI, LLC	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	20-1761914				MSINV I, LLC	TN	NIA	eviCore healthcare MSI, LLC	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	55-0840806				MSISC II, LLC	TN	NIA	eviCore healthcare MSI, LLC	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	26-0336736				MSIVT I, LLC	TN	NIA	eviCore healthcare MSI, LLC	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	20-2536458				MSIWA, LLC	TN	NIA	eviCore healthcare MSI, LLC	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	36-4833284				MyM Technology Services, LLC	FL	NIA	MyMatrixx Holdings, LLC	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	82-1350878				myMatrixx Holdings, LLC	DE	NIA	Express Scripts, Inc.	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	46-2589799				myMatrixx-B, LLC	FL	NIA	Matrix Healthcare Services, Inc.	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	00-0000000				NAS Administrative Services Company LLC	ARE	NIA	NAS Neuron Health Services, L.L.C.	Ownership	99.000	The Cigna Group	NO	

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1 Group Code	2 Group Name	3 NAIC Company Code	4 ID Number	5 Federal RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries Or Affiliates	9 Domiciliary Location	10 Relationship to Reporting Entity	11 Directly Controlled by (Name of Entity/Person)	12 Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	13 If Control is Ownership Provide Percentage	14 Ultimate Controlling Entity(ies)/Person(s)	15 Is an SCA Filing Required? (Yes/No)	16 *
0901	Cigna Group	00000	00-0000000				NAS Neuron Health Services, L.L.C.	ARE	NIA	Cigna Chestnut Holdings, Ltd.	Ownership	49.000	The Cigna Group	NO	
0901	Cigna Group	00000	00-0000000				NAS United SPV	CYM	NIA	NAS Neuron Health Services, L.L.C.	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	00-0000000				Neuron LLC	ARE	NIA	NAS Neuron Health Services, L.L.C.	Ownership	99.000	The Cigna Group	NO	
0901	Cigna Group	00000	52-1929677				NewQuest Management Northeast, LLC	DE	NIA	NewQuest, LLC	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	33-1033586				NewQuest Management of Alabama, LLC	AL	NIA	NewQuest, LLC	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	20-4954206				NewQuest Management of Florida, LLC	FL	NIA	NewQuest, LLC	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	77-0632665				NewQuest Management of Illinois, LLC	IL	NIA	NewQuest, LLC	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	45-0633893				NewQuest Management of West Virginia, LLC	DE	NIA	NewQuest, LLC	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	76-0628370				NewQuest, LLC	TX	NIA	HealthSpring, Inc.	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	82-5244890				Octave Health Group, Inc.	DE	NIA	Cigna Ventures, LLC	Ownership	18.160	The Cigna Group	NO	
0901	Cigna Group	00000	91-1599329				Olympic Health Management Services, Inc.	WA	NIA	Olympic Health Management Systems, Inc.	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	91-1500758				Olympic Health Management Systems, Inc.	WA	NIA	Sterling Life Insurance Company	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	80-0818758				Patient Provider Alliance, Inc.	DE	NIA	Brighter, Inc.	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	35-1927379				Priority Healthcare Corporation	IN	NIA	CuraScript, Inc.	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	59-3761140				Priority Healthcare Distribution, Inc.	FL	NIA	Priority Healthcare Corp	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	67903	23-1335885				Provident American Life & Health Insurance Company	OH	DS	Cigna National Health Insurance Company	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	00-0000000				PT GAR Indonesia	IDN	NIA	Cigna Holdings Overseas, Inc.	Ownership	99.160	The Cigna Group	NO	
0901	Cigna Group	00000	45-5046449				PUR Arbors Apartments Venture LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	87.500	The Cigna Group	NO	
0901	Cigna Group	00000	46-1801639				QualCare Management Resources Limited Liability Company	NJ	NIA	Cigna Health and Life Insurance Company	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	00-0000000				Quallent Pharmaceuticals Holdings LP	CYM	NIA	Cigna Spruce Holdings GmbH	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	00-0000000				Quallent Pharmaceuticals Health LLC	CYM	NIA	Quallent Pharmaceuticals Holdings LP	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	45-5569416				QPID Health, LLC	DE	NIA	eviCore healthcare MSI, LLC	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	83-1460134				Rise-CG Capitol Hill, LP	DE	NIA	CARING Capitol Hill LP LLC	Ownership	90.000	The Cigna Group	NO	
0901	Cigna Group	00000	84-3254168				Rise-CG JA Lofts Limited Partnership	DE	NIA	JA Lofts Holdings, LLC (.5%); JA Lofts JV Limited Partnership (99.5%)	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	35-1641636				Sagamore Health Network, Inc.	IN	NIA	Cigna Health Corporation	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	46-3593103				SB-SNH LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	85.000	The Cigna Group	NO	
0901	Cigna Group	00000	95-2876207				Secon Properties, LP	CA	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	50.000	South Coast Plaza Associates, LLC (non-affiliate)	NO	
0901	Cigna Group	00000	82-1732483				SOMA Apartments Venture LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	90.000	The Cigna Group	NO	
0901	Cigna Group	00000	82-4405071				Specialty Products Acquisitions, LLC	DE	NIA	Medco Health Solutions, Inc.	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	61-1317695				SpectraCare Health Care Ventures, Inc.	KY	NIA	SpectraCare, Inc.	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	61-1147068				SpectraCare, Inc.	KY	NIA	Priority Healthcare Corp	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	77399	13-1867829				Sterling Life Insurance Company	IL	IA	Cigna Health and Life Insurance Company	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	47-2658932				Strategic Pharmaceutical Investments, LLC	DE	NIA	Priority Healthcare Corp	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	00-0000000				SureScripts, LLC	VA	NIA	Express Scripts, Inc. 16.7%/Medco Health Solutions, Inc. 16.7%	Ownership	33.400	The Cigna Group	NO	
0901	Cigna Group	00000	87-0903685				Swedesford Road Apartments, LLC	DE	NIA	CARING Berwyn Investor LLC	Ownership	68.600	The Cigna Group	NO	
0901	Cigna Group	00000	22-3474888				Systemed, LLC	DE	NIA	Medco Health Solutions, Inc.	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	23-3074013				Tel-Drug of Pennsylvania, LLC	PA	NIA	Connecticut General Life Insurance Company	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	46-0427127				Tel-Drug, Inc.	SD	NIA	Connecticut General Corporation	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	00-0000000				Temple Insurance Company Limited	BMU	IA	Healthsource, Inc.	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	20-5524622				Tennessee Quest, LLC	TN	NIA	NewQuest, LLC	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	75-3108527				TexQuest, LLC	DE	NIA	NewQuest, LLC	Ownership	100.000	The Cigna Group	NO	

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1 Group Code	2 Group Name	3 NAIC Company Code	4 ID Number	5 Federal RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries Or Affiliates	9 Domiciliary Location	10 Relationship to Reporting Entity	11 Directly Controlled by (Name of Entity/Person)	12 Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	13 If Control is Ownership Provide Percentage	14 Ultimate Controlling Entity(ies)/Person(s)	15 Is an SCA Filing Required? (Yes/No)	16 *
0901	Cigna Group	00000	85-1955731				The Flats at Interbay Holdings, LLC	DE	NIA	CARING Interbay Investor LP LLC	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	85-1955075				The Flats at Interbay JV Limited Partnership	DE	NIA	CARING Interbay Investor LP LLC	Ownership	90.000	The Cigna Group	NO	
0901	Cigna Group	00000	85-1962013				The Flats at Interbay Limited Partnership	DE	NIA	CARING Interbay Investor LP LLC	Ownership	99.500	The Cigna Group	NO	
0901	Cigna Group	00000	46-5264463				Trainer Rx, Inc.	DE	NIA	Cigna Ventures, LLC	Ownership	19.400	The Cigna Group	NO	
0901	Cigna Group	00000	00-0000000				Transwestern Federal, L.L.C.	DE	NIA	Transwestern Federal Holdings, L.L.C.	Ownership	7.616	The Cigna Group	NO	
0901	Cigna Group	00000	00-0000000				Transwestern Federal Holdings, L.L.C.	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	7.616	The Cigna Group	NO	
0901	Cigna Group	00000	98-0463704				Vielife Services, Inc.	DE	NIA	Cigna Global Wellbeing Holdings Limited	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	00-0000000				Verity Solutions Group, Inc.	DE	NIA	Cigna Health and Life Insurance Company	Ownership	100.000	The Cigna Group	YES	
0901	Cigna Group	00000	00-0000000				Westcore CG AC, LLC	DE	NIA	CARING Westcore Holding Investor LLC	Ownership	90.000	The Cigna Group	NO	
0901	Cigna Group	00000	84-3178563				Westcore CG Camelback, LLC	DE	NIA	CARING Westcore Holding Investor LLC	Ownership	90.000	The Cigna Group	NO	
0901	Cigna Group	00000	84-3178563				Westcore CG Cedar Port, LLC	DE	NIA	CARING Westcore Holding Investor LLC	Ownership	90.000	The Cigna Group	NO	
0901	Cigna Group	00000	84-3178563				Westcore CG Dove Valley I, LLC	DE	NIA	CARING Westcore Holding Investor LLC	Ownership	90.000	The Cigna Group	NO	
0901	Cigna Group	00000	84-3178563				Westcore CG Dove Valley II, LLC	DE	NIA	CARING Westcore Holding Investor LLC	Ownership	90.000	The Cigna Group	NO	
0901	Cigna Group	00000	84-3178563				Westcore CG Eisenhauer, LLC	DE	NIA	CARING Westcore Holding Investor LLC	Ownership	90.000	The Cigna Group	NO	
0901	Cigna Group	00000	84-3178563				Westcore CG Fountain Lakes, LLC	DE	NIA	CARING Westcore Holding Investor LLC	Ownership	90.000	The Cigna Group	NO	
0901	Cigna Group	00000	84-3178563				Westcore CG Gateway, LLC	DE	NIA	CARING Westcore Holding Investor LLC	Ownership	90.000	The Cigna Group	NO	
0901	Cigna Group	00000	84-3178563				Westcore CG I-35, LLC	DE	NIA	CARING Westcore Holding Investor LLC	Ownership	90.000	The Cigna Group	NO	
0901	Cigna Group	00000	84-3178563				Westcore CG Navy, LLC	DE	NIA	CARING Westcore Holding Investor LLC	Ownership	90.000	The Cigna Group	NO	
0901	Cigna Group	00000	84-3178563				Westcore CG Potomac Park, LLC	DE	NIA	CARING Westcore Holding Investor LLC	Ownership	90.000	The Cigna Group	NO	
0901	Cigna Group	00000	84-3178563				Westcore CG Raceway, LLC	DE	NIA	CARING Westcore Holding Investor LLC	Ownership	90.000	The Cigna Group	NO	
0901	Cigna Group	00000	84-3178563				Westcore CG Solano, LLC	DE	NIA	CARING Westcore Holding Investor LLC	Ownership	90.000	The Cigna Group	NO	
0901	Cigna Group	00000	84-3178563				Westcore CG Susana, LLC	DE	NIA	CARING Westcore Holding Investor LLC	Ownership	90.000	The Cigna Group	NO	
0901	Cigna Group	00000	00-0000000				Westcore CG Venture, LLC	DE	NIA	CARING Westcore Holding Investor LLC	Ownership	90.000	The Cigna Group	NO	
0901	Cigna Group	00000	87-3624928				Westcore CG Venture II, LLC	DE	NIA	CARING Westcore Holding II Investor LLC	Ownership	90.000	The Cigna Group	NO	
0901	Cigna Group	00000	87-3624928				Westcore CG II AC, LLC	DE	NIA	CARING Westcore Holding II Investor LLC	Ownership	90.000	The Cigna Group	NO	
0901	Cigna Group	00000	87-3624928				Westcore CG II Denton, LLC	DE	NIA	CARING Westcore Holding II Investor LLC	Ownership	90.000	The Cigna Group	NO	
0901	Cigna Group	00000	87-3624928				Westcore CG II Milan, LLC	DE	NIA	CARING Westcore Holding II Investor LLC	Ownership	90.000	The Cigna Group	NO	
0901	Cigna Group	00000	87-3624928				Westcore CG II Park 225, LLC	DE	NIA	CARING Westcore Holding II Investor LLC	Ownership	90.000	The Cigna Group	NO	
0901	Cigna Group	00000	87-3624928				Westcore CG II Union Cross, LLC	DE	NIA	CARING Westcore Holding II Investor LLC	Ownership	90.000	The Cigna Group	NO	
0901	Cigna Group	00000	00-0000000				Willow DSP LLC	DE	NIA	Accredo Health, Incorporated	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	00000	00-0000000				YCFM Servicos LTDA	BRA	NIA	Cigna Global Holdings, Inc.	Ownership	35.320	The Cigna Group	NO	

NONE

Asterisk	Explanation

SCHEDULE Y

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

1 NAIC Company Code	2 ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred Under Reinsurance Agreements	10 *	11 Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	12 Totals	13 Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
00000	46-2332355	1EQ Inc. (d/b/a Babyscripts)	0	0	0	0	0	0		0	0	
00000	88-1945947	73 Pond Street Apartments Venture, L.L.C.	0	0	0	0	0	0		0	0	
00000	00-0000000	680 Investors LLC	0	0	0	0	0	0		0	0	
00000	00-0000000	685 New Hampshire LLC	0	0	0	0	0	0		0	0	
00000	82-4794800	9171 Wilshire CPI-CII LLC	0	0	0	0	0	0		0	0	
00000	86-1712743	ABL Apartments Venture, L.L.C.	0	0	0	0	0	0		0	0	
00000	88-4202407	ABL Holding Co., L.L.C.	0	0	0	0	0	0		0	0	
00000	88-3747773	ABL Townhomes Venture, L.L.C.	0	0	0	0	0	0		0	0	
00000	85-1046126	ABS Apartments Venture, L.L.C.	0	0	0	0	0	0		0	0	
00000	11-3358535	Accredo Health Group, Inc.	0	0	0	0	0	0		0	0	
00000	55-0894449	Accredo Health, Incorporated	0	0	0	0	0	0		0	0	
00000	87-4355549	AGA Apartments Venture, L.L.C.	0	0	0	0	0	0		0	0	
00000	92-1596970	AGS Apartments Venture, L.L.C.	0	0	0	0	0	0		0	0	
00000	13-3888838	AHG of New York, Inc.	0	0	0	0	0	0		0	0	
00000	75-3040465	Airport Holdings, LLC	0	0	0	0	0	0		0	0	
00000	35-2562415	Alegis Care Services, LLC	0	0	0	0	0	0		0	0	
00000	85-0909305	Alegis Care Services of Colorado, LLC	0	0	0	0	0	0		0	0	
00000	81-0400550	Allegiance Benefit Plan Management, Inc.	(12,000,000)	0	0	0	15,763,384	0		0	3,763,384	
00000	03-0507057	Allegiance Care Management, LLC	0	0	0	0	15,239	0		0	15,239	
00000	71-0916514	Allegiance COBRA Services, Inc.	0	0	0	0	(1,038)	0		0	(1,038)	
12814	20-4433475	Allegiance Life & Health Insurance Company	0	0	0	0	(561,110)	103,337		0	(457,773)	
00000	26-2201582	Allegiance Provider Direct, LLC	0	0	0	0	0	0		0	0	
00000	20-3851464	Allegiance Re, Inc.	0	0	0	0	0	0		0	0	
88366	59-2760189	American Retirement Life Insurance Company	0	(15,000,000)	0	0	(15,836,078)	0		0	(30,836,078)	
00000	87-4023291	AOP II Apartments Venture, L.L.C.	0	0	0	0	0	0		0	0	
00000	82-3315524	Arbor Heights Venture LLC	0	0	0	0	0	0		0	0	
00000	46-4080861	AristaMD, Inc.	0	0	0	0	0	0		0	0	
00000	86-3581583	Arizona Health Plan, Inc.	0	0	0	0	0	0		0	0	
00000	00-0000000	Ascent Health Services LLC	0	0	0	0	(448,308)	0		0	(448,308)	
00000	87-1304984	ASE Apartments Venture, L.L.C.	0	0	0	0	0	0		0	0	
00000	86-1750832	ASM Apartments Venture, L.L.C.	0	0	0	0	0	0		0	0	
00000	00-0000000	ATX Merrilltown, LP	0	0	0	0	0	0		0	0	
00000	81-0585518	Benefit Management Corp.	0	0	0	0	0	0		0	0	
00000	81-2650133	Berewick Apartments LLC	0	0	0	0	0	0		0	0	
00000	43-1815573	Biopartners in Care, Inc.	0	0	0	0	0	0		0	0	
10095	52-2259087	Bravo Health Mid-Atlantic, Inc.	0	65,000,000	0	0	(46,987,059)	(68,335)		0	17,944,606	
11524	52-2363406	Bravo Health Pennsylvania, Inc.	0	65,000,000	0	0	(152,190,750)	(185,882)		0	(87,376,632)	
00000	00-0000000	Breakthrough Behavioral, Inc.	0	0	0	0	0	0		0	0	
00000	00-0000000	Breakthrough Behavioral of Texas, Inc.	0	0	0	0	0	0		0	0	
00000	27-1713977	Brighter, Inc.	0	0	0	0	0	0		0	0	
00000	46-4918521	Buoy Health, Inc.	0	0	0	0	0	0		0	0	
00000	47-4991296	Bright Health Group, Inc.	0	0	0	0	0	0		0	0	

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

1 NAIC Company Code	2 ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred Under Reinsurance Agreements	10 *	11 Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	12 Totals	13 Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
00000	61-1162797	Care Continuum, Inc.	0	0	0	0	0	0		0	0	
00000	85-0954556	CareAllies Accountable Care Collaborative LLC	0	0	0	0	0	0		0	0	
00000	85-0935554	CareAllies Accountable Care Network LLC	0	0	0	0	0	0		0	0	
00000	00-0000000	CareAllies Accountable Care Solutions LLC	0	0	0	0	0	0		0	0	
00000	26-0180898	CareAllies, Inc.	(11,500,000)	0	0	0	(6,402)	0		0	(11,506,402)	
10144	20-1089572	CareCore NJ, LLC	0	0	0	0	(22,562,673)	0		0	(22,562,673)	
00000	45-2681649	CarePlexus, LLC	0	0	0	0	0	0		0	0	
00000	83-1400586	CARING 18th & Salmon Investor LLC	0	0	0	0	0	0		0	0	
00000	83-2562994	CARING 500 Ygnacio Investor LLC	0	0	0	0	0	0		0	0	
00000	84-1960231	CARING 3130 Investor LLC	0	0	0	0	0	0		0	0	
00000	83-2318410	CARING 9171 Wilshire Investor LLC	0	0	0	0	0	0		0	0	
00000	85-4247420	CARING ABS Investor LLC	0	0	0	0	0	0		0	0	
00000	83-2851501	CARING Alta Duraleigh Investor LLC	0	0	0	0	0	0		0	0	
00000	83-2851501	CARING Alta Englewood Investor LLC	0	0	0	0	0	0		0	0	
00000	85-2966766	CARING Alta Leander Investor LLC	0	0	0	0	0	0		0	0	
00000	83-2563284	CARING Alta Woodson Investor LLC	0	0	0	0	0	0		0	0	
00000	87-1992977	CARING Berwyn Investor LLC	0	0	0	0	0	0		0	0	
00000	86-1885283	CARING Brinkman Investor LLC	0	0	0	0	0	0		0	0	
00000	32-0570889	CARING Capitol Hill GP LLC	0	0	0	0	0	0		0	0	
00000	37-1903297	CARING Capitol Hill LP LLC	0	0	0	0	0	0		0	0	
00000	83-2851364	CARING Century Plaza Investor LLC	0	0	0	0	0	0		0	0	
00000	85-4265529	CARING Deco Investor LLC	0	0	0	0	0	0		0	0	
00000	85-2912145	CARING Elan I Investor LLC	0	0	0	0	0	0		0	0	
00000	87-0928526	CARING Elan II Investor LLC	0	0	0	0	0	0		0	0	
00000	88-2276875	CARING EndOpII-MIA Investor, LLC	0	0	0	0	0	0		0	0	
00000	83-3701937	CARING Firestone Investor LLC	0	0	0	0	0	0		0	0	
00000	87-4803572	CARING Galleria Investor LLC	0	0	0	0	0	0		0	0	
00000	92-0571674	CARING Glenwood Investor LLC	0	0	0	0	0	0		0	0	
00000	00-0000000	CARING JA Lofts Investor LP LLC	0	0	0	0	0	0		0	0	
00000	00-0000000	CARING JA Lofts Investor GP LLC	0	0	0	0	0	0		0	0	
00000	83-2318233	CARING Heights at Bear Creek Investor LLC	0	0	0	0	0	0		0	0	
00000	83-1400482	CARING Hillcrest Investor LLC	0	0	0	0	0	0		0	0	
00000	84-4410554	CARING IBP Investor LLC	0	0	0	0	0	0		0	0	
00000	85-1961034	CARING Interbay Investor GP LLC	0	0	0	0	0	0		0	0	
00000	85-1984627	CARING Interbay Investor LP LLC	0	0	0	0	0	0		0	0	
00000	83-2339522	CARING Mallory Square Investor LLC	0	0	0	0	0	0		0	0	
00000	85-4265529	CARING Montclair Investor LLC	0	0	0	0	0	0		0	0	
00000	83-2563138	CARING Soma Investor LLC	0	0	0	0	0	0		0	0	
00000	83-2633790	CARING Alexan Enclave Investor LLC	0	0	0	0	0	0		0	0	
00000	83-2633886	CARING Orange Collection Investor LLC	0	0	0	0	0	0		0	0	
00000	86-2627703	CARING Optimist Park II Investor LLC	0	0	0	0	0	0		0	0	
00000	87-2031777	CARING Slabtown Investor, LLC	0	0	0	0	0	0		0	0	

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

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00000	83-8294933	CARING South Coast Subsidiary LLC	0	0	0	0	0	0		0	0	
00000	86-3275381	CARING St. Elmo Investor LLC	0	0	0	0	0	0		0	0	
00000	86-1942593	CARING St. Matthew's Investor LLC	0	0	0	0	0	0		0	0	
00000	88-2629352	CARING Tasman East Investor LLC	0	0	0	0	0	0		0	0	
00000	88-2074593	CARING Waltham Investor LLC	0	0	0	0	0	0		0	0	
00000	38-4085763	CARING Westcore Holding Investor LLC	0	0	0	0	0	0		0	0	
00000	87-3646420	CARING Westcore Holding II Investor LLC	0	0	0	0	0	0		0	0	
00000	83-3923178	CARING XR International Investor LLC	0	0	0	0	0	0		0	0	
00000	83-4317078	CARING XR 2 International Investor LLC	0	0	0	0	0	0		0	0	
00000	84-1843578	CGGL XR 2 International JV LLC	0	0	0	0	0	0		0	0	
00000	84-1843578	CGGL XR 2 International Mezz LLC	0	0	0	0	0	0		0	0	
00000	45-2604992	CCN NMO, LLC	0	0	0	0	(9,260)	0		0	(9,260)	
00000	33-1039759	CCN-WNY IPA, LLC	0	0	0	0	(8,939)	0		0	(8,939)	
00000	34-1970892	Ceres Sales of Ohio, LLC	0	0	0	0	(276)	0		0	(276)	
00000	06-1332403	CG Individual Tax Benefit Payments, Inc.	0	0	0	0	0	0		0	0	
00000	06-1332405	CG Life Pension Benefits Payments, Inc.	0	0	0	0	0	0		0	0	
00000	06-1332401	CG LINA Pension Benefits Payments, Inc.	0	0	0	0	0	0		0	0	
00000	84-2083351	CG-AQ 477 South Market Street LLC	0	0	0	0	0	0		0	0	
00000	84-4773972	CG-LEDO IBP Venture LLC	0	0	0	0	0	0		0	0	
00000	84-4747045	CG-LEDO IBP I LLC	0	0	0	0	0	0		0	0	
00000	84-4755025	CG-LEDO IBP II LLC	0	0	0	0	0	0		0	0	
00000	83-2993316	CG-Muller 550 Winchester, LLC	0	0	0	0	0	0		0	0	
00000	45-5499889	CG Seventh Street, LLC	0	0	0	0	0	0		0	0	
00000	85-0734624	CG/Wood Alta Duraleigh, LLC	0	0	0	0	0	0		0	0	
00000	85-0655107	CG/Wood Alta Duraleigh Owner, LLC	0	0	0	0	0	0		0	0	
00000	87-2928410	CG/Wood Alta Duraleigh Townhome, LLC	0	0	0	0	0	0		0	0	
00000	82-1280312	CG/Wood Alta 601, LLC	0	0	0	0	0	0		0	0	
00000	85-2233381	CG/Wood Alta Leander Station, LLC	0	0	0	0	0	0		0	0	
00000	81-3313562	CGGL City Parkway LLC	0	0	0	0	0	0		0	0	
00000	61-1797835	CGGL Orange Collection LLC	0	0	0	0	0	0		0	0	
00000	00-0000000	CGGL Orange Collection Mezz LLC	0	0	0	0	0	0		0	0	
00000	84-1921719	CGGL XR International LLC	0	0	0	0	0	0		0	0	
00000	84-1843578	CGGL XR 2 International LLC	0	0	0	0	0	0		0	0	
00000	59-3466707	Chiro Alliance Corporation	0	0	0	0	0	0		0	0	
00000	81-3389374	CIG-LEI Ygnacio Associates LLC	0	0	0	0	0	0		0	0	
00000	86-2964997	CI-GS Elan Everett Phase I, LLC	0	0	0	0	0	0		0	0	
00000	86-3726159	CI-GS Elan Everett Phase II, LLC	0	0	0	0	0	0		0	0	
00000	82-4774243	CI-GS Portland, LLC	0	0	0	0	0	0		0	0	
00000	82-1612980	CI-GS Hillcrest LLC	0	0	0	0	0	0		0	0	
00000	88-3907567	CI-GS Slabtown, LLC	0	0	0	0	0	0		0	0	
00000	92-2089889	CI-GS Tasman East Apartments, LLC	0	0	0	0	0	0		0	0	
00000	00-0000000	Cigna & CMB Asset Management Company Limited	0	0	0	0	0	0		0	0	

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00000	00-0000000	Cigna & CMB Health Services Company, Ltd.	0	0	0	0	0	0		0	0	
00000	00-0000000	Cigna & CMB Life Insurance Company Limited	(15,670,160)	0	0	0	0	0		0	(15,670,160)	
00000	00-0000000	CIGNA 2000 UK Pension LTD	0	0	0	0	0	0		0	0	
00000	27-5402196	Cigna Affiliates Realty Investment Group, LLC	0	214,605,457	0	0	0	0		0	214,605,457	
00000	00-0000000	Cigna Alder Holdings, LLC	0	0	0	0	0	0		0	0	
00000	00-0000000	Cigna Apac Holdings, Ltd.	0	0	0	0	0	0		0	0	
13733	03-0452349	Cigna Arbor Life Insurance Company	0	0	0	0	(4,448)	0		0	(4,448)	
00000	98-1181787	Cigna Beechwood Holdings	0	0	0	0	0	0		0	0	
00000	00-0000000	Cigna Bellevue Alpha LLC	0	0	0	0	0	0		0	0	
00000	02-0515554	Cigna Benefit Technology Solutions, Inc.	0	0	0	0	0	0		0	0	
00000	01-0947889	Cigna Benefits Financing, Inc.	0	0	0	0	1,219,748	0		0	1,219,748	
00000	00-0000000	Cigna Cedar Holdings, Ltd.	0	0	0	0	0	0		0	0	
00000	98-1137759	Cigna Chestnut Holdings, Ltd.	0	0	0	0	0	0		0	0	
00000	27-3396038	Cigna Corporate Services, LLC	0	0	0	0	0	0		0	0	
00000	82-4991898	The Cigna Group (A Delaware corporation and ultimate parent company)	2,045,500,000	0	0	0	0	0		0	2,045,500,000	
00000	00-0000000	Cigna Data Services (Shanghai) Company Limited	0	0	0	0	0	0		0	0	
00000	59-2600475	Cigna Dental Health Of California, Inc.	(10,500,000)	0	0	0	234,920	0		0	(10,265,080)	
11175	59-2675861	Cigna Dental Health Of Colorado, Inc.	(2,000,000)	0	0	0	(713,283)	0		0	(2,713,283)	
95380	59-2676987	Cigna Dental Health Of Delaware, Inc.	0	0	0	0	(18,510)	0		0	(18,510)	
52021	59-1611217	Cigna Dental Health Of Florida, Inc.	(8,000,000)	0	0	0	(3,087,160)	0		0	(11,087,160)	
52024	59-2625350	Cigna Dental Health Of Kansas, Inc.	(500,000)	0	0	0	(173,944)	0		0	(673,944)	
52108	59-2619589	Cigna Dental Health Of Kentucky, Inc.	(3,000,000)	0	0	0	(892,900)	0		0	(3,892,900)	
48119	20-2844020	Cigna Dental Health Of Maryland, Inc.	(3,500,000)	0	0	0	(729,568)	0		0	(4,229,568)	
11160	06-1582068	Cigna Dental Health Of Missouri, Inc.	(1,250,000)	0	0	0	(372,982)	0		0	(1,622,982)	
11167	59-2308062	Cigna Dental Health Of New Jersey, Inc.	(1,482,000)	0	0	0	(1,300,000)	0		0	(2,782,000)	
95179	56-1803464	Cigna Dental Health Of North Carolina, Inc.	0	0	0	0	(562,661)	0		0	(562,661)	
47805	59-2579774	Cigna Dental Health Of Ohio, Inc.	(3,585,000)	0	0	0	(767,498)	0		0	(4,352,498)	
47041	52-1220578	Cigna Dental Health Of Pennsylvania, Inc.	(3,500,000)	0	0	0	(520,860)	0		0	(4,020,860)	
95037	59-2676977	Cigna Dental Health Of Texas, Inc.	(9,000,000)	0	0	0	(3,896,254)	0		0	(12,896,254)	
52617	52-2188914	Cigna Dental Health Of Virginia, Inc.	(1,500,000)	0	0	0	(486,415)	0		0	(1,986,415)	
47013	86-0807222	Cigna Dental Health Plan Of Arizona, Inc.	(3,750,000)	0	0	0	4,016,589	0		0	266,589	
00000	59-2308055	Cigna Dental Health, Inc.	(1,433,000)	0	0	0	23,361,743	0		0	21,928,743	
00000	58-1136865	Cigna Direct Marketing Company, Inc.	0	0	0	0	0	0		0	0	
00000	98-1155943	Cigna Elmwood Holdings, SPRL	0	0	0	0	0	0		0	0	
00000	00-0000000	Cigna Europe Insurance Company S.A.-N.V.	0	0	0	0	0	0		0	0	
00000	00-0000000	Cigna European Services (UK) Limited	0	0	0	0	0	0		0	0	
00000	85-2732455	Cigna-Evernorth Services, Inc.	0	0	0	0	0	0		0	0	

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00000	62-1724116	Cigna Federal Benefits, Inc.	0	0	0	0	0	0		0	0	
00000	51-0389196	Cigna Global Holdings, Inc.	(106,000,000)	0	0	0	(11,816)	0		0	(106,011,816)	
00000	68-0676638	Cigna Global Insurance Company Limited	0	0	0	0	8,038,903	779,094		0	8,817,997	
00000	98-0210110	Cigna Global Reinsurance Company, Ltd.	0	(17,988,315)	0	0	(61,857)	(117,952,943)		0	(136,003,115)	
00000	00-0000000	Cigna Global Wellbeing Holdings Limited	0	0	0	0	0	0		0	0	
00000	00-0000000	Cigna Global Wellbeing Solutions Limited	0	0	0	0	0	0		0	0	
67369	59-1031071	Cigna Health and Life Insurance Company	(904,329,840)	(317,556,319)	0	0	(292,347,741)	115,509,007		0	(1,398,724,893)	
00000	62-1312478	Cigna Health Corporation	(11,000,000)	0	0	0	287,249,569	0		0	276,249,569	
00000	23-1728483	Cigna Health Management, Inc.	0	0	0	0	23,316,524	0		0	23,316,524	
00000	00-0000000	Cigna Health Solution India Pvt. Ltd.	0	0	0	0	0	0		0	0	
00000	23-2741293	Cigna Healthcare Benefits, Inc.	0	0	0	0	0	0		0	0	
00000	00-0000000	Cigna Healthcare Eastern Technology Services Company	0	0	0	0	0	0		0	0	
00000	84-0985843	Cigna Healthcare Holdings, Inc.	0	0	0	0	0	0		0	0	
95599	52-1404350	Cigna HealthCare Mid-Atlantic, Inc.	0	0	0	0	0	0		0	0	
95125	86-0334392	Cigna HealthCare of Arizona, Inc.	0	70,000,000	0	0	(25,297,721)	665,968		0	45,368,247	
00000	95-3310115	Cigna HealthCare of California, Inc.	(5,000,000)	0	0	0	(25,971,103)	(159,762)		0	(31,130,865)	
95604	84-1004500	Cigna HealthCare of Colorado, Inc.	0	20,000,000	0	0	(14,155,628)	(32,580)		0	5,811,792	
95660	06-1141174	Cigna HealthCare of Connecticut, Inc.	0	0	0	0	(1,218,210)	(1,020)		0	(1,219,230)	
95136	59-2089259	Cigna HealthCare of Florida, Inc.	0	0	0	0	(368,835)	(85,480)		0	(454,315)	
96229	58-1641057	Cigna HealthCare of Georgia, Inc.	0	300,000,000	0	0	(176,277,656)	(24,160)		0	123,698,184	
95602	36-3385638	Cigna HealthCare of Illinois, Inc.	(6,000,000)	0	0	0	(8,695,778)	(408,841)		0	(15,104,619)	
95525	35-1679172	Cigna HealthCare of Indiana, Inc.	0	0	0	0	(8,685)	(1,340)		0	(10,025)	
95220	02-0402111	Cigna HealthCare of Massachusetts, Inc.	0	0	0	0	0	0		0	0	
95493	02-0387749	Cigna HealthCare of New Hampshire, Inc.	0	0	0	0	(3,042)	0		0	(3,042)	
95500	22-2720890	Cigna HealthCare of New Jersey, Inc.	0	0	0	0	(11,139)	(2,140)		0	(13,279)	
95132	56-1479515	Cigna HealthCare of North Carolina, Inc.	0	0	0	0	(54,495,868)	(115,860)		0	(54,611,728)	
95121	23-2301807	Cigna HealthCare of Pennsylvania, Inc.	0	0	0	0	0	0		0	0	
95708	06-1185590	Cigna HealthCare of South Carolina, Inc.	0	20,000,000	0	0	(17,312,865)	(2,660)		0	2,684,475	
95635	36-3359925	Cigna HealthCare of St. Louis, Inc.	0	0	0	0	(3,144,632)	(48,060)		0	(3,192,692)	
95606	62-1218053	Cigna HealthCare of Tennessee, Inc.	0	0	0	0	(2,762,367)	0		0	(2,762,367)	
95383	74-2767437	Cigna HealthCare of Texas, Inc.	0	128,000,000	0	0	(119,843,575)	246,551		0	8,402,976	
00000	02-0495422	Cigna Healthcare, Inc.	0	0	0	0	(2,230)	0		0	(2,230)	
00000	00-0000000	Cigna HLA Technology Services Company Limited	0	0	0	0	0	0		0	0	
00000	06-1059331	Cigna Holding Company	0	0	0	0	(4,133)	0		0	(4,133)	
00000	23-3009279	Cigna Holdings Overseas, Inc.	0	0	0	0	0	0		0	0	
00000	06-1072796	Cigna Holdings, Inc.	0	(892,000,000)	0	0	(23,473)	0		0	(892,023,473)	
00000	00-0000000	Cigna Hong Kong Holdings Company Limited	0	0	0	0	0	0		0	0	
00000	27-1903785	Cigna Insurance Agency, LLC	0	0	0	0	0	0		0	0	
65269	75-2305400	Cigna Insurance Company	0	10,000,000	0	0	(26,695)	0		0	9,973,305	
00000	00-0000000	Cigna Insurance Management Services (DIFC), Ltd.	0	0	0	0	0	0		0	0	
00000	00-0000000	Cigna Insurance Middle East S.A.L.	0	0	0	0	7,109,197	0		0	7,109,197	

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00000	00-0000000	Cigna Insurance Services (Europe) Limited	0	0	0	0	0	0		0	0	
00000	23-2924152	Cigna Integratedcare, Inc.	0	0	0	0	0	0		0	0	
00000	51-0402128	Cigna Intellectual Property, Inc.	0	0	0	0	0	0		0	0	
00000	51-0111677	Cigna International Corporation, Inc.	0	0	0	0	(8,000,016)	0		0	(8,000,016)	
00000	52-0291385	Cigna International Finance, Inc.	0	0	0	0	0	0		0	0	
00000	00-0000000	Cigna International Health Services Kenya Limited	0	0	0	0	0	0		0	0	
00000	00-0000000	Cigna International Health Services Sdn. Bhd.	0	0	0	0	0	0		0	0	
00000	00-0000000	Cigna International Health Services, BVBA	0	0	0	0	0	0		0	0	
00000	30-0526216	Cigna International Health Services, LLC	0	0	0	0	0	0		0	0	
00000	00-0000000	Cigna International Marketing (Thailand) Limited	0	0	0	0	0	0		0	0	
00000	00-0000000	Cigna International Services Australia Pty Ltd.	0	0	0	0	0	0		0	0	
00000	23-2610178	Cigna International Services, Inc.	0	0	0	0	0	0		0	0	
00000	06-1095823	Cigna Investment Group, Inc.	0	0	0	0	(808)	0		0	(808)	
00000	06-0861092	Cigna Investments, Inc.	0	0	0	0	44,215,860	0		0	44,215,860	
00000	98-1146864	Cigna Laurel Holdings, Ltd.	0	0	0	0	0	0		0	0	
00000	00-0000000	Cigna Legal Protection U.K. Ltd.	0	0	0	0	0	0		0	0	
00000	AA-1560515	Cigna Life Insurance Company of Canada	0	0	0	0	(6,867,317)	0		0	(6,867,317)	
00000	AA-1240009	Cigna Life Insurance Company of Europe S.A.-N.V.	0	0	0	0	1,404,734	0		0	1,404,734	
00000	46-4110289	Cigna Linden Holdings, Inc.	0	0	0	0	0	0		0	0	
00000	98-1232512	Cigna Magnolia Holdings, Ltd.	0	0	0	0	0	0		0	0	
00000	23-2741294	Cigna Managed Care Benefits Company	0	0	0	0	26,419,333	0		0	26,419,333	
00000	87-3374500	Cigna Management Company LLC	(711,000,000)	0	0	0	0	0		0	(711,000,000)	
00000	98-1154657	Cigna Myrtle Holdings, Ltd.	0	0	0	0	0	0		0	0	
61727	34-0970995	Cigna National Health Insurance Company	0	40,000,000	0	0	(23,537,682)	0		0	16,462,318	
00000	00-0000000	Cigna Nederland Gamma B.V.	0	0	0	0	0	0		0	0	
00000	00-0000000	Cigna Oak Holdings, Ltd.	0	0	0	0	0	0		0	0	
00000	98-1232443	Cigna Palmetto Holdings, Ltd.	0	0	0	0	0	0		0	0	
00000	46-4099800	Cigna Poplar Holdings, Inc.	0	0	0	0	0	0		0	0	
00000	06-1071502	Cigna RE Corporation	0	0	0	0	0	0		0	0	
00000	06-1567902	Cigna Resource Manager, Inc.	0	0	0	0	0	0		0	0	
00000	00-0000000	Cigna Services Middle East FZE	0	0	0	0	0	0		0	0	
00000	00-0000000	Cigna Spruce Holdings GmBH	0	0	0	0	0	0		0	0	
00000	00-0000000	Cigna Teak Holdings, LLC	0	0	0	0	0	0		0	0	
00000	00-0000000	Cigna Turkey Danismanlik Hizmetleri, A.S (A/K/A Cigna Turkey Consultancy Services, A.S.)	0	0	0	0	0	0		0	0	
00000	83-1069280	Cigna Ventures, LLC	0	37,875,590	0	0	0	0		0	37,875,590	
00000	00-0000000	Cigna Walnut Holdings, Ltd.	0	0	0	0	0	0		0	0	

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00000	00-0000000	Cigna Willow Holdings, Ltd.	0	0	0	0	0	0		0	0	
00000	00-0000000	Cigna Worldwide General Insurance Company Limited	0	0	0	0	0	0		0	0	
90859	23-2088429	Cigna Worldwide Insurance Company	0	17,988,315	0	0	0	1,888,443		0	19,876,758	
00000	00-0000000	Claims and Risk Services Limited	0	0	0	0	0	0		0	0	
00000	00-0000000	ManipalCigna Health Insurance Company Limited	0	0	0	0	0	0		0	0	
00000	84-1461840	Community Health Network, LLC	0	0	0	0	0	0		0	0	
00000	06-1252419	Connecticut General Benefit Payments, Inc.	0	0	0	0	0	0		0	0	
00000	06-0840391	Connecticut General Corporation	0	0	0	0	(3,502)	0		0	(3,502)	
62308	06-0303370	Connecticut General Life Insurance Company	(100,000,000)	15,050,953	0	0	(15,921,272)	(103,337)		0	(100,973,656)	
00000	82-4936006	CPI-CII 9171 Wilshire JV LLC	0	0	0	0	0	0		0	0	
00000	27-3555688	CR Washington Street Investors LP	0	0	0	0	0	0		0	0	
00000	36-4369972	CuraScript, Inc.	0	0	0	0	0	0		0	0	
00000	86-1305728	Deco Apartments JV LLC	0	0	0	0	0	0		0	0	
00000	86-1334095	Deco Apartments Owner LLC	0	0	0	0	0	0		0	0	
00000	16-1526641	Diversified NY IPA, Inc.	0	0	0	0	0	0		0	0	
00000	41-1627938	Diversified Pharmaceutical Services, Inc.	0	0	0	0	0	0		0	0	
00000	27-3542089	Econdisc Contracting Solutions, LLC	0	0	0	0	0	0		0	0	
00000	00-0000000	Egyptian Emirates Administration Services SAE	0	0	0	0	0	0		0	0	
00000	00-0000000	ESI Canada	0	0	0	0	0	0		0	0	
00000	00-0000000	ESI GP Canada ULC	0	0	0	0	0	0		0	0	
00000	43-1925556	ESI GP Holdings, Inc.	0	0	0	0	0	0		0	0	
00000	00-0000000	ESI GP2 Canada ULC	0	0	0	0	0	0		0	0	
00000	74-2974964	ESI Mail Order Processing, Inc. (f/k/a NXI)	0	0	0	0	0	0		0	0	
00000	43-1867735	ESI Mail Pharmacy Service, Inc.	0	0	0	0	0	0		0	0	
00000	43-1925562	ESI Partnership	0	0	0	0	0	0		0	0	
00000	41-2006555	ESI Resources, Inc.	0	0	0	0	0	0		0	0	
00000	92-1016132	ESSCH Holdings, Inc.	0	0	0	0	0	0		0	0	
00000	93-1916563	Evernorth Accountable Care, LLC	0	0	0	0	0	0		0	0	
00000	94-3107309	Evernorth Behavioral Health of California, Inc.	0	0	0	0	(41,787)	0		0	(41,787)	
00000	75-2751090	Evernorth Behavioral Health of Texas, Inc.	0	0	0	0	(162,724)	0		0	(162,724)	
00000	41-1648670	Evernorth Behavioral Health, Inc.	(65,000,000)	0	0	0	71,416,187	0		0	6,416,187	
00000	86-1465626	Evernorth Care Solutions, Inc.	0	0	0	0	0	0		0	0	
00000	32-0222252	Evernorth Direct Health, LLC	0	0	0	0	(4,200)	0		0	(4,200)	
00000	45-2884094	Evernorth Health, Inc.	0	0	0	0	(424,301)	0		0	(424,301)	
00000	00-0000000	Evernorth Ireland Limited	0	0	0	0	0	0		0	0	
00000	85-2759151	Evernorth Sales Operations, Inc.	0	0	0	0	0	0		0	0	

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00000	85-2717903	Evernorth Strategic Development, Inc.	0	0	0	0	0	0		0	0	
00000	93-2676484	Evernorth-VillageMD Health Organization of Texas, Inc.	0	0	0	0	0	0		0	0	
00000	93-1946921	Evernorth-VillageMD Care Alliance of AZ, LLC	0	0	0	0	0	0		0	0	
00000	93-3088901	Evernorth-VillageMD Care Alliance of CT, LLC	0	0	0	0	0	0		0	0	
00000	93-1971121	Evernorth-VillageMD Care Alliance of GA, LLC	0	0	0	0	0	0		0	0	
00000	93-2000610	Evernorth-VillageMD Care Alliance of NJ, LLC	0	0	0	0	0	0		0	0	
00000	93-2024744	Evernorth-VillageMD Care Alliance of TX, LLC	0	0	0	0	0	0		0	0	
00000	93-3608409	Evernorth Wholesale Distribution, Inc.	0	0	0	0	0	0		0	0	
00000	46-4676347	eviCore 1, LLC	0	0	0	0	0	0		0	0	
00000	62-1615395	eviCore healthcare MSI, LLC	0	0	0	0	22,524,403	0		0	22,524,403	
13918	27-3175443	Express Reinsurance Company	0	0	0	0	0	0		0	0	
00000	41-2063830	Express Scripts Administrators LLC	0	0	0	0	0	0		0	0	
00000	00-0000000	Express Scripts Canada Co.	0	0	0	0	0	0		0	0	
00000	43-1942542	Express Scripts Canada Holding Co.	0	0	0	0	0	0		0	0	
00000	27-1490640	Express Scripts Canada Holding, LLC	0	0	0	0	0	0		0	0	
00000	00-0000000	Express Scripts Canada Services	0	0	0	0	0	0		0	0	
00000	00-0000000	Express Scripts Canada Wholesale	0	0	0	0	0	0		0	0	
00000	84-5003423	Express Scripts Health Information Network Partners, Inc.	0	0	0	0	0	0		0	0	
00000	20-5826948	Express Scripts Pharmaceutical Procurement, LLC	0	0	0	0	0	0		0	0	
00000	00-0000000	Express Scripts Pharmacy Atlantic, Ltd.	0	0	0	0	0	0		0	0	
00000	00-0000000	Express Scripts Pharmacy Central, Ltd.	0	0	0	0	0	0		0	0	
00000	00-0000000	Express Scripts Pharmacy Ontario, Ltd.	0	0	0	0	0	0		0	0	
00000	00-0000000	Express Scripts Pharmacy West, Ltd.	0	0	0	0	0	0		0	0	
00000	30-0789911	Express Scripts Pharmacy, Inc.	0	0	0	0	0	0		0	0	
00000	22-3114423	Express Scripts Sales Operations, Inc.	0	0	0	0	0	0		0	0	
00000	20-3126104	Express Scripts Senior Care Holdings LLC	0	0	0	0	0	0		0	0	
00000	20-3126075	Express Scripts Senior Care, Inc.	0	0	0	0	0	0		0	0	
00000	43-1832983	Express Scripts Services Co.	0	0	0	0	0	0		0	0	
00000	43-1869712	Express Scripts Specialty Distribution Services, Inc.	0	0	0	0	0	0		0	0	
00000	22-2230703	Express Scripts Strategic Development, Inc.	0	0	0	0	0	0		0	0	
00000	43-1869714	Express Scripts Utilization Management Company	0	0	0	0	0	0		0	0	
00000	43-1420563	Express Scripts, Inc.	0	0	0	0	(4,887,391)	0		0	(4,887,391)	
00000	00-0000000	FirstAssist Administration Limited	0	0	0	0	0	0		0	0	

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00000	23-1914061	Former Cigna Investments, Inc.	0	0	0	0	(55,294)	0		0	(55,294)	
00000	88-3762943	Forsyth Health, LLC	0	0	0	0	0	0		0	0	
00000	02-0523249	Freco, Inc.	0	0	0	0	0	0		0	0	
00000	20-3229217	Freedom Service Company, LLC	0	0	0	0	0	0		0	0	
00000	00-0000000	Gillette Ridge Community Council, Inc.	0	0	0	0	0	0		0	0	
00000	20-3700105	Gillette Ridge Golf, LLC	0	0	0	0	0	0		0	0	
95388	93-1174749	Great-West Healthcare of Illinois, Inc.	0	0	0	0	0	0		0	0	
00000	00-0000000	GRG Acquisitions LLC	0	24,319	0	0	0	0		0	24,319	
00000	76-0657035	GulfQuest, LP	0	0	0	0	441,374,807	0		0	441,374,807	
00000	87-3650143	Hartford Community Lender Holding LLC	0	0	0	0	0	0		0	0	
00000	87-3686301	Hartford Community Lender I LLC	0	0	0	0	0	0		0	0	
00000	04-2992335	Healthbridge Reimbursement & Product Support, Inc.	0	0	0	0	0	0		0	0	
00000	26-2159005	Healthbridge, Inc.	0	0	0	0	0	0		0	0	
00000	46-2086778	Health-Lynx, LLC	0	0	0	0	0	0		0	0	
00000	06-1533555	Healthsource Benefits, Inc.	0	0	0	0	0	0		0	0	
00000	02-0467679	Healthsource Properties, Inc.	0	0	0	0	0	0		0	0	
00000	02-0387748	Healthsource, Inc.	0	0	0	0	(900)	0		0	(900)	
12902	20-8534298	HealthSpring Life & Health Insurance Company, Inc.	(53,400,000)	97,000,000	0	0	(784,967,587)	0		0	(741,367,587)	
00000	20-8647386	HealthSpring Management of America, LLC	0	0	0	0	219,863,414	0		0	219,863,414	
11532	65-1129599	HealthSpring of Florida, Inc.	0	127,000,000	0	0	(57,067,357)	0		0	69,932,643	
00000	26-2353772	HealthSpring Pharmacy of Tennessee, LLC	0	0	0	0	0	0		0	0	
00000	26-2353476	HealthSpring Pharmacy Services, LLC	0	0	0	0	0	0		0	0	
00000	72-1559530	HealthSpring USA, LLC	0	0	0	0	231,376,152	0		0	231,376,152	
00000	20-1821898	HealthSpring, Inc.	0	0	0	0	(112,488,072)	0		0	(112,488,072)	
00000	81-4139432	Heights at Bear Creek Borrower LLC	0	0	0	0	0	0		0	0	
00000	81-4139432	Heights at Bear Creek Mezzanine LLC	0	0	0	0	0	0		0	0	
00000	81-4139432	Heights at Bear Creek Venture LLC	0	0	0	0	0	0		0	0	
00000	20-4266628	Home Physicians Management, LLC	0	0	0	0	0	0		0	0	
00000	75-3108521	HouQuest, LLC	0	0	0	0	0	0		0	0	
00000	37-1708015	Houston Briar Forest Apartments Limited Partnership	0	0	0	0	0	0		0	0	
00000	95-4838551	Ideal Properties II LLC	0	0	0	0	0	0		0	0	
00000	35-2041388	IHN, Inc.	0	0	0	0	(973)	0		0	(973)	
00000	00-0000000	Independent Health Information Technology Services L.L.C.	0	0	0	0	0	0		0	0	
00000	82-1655179	Innovative Product Alignment, LLC	0	0	0	0	0	0		0	0	
00000	82-0658250	Inside RX, LLC	0	0	0	0	0	0		0	0	
00000	81-0425785	Intermountain Underwriters, Inc.	0	0	0	0	0	0		0	0	
00000	00-0000000	International Pharmaceutical Solutions, GmbH	0	0	0	0	0	0		0	0	
00000	84-3406799	JA Lofts Holdings, LLC	0	0	0	0	0	0		0	0	

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00000	84-3395923	JA Lofts JV Limited Partnership	0	0	0	0	0	0		0	0	
00000	00-0000000	Kuwait Emirates Administration Services WLL	0	0	0	0	0	0		0	0	
00000	20-8064696	Kronos Optimal Health Company	0	0	0	0	(1,712)	0		0	(1,712)	
00000	47-5292506	L&C Investments, LLC	0	0	0	0	0	0		0	0	
00000	47-4375626	Lakehills CM-CG LLC	0	0	0	0	0	0		0	0	
65722	63-0343428	Loyal American Life Insurance Company	(15,000,000)	15,000,000	0	0	(71,833,280)	0		0	(71,833,280)	
00000	58-2593075	Lynnfield Compounding Center, Inc.	0	0	0	0	0	0		0	0	
00000	04-3546044	Lynnfield Drug, Inc.	0	0	0	0	0	0		0	0	
00000	27-1506930	MAH Pharmacy, LLC	0	0	0	0	0	0		0	0	
00000	80-0908244	Mallory Square Partners I, LLC	0	0	0	0	0	0		0	0	
00000	51-0500147	Matrix GPO, LLC	0	0	0	0	0	0		0	0	
00000	59-3720653	Matrix Healthcare Services, Inc.	0	0	0	0	0	0		0	0	
00000	06-1346406	MCC Independent Practice Association of New York, Inc.	0	0	0	0	(4,200)	0		0	(4,200)	
00000	45-4937055	MDLive, Inc.	0	0	0	0	145,105	0		0	145,105	
00000	00-0000000	MDLive LLC	0	0	0	0	0	0		0	0	
00000	00-0000000	MDLivevisit, LLC	0	0	0	0	0	0		0	0	
00000	00-0000000	MDLive Provider Services, LLC	0	0	0	0	0	0		0	0	
34720	13-3506395	Medco Containment Insurance Company of NY	0	0	0	0	1,225,799	0		0	1,225,799	
63762	42-1425239	Medco Containment Life Insurance Company	0	0	0	0	(50,909,655)	0		0	(50,909,655)	
00000	27-3709630	Medco Europe II, LLC	0	0	0	0	0	0		0	0	
00000	46-2166374	Medco Europe, LLC	0	0	0	0	0	0		0	0	
00000	84-5017653	Medco Health Information Network Partners, Inc.	0	0	0	0	0	0		0	0	
00000	81-0616525	Medco Health Puerto Rico, LLC	0	0	0	0	0	0		0	0	
00000	26-3544786	Medco Health Services, Inc.	0	0	0	0	0	0		0	0	
00000	22-3461740	Medco Health Solutions, Inc.	0	0	0	0	0	0		0	0	
00000	27-3801345	MedSolutions Holdings, Inc.	0	0	0	0	0	0		0	0	
00000	87-2810715	Montclair 11 Pine Operating Company LLC	0	0	0	0	0	0		0	0	
00000	87-2790325	Montclair 11 Pine Urban Renewal LLC	0	0	0	0	0	0		0	0	
00000	87-2772585	Montclair Residences JV LLC	0	0	0	0	0	0		0	0	
00000	32-0071543	MSI Health Organization of Texas, Inc.	0	0	0	0	(1,825,551)	0		0	(1,825,551)	
00000	27-5492993	MSI HT, LLC	0	0	0	0	0	0		0	0	
00000	27-5493148	MSI LT, LLC	0	0	0	0	0	0		0	0	
00000	27-5493321	MSI SAR-GW, LLC	0	0	0	0	0	0		0	0	
00000	86-1090522	MSIAZ I, LLC	0	0	0	0	0	0		0	0	
00000	20-1749733	MSICA I, LLC	0	0	0	0	0	0		0	0	
00000	20-1222347	MSICO I, LLC	0	0	0	0	0	0		0	0	
00000	55-0840800	MSIFL, LLC	0	0	0	0	0	0		0	0	
00000	26-0181185	MSIMD I, LLC	0	0	0	0	0	0		0	0	
00000	74-3122235	MSINC I, LLC	0	0	0	0	0	0		0	0	
00000	11-3715243	MSINH II, LLC	0	0	0	0	0	0		0	0	
00000	03-0524694	MSINH, LLC	0	0	0	0	0	0		0	0	

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00000	20-1749446	MSINJ I, LLC	0	0	0	0	0	0		0	0	
00000	20-1761914	MSINV I, LLC	0	0	0	0	0	0		0	0	
00000	55-0840806	MSISC II, LLC	0	0	0	0	0	0		0	0	
00000	26-0336736	MSIVT I, LLC	0	0	0	0	0	0		0	0	
00000	20-2536458	MSIWA, LLC	0	0	0	0	0	0		0	0	
00000	36-4833284	MyM Technology Services, LLC	0	0	0	0	0	0		0	0	
00000	82-1350878	myMatrixx Holdings, LLC	0	0	0	0	0	0		0	0	
00000	46-2589799	myMatrixx-B, LLC	0	0	0	0	0	0		0	0	
00000	00-0000000	NAS Administrative Services Company LLC	0	0	0	0	0	0		0	0	
00000	00-0000000	NAS Neuron Health Services, L.L.C.	0	0	0	0	0	0		0	0	
00000	00-0000000	NAS United SPV	0	0	0	0	0	0		0	0	
00000	00-0000000	Neuron LLC	0	0	0	0	0	0		0	0	
00000	52-1929677	NewQuest Management Northeast, LLC	0	0	0	0	260,575,937	0		0	260,575,937	
00000	33-1033586	NewQuest Management of Alabama, LLC	0	0	0	0	373,293,811	0		0	373,293,811	
00000	20-4954206	NewQuest Management of Florida, LLC	0	0	0	0	9,238,402	0		0	9,238,402	
00000	77-0632665	NewQuest Management of Illinois, LLC	0	0	0	0	62,023,165	0		0	62,023,165	
00000	45-0633893	NewQuest Management of West Virginia, LLC	0	0	0	0	0	0		0	0	
00000	76-0628370	NewQuest, LLC	53,400,000	0	0	0	(1,435,585)	0		0	51,964,415	
00000	82-5244890	Octave Health Group, Inc.	0	0	0	0	0	0		0	0	
00000	91-1599329	Olympic Health Management Services, Inc.	0	0	0	0	0	0		0	0	
00000	91-1500758	Olympic Health Management Systems, Inc.	0	0	0	0	0	0		0	0	
00000	80-0818758	Patient Provider Alliance, Inc.	0	0	0	0	0	0		0	0	
00000	35-1927379	Priority Healthcare Corporation	0	0	0	0	0	0		0	0	
00000	59-3761140	Priority Healthcare Distribution, Inc.	0	0	0	0	0	0		0	0	
67903	23-1335885	Provident American Life & Health Insurance Company	0	0	0	0	(133,647)	0		0	(133,647)	
00000	00-0000000	PT GAR Indonesia	0	0	0	0	0	0		0	0	
00000	45-5046449	PUR Arbors Apartments Venture LLC	0	0	0	0	0	0		0	0	
00000	46-1801639	QualCare Management Resources Limited Liability Company	0	0	0	0	0	0		0	0	
00000	00-0000000	Quallent Pharmaceuticals Holdings LP	0	0	0	0	0	0		0	0	
00000	00-0000000	Quallent Pharmaceuticals Health LLC	0	0	0	0	(18,746)	0		0	(18,746)	
00000	45-5569416	QPID Health, LLC	0	0	0	0	0	0		0	0	
00000	83-1460134	Rise-CG Capitol Hill, LP	0	0	0	0	0	0		0	0	
00000	84-3254168	Rise-CG JA Lofts Limited Partnership	0	0	0	0	0	0		0	0	
00000	35-1641636	Sagamore Health Network, Inc.	0	0	0	0	939,186	0		0	939,186	
00000	46-3593103	SB-SNH LLC	0	0	0	0	0	0		0	0	
00000	95-2876207	Secon Properties, LP	0	0	0	0	0	0		0	0	
00000	82-1732483	SOMA Apartments Venture LLC	0	0	0	0	0	0		0	0	
00000	82-4405071	Specialty Products Acquisitions, LLC	0	0	0	0	0	0		0	0	
00000	61-1317695	SpectraCare Health Care Ventures, Inc.	0	0	0	0	0	0		0	0	
00000	61-1147068	SpectraCare, Inc.	0	0	0	0	0	0		0	0	
77399	13-1867829	Sterling Life Insurance Company	(10,000,000)	0	0	0	(1,552,224)	0		0	(11,552,224)	

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

1 NAIC Company Code	2 ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred Under Reinsurance Agreements	10 *	11 Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	12 Totals	13 Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
00000	47-2658932	Strategic Pharmaceutical Investments, LLC	0	0	0	0	0	0		0	0	
00000	00-0000000	SureScripts, LLC	0	0	0	0	0	0		0	0	
00000	87-0903685	Swedesford Road Apartments, LLC	0	0	0	0	0	0		0	0	
00000	22-3474888	Systemed, LLC	0	0	0	0	0	0		0	0	
00000	23-3074013	Tel-Drug of Pennsylvania, LLC	0	0	0	0	0	0		0	0	
00000	46-0427127	Tel-Drug, Inc.	0	0	0	0	0	0		0	0	
00000	00-0000000	Temple Insurance Company Limited	0	0	0	0	(27,722)	0		0	(27,722)	
00000	20-5524622	Tennessee Quest, LLC	0	0	0	0	0	0		0	0	
00000	75-3108527	TexQuest, LLC	0	0	0	0	0	0		0	0	
00000	85-1955731	The Flats at Interbay Holdings, LLC	0	0	0	0	0	0		0	0	
00000	85-1955075	The Flats at Interbay JV Limited Partnership	0	0	0	0	0	0		0	0	
00000	85-1962013	The Flats at Interbay Limited Partnership	0	0	0	0	0	0		0	0	
00000	46-5264463	Trainer Rx, Inc.	0	0	0	0	0	0		0	0	
00000	00-0000000	Transwestern Federal, L.L.C.	0	0	0	0	0	0		0	0	
00000	00-0000000	Transwestern Federal Holdings, L.L.C.	0	0	0	0	0	0		0	0	
00000	98-0463704	Vielife Services, Inc.	0	0	0	0	0	0		0	0	
00000	00-0000000	Verity Solutions Group, Inc.	(20,000,000)	0	0	0	(5,181)	0		0	(20,005,181)	
00000	00-0000000	Westcore CG AC, LLC	0	0	0	0	0	0		0	0	
00000	84-3178563	Westcore CG Camelback, LLC	0	0	0	0	0	0		0	0	
00000	84-3178563	Westcore CG Cedar Port, LLC	0	0	0	0	0	0		0	0	
00000	84-3178563	Westcore CG Dove Valley I, LLC	0	0	0	0	0	0		0	0	
00000	84-3178563	Westcore CG Dove Valley II, LLC	0	0	0	0	0	0		0	0	
00000	84-3178563	Westcore CG Eisenhauer, LLC	0	0	0	0	0	0		0	0	
00000	84-3178563	Westcore CG Fountain Lakes, LLC	0	0	0	0	0	0		0	0	
00000	84-3178563	Westcore CG Gateway, LLC	0	0	0	0	0	0		0	0	
00000	84-3178563	Westcore CG I-35, LLC	0	0	0	0	0	0		0	0	
00000	84-3178563	Westcore CG Navy, LLC	0	0	0	0	0	0		0	0	
00000	84-3178563	Westcore CG Potomac Park, LLC	0	0	0	0	0	0		0	0	
00000	84-3178563	Westcore CG Raceway, LLC	0	0	0	0	0	0		0	0	
00000	84-3178563	Westcore CG Solano, LLC	0	0	0	0	0	0		0	0	
00000	84-3178563	Westcore CG Susana, LLC	0	0	0	0	0	0		0	0	
00000	00-0000000	Westcore CG Venture, LLC	0	0	0	0	0	0		0	0	
00000	87-3624928	Westcore CG Venture II, LLC	0	0	0	0	0	0		0	0	
00000	87-3624928	Westcore CG II AC, LLC	0	0	0	0	0	0		0	0	
00000	87-3624928	Westcore CG II Denton, LLC	0	0	0	0	0	0		0	0	
00000	87-3624928	Westcore CG II Milan, LLC	0	0	0	0	0	0		0	0	
00000	87-3624928	Westcore CG II Park 225, LLC	0	0	0	0	0	0		0	0	
00000	87-3624928	Westcore CG II Union Cross, LLC	0	0	0	0	0	0		0	0	
00000	00-0000000	Willow DSP LLC	0	0	0	0	0	0		0	0	
00000	00-0000000	YCFM Servicos LTDA	0	0	0	0	0	0		0	0	
9999999 Control Totals			0	0	0	0	0	0	XXX	0	0	0

SCHEDULE Y

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

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

SCHEDULE Y

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

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

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

REQUIRED FILINGS

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

		Responses
	MARCH FILING	
1.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
2.	Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	YES
3.	Will the confidential Risk-based Capital Report be filed with the state of domicile, if required, by March 1?	YES
4.	Will an actuarial opinion be filed by March 1?	YES
	APRIL FILING	
5.	Will Management's Discussion and Analysis be filed by April 1?	YES
6.	Will the Life, Health & Annuity Guaranty Association Assessable Premium Exhibit - Parts 1 and 2 be filed with the state of domicile and the NAIC by April 1? (Not applicable to fraternal benefit societies)	YES
7.	Will the Supplemental Investment Risks Interrogatories be filed by April 1?	YES
	JUNE FILING	
8.	Will an audited financial report be filed by June 1?	YES
9.	Will Accountant's Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	YES

SUPPLEMENTAL FILINGS

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

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

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

26.	Will the actuarial opinion required by the Modified Guaranteed Annuity Model Regulation be filed with the state of domicile and electronically with the NAIC by March 1?	NO
27.	Will the Actuarial Certification regarding the use of 2001 Preferred Class Tables required by the Model Regulation Permitting the Recognition of Preferred Mortality Tables for Use in Determining Minimum Reserve Liabilities be filed with the state of domicile and electronically with the NAIC by March 1?	NO
28.	Will the Worker's Compensation Carve-Out Supplement be filed by March 1? (Not applicable to fraternal benefit societies)	NO
29.	Will Supplemental Schedule O be filed with the state of domicile and the NAIC by March 1?	YES
30.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	NO
31.	Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	NO
32.	Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	NO
33.	Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?	NO
34.	Will the VM-20 Reserves Supplement be filed with the state of domicile and the NAIC by March 1?	NO
35.	Will the Health Supplement be filed with the state of domicile and the NAIC by March 1?	YES
36.	Will the Market Conduct Annual Statement (MCAS) Premium Exhibit for Year be filed with appropriate jurisdictions and with the NAIC by March 1?	YES
	APRIL FILING	
37.	Will the confidential Regulatory Asset Adequacy Issues Summary (RAAIS) required by the Valuation Manual be filed with the state of domicile by April 1?	YES
38.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	NO
39.	Will the Credit Insurance Experience Exhibit be filed with the state of domicile and the NAIC by April 1? (Not applicable to fraternal benefit societies)	NO
40.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?	YES
41.	Will the Supplemental Health Care Exhibit (Parts 1 and 2) be filed with the state of domicile and the NAIC by April 1?	NO
42.	Will the confidential Actuarial Memorandum required by Actuarial Guideline XXXVIII 8D be filed with the state of domicile by April 30?	NO
43.	Will the Supplemental Term and Universal Life Insurance Reinsurance Exhibit be filed with the state of domicile and the NAIC by April 1?	NO
44.	Will the Variable Annuities Supplement be filed with the state of domicile and the NAIC by April 1?	NO
45.	Will the confidential Executive Summary of the PBR Actuarial Report be filed with the state of domicile by April 1?	NO
46.	Will the confidential Life Summary of the PBR Actuarial Report be filed with the state of domicile by April 1?	NO
47.	Will the confidential Variable Annuities Summary of the PBR Actuarial Report be filed with the state of domicile by April 1?	NO
	AUGUST FILING	
48.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	NO

Explanations:

10. The data for this supplement is not required to be filed.
12. The data for this supplement is not required to be filed.
13. The data for this supplement is not required to be filed.
15. The data for this supplement is not required to be filed.
16. The data for this supplement is not required to be filed.
17. The data for this supplement is not required to be filed.
18. The data for this supplement is not required to be filed.
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31. The data for this supplement is not required to be filed.
32. The data for this supplement is not required to be filed.
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34. The data for this supplement is not required to be filed.
38. The data for this supplement is not required to be filed.
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41. The data for this supplement is not required to be filed.
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43. The data for this supplement is not required to be filed.
44. The data for this supplement is not required to be filed.
45. The data for this supplement is not required to be filed.
46. The data for this supplement is not required to be filed.
47. The data for this supplement is not required to be filed.
48. The data for this supplement is not required to be filed.

Bar Codes:

10. SIS Stockholder Information Supplement [Document Identifier 420]

12. Trusteed Surplus Statement [Document Identifier 490]

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

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

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

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

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

19. Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXV [Document Identifier 446]

20. Reasonableness of Assumptions Certification for Implied Guaranteed Rate Method required by Actuarial Guideline XXXVI [Document Identifier 447]

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

21. Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI [Document Identifier 448]

22. Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Market Value) [Document Identifier 449]

23. C-3 RBC Certifications Required Under C-3 Phase I [Document Identifier 450]

24. C-3 RBC Certifications Required Under C-3 Phase II [Document Identifier 451]

25. Actuarial Certifications Related to Annuity Nonforfeiture Ongoing Compliance for Equity Indexed Annuities [Document Identifier 452]

26. Modified Guaranteed Annuity Model Regulation [Document Identifier 453]

27. Actuarial Certification regarding the use of 2001 Preferred Class Tables required by the Model Regulation Permitting the Recognition of Preferred Mortality Tables for Use in Determining Minimum Reserve Liabilities [Document Identifier 454]

28. Workers' Compensation Carve-Out Supplement [Document Identifier 495]

30. Medicare Part D Coverage Supplement [Document Identifier 365]

31. Relief from the five-year rotation requirement for lead audit partner [Document Identifier 224]

32. Relief from the one-year cooling off period for independent CPA [Document Identifier 225]

33. Relief from the Requirements for Audit Committees [Document Identifier 226]

34. VM-20 Reserves Supplement [Document Identifier 456]

38. Long-Term Care Experience Reporting Forms [Document Identifier 306]

39. Credit Insurance Experience Exhibit [Document Identifier 230]

41. Supplemental Health Care Exhibit (Parts 1 and 2) [Document Identifier 216]

42. Actuarial Memorandum Required by Actuarial Guideline XXXVIII 8D [Document Identifier 435]

43. Supplemental Term and Universal Life Insurance Reinsurance Exhibit [Document Identifier 345]

44. Variable Annuities Supplement [Document Identifier 286]

45. Executive Summary of the PBR Actuarial Report [Document Identifier 457]

46. Life Summary of the PBR Actuarial Report [Document Identifier 458]

47. Variable Annuities Summary of the PBR Actuarial Report [Document Identifier 459]

48. Management’s Report of Internal Control Over Financial Reporting [Document Identifier 223]

OVERFLOW PAGE FOR WRITE-INS

NONE

SUPPLEMENT FOR THE YEAR 2023 OF THE Cigna National Health Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2023
(To Be Filed by March 1)

FOR THE STATE OF Alabama
NAIC Group Code 0901 NAIC Company Code 61727
ADDRESS (City, State and Zip Code) Cleveland , OH 44114
Person Completing This Exhibit Daniel Ernest Paffumi
Title Appointed Actuary Telephone Number 330-241-1245

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2020				Policies Issued in 2021; 2022; 2023			
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Character-istics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
YES	3MJ	J	YES	0034000	02/09/2007	07/24/2009			MEDICARE SUPPLEMENT	5,318	1,386	26.1	1	0	0	0.0	0
YES	CNHIC-MS-AA-A-AL	A	YES		12/21/2020					0	0	0.0	0	0	0	0.0	0
YES	CNHIC-MS-AA-F-AL	F	YES		12/21/2020					0	0	0.0	0	64,842	63,890	98.5	31
YES	CNHIC-MS-AA-F-AL	F	YES		12/21/2020					0	0	0.0	0	210,995	242,178	114.8	102
YES	CNHIC-MS-AA-F-AL	F	YES		12/21/2020					0	0	0.0	0	250,859	239,916	95.6	156
YES	CNHIC-MS-AA-F-AL	F	YES		12/21/2020					0	0	0.0	0	0	0	0.0	0
YES	CNHIC-MS-AA-G-AL	G	YES		12/21/2020					0	0	0.0	0	173,516	207,739	119.7	102
YES	CNHIC-MS-AA-G-AL	G	YES		12/21/2020					0	0	0.0	0	512,424	452,513	88.3	330
YES	CNHIC-MS-AA-G-AL	G	YES		12/21/2020					0	0	0.0	0	468,559	493,740	105.4	544
YES	CNHIC-MS-AA-G-AL	G	YES		12/21/2020					0	0	0.0	0	0	0	0.0	0
YES	CNHIC-MS-AA-N-AL	N	YES		12/21/2020					0	0	0.0	0	71,493	49,562	69.3	59
YES	CNHIC-MS-AA-N-AL	N	YES		12/21/2020					0	0	0.0	0	144,670	131,034	90.6	129
YES	CNHIC-MS-AA-N-AL	N	YES		12/21/2020					0	0	0.0	0	97,302	64,809	66.6	165
YES	CNHIC-MS-AA-N-AL	N	YES		12/21/2020					0	0	0.0	0	0	0	0.0	0
0199999. Total Experience on Individual Policies										5,318	1,386	26.1	1	1,994,660	1,945,381	97.5	1,618

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address: 11501 Alterra Parkway, Suite 500 Austin , TX 78758
   2.2 Contact Person and Phone Number: David Brosig 1-800-880-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 11501 Alterra Parkway, Suite 500 Austin , TX 78758
   3.2 Contact Person and Phone Number: David Brosig 1-800-880-8824
4. Explain any policies identified above as policy type "O".

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SUPPLEMENT FOR THE YEAR 2023 OF THE Cigna National Health Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2023
(To Be Filed by March 1)

FOR THE STATE OF Alaska.....
NAIC Group Code 0901 ..... NAIC Company Code 61727 .....
ADDRESS (City, State and Zip Code) Cleveland , OH 44114 .....
Person Completing This Exhibit .....
Title ..... Telephone Number .....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2020			14	Policies Issued in 2021; 2022; 2023			18
										11	Incurred Claims			15	Incurred Claims		
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Character-istics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives

GENERAL INTERROGATORIES

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

SUPPLEMENT FOR THE YEAR 2023 OF THE Cigna National Health Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2023
(To Be Filed by March 1)

FOR THE STATE OF Arizona
NAIC Group Code 0901 NAIC Company Code 61727
ADDRESS (City, State and Zip Code) Cleveland , OH 44114
Person Completing This Exhibit Daniel Ernest Paffumi
Title Appointed Actuary Telephone Number 330-241-1245

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2020				Policies Issued in 2021; 2022; 2023			
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Character-istics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
YES	CNHIC-MS-IA-A-AZ	A	NO		12/12/2022					0	0	0.0	0	0	0	0.0	0
YES	CNHIC-MS-IA-A-AZ	A	NO		12/12/2022					0	0	0.0	0	0	0	0.0	0
YES	CNHIC-MS-IA-F-AZ	F	NO		12/12/2022					0	0	0.0	0	62,823	53,329	84.9	122
YES	CNHIC-MS-IA-F-AZ	F	NO		12/12/2022					0	0	0.0	0	0	0	0.0	0
YES	CNHIC-MS-IA-G-AZ	G	NO		12/12/2022					0	0	0.0	0	261,583	289,996	110.9	686
YES	CNHIC-MS-IA-G-AZ	G	NO		12/12/2022					0	0	0.0	0	0	0	0.0	0
YES	CNHIC-MS-IA-HDG-AZ	G	NO		12/12/2022					0	0	0.0	0	4,931	10,590	214.8	30
YES	CNHIC-MS-IA-HDG-AZ	G	NO		12/12/2022					0	0	0.0	0	0	0	0.0	0
YES	CNHIC-MS-IA-N-AZ	N	NO		12/12/2022					0	0	0.0	0	59,984	42,204	70.4	226
YES	CNHIC-MS-IA-N-AZ	N	NO		12/12/2022					0	0	0.0	0	0	0	0.0	0
0199999. Total Experience on Individual Policies										0	0	0.0	0	389,321	396,119	101.7	1,064

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address: 11501 Alterra Parkway, Suite 500 Austin , TX 78758
   2.2 Contact Person and Phone Number: David Brosig 1-800-880-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 11501 Alterra Parkway, Suite 500 Austin , TX 78758
   3.2 Contact Person and Phone Number: David Brosig 1-800-880-8824
4. Explain any policies identified above as policy type "O".

SUPPLEMENT FOR THE YEAR 2023 OF THE Cigna National Health Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2023
(To Be Filed by March 1)

FOR THE STATE OF Arkansas
NAIC Group Code 0901 NAIC Company Code 61727
ADDRESS (City, State and Zip Code) Cleveland , OH 44114
Person Completing This Exhibit Daniel Ernest Paffumi
Title Appointed Actuary Telephone Number 330-241-1245

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2020				Policies Issued in 2021; 2022; 2023			
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Character-istics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
YES	3IF(AR)	F	NO	0034000	01/12/2004			05/31/2010	MEDICARE SUPPLEMENT	4,779	5,314	111.2	1	0	0	0.0	0
0199999. Total Experience on Individual Policies										4,779	5,314	111.2	1	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address: 11501 Alterra Parkway, Suite 500 Austin , TX 78758
   2.2 Contact Person and Phone Number: David Brosig 1-800-880-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 11501 Alterra Parkway, Suite 500 Austin , TX 78758
   3.2 Contact Person and Phone Number: David Brosig 1-800-880-8824
4. Explain any policies identified above as policy type "O".

6172720233600510 0

SUPPLEMENT FOR THE YEAR 2023 OF THE Cigna National Health Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2023
(To Be Filed by March 1)

FOR THE STATE OF California.....
NAIC Group Code 0901 ..... NAIC Company Code 61727 .....
ADDRESS (City, State and Zip Code) Cleveland , OH 44114 .....
Person Completing This Exhibit .....
Title ..... Telephone Number .....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2020				Policies Issued in 2021; 2022; 2023			
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Character-istics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives

GENERAL INTERROGATORIES

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

6172720233600610 0

SUPPLEMENT FOR THE YEAR 2023 OF THE Cigna National Health Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2023
(To Be Filed by March 1)

FOR THE STATE OF Colorado
NAIC Group Code 0901 NAIC Company Code 61727
ADDRESS (City, State and Zip Code) Cleveland , OH 44114
Person Completing This Exhibit Daniel Ernest Paffumi
Title Appointed Actuary Telephone Number 330-241-1245

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2020				Policies Issued in 2021; 2022; 2023			
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Character-istics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
YES	CNHIC-MS-AA-A-CO	A	NO		02/23/2021					0	0	0.0	0	0	0	0.0	0
YES	CNHIC-MS-AA-F-CO	F	NO		02/23/2021					0	0	0.0	0	133,469	139,585	104.6	66
YES	CNHIC-MS-AA-F-CO	F	NO		02/23/2021					0	0	0.0	0	490,436	691,750	141.0	238
YES	CNHIC-MS-AA-F-CO	F	NO		02/23/2021					0	0	0.0	0	449,450	487,337	108.4	327
YES	CNHIC-MS-AA-F-CO	F	NO		02/23/2021					0	0	0.0	0	0	0	0.0	0
YES	CNHIC-MS-AA-G-CO	G	NO		02/23/2021					0	0	0.0	0	574,356	561,075	97.7	365
YES	CNHIC-MS-AA-G-CO	G	NO		02/23/2021					0	0	0.0	0	2,083,725	2,559,200	122.8	1,342
YES	CNHIC-MS-AA-G-CO	G	NO		02/23/2021					0	0	0.0	0	2,111,659	1,987,131	94.1	2,278
YES	CNHIC-MS-AA-G-CO	G	NO		02/23/2021					0	0	0.0	0	0	0	0.0	0
YES	CNHIC-MS-AA-N-CO	N	NO		02/23/2021					0	0	0.0	0	161,333	159,782	99.0	138
YES	CNHIC-MS-AA-N-CO	N	NO		02/23/2021					0	0	0.0	0	449,177	395,398	88.0	388
YES	CNHIC-MS-AA-N-CO	N	NO		02/23/2021					0	0	0.0	0	345,503	350,949	101.6	510
YES	CNHIC-MS-AA-N-CO	N	NO		02/23/2021					0	0	0.0	0	0	0	0.0	0
0199999. Total Experience on Individual Policies										0	0	0.0	0	6,799,108	7,332,207	107.8	5,652

360.CO

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address: 11501 Alterra Parkway, Suite 500 Austin , TX 78758
   2.2 Contact Person and Phone Number: David Brosig 1-800-880-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 11501 Alterra Parkway, Suite 500 Austin , TX 78758
   3.2 Contact Person and Phone Number: David Brosig 1-800-880-8824
4. Explain any policies identified above as policy type "O".

SUPPLEMENT FOR THE YEAR 2023 OF THE Cigna National Health Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2023
(To Be Filed by March 1)

FOR THE STATE OF Connecticut
NAIC Group Code 0901 NAIC Company Code 61727
ADDRESS (City, State and Zip Code) Cleveland , OH 44114
Person Completing This Exhibit Daniel Ernest Paffumi
Title Appointed Actuary Telephone Number 330-241-1245

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2020				Policies Issued in 2021; 2022; 2023			
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Character-istics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
YES	CNHIC-MS-CR-N-CT	N	NO		04/10/2023					0	0	0.0	0	17,798	10,352	58.2	36
YES	CNHIC-MS-CR-N-CT	N	NO		04/10/2023					0	0	0.0	0	0	0	0.0	0
YES	CNHIC-MS-CR-A-CT	A	NO		04/10/2023					0	0	0.0	0	420	498	118.6	1
YES	CNHIC-MS-CR-F-CT	F	NO		04/10/2023					0	0	0.0	0	2,364	1,015	42.9	3
YES	CNHIC-MS-CR-F-CT	F	NO		04/10/2023					0	0	0.0	0	0	0	0.0	0
YES	CNHIC-MS-CR-G-CT	G	NO		04/10/2023					0	0	0.0	0	43,808	44,305	101.1	80
YES	CNHIC-MS-CR-G-CT	G	NO		04/10/2023					0	0	0.0	0	0	0	0.0	0
YES	CNHIC-MS-CR-HDG-CT	G	NO		04/10/2023					0	0	0.0	0	249	195	78.3	2
YES	CNHIC-MS-CR-HDG-CT	G	NO		04/10/2023					0	0	0.0	0	0	0	0.0	0
0199999. Total Experience on Individual Policies										0	0	0.0	0	64,639	56,365	87.2	122

GENERAL INTERROGATORIES

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

6 1 7 2 7 2 0 2 3 3 6 0 0 8 1 0 0

SUPPLEMENT FOR THE YEAR 2023 OF THE Cigna National Health Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2023
(To Be Filed by March 1)

FOR THE STATE OF Delaware.....
NAIC Group Code 0901 ..... NAIC Company Code 61727 .....
ADDRESS (City, State and Zip Code) Cleveland , OH 44114 .....
Person Completing This Exhibit .....
Title ..... Telephone Number .....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2020			14	Policies Issued in 2021; 2022; 2023			18
										11	Incurred Claims			15	Incurred Claims		
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Character-istics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives

GENERAL INTERROGATORIES

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

360.DE

6 1 7 2 7 2 0 2 3 3 6 0 0 9 1 0 0

SUPPLEMENT FOR THE YEAR 2023 OF THE Cigna National Health Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2023
(To Be Filed by March 1)

FOR THE STATE OF District of Columbia.....
NAIC Group Code 0901 ..... NAIC Company Code 61727 .....
ADDRESS (City, State and Zip Code) Cleveland , OH 44114 .....
Person Completing This Exhibit .....
Title ..... Telephone Number .....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2020				Policies Issued in 2021; 2022; 2023			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Character-istics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives

GENERAL INTERROGATORIES

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

360.DC

6 1 7 2 7 2 0 2 3 3 6 0 1 0 1 0 0

SUPPLEMENT FOR THE YEAR 2023 OF THE Cigna National Health Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2023
(To Be Filed by March 1)

FOR THE STATE OF Florida.....
NAIC Group Code 0901 ..... NAIC Company Code 61727 .....
ADDRESS (City, State and Zip Code) Cleveland , OH 44114 .....
Person Completing This Exhibit .....
Title ..... Telephone Number .....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2020				Policies Issued in 2021; 2022; 2023			
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Character-istics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives

GENERAL INTERROGATORIES

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

SUPPLEMENT FOR THE YEAR 2023 OF THE Cigna National Health Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2023
(To Be Filed by March 1)

FOR THE STATE OF Georgia
NAIC Group Code 0901 NAIC Company Code 61727
ADDRESS (City, State and Zip Code) Cleveland , OH 44114
Person Completing This Exhibit Daniel Ernest Paffumi
Title Appointed Actuary Telephone Number 330-241-1245

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2020				Policies Issued in 2021; 2022; 2023			
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Character-istics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
YES	3IG(GA)	G	NO	0034000	12/31/2003	07/24/2009			MEDICARE SUPPLEMENT	3,365	5,641	167.6	1	0	0	0.0	0
YES	CNHIC-MS-IA-A-GA	A	NO		01/09/2023					0	0	0.0	0	0	0	0.0	0
YES	CNHIC-MS-IA-F-GA	F	NO		01/09/2023					0	0	0.0	0	41,066	39,575	96.4	80
YES	CNHIC-MS-IA-F-GA	F	NO		01/09/2023					0	0	0.0	0	0	0	0.0	0
YES	CNHIC-MS-IA-G-GA	G	NO		01/09/2023					0	0	0.0	0	165,046	132,968	80.6	394
YES	CNHIC-MS-IA-G-GA	G	NO		01/09/2023					0	0	0.0	0	0	0	0.0	0
YES	CNHIC-MS-IA-HDG-GA	G	NO		01/09/2023					0	0	0.0	0	1,270	613	48.3	9
YES	CNHIC-MS-IA-HDG-GA	G	NO		01/09/2023					0	0	0.0	0	0	0	0.0	0
YES	CNHIC-MS-IA-N-GA	N	NO		01/09/2023					0	0	0.0	0	47,470	33,309	70.2	161
YES	CNHIC-MS-IA-N-GA	N	NO		01/09/2023					0	0	0.0	0	0	0	0.0	0
0199999. Total Experience on Individual Policies										3,365	5,641	167.6	1	254,852	206,465	81.0	644

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address: 11501 Alterra Parkway, Suite 500 Austin , TX 78758
   2.2 Contact Person and Phone Number: David Brosig 1-800-880-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 11501 Alterra Parkway, Suite 500 Austin , TX 78758
   3.2 Contact Person and Phone Number: David Brosig 1-800-880-8824
4. Explain any policies identified above as policy type "O".

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SUPPLEMENT FOR THE YEAR 2023 OF THE Cigna National Health Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2023
(To Be Filed by March 1)

FOR THE STATE OF Hawaii
NAIC Group Code 0901 NAIC Company Code 61727
ADDRESS (City, State and Zip Code) Cleveland , OH 44114
Person Completing This Exhibit
Title Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2020				Policies Issued in 2021; 2022; 2023			
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Character-istics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives

GENERAL INTERROGATORIES

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

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SUPPLEMENT FOR THE YEAR 2023 OF THE Cigna National Health Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2023
(To Be Filed by March 1)

FOR THE STATE OF Idaho
NAIC Group Code 0901 NAIC Company Code 61727
ADDRESS (City, State and Zip Code) Cleveland , OH 44114
Person Completing This Exhibit
Title Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2020				Policies Issued in 2021; 2022; 2023			
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Character-istics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives

GENERAL INTERROGATORIES

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

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SUPPLEMENT FOR THE YEAR 2023 OF THE Cigna National Health Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2023
(To Be Filed by March 1)

FOR THE STATE OF Illinois
NAIC Group Code 0901 NAIC Company Code 61727
ADDRESS (City, State and Zip Code) Cleveland , OH 44114
Person Completing This Exhibit Daniel Ernest Paffumi
Title Appointed Actuary Telephone Number 330-241-1245

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2020				Policies Issued in 2021; 2022; 2023			
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Character-istics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
YES	3MD(IL)	D	NO	0034060	11/18/2003	07/25/2009			MEDICARE SUPPLEMENT	6,866	3,804	55.4	1	0	0	0.0	0
YES	3ME(IL)	E	NO	0034060	11/04/2005	07/25/2009			MEDICARE SUPPLEMENT	6,041	291	4.8	1	0	0	0.0	0
YES	3MF(IL)	F	NO	0034060	11/18/2003			05/31/2010	MEDICARE SUPPLEMENT	16,545	12,709	76.8	1	0	0	0.0	0
YES	3MF(IL)	F	NO	0034060	11/18/2003			05/31/2010	MEDICARE SUPPLEMENT	10,015	710	7.1	1	0	0	0.0	0
YES	3MF(IL)	F	NO	0034060	11/18/2003			05/31/2010	MEDICARE SUPPLEMENT	427	(643)	(150.6)	0	0	0	0.0	0
YES	3MH(IL)	H	NO	0034060	09/21/2007	07/25/2009			MEDICARE SUPPLEMENT	4,337	15,028	346.5	1	0	0	0.0	0
YES	3MJ(IL)	J	NO	0034060	09/21/2007	07/25/2009			MEDICARE SUPPLEMENT	22,697	26,627	117.3	4	0	0	0.0	0
YES	3MK(IL)	F	NO	0034060	11/18/2003			05/31/2010	MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE	1,372	587	42.8	1	0	0	0.0	0
YES	CNHIC-MS-AA-A-IL	A	NO		03/07/2023					0	0	0.0	0	0	0	0.0	0
YES	CNHIC-MS-AA-F-IL	F	NO		03/07/2023					0	0	0.0	0	33,550	26,930	80.3	57
YES	CNHIC-MS-AA-F-IL	F	NO		03/07/2023					0	0	0.0	0	0	0	0.0	0
YES	CNHIC-MS-AA-G-IL	G	NO		03/07/2023					0	0	0.0	0	202,171	179,459	88.8	502
YES	CNHIC-MS-AA-G-IL	G	NO		03/07/2023					0	0	0.0	0	0	0	0.0	0
YES	CNHIC-MS-AA-HDG-IL	G	NO		03/07/2023					0	0	0.0	0	929	467	50.3	5
YES	CNHIC-MS-AA-HDG-IL	G	NO		03/07/2023					0	0	0.0	0	0	0	0.0	0
YES	CNHIC-MS-AA-N-IL	N	NO		03/07/2023					0	0	0.0	0	59,436	45,069	75.8	252
YES	CNHIC-MS-AA-N-IL	N	NO		03/07/2023					0	0	0.0	0	0	0	0.0	0
0199999. Total Experience on Individual Policies										68,300	59,113	86.5	10	296,086	251,925	85.1	816

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address: 11501 Alterra Parkway, Suite 500 Austin , TX 78758
   2.2 Contact Person and Phone Number: David Brosig 1-800-880-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 11501 Alterra Parkway, Suite 500 Austin , TX 78758
   3.2 Contact Person and Phone Number: David Brosig 1-800-880-8824
4. Explain any policies identified above as policy type "O".

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SUPPLEMENT FOR THE YEAR 2023 OF THE Cigna National Health Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2023
(To Be Filed by March 1)

FOR THE STATE OF Indiana

NAIC Group Code 0901 NAIC Company Code 61727

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

Person Completing This Exhibit Daniel Ernest Paffumi

Title Appointed Actuary Telephone Number 330-241-1245

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2020				Policies Issued in 2021; 2022; 2023			
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Character-istics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
YES	3ME	E	NO	0034000	11/01/2005	07/29/2009			MEDICARE SUPPLEMENT	3,637	3,394	93.3	1	0	0	0.0	0
YES	3MF	F	NO	0034000	12/22/2003			05/31/2010	MEDICARE SUPPLEMENT	6,686	921	13.8	1	0	0	0.0	0
YES	3MF	F	NO	0034000	12/22/2003			05/31/2010	MEDICARE SUPPLEMENT	5,528	10,271	185.8	1	0	0	0.0	0
YES	3MG	G	NO	0034000	12/22/2003	07/29/2009			MEDICARE SUPPLEMENT	4,781	5,947	124.4	1	0	0	0.0	0
YES	3MG	G	NO	0034000	12/22/2003	07/29/2009			MEDICARE SUPPLEMENT	4,504	5,621	124.8	1	0	0	0.0	0
YES	3MJ(IN)	J	NO	0034000	04/11/2007	07/29/2009			MEDICARE SUPPLEMENT	4,848	63	1.3	1	0	0	0.0	0
YES	3MJ(IN)	J	NO	0034000	04/11/2007	07/29/2009			MEDICARE SUPPLEMENT	4,240	2,417	57.0	1	0	0	0.0	0
YES	3MK	F	NO	0034000	12/22/2003			05/31/2010	MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE	839	11	1.3	1	0	0	0.0	0
YES	3MK	F	NO	0034000	12/22/2003			05/31/2010	MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE	(58)	(85)	146.6	0	0	0	0.0	0
YES	CNHIC-MS-AA-A	A	NO	0234060	02/25/2020				MEDICARE SUPPLEMENT	0	0	0.0	0	0	0	0.0	0
YES	CNHIC-MS-AA-F	F	NO	0234060	02/25/2020				MEDICARE SUPPLEMENT	119,736	99,317	82.9	47	0	0	0.0	0
YES	CNHIC-MS-AA-F	F	NO	0234060	02/25/2020				MEDICARE SUPPLEMENT	0	0	0.0	0	306,713	318,563	103.9	110
YES	CNHIC-MS-AA-F	F	NO	0234060	02/25/2020				MEDICARE SUPPLEMENT	0	0	0.0	0	379,136	316,836	83.6	142
YES	CNHIC-MS-AA-F	F	NO	0234060	02/25/2020				MEDICARE SUPPLEMENT	0	0	0.0	0	156,213	181,717	116.3	100
YES	CNHIC-MS-AA-F	F	NO	0234060	02/25/2020				MEDICARE SUPPLEMENT	0	0	0.0	0	0	0	0.0	0
YES	CNHIC-MS-AA-G	G	NO	0234060	02/25/2020				MEDICARE SUPPLEMENT	967,367	965,603	99.8	575	0	0	0.0	0
YES	CNHIC-MS-AA-G	G	NO	0234060	02/25/2020				MEDICARE SUPPLEMENT	0	0	0.0	0	2,513,619	2,250,294	89.5	1,491
YES	CNHIC-MS-AA-G	G	NO	0234060	02/25/2020				MEDICARE SUPPLEMENT	0	0	0.0	0	2,794,280	2,787,259	99.7	1,637
YES	CNHIC-MS-AA-G	G	NO	0234060	02/25/2020				MEDICARE SUPPLEMENT	0	0	0.0	0	1,180,696	965,002	81.7	1,070
YES	CNHIC-MS-AA-G	G	NO	0234060	02/25/2020				MEDICARE SUPPLEMENT	0	0	0.0	0	0	0	0.0	0
YES	CNHIC-MS-AA-N	N	NO	0234060	02/25/2020				MEDICARE SUPPLEMENT	111,089	163,374	147.1	77	0	0	0.0	0
YES	CNHIC-MS-AA-N	N	NO	0234060	02/25/2020				MEDICARE SUPPLEMENT	0	0	0.0	0	329,179	294,218	89.4	241
YES	CNHIC-MS-AA-N	N	NO	0234060	02/25/2020				MEDICARE SUPPLEMENT	0	0	0.0	0	302,867	242,506	80.1	224
YES	CNHIC-MS-AA-N	N	NO	0234060	02/25/2020				MEDICARE SUPPLEMENT	0	0	0.0	0	117,765	92,678	78.7	137
YES	CNHIC-MS-AA-N	N	NO	0234060	02/25/2020				MEDICARE SUPPLEMENT	0	0	0.0	0	0	0	0.0	0
0199999. Total Experience on Individual Policies										1,233,197	1,256,854	101.9	707	8,080,468	7,449,073	92.2	5,152

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GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address: 11501 Alterra Parkway, Suite 500 Austin , TX 78758
   2.2 Contact Person and Phone Number: David Brosig 1-800-880-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 11501 Alterra Parkway, Suite 500 Austin , TX 78758
   3.2 Contact Person and Phone Number: David Brosig 1-800-880-8824
4. Explain any policies identified above as policy type "O".

SUPPLEMENT FOR THE YEAR 2023 OF THE Cigna National Health Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2023
(To Be Filed by March 1)

FOR THE STATE OF Iowa
NAIC Group Code 0901 NAIC Company Code 61727
ADDRESS (City, State and Zip Code) Cleveland , OH 44114
Person Completing This Exhibit Daniel Ernest Paffumi
Title Appointed Actuary Telephone Number 330-241-1245

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2020				Policies Issued in 2021; 2022; 2023			
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Character-istics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
YES	3MF(IA)	F	NO	0034000	01/27/2004			05/31/2010	MEDICARE SUPPLEMENT	15,648	5,376	34.4	2	0	0	0.0	0
YES	3MG(IA)	G	NO	0034000	01/27/2004	07/25/2009			MEDICARE SUPPLEMENT	22,529	8,916	39.6	5	0	0	0.0	0
0199999. Total Experience on Individual Policies										38,177	14,292	37.4	7	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address: 11501 Alterra Parkway, Suite 500 Austin , TX 78758
   2.2 Contact Person and Phone Number: David Brosig 1-800-880-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 11501 Alterra Parkway, Suite 500 Austin , TX 78758
   3.2 Contact Person and Phone Number: David Brosig 1-800-880-8824
4. Explain any policies identified above as policy type "O".

SUPPLEMENT FOR THE YEAR 2023 OF THE Cigna National Health Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2023
(To Be Filed by March 1)

FOR THE STATE OF Kansas
NAIC Group Code 0901 NAIC Company Code 61727
ADDRESS (City, State and Zip Code) Cleveland , OH 44114
Person Completing This Exhibit Daniel Ernest Paffumi
Title Appointed Actuary Telephone Number 330-241-1245

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2020				Policies Issued in 2021; 2022; 2023			
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Character-istics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
YES	3MF(KS)	F	NO	0034060	02/04/2004			05/31/2010	MEDICARE SUPPLEMENT	12,043	4,676	38.8	2	0	0	0.0	0
YES	3MF(KS)	F	NO	0034060	02/04/2004			05/31/2010	MEDICARE SUPPLEMENT	19,876	7,396	37.2	2	0	0	0.0	0
YES	3MG(KS)	G	NO	0034060	02/04/2004	07/25/2009			MEDICARE SUPPLEMENT	5,718	1,190	20.8	1	0	0	0.0	0
YES	3MH(KS)	H	NO	0034060	03/06/2007	07/25/2009			MEDICARE SUPPLEMENT	4,190	49,764	1,187.7	1	0	0	0.0	0
YES	3MJ(KS)	J	NO	0034060	03/06/2007	07/25/2009			MEDICARE SUPPLEMENT	15,712	6,902	43.9	3	0	0	0.0	0
YES	3MJ(KS)	J	NO	0034060	03/06/2007	07/25/2009			MEDICARE SUPPLEMENT	22,812	35,326	154.9	3	0	0	0.0	0
YES	CNHIC-MS-AA-F-KS	F	NO		05/10/2021					0	0	0.0	0	118,738	99,432	83.7	51
YES	CNHIC-MS-AA-F-KS	F	NO		05/10/2021					0	0	0.0	0	510,024	543,184	106.5	211
YES	CNHIC-MS-AA-F-KS	F	NO		05/10/2021					0	0	0.0	0	316,141	319,831	101.2	210
YES	CNHIC-MS-AA-F-KS	F	NO		05/10/2021					0	0	0.0	0	0	0	0.0	0
YES	CNHIC-MS-AA-G-KS	G	NO		05/10/2021					0	0	0.0	0	297,015	322,081	108.4	191
YES	CNHIC-MS-AA-G-KS	G	NO		05/10/2021					0	0	0.0	0	1,655,758	1,467,056	88.6	1,018
YES	CNHIC-MS-AA-G-KS	G	NO		05/10/2021					0	0	0.0	0	1,674,512	1,641,232	98.0	1,750
YES	CNHIC-MS-AA-G-KS	G	NO		05/10/2021					0	0	0.0	0	0	0	0.0	0
YES	CNHIC-MS-AA-N-KS	N	NO		05/10/2021					0	0	0.0	0	71,656	49,166	68.6	52
YES	CNHIC-MS-AA-N-KS	N	NO		05/10/2021					0	0	0.0	0	269,573	254,573	94.4	199
YES	CNHIC-MS-AA-N-KS	N	NO		05/10/2021					0	0	0.0	0	278,634	228,003	81.8	362
YES	CNHIC-MS-AA-N-KS	N	NO		05/10/2021					0	0	0.0	0	0	0	0.0	0
YES	CNHIC-MS-OA-F-KS	F	NO		05/10/2021					0	0	0.0	0	1,447	1,038	71.7	1
YES	CNHIC-MS-OA-F-KS	F	NO		05/10/2021					0	0	0.0	0	13,362	12,549	93.9	6
YES	CNHIC-MS-OA-F-KS	F	NO		05/10/2021					0	0	0.0	0	10,552	9,696	91.9	8
YES	CNHIC-MS-OA-G-KS	G	NO		05/10/2021					0	0	0.0	0	3,811	1,744	45.8	3
YES	CNHIC-MS-OA-G-KS	G	NO		05/10/2021					0	0	0.0	0	39,857	33,515	84.1	25
YES	CNHIC-MS-OA-G-KS	G	NO		05/10/2021					0	0	0.0	0	57,916	46,458	80.2	68

SUPPLEMENT FOR THE YEAR 2023 OF THE Cigna National Health Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2023
(To Be Filed by March 1)

FOR THE STATE OF Kansas
NAIC Group Code 0901 NAIC Company Code 61727
ADDRESS (City, State and Zip Code) Cleveland , OH 44114
Person Completing This Exhibit Daniel Ernest Paffumi
Title Appointed Actuary Telephone Number 330-241-1245

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2020				Policies Issued in 2021; 2022; 2023			
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Character-istics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
YES	CNHIC-MS-OA-G-KS	G	NO		05/10/2021					0	0	0.0	0	0	0	0.0	0
YES	CNHIC-MS-OA-N-KS	N	NO		05/10/2021					0	0	0.0	0	1,493	1,729	115.8	1
YES	CNHIC-MS-OA-N-KS	N	NO		05/10/2021					0	0	0.0	0	14,956	7,220	48.3	12
YES	CNHIC-MS-OA-N-KS	N	NO		05/10/2021					0	0	0.0	0	10,493	4,512	43.0	11
YES	CNHIC-MS-OA-N-KS	N	NO		05/10/2021					0	0	0.0	0	0	0	0.0	0
0199999. Total Experience on Individual Policies										80,351	105,254	131.0	12	5,345,938	5,043,019	94.3	4,179

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GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address: 11501 Alterra Parkway, Suite 500 Austin , TX 78758
   2.2 Contact Person and Phone Number: David Brosig 1-800-880-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 11501 Alterra Parkway, Suite 500 Austin , TX 78758
   3.2 Contact Person and Phone Number: David Brosig 1-800-880-8824
4. Explain any policies identified above as policy type "O".

SUPPLEMENT FOR THE YEAR 2023 OF THE Cigna National Health Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2023
(To Be Filed by March 1)

FOR THE STATE OF Kentucky
NAIC Group Code 0901 NAIC Company Code 61727
ADDRESS (City, State and Zip Code) Cleveland , OH 44114
Person Completing This Exhibit Daniel Ernest Paffumi
Title Appointed Actuary Telephone Number 330-241-1245

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2020				Policies Issued in 2021; 2022; 2023			
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Character-istics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
YES	3ME(KY)	E	NO	0034060	11/16/2005	07/25/2009			MEDICARE SUPPLEMENT	4,927	(12)	(0.2)	1	0	0	0.0	0
YES	3MI(KY)	I	NO	0034060	06/02/2006	07/25/2009			MEDICARE SUPPLEMENT	3,096	32,532	1,050.8	0	0	0	0.0	0
YES	CNHIC-MS-AA-A-KY	A	NO		01/25/2022				Modernized Medicare Supplement Insurance Plan	0	0	0.0	0	0	0	0.0	0
YES	CNHIC-MS-AA-F-KY	F	NO		01/25/2022				Modernized Medicare Supplement Insurance Plan	0	0	0.0	0	139,341	135,316	97.1	61
YES	CNHIC-MS-AA-F-KY	F	NO		01/25/2022				Modernized Medicare Supplement Insurance Plan	0	0	0.0	0	197,881	139,499	70.5	165
YES	CNHIC-MS-AA-F-KY	F	NO		01/25/2022				Modernized Medicare Supplement Insurance Plan	0	0	0.0	0	0	0	0.0	0
YES	CNHIC-MS-AA-G-KY	G	NO		01/25/2022				Modernized Medicare Supplement Insurance Plan	0	0	0.0	0	348,860	351,154	100.7	196
YES	CNHIC-MS-AA-G-KY	G	NO		01/25/2022				Modernized Medicare Supplement Insurance Plan	0	0	0.0	0	486,535	498,181	102.4	559
YES	CNHIC-MS-AA-G-KY	G	NO		01/25/2022				Modernized Medicare Supplement Insurance Plan	0	0	0.0	0	0	0	0.0	0
YES	CNHIC-MS-AA-HDG-KY	G	NO		01/25/2022				Modernized Medicare Supplement Insurance Plan	0	0	0.0	0	4,751	1,596	33.6	5
YES	CNHIC-MS-AA-HDG-KY	G	NO		01/25/2022				Modernized Medicare Supplement Insurance Plan	0	0	0.0	0	7,022	11,347	161.6	11
YES	CNHIC-MS-AA-HDG-KY	G	NO		01/25/2022				Modernized Medicare Supplement Insurance Plan	0	0	0.0	0	0	0	0.0	0
YES	CNHIC-MS-AA-N-KY	N	NO		01/25/2022				Modernized Medicare Supplement Insurance Plan	0	0	0.0	0	80,838	87,013	107.6	62
YES	CNHIC-MS-AA-N-KY	N	NO		01/25/2022				Modernized Medicare Supplement Insurance Plan	0	0	0.0	0	144,616	125,410	86.7	245
YES	CNHIC-MS-AA-N-KY	N	NO		01/25/2022				Modernized Medicare Supplement Insurance Plan	0	0	0.0	0	0	0	0.0	0
0199999. Total Experience on Individual Policies										8,023	32,520	405.3	1	1,409,844	1,349,516	95.7	1,304

SUPPLEMENT FOR THE YEAR 2023 OF THE Cigna National Health Insurance Company

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address: 11501 Alterra Parkway, Suite 500 Austin , TX 78758
   2.2 Contact Person and Phone Number: David Brosig 1-800-880-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 11501 Alterra Parkway, Suite 500 Austin , TX 78758
   3.2 Contact Person and Phone Number: David Brosig 1-800-880-8824
4. Explain any policies identified above as policy type "O".

SUPPLEMENT FOR THE YEAR 2023 OF THE Cigna National Health Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2023
(To Be Filed by March 1)

FOR THE STATE OF Louisiana
NAIC Group Code 0901 NAIC Company Code 61727
ADDRESS (City, State and Zip Code) Cleveland , OH 44114
Person Completing This Exhibit Daniel Ernest Paffumi
Title Appointed Actuary Telephone Number 330-241-1245

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2020			14	Policies Issued in 2021; 2022; 2023			18
										11	Incurred Claims			15	Incurred Claims		
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Character-istics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
YES	3MF(LA)R	F	NO	0034060	10/14/2003			05/31/2010	MEDICARE SUPPLEMENT	7,717	623	8.1	1	0	0	0.0	0
YES	CNHIC-MS-AA-A-LA	A	NO		03/25/2021					0	0	0.0	0	0	0	0.0	0
YES	CNHIC-MS-AA-F-LA	F	NO		03/25/2021					0	0	0.0	0	98,343	74,306	75.6	38
YES	CNHIC-MS-AA-F-LA	F	NO		03/25/2021					0	0	0.0	0	212,673	218,481	102.7	101
YES	CNHIC-MS-AA-F-LA	F	NO		03/25/2021					0	0	0.0	0	216,949	263,531	121.5	164
YES	CNHIC-MS-AA-F-LA	F	NO		03/25/2021					0	0	0.0	0	0	0	0.0	0
YES	CNHIC-MS-AA-G-LA	G	NO		03/25/2021					0	0	0.0	0	146,263	99,569	68.1	87
YES	CNHIC-MS-AA-G-LA	G	NO		03/25/2021					0	0	0.0	0	466,156	529,132	113.5	272
YES	CNHIC-MS-AA-G-LA	G	NO		03/25/2021					0	0	0.0	0	537,811	599,339	111.4	651
YES	CNHIC-MS-AA-G-LA	G	NO		03/25/2021					0	0	0.0	0	0	0	0.0	0
YES	CNHIC-MS-AA-N-LA	N	NO		03/25/2021					0	0	0.0	0	30,296	16,444	54.3	24
YES	CNHIC-MS-AA-N-LA	N	NO		03/25/2021					0	0	0.0	0	146,675	139,892	95.4	120
YES	CNHIC-MS-AA-N-LA	N	NO		03/25/2021					0	0	0.0	0	107,479	86,293	80.3	165
YES	CNHIC-MS-AA-N-LA	N	NO		03/25/2021					0	0	0.0	0	0	0	0.0	0
0199999. Total Experience on Individual Policies										7,717	623	8.1	1	1,962,645	2,026,987	103.3	1,622

360.LA

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address: 11501 Alterra Parkway, Suite 500 Austin , TX 78758
   2.2 Contact Person and Phone Number: David Brosig 1-800-880-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 11501 Alterra Parkway, Suite 500 Austin , TX 78758
   3.2 Contact Person and Phone Number: David Brosig 1-800-880-8824
4. Explain any policies identified above as policy type "O".

SUPPLEMENT FOR THE YEAR 2023 OF THE Cigna National Health Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2023
(To Be Filed by March 1)

FOR THE STATE OF Maine
NAIC Group Code 0901 NAIC Company Code 61727
ADDRESS (City, State and Zip Code) Cleveland , OH 44114
Person Completing This Exhibit
Title Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2020			14	Policies Issued in 2021; 2022; 2023			18
										11	Incurred Claims			15	Incurred Claims		
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Character-istics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives

GENERAL INTERROGATORIES

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

360.ME

SUPPLEMENT FOR THE YEAR 2023 OF THE Cigna National Health Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2023
(To Be Filed by March 1)

FOR THE STATE OF Maryland
NAIC Group Code 0901 NAIC Company Code 61727
ADDRESS (City, State and Zip Code) Cleveland , OH 44114
Person Completing This Exhibit Daniel Ernest Paffumi
Title Appointed Actuary Telephone Number 330-241-1245

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2020				Policies Issued in 2021; 2022; 2023			
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Character-istics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
YES	CNHIC-MS-AA-A-MD	A	NO		06/03/2021					0	0	0.0	0	3,843	17,023	443.0	1
YES	CNHIC-MS-AA-A-MD	A	NO		06/03/2021					0	0	0.0	0	6,040	41,478	686.7	2
YES	CNHIC-MS-AA-A-MD	A	NO		06/03/2021					0	0	0.0	0	6,262	26,401	421.6	3
YES	CNHIC-MS-AA-F-MD	F	NO		06/03/2021					0	0	0.0	0	60,202	63,552	105.6	24
YES	CNHIC-MS-AA-F-MD	F	NO		06/03/2021					0	0	0.0	0	396,087	410,737	103.7	179
YES	CNHIC-MS-AA-F-MD	F	NO		06/03/2021					0	0	0.0	0	357,837	302,924	84.7	290
YES	CNHIC-MS-AA-F-MD	F	NO		06/03/2021					0	0	0.0	0	0	0	0.0	0
YES	CNHIC-MS-AA-G-MD	G	NO		06/03/2021					0	0	0.0	0	207,131	141,466	68.3	107
YES	CNHIC-MS-AA-G-MD	G	NO		06/03/2021					0	0	0.0	0	1,286,743	1,224,653	95.2	698
YES	CNHIC-MS-AA-G-MD	G	NO		06/03/2021					0	0	0.0	0	1,454,440	1,460,768	100.4	1,567
YES	CNHIC-MS-AA-G-MD	G	NO		06/03/2021					0	0	0.0	0	0	151	0.0	0
YES	CNHIC-MS-AA-N-MD	N	NO		06/03/2021					0	0	0.0	0	96,076	95,536	99.4	67
YES	CNHIC-MS-AA-N-MD	N	NO		06/03/2021					0	0	0.0	0	588,441	433,794	73.7	427
YES	CNHIC-MS-AA-N-MD	N	NO		06/03/2021					0	0	0.0	0	506,192	437,342	86.4	714
YES	CNHIC-MS-AA-N-MD	N	NO		06/03/2021					0	0	0.0	0	0	0	0.0	0
0199999. Total Experience on Individual Policies										0	0	0.0	0	4,969,294	4,655,825	93.7	4,079

GENERAL INTERROGATORIES

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

SUPPLEMENT FOR THE YEAR 2023 OF THE Cigna National Health Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2023
(To Be Filed by March 1)

FOR THE STATE OF Massachusetts.....
NAIC Group Code 0901 ..... NAIC Company Code 61727 .....
ADDRESS (City, State and Zip Code) Cleveland , OH 44114 .....
Person Completing This Exhibit .....
Title ..... Telephone Number .....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2020				Policies Issued in 2021; 2022; 2023			
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Character-istics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives

GENERAL INTERROGATORIES

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

SUPPLEMENT FOR THE YEAR 2023 OF THE Cigna National Health Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2023
(To Be Filed by March 1)

FOR THE STATE OF Michigan
NAIC Group Code 0901 NAIC Company Code 61727
ADDRESS (City, State and Zip Code) Cleveland , OH 44114
Person Completing This Exhibit Daniel Ernest Paffumi
Title Appointed Actuary Telephone Number 330-241-1245

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2020				Policies Issued in 2021; 2022; 2023			
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Character-istics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
YES	CNHIC-MS-AA-A-MI	A	NO		03/09/2021					0	0	0.0	0	0	0	0.0	0
YES	CNHIC-MS-AA-F-MI	F	NO		03/09/2021					0	0	0.0	0	122,627	118,710	96.8	50
YES	CNHIC-MS-AA-F-MI	F	NO		03/09/2021					0	0	0.0	0	222,579	264,206	118.7	102
YES	CNHIC-MS-AA-F-MI	F	NO		03/09/2021					0	0	0.0	0	169,829	187,971	110.7	110
YES	CNHIC-MS-AA-F-MI	F	NO		03/09/2021					0	0	0.0	0	0	0	0.0	0
YES	CNHIC-MS-AA-G-MI	G	NO		03/09/2021					0	0	0.0	0	267,825	232,105	86.7	152
YES	CNHIC-MS-AA-G-MI	G	NO		03/09/2021					0	0	0.0	0	716,940	636,690	88.8	417
YES	CNHIC-MS-AA-G-MI	G	NO		03/09/2021					0	0	0.0	0	838,624	709,195	84.6	1,069
YES	CNHIC-MS-AA-G-MI	G	NO		03/09/2021					0	0	0.0	0	314	0	0.0	0
YES	CNHIC-MS-AA-N-MI	N	NO		03/09/2021					0	0	0.0	0	217,623	253,866	116.7	156
YES	CNHIC-MS-AA-N-MI	N	NO		03/09/2021					0	0	0.0	0	496,275	470,870	94.9	376
YES	CNHIC-MS-AA-N-MI	N	NO		03/09/2021					0	0	0.0	0	353,867	259,786	73.4	586
YES	CNHIC-MS-AA-N-MI	N	NO		03/09/2021					0	0	0.0	0	0	0	0.0	0
0199999. Total Experience on Individual Policies										0	0	0.0	0	3,406,503	3,133,399	92.0	3,018

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address: 11501 Alterra Parkway, Suite 500 Austin , TX 78758
   2.2 Contact Person and Phone Number: David Brosig 1-800-880-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 11501 Alterra Parkway, Suite 500 Austin , TX 78758
   3.2 Contact Person and Phone Number: David Brosig 1-800-880-8824
4. Explain any policies identified above as policy type "O".

6 1 7 2 7 2 0 2 3 3 6 0 2 4 1 0 0

SUPPLEMENT FOR THE YEAR 2023 OF THE Cigna National Health Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2023
(To Be Filed by March 1)

FOR THE STATE OF Minnesota.....
NAIC Group Code 0901 ..... NAIC Company Code 61727 .....
ADDRESS (City, State and Zip Code) Cleveland , OH 44114 .....
Person Completing This Exhibit .....
Title ..... Telephone Number .....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2020			14	Policies Issued in 2021; 2022; 2023			18
										11	Incurred Claims			15	Incurred Claims		
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Character-istics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives

GENERAL INTERROGATORIES

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

360.MN

SUPPLEMENT FOR THE YEAR 2023 OF THE Cigna National Health Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2023
(To Be Filed by March 1)

FOR THE STATE OF Mississippi
NAIC Group Code 0901 NAIC Company Code 61727
ADDRESS (City, State and Zip Code) Cleveland , OH 44114
Person Completing This Exhibit Daniel Ernest Paffumi
Title Appointed Actuary Telephone Number 330-241-1245

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2020				Policies Issued in 2021; 2022; 2023			
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Character-istics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
YES	CNHIC-MS-AA-A-MS	A	NO		03/30/2022				Modernized Medicare Supplement Insurance Plan	0	0	0.0	0	0	0	0.0	0
YES	CNHIC-MS-AA-A-MS	A	NO		03/30/2022				Modernized Medicare Supplement Insurance Plan	0	0	0.0	0	0	0	0.0	0
YES	CNHIC-MS-AA-F-MS	F	NO		03/30/2022				Modernized Medicare Supplement Insurance Plan	0	0	0.0	0	81,797	120,983	147.9	37
YES	CNHIC-MS-AA-F-MS	F	NO		03/30/2022				Modernized Medicare Supplement Insurance Plan	0	0	0.0	0	169,253	135,293	79.9	154
YES	CNHIC-MS-AA-F-MS	F	NO		03/30/2022				Modernized Medicare Supplement Insurance Plan	0	0	0.0	0	0	0	0.0	0
YES	CNHIC-MS-AA-G-MS	G	NO		03/30/2022				Modernized Medicare Supplement Insurance Plan	0	0	0.0	0	122,127	86,052	70.5	69
YES	CNHIC-MS-AA-G-MS	G	NO		03/30/2022				Modernized Medicare Supplement Insurance Plan	0	0	0.0	0	280,382	257,696	91.9	322
YES	CNHIC-MS-AA-G-MS	G	NO		03/30/2022				Modernized Medicare Supplement Insurance Plan	0	0	0.0	0	0	0	0.0	0
YES	CNHIC-MS-AA-HDG-MS	G	NO		03/30/2022				Modernized Medicare Supplement Insurance Plan	0	0	0.0	0	3,208	378	11.8	2
YES	CNHIC-MS-AA-HDG-MS	G	NO		03/30/2022				Modernized Medicare Supplement Insurance Plan	0	0	0.0	0	3,305	521	15.8	3
YES	CNHIC-MS-AA-N-MS	N	NO		03/30/2022				Modernized Medicare Supplement Insurance Plan	0	0	0.0	0	46,280	34,100	73.7	32
YES	CNHIC-MS-AA-N-MS	N	NO		03/30/2022				Modernized Medicare Supplement Insurance Plan	0	0	0.0	0	51,517	55,792	108.3	79
YES	CNHIC-MS-AA-N-MS	N	NO		03/30/2022				Modernized Medicare Supplement Insurance Plan	0	0	0.0	0	0	0	0.0	0
0199999. Total Experience on Individual Policies										0	0	0.0	0	757,869	690,815	91.2	698

360.MS

SUPPLEMENT FOR THE YEAR 2023 OF THE Cigna National Health Insurance Company

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address: 11501 Alterra Parkway, Suite 500 Austin ,
   2.2 Contact Person and Phone Number: David Brosig 180-088-0882-4
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 11501 Alterra Parkway, Suite 500 Austin ,
   3.2 Contact Person and Phone Number: David Brosig 180-088-0882-4
4. Explain any policies identified above as policy type "O".

SUPPLEMENT FOR THE YEAR 2023 OF THE Cigna National Health Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2023
(To Be Filed by March 1)

FOR THE STATE OF Missouri
NAIC Group Code 0901 NAIC Company Code 61727
ADDRESS (City, State and Zip Code) Cleveland , OH 44114
Person Completing This Exhibit Daniel Ernest Paffumi
Title Appointed Actuary Telephone Number 330-241-1245

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2020				Policies Issued in 2021; 2022; 2023			
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Character-istics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
YES	3IF	F	NO	0034060	04/16/2004			05/31/2010	MEDICARE SUPPLEMENT	4,028	1,851	46.0	1	0	0	0.0	0
YES	3IG	G	NO	0034060	04/16/2004	07/25/2009			MEDICARE SUPPLEMENT	3,306	499	15.1	1	0	0	0.0	0
YES	3IG	G	NO	0034060	04/16/2004	07/25/2009			MEDICARE SUPPLEMENT	1,132	713	63.0	1	0	0	0.0	0
YES	3IG	G	NO	0034060	04/16/2004	07/25/2009			MEDICARE SUPPLEMENT	8,611	854	9.9	3	0	0	0.0	0
YES	CNHIC-MS-IA-A-MO	A	NO		06/23/2023					0	0	0.0	0	0	0	0.0	0
YES	CNHIC-MS-IA-F-MO	F	NO		06/23/2023					0	0	0.0	0	18,852	36,375	193.0	51
YES	CNHIC-MS-IA-F-MO	F	NO		06/23/2023					0	0	0.0	0	0	0	0.0	0
YES	CNHIC-MS-IA-G-MO	G	NO		06/23/2023					0	0	0.0	0	123,896	121,453	98.0	406
YES	CNHIC-MS-IA-G-MO	G	NO		06/23/2023					0	0	0.0	0	0	0	0.0	0
YES	CNHIC-MS-IA-HDG-MO	G	NO		06/23/2023					0	0	0.0	0	221	68	30.8	1
YES	CNHIC-MS-IA-HDG-MO	G	NO		06/23/2023					0	0	0.0	0	0	0	0.0	0
YES	CNHIC-MS-IA-N-MO	N	NO		06/23/2023					0	0	0.0	0	7,900	7,307	92.5	29
YES	CNHIC-MS-IA-N-MO	N	NO		06/23/2023					0	0	0.0	0	0	0	0.0	0
0199999. Total Experience on Individual Policies										17,077	3,917	22.9	6	150,869	165,203	109.5	487

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address: 11501 Alterra Parkway, Suite 500 Austin , TX 78758
   2.2 Contact Person and Phone Number: David Brosig 1-800-880-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 11501 Alterra Parkway, Suite 500 Austin , TX 78758
   3.2 Contact Person and Phone Number: David Brosig 1-800-880-8824
4. Explain any policies identified above as policy type "O".

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SUPPLEMENT FOR THE YEAR 2023 OF THE Cigna National Health Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2023
(To Be Filed by March 1)

FOR THE STATE OF Montana

NAIC Group Code 0901 NAIC Company Code 61727

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

Person Completing This Exhibit Daniel Ernest Paffumi

Title Appointed Actuary Telephone Number 330-241-1245

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2020				Policies Issued in 2021; 2022; 2023			
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Character-istics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
YES	3MF(MT)	F	NO	0034000	10/21/2004			05/31/2010	MEDICARE SUPPLEMENT	8,900	3,083	34.6	2	0	0	0.0	0
YES	3MF(MT)	F	NO	0034000	10/21/2004			05/31/2010	MEDICARE SUPPLEMENT	16,451	18,706	113.7	4	0	0	0.0	0
YES	3MG(MT)	G	NO	0034000	10/21/2004	07/25/2009			MEDICARE SUPPLEMENT	1,975	2,875	145.6	0	0	0	0.0	0
YES	3MG(MT)	G	NO	0034000	10/21/2004	07/25/2009			MEDICARE SUPPLEMENT	7,524	5,159	68.6	2	0	0	0.0	0
YES	3MJ(MT)	J	NO	0034000	03/30/2007	07/25/2009			MEDICARE SUPPLEMENT	(112)	(211)	188.4	0	0	0	0.0	0
YES	3MK(MT)	F	NO	0034000	10/21/2004			05/31/2010	MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE	991	4,670	471.2	1	0	0	0.0	0
0199999. Total Experience on Individual Policies										35,729	34,282	96.0	9	0	0	0.0	0

360.MT

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address: 11501 Alterra Parkway, Suite 500 Austin , TX 78758
   2.2 Contact Person and Phone Number: David Brosig 1-800-880-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 11501 Alterra Parkway, Suite 500 Austin , TX 78758
   3.2 Contact Person and Phone Number: David Brosig 1-800-880-8824
4. Explain any policies identified above as policy type "O".

SUPPLEMENT FOR THE YEAR 2023 OF THE Cigna National Health Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2023
(To Be Filed by March 1)

FOR THE STATE OF Nebraska
NAIC Group Code 0901 NAIC Company Code 61727
ADDRESS (City, State and Zip Code) Cleveland , OH 44114
Person Completing This Exhibit Daniel Ernest Paffumi
Title Appointed Actuary Telephone Number 330-241-1245

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2020				Policies Issued in 2021; 2022; 2023			
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Character-istics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
YES	3MF	F	NO	0034000	11/17/2003			05/31/2010	MEDICARE SUPPLEMENT	36,969	19,042	51.5	6	0	0	0.0	0
YES	3MF	F	NO	0034000	11/17/2003			05/31/2010	MEDICARE SUPPLEMENT	18,357	40	0.2	2	0	0	0.0	0
YES	3MF	F	NO	0034000	11/17/2003			05/31/2010	MEDICARE SUPPLEMENT	10,521	2,434	23.1	1	0	0	0.0	0
YES	3MG	G	NO	0034000	11/17/2003	07/25/2009			MEDICARE SUPPLEMENT	1,336	1,610	120.5	0	0	0	0.0	0
YES	3MJ	J	NO	0034000	03/08/2007	07/25/2009			MEDICARE SUPPLEMENT	21,517	17,851	83.0	4	0	0	0.0	0
YES	3MJ	J	NO	0034000	03/08/2007	07/25/2009			MEDICARE SUPPLEMENT	4,997	746	14.9	1	0	0	0.0	0
0199999. Total Experience on Individual Policies										93,697	41,723	44.5	14	0	0	0.0	0

360.NE

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address: 11501 Alterra Parkway, Suite 500 Austin , TX 78758
   2.2 Contact Person and Phone Number: David Brosig 1-800-880-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 11501 Alterra Parkway, Suite 500 Austin , TX 78758
   3.2 Contact Person and Phone Number: David Brosig 1-800-880-8824
4. Explain any policies identified above as policy type "O".

SUPPLEMENT FOR THE YEAR 2023 OF THE Cigna National Health Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2023
(To Be Filed by March 1)

FOR THE STATE OF Nevada
NAIC Group Code 0901 NAIC Company Code 61727
ADDRESS (City, State and Zip Code) Cleveland , OH 44114
Person Completing This Exhibit Daniel Ernest Paffumi
Title Appointed Actuary Telephone Number 330-241-1245

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2020				Policies Issued in 2021; 2022; 2023			
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Character-istics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
YES	CNHIC-MS-AA-A-NV	A	NO		01/15/2021					0	0	0.0	0	1,782	2,047	114.9	1
YES	CNHIC-MS-AA-F-NV	F	NO		01/15/2021					0	0	0.0	0	88,718	140,447	158.3	32
YES	CNHIC-MS-AA-F-NV	F	NO		01/15/2021					0	0	0.0	0	253,434	271,462	107.1	93
YES	CNHIC-MS-AA-F-NV	F	NO		01/15/2021					0	0	0.0	0	90,879	73,306	80.7	45
YES	CNHIC-MS-AA-F-NV	F	NO		01/15/2021					0	0	0.0	0	0	0	0.0	0
YES	CNHIC-MS-AA-G-NV	G	NO		01/15/2021					0	0	0.0	0	425,467	346,195	81.4	186
YES	CNHIC-MS-AA-G-NV	G	NO		01/15/2021					0	0	0.0	0	727,999	705,890	97.0	337
YES	CNHIC-MS-AA-G-NV	G	NO		01/15/2021					0	0	0.0	0	149,884	126,288	84.3	119
YES	CNHIC-MS-AA-G-NV	G	NO		01/15/2021					0	0	0.0	0	0	0	0.0	0
YES	CNHIC-MS-AA-N-NV	N	NO		01/15/2021					0	0	0.0	0	62,665	46,534	74.3	34
YES	CNHIC-MS-AA-N-NV	N	NO		01/15/2021					0	0	0.0	0	116,908	88,194	75.4	69
YES	CNHIC-MS-AA-N-NV	N	NO		01/15/2021					0	0	0.0	0	42,627	19,910	46.7	41
YES	CNHIC-MS-AA-N-NV	N	NO		01/15/2021					0	0	0.0	0	0	0	0.0	0
0199999. Total Experience on Individual Policies										0	0	0.0	0	1,960,363	1,820,273	92.9	957

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address: 11501 Alterra Parkway, Suite 500 Austin , TX 78758
   2.2 Contact Person and Phone Number: David Brosig 180-088-0882- 4
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 11501 Alterra Parkway, Suite 500 Austin , TX 78758
   3.2 Contact Person and Phone Number: David Brosig 180-088-0882-4
4. Explain any policies identified above as policy type "O".

SUPPLEMENT FOR THE YEAR 2023 OF THE Cigna National Health Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2023
(To Be Filed by March 1)

FOR THE STATE OF New Hampshire.....
NAIC Group Code 0901 ..... NAIC Company Code 61727 .....
ADDRESS (City, State and Zip Code) Cleveland , OH 44114 .....
Person Completing This Exhibit .....
Title ..... Telephone Number .....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2020				Policies Issued in 2021; 2022; 2023			
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Character-istics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives

GENERAL INTERROGATORIES

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

SUPPLEMENT FOR THE YEAR 2023 OF THE Cigna National Health Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2023
(To Be Filed by March 1)

FOR THE STATE OF New Jersey
NAIC Group Code 0901 NAIC Company Code 61727
ADDRESS (City, State and Zip Code) Cleveland , OH 44114
Person Completing This Exhibit
Title Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2020				Policies Issued in 2021; 2022; 2023			
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Character-istics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
YES	CNHIC-MS-AA-A-NJ	A	NO		06/13/2023					0	0	0.0	0	0	0	0.0	0
YES	CNHIC-MS-AA-C-NJ	C	NO		06/13/2023					0	0	0.0	0	761	929	122.1	4
YES	CNHIC-MS-AA-D-NJ	D	NO		06/13/2023					0	0	0.0	0	523	334	63.9	2
YES	CNHIC-MS-AA-D-NJ	D	NO		06/13/2023					0	0	0.0	0	0	0	0.0	0
YES	CNHIC-MS-AA-F-NJ	F	NO		06/13/2023					0	0	0.0	0	18,536	19,081	102.9	52
YES	CNHIC-MS-AA-F-NJ	F	NO		06/13/2023					0	0	0.0	0	0	0	0.0	0
YES	CNHIC-MS-AA-G-NJ	G	NO		06/13/2023					0	0	0.0	0	241,085	232,628	96.5	787
YES	CNHIC-MS-AA-G-NJ	G	NO		06/13/2023					0	0	0.0	0	0	0	0.0	0
YES	CNHIC-MS-AA-HDG-NJ	G	NO		06/13/2023					0	0	0.0	0	201	181	90.0	3
YES	CNHIC-MS-AA-HDG-NJ	G	NO		06/13/2023					0	0	0.0	0	0	0	0.0	0
YES	CNHIC-MS-AA-N-NJ	N	NO		06/13/2023					0	0	0.0	0	115,482	120,903	104.7	524
YES	CNHIC-MS-AA-N-NJ	N	NO		06/13/2023					0	0	0.0	0	0	0	0.0	0
0199999. Total Experience on Individual Policies										0	0	0.0	0	376,588	374,056	99.3	1,372

GENERAL INTERROGATORIES

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

SUPPLEMENT FOR THE YEAR 2023 OF THE Cigna National Health Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2023
(To Be Filed by March 1)

FOR THE STATE OF New Mexico.....
NAIC Group Code 0901 ..... NAIC Company Code 61727 .....
ADDRESS (City, State and Zip Code) Cleveland , OH 44114 .....
Person Completing This Exhibit .....
Title ..... Telephone Number .....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2020			14	Policies Issued in 2021; 2022; 2023			18
										11	Incurred Claims			15	Incurred Claims		
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Character-istics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives

GENERAL INTERROGATORIES

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

6 1 7 2 7 2 0 2 3 3 6 0 3 3 1 0 0

SUPPLEMENT FOR THE YEAR 2023 OF THE Cigna National Health Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2023
(To Be Filed by March 1)

FOR THE STATE OF New York.....
NAIC Group Code 0901 ..... NAIC Company Code 61727 .....
ADDRESS (City, State and Zip Code) Cleveland , OH 44114 .....
Person Completing This Exhibit .....
Title ..... Telephone Number .....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2020			14	Policies Issued in 2021; 2022; 2023			18
										11	Incurred Claims			15	Incurred Claims		
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Character-istics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives

GENERAL INTERROGATORIES

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

360.NY

SUPPLEMENT FOR THE YEAR 2023 OF THE Cigna National Health Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2023
(To Be Filed by March 1)

FOR THE STATE OF North Carolina
NAIC Group Code 0901 NAIC Company Code 61727
ADDRESS (City, State and Zip Code) Cleveland , OH 44114
Person Completing This Exhibit Daniel Ernest Paffumi
Title Appointed Actuary Telephone Number 330-241-1245

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2020				Policies Issued in 2021; 2022; 2023			
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Character-istics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
YES	3MC(NC)	C	NO	0034060	06/08/2004	07/25/2009			MEDICARE SUPPLEMENT	6,547	11,073	169.1	1	0	0	0.0	0
YES	3MF(NC)	F	NO	0034000	06/08/2004			05/31/2010	MEDICARE SUPPLEMENT	19,269	10,116	52.5	3	0	0	0.0	0
YES	3MF(NC)	F	NO	0034000	06/08/2004			05/31/2010	MEDICARE SUPPLEMENT	16,283	11,698	71.8	3	0	0	0.0	0
YES	3MF(NC)	F	NO	0034000	06/08/2004			05/31/2010	MEDICARE SUPPLEMENT	11,487	3,140	27.3	1	0	0	0.0	0
YES	3MG(NC)	G	NO	0034000	06/08/2004	07/25/2009			MEDICARE SUPPLEMENT	9,696	5,049	52.1	2	0	0	0.0	0
YES	3MG(NC)	G	NO	0034000	06/08/2004	07/25/2009			MEDICARE SUPPLEMENT	21,454	9,369	43.7	5	0	0	0.0	0
YES	3MG(NC)	G	NO	0034000	06/08/2004	07/25/2009			MEDICARE SUPPLEMENT	4,572	3,349	73.3	1	0	0	0.0	0
YES	3MH(NC)	H	NO	0034000	02/08/2007	07/25/2009			MEDICARE SUPPLEMENT	17,769	19,147	107.8	4	0	0	0.0	0
YES	3MJ(NC)	J	NO	0034060	02/08/2007	07/25/2009			MEDICARE SUPPLEMENT	45,565	32,979	72.4	10	0	0	0.0	0
YES	3MJ(NC)	J	NO	0034060	02/08/2007	07/25/2009			MEDICARE SUPPLEMENT	28,105	8,367	29.8	6	0	0	0.0	0
YES	3MJ(NC)	J	NO	0034060	02/08/2007	07/25/2009			MEDICARE SUPPLEMENT	9,056	8,938	98.7	2	0	0	0.0	0
YES	CNHIC-MS-AA-A-NC	A	NO		04/13/2021					0	0	0.0	0	22	(637)	(2,895.5)	0
YES	CNHIC-MS-AA-A-NC	A	NO		04/13/2021					0	0	0.0	0	0	0	0.0	0
YES	CNHIC-MS-AA-F-NC	F	NO		04/13/2021					0	0	0.0	0	165,761	168,197	101.5	85
YES	CNHIC-MS-AA-F-NC	F	NO		04/13/2021					0	0	0.0	0	583,086	618,068	106.0	307
YES	CNHIC-MS-AA-F-NC	F	NO		04/13/2021					0	0	0.0	0	536,183	529,245	98.7	414
YES	CNHIC-MS-AA-F-NC	F	NO		04/13/2021					0	0	0.0	0	0	0	0.0	0
YES	CNHIC-MS-AA-G-NC	G	NO		04/13/2021					0	0	0.0	0	314,579	317,322	100.9	200
YES	CNHIC-MS-AA-G-NC	G	NO		04/13/2021					0	0	0.0	0	1,245,121	1,129,653	90.7	850
YES	CNHIC-MS-AA-G-NC	G	NO		04/13/2021					0	0	0.0	0	1,246,167	1,138,550	91.4	1,527
YES	CNHIC-MS-AA-G-NC	G	NO		04/13/2021					0	0	0.0	0	0	0	0.0	0
YES	CNHIC-MS-AA-N-NC	N	NO		04/13/2021					0	0	0.0	0	89,826	72,824	81.1	75
YES	CNHIC-MS-AA-N-NC	N	NO		04/13/2021					0	0	0.0	0	287,226	269,854	94.0	265
YES	CNHIC-MS-AA-N-NC	N	NO		04/13/2021					0	0	0.0	0	176,952	186,924	105.6	309
YES	CNHIC-MS-AA-N-NC	N	NO		04/13/2021					0	0	0.0	0	0	0	0.0	0
0199999. Total Experience on Individual Policies										189,803	123,225	64.9	38	4,644,923	4,430,000	95.4	4,032

SUPPLEMENT FOR THE YEAR 2023 OF THE Cigna National Health Insurance Company

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address: 11501 Alterra Parkway, Suite 500 Austin , TX 78758
   2.2 Contact Person and Phone Number: David Brosig 1-800-880-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 11501 Alterra Parkway, Suite 500 Austin , TX 78758
   3.2 Contact Person and Phone Number: David Brosig 1-800-880-8824
4. Explain any policies identified above as policy type "O".

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SUPPLEMENT FOR THE YEAR 2023 OF THE Cigna National Health Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2023
(To Be Filed by March 1)

FOR THE STATE OF North Dakota
NAIC Group Code 0901 NAIC Company Code 61727
ADDRESS (City, State and Zip Code) Cleveland , OH 44114
Person Completing This Exhibit Daniel Ernest Paffumi
Title Appointed Actuary Telephone Number 330-241-1245

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2020				Policies Issued in 2021; 2022; 2023			
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Character-istics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
YES	3MF(ND)	F	NO	0034000	11/25/2003			05/31/2010	MEDICARE SUPPLEMENT	5,130	1,698	33.1	1	0	0	0.0	0
YES	3MF(ND)	F	NO	0034000	11/25/2003			05/31/2010	MEDICARE SUPPLEMENT	9,876	5,582	56.5	2	0	0	0.0	0
YES	3MF(ND)	F	NO	0034000	11/25/2003			05/31/2010	MEDICARE SUPPLEMENT	310	3,514	1,133.5	0	0	0	0.0	0
0199999. Total Experience on Individual Policies										15,316	10,794	70.5	3	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address: 11501 Alterra Parkway, Suite 500 Austin , TX 78758
   2.2 Contact Person and Phone Number: David Brosig 1-800-880-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 11501 Alterra Parkway, Suite 500 Austin , TX 78758
   3.2 Contact Person and Phone Number: David Brosig 1-800-880-8824
4. Explain any policies identified above as policy type "O".

SUPPLEMENT FOR THE YEAR 2023 OF THE Cigna National Health Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2023
(To Be Filed by March 1)

FOR THE STATE OF Ohio
NAIC Group Code 0901 NAIC Company Code 61727
ADDRESS (City, State and Zip Code) Cleveland , OH 44114
Person Completing This Exhibit Daniel Ernest Paffumi
Title Appointed Actuary Telephone Number 330-241-1245

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2020				Policies Issued in 2021; 2022; 2023			
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Character-istics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
YES	3ME(OH)	E	NO	0034000	08/08/2005	07/24/2009			MEDICARE SUPPLEMENT	4,259	472	11.1	1	0	0	0.0	0
YES	3MG(OH)	G	NO	0034000	12/12/2003	07/24/2009			MEDICARE SUPPLEMENT	11,448	1,009	8.8	2	0	0	0.0	0
YES	3MG(OH)	G	NO	0034000	12/12/2003	07/24/2009			MEDICARE SUPPLEMENT	2,308	(427)	(18.5)	0	0	0	0.0	0
YES	3MI(OH)	I	NO	0034000	05/01/2006	07/24/2009			MEDICARE SUPPLEMENT	10,043	1,168	11.6	2	0	0	0.0	0
YES	3MJ(OH)	J	NO	0034000	02/01/2007	07/24/2009			MEDICARE SUPPLEMENT	5,802	718	12.4	1	0	0	0.0	0
YES	CNHIC-MS-AA-A-OH	A	NO		05/06/2022				Modernized Medicare Supplement Insurance Plan	0	0	0.0	0	0	0	0.0	0
YES	CNHIC-MS-AA-F-OH	F	NO		05/06/2022				Modernized Medicare Supplement Insurance Plan	0	0	0.0	0	129,470	114,201	88.2	54
YES	CNHIC-MS-AA-F-OH	F	NO		05/06/2022				Modernized Medicare Supplement Insurance Plan	0	0	0.0	0	165,885	176,972	106.7	125
YES	CNHIC-MS-AA-F-OH	F	NO		05/06/2022				Modernized Medicare Supplement Insurance Plan	0	0	0.0	0	0	0	0.0	0
YES	CNHIC-MS-AA-G-OH	G	NO		05/06/2022				Modernized Medicare Supplement Insurance Plan	0	0	0.0	0	180,249	118,164	65.6	107
YES	CNHIC-MS-AA-G-OH	G	NO		05/06/2022				Modernized Medicare Supplement Insurance Plan	0	0	0.0	0	443,279	391,061	88.2	761
YES	CNHIC-MS-AA-G-OH	G	NO		05/06/2022				Modernized Medicare Supplement Insurance Plan	0	0	0.0	0	0	0	0.0	0
YES	CNHIC-MS-AA-HDG-OH	G	NO		05/06/2022				Modernized Medicare Supplement Insurance Plan	0	0	0.0	0	3,615	4,680	129.5	6
YES	CNHIC-MS-AA-HDG-OH	G	NO		05/06/2022				Modernized Medicare Supplement Insurance Plan	0	0	0.0	0	8,085	11,395	140.9	21
YES	CNHIC-MS-AA-HDG-OH	G	NO		05/06/2022				Modernized Medicare Supplement Insurance Plan	0	0	0.0	0	0	0	0.0	0
YES	CNHIC-MS-AA-N-OH	N	NO		05/06/2022				Modernized Medicare Supplement Insurance Plan	0	0	0.0	0	146,605	94,602	64.5	111
YES	CNHIC-MS-AA-N-OH	N	NO		05/06/2022				Modernized Medicare Supplement Insurance Plan	0	0	0.0	0	273,604	171,005	62.5	397
YES	CNHIC-MS-AA-N-OH	N	NO		05/06/2022				Modernized Medicare Supplement Insurance Plan	0	0	0.0	0	0	0	0.0	0

SUPPLEMENT FOR THE YEAR 2023 OF THE Cigna National Health Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2023
(To Be Filed by March 1)

FOR THE STATE OF Ohio
NAIC Group Code 0901 NAIC Company Code 61727
ADDRESS (City, State and Zip Code) Cleveland , OH 44114
Person Completing This Exhibit Daniel Ernest Paffumi
Title Appointed Actuary Telephone Number 330-241-1245

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2020				Policies Issued in 2021; 2022; 2023			
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Character-istics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
0199999. Total Experience on Individual Policies										33,861	2,940	8.7	6	1,350,792	1,082,080	80.1	1,582

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address: 11501 Alterra Parkway, Suite 500 Austin , TX 78758
   2.2 Contact Person and Phone Number: David Brosig 1-800-880-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 11501 Alterra Parkway, Suite 500 Austin , TX 78758
   3.2 Contact Person and Phone Number: David Brosig 1-800-880-8824
4. Explain any policies identified above as policy type "O".

SUPPLEMENT FOR THE YEAR 2023 OF THE Cigna National Health Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2023
(To Be Filed by March 1)

FOR THE STATE OF Oklahoma
NAIC Group Code 0901 NAIC Company Code 61727
ADDRESS (City, State and Zip Code) Cleveland , OH 44114
Person Completing This Exhibit Daniel Ernest Paffumi
Title Appointed Actuary Telephone Number 330-241-1245

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2020				Policies Issued in 2021; 2022; 2023			
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Character-istics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
YES	3ME(OK)	E	NO	0034000	11/14/2005	07/25/2009			MEDICARE SUPPLEMENT	4,354	672	15.4	1	0	0	0.0	0
YES	3MG(OK)	G	NO	0034000	03/01/2004	07/25/2009			MEDICARE SUPPLEMENT	5,154	330	6.4	1	0	0	0.0	0
YES	3MJ(OK)	J	NO	0034000	02/05/2007	07/25/2009			MEDICARE SUPPLEMENT	4,859	2,376	48.9	1	0	0	0.0	0
YES	CNHIC-MS-AA-A-OK	A	NO		01/24/2022				Modernized Medicare Supplement Insurance Plan	0	0	0.0	0	446	921	206.4	0
YES	CNHIC-MS-AA-A-OK	A	NO		01/24/2022				Modernized Medicare Supplement Insurance Plan	0	0	0.0	0	2,254	792	35.1	3
YES	CNHIC-MS-AA-F-OK	F	NO		01/24/2022				Modernized Medicare Supplement Insurance Plan	0	0	0.0	0	75,140	59,081	78.6	34
YES	CNHIC-MS-AA-F-OK	F	NO		01/24/2022				Modernized Medicare Supplement Insurance Plan	0	0	0.0	0	62,918	89,497	142.2	53
YES	CNHIC-MS-AA-F-OK	F	NO		01/24/2022				Modernized Medicare Supplement Insurance Plan	0	0	0.0	0	0	0	0.0	0
YES	CNHIC-MS-AA-G-OK	G	NO		01/24/2022				Modernized Medicare Supplement Insurance Plan	0	0	0.0	0	186,522	228,647	122.6	113
YES	CNHIC-MS-AA-G-OK	G	NO		01/24/2022				Modernized Medicare Supplement Insurance Plan	0	0	0.0	0	254,471	241,332	94.8	263
YES	CNHIC-MS-AA-G-OK	G	NO		01/24/2022				Modernized Medicare Supplement Insurance Plan	0	0	0.0	0	0	0	0.0	0
YES	CNHIC-MS-AA-HDG-OK	G	NO		01/24/2022				Modernized Medicare Supplement Insurance Plan	0	0	0.0	0	1,575	323	20.5	2
YES	CNHIC-MS-AA-HDG-OK	G	NO		01/24/2022				Modernized Medicare Supplement Insurance Plan	0	0	0.0	0	2,734	655	24.0	6
YES	CNHIC-MS-AA-HDG-OK	G	NO		01/24/2022				Modernized Medicare Supplement Insurance Plan	0	0	0.0	0	0	0	0.0	0
YES	CNHIC-MS-AA-N-OK	N	NO		01/24/2022				Modernized Medicare Supplement Insurance Plan	0	0	0.0	0	35,283	18,274	51.8	24
YES	CNHIC-MS-AA-N-OK	N	NO		01/24/2022				Modernized Medicare Supplement Insurance Plan	0	0	0.0	0	62,814	67,882	108.1	74

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SUPPLEMENT FOR THE YEAR 2023 OF THE Cigna National Health Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2023
(To Be Filed by March 1)

FOR THE STATE OF Oklahoma
NAIC Group Code 0901 NAIC Company Code 61727
ADDRESS (City, State and Zip Code) Cleveland , OH 44114
Person Completing This Exhibit Daniel Ernest Paffumi
Title Appointed Actuary Telephone Number 330-241-1245

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2020				Policies Issued in 2021; 2022; 2023			
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Character-istics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
YES	CNHIC-MS-AA-N-OK	N	NO		01/24/2022				Modernized Medicare Supplement Insurance Plan	0	0	0.0	0	0	0	0.0	0
0199999. Total Experience on Individual Policies										14,367	3,378	23.5	3	684,156	707,404	103.4	572

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address: 11501 Alterra Parkway, Suite 500 Austin , TX 78758
   2.2 Contact Person and Phone Number: David Brosig 1-800-880-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 11501 Alterra Parkway, Suite 500 Austin , TX 78758
   3.2 Contact Person and Phone Number: David Brosig 1-800-880-8824
4. Explain any policies identified above as policy type "O".

SUPPLEMENT FOR THE YEAR 2023 OF THE Cigna National Health Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2023
(To Be Filed by March 1)

FOR THE STATE OF Oregon
NAIC Group Code 0901 NAIC Company Code 61727
ADDRESS (City, State and Zip Code) Cleveland , OH 44114
Person Completing This Exhibit
Title Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2020			14	Policies Issued in 2021; 2022; 2023			18
										11	Incurred Claims			15	Incurred Claims		
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Character-istics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address: 11501 Alterra Parkway, Suite 500 Austin , TX 78758
   2.2 Contact Person and Phone Number: David Brosig 1-800-880-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 11501 Alterra Parkway, Suite 500 Austin , TX 78758
   3.2 Contact Person and Phone Number: David Brosig 1-800-880-8824
4. Explain any policies identified above as policy type "O".

SUPPLEMENT FOR THE YEAR 2023 OF THE Cigna National Health Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2023
(To Be Filed by March 1)

FOR THE STATE OF Pennsylvania
NAIC Group Code 0901 NAIC Company Code 61727
ADDRESS (City, State and Zip Code) Cleveland , OH 44114
Person Completing This Exhibit Daniel Ernest Paffumi
Title Appointed Actuary Telephone Number 330-241-1245

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2020				Policies Issued in 2021; 2022; 2023			
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Character-istics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
YES	3MD(PA)	D	NO	0034060	05/12/2004	07/26/2009			MEDICARE SUPPLEMENT	4,420	2,062	46.6	1	0	0	0.0	0
YES	3MD(PA)	D	NO	0034060	05/12/2004	07/26/2009			MEDICARE SUPPLEMENT	5,068	670	13.2	1	0	0	0.0	0
YES	3MD(PA)	D	NO	0034060	05/12/2004	07/26/2009			MEDICARE SUPPLEMENT	5,068	575	11.3	1	0	0	0.0	0
YES	3MD(PA)	D	NO	0034060	05/12/2004	07/26/2009			MEDICARE SUPPLEMENT	8,503	2,863	33.7	2	0	0	0.0	0
YES	3MF(PA)	F	NO	0034060	05/12/2004			05/31/2010	MEDICARE SUPPLEMENT	7,406	(236)	(3.2)	1	0	0	0.0	0
YES	3MF(PA)	F	NO	0034060	05/12/2004			05/31/2010	MEDICARE SUPPLEMENT	4,737	934	19.7	1	0	0	0.0	0
YES	3MG(PA)	G	NO	0034060	05/12/2004	07/26/2009			MEDICARE SUPPLEMENT	18,747	25,465	135.8	2	0	0	0.0	0
YES	3MG(PA)	G	NO	0034060	05/12/2004	07/26/2009			MEDICARE SUPPLEMENT	25,617	9,515	37.1	4	0	0	0.0	0
YES	CNHIC-MS-AA-A-PA	A	NO	0234060	06/03/2020	07/26/2009			MEDICARE SUPPLEMENT	0	0	0.0	0	952	684	71.8	1
YES	CNHIC-MS-AA-B-PA	B	NO	0234060	06/03/2020	07/26/2009			MEDICARE SUPPLEMENT	0	0	0.0	0	6,751	9,613	142.4	4
YES	CNHIC-MS-AA-B-PA	B	NO	0234060	06/03/2020				MEDICARE SUPPLEMENT	0	0	0.0	0	535	275	51.3	1
YES	CNHIC-MS-AA-F-PA	F	NO	0234060	06/03/2020				MEDICARE SUPPLEMENT	144,866	177,802	122.7	50	0	0	0.0	0
YES	CNHIC-MS-AA-F-PA	F	NO	0234060	06/03/2020				MEDICARE SUPPLEMENT	0	0	0.0	0	770,306	682,393	88.6	269
YES	CNHIC-MS-AA-F-PA	F	NO	0234060	06/03/2020				MEDICARE SUPPLEMENT	0	0	0.0	0	764,139	686,732	89.9	287
YES	CNHIC-MS-AA-F-PA	F	NO	0234060	06/03/2020				MEDICARE SUPPLEMENT	0	0	0.0	0	386,631	491,759	127.2	234
YES	CNHIC-MS-AA-F-PA	F	NO	0234060	06/03/2020				MEDICARE SUPPLEMENT	0	0	0.0	0	0	0	0.0	0
YES	CNHIC-MS-AA-G-PA	G	NO	0234060	06/03/2020				MEDICARE SUPPLEMENT	961,692	949,984	98.8	484	0	0	0.0	0
YES	CNHIC-MS-AA-G-PA	G	NO	0234060	06/03/2020				MEDICARE SUPPLEMENT	0	0	0.0	0	3,561,984	3,106,269	87.2	1,894
YES	CNHIC-MS-AA-G-PA	G	NO	0234060	06/03/2020				MEDICARE SUPPLEMENT	0	0	0.0	0	3,517,479	2,971,874	84.5	1,928
YES	CNHIC-MS-AA-G-PA	G	NO	0234060	06/03/2020				MEDICARE SUPPLEMENT	0	0	0.0	0	2,590,837	2,100,055	81.1	2,385
YES	CNHIC-MS-AA-G-PA	G	NO	0234060	06/03/2020				MEDICARE SUPPLEMENT	0	0	0.0	0	180	0	0.0	0
YES	CNHIC-MS-AA-N-PA	N	NO	0234060	06/03/2020				MEDICARE SUPPLEMENT	386,412	282,623	73.1	266	0	0	0.0	0
YES	CNHIC-MS-AA-N-PA	N	NO	0234060	06/03/2020				MEDICARE SUPPLEMENT	0	0	0.0	0	1,491,407	1,187,393	79.6	1,057
YES	CNHIC-MS-AA-N-PA	N	NO	0234060	06/03/2020				MEDICARE SUPPLEMENT	0	0	0.0	0	1,341,081	1,142,960	85.2	1,004
YES	CNHIC-MS-AA-N-PA	N	NO	0234060	06/03/2020				MEDICARE SUPPLEMENT	0	0	0.0	0	946,037	782,979	82.8	1,239

SUPPLEMENT FOR THE YEAR 2023 OF THE Cigna National Health Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2023
(To Be Filed by March 1)

FOR THE STATE OF Pennsylvania
NAIC Group Code 0901 NAIC Company Code 61727
ADDRESS (City, State and Zip Code) Cleveland , OH 44114
Person Completing This Exhibit Daniel Ernest Paffumi
Title Appointed Actuary Telephone Number 330-241-1245

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2020				Policies Issued in 2021; 2022; 2023			
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Character-istics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
YES	CNHIC-MS-AA-N-PA	N	NO	0234060	06/03/2020				MEDICARE SUPPLEMENT	0	0	0.0	0	0	0	0.0	0
YES	CNHIC-MS-OA-B-PA	B	NO	0234060	06/03/2020				MEDICARE SUPPLEMENT	0	0	0.0	0	0	0	0.0	0
YES	CNHIC-MS-OA-F-PA	F	NO	0234060	06/03/2020				MEDICARE SUPPLEMENT	0	0	0.0	0	18,879	6,957	36.8	9
YES	CNHIC-MS-OA-F-PA	F	NO	0234060	06/03/2020				MEDICARE SUPPLEMENT	0	0	0.0	0	17,934	15,867	88.5	9
YES	CNHIC-MS-OA-F-PA	F	NO	0234060	06/03/2020				MEDICARE SUPPLEMENT	0	0	0.0	0	12,278	6,143	50.0	6
YES	CNHIC-MS-OA-G-PA	G	NO	0234060	06/03/2020				MEDICARE SUPPLEMENT	0	0	0.0	0	17,700	12,865	72.7	11
YES	CNHIC-MS-OA-G-PA	G	NO	0234060	06/03/2020				MEDICARE SUPPLEMENT	0	0	0.0	0	112,227	148,595	132.4	70
YES	CNHIC-MS-OA-G-PA	G	NO	0234060	06/03/2020				MEDICARE SUPPLEMENT	0	0	0.0	0	82,518	86,901	105.3	74
YES	CNHIC-MS-OA-G-PA	G	NO	0234060	06/03/2020				MEDICARE SUPPLEMENT	0	0	0.0	0	0	0	0.0	0
YES	CNHIC-MS-OA-N-PA	N	NO	0234060	06/03/2020				MEDICARE SUPPLEMENT	0	0	0.0	0	11,305	7,341	64.9	10
YES	CNHIC-MS-OA-N-PA	N	NO	0234060	06/03/2020				MEDICARE SUPPLEMENT	0	0	0.0	0	53,588	66,763	124.6	44
YES	CNHIC-MS-OA-N-PA	N	NO	0234060	06/03/2020				MEDICARE SUPPLEMENT	0	0	0.0	0	36,142	29,563	81.8	42
YES	CNHIC-MS-OA-N-PA	N	NO	0234060	06/03/2020				MEDICARE SUPPLEMENT	0	0	0.0	0	0	0	0.0	0
0199999. Total Experience on Individual Policies										1,572,537	1,452,257	92.4	813	15,740,893	13,543,977	86.0	10,578

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address: 11501 Alterra Parkway, Suite 500 Austin , TX 78758
   2.2 Contact Person and Phone Number: David Brosig 1-800-880-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 11501 Alterra Parkway, Suite 500 Austin , TX 78758
   3.2 Contact Person and Phone Number: David Brosig 1-800-880-8824
4. Explain any policies identified above as policy type "O".

6172720233604010000

SUPPLEMENT FOR THE YEAR 2023 OF THE Cigna National Health Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2023
(To Be Filed by March 1)

FOR THE STATE OF Rhode Island
NAIC Group Code 0901 NAIC Company Code 61727
ADDRESS (City, State and Zip Code) Cleveland , OH 44114
Person Completing This Exhibit
Title Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2020			14	Policies Issued in 2021; 2022; 2023			18
										11	Incurred Claims			15	Incurred Claims		
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Character-istics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives

GENERAL INTERROGATORIES

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

SUPPLEMENT FOR THE YEAR 2023 OF THE Cigna National Health Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2023
(To Be Filed by March 1)

FOR THE STATE OF South Carolina
NAIC Group Code 0901 NAIC Company Code 61727
ADDRESS (City, State and Zip Code) Cleveland , OH 44114
Person Completing This Exhibit Daniel Ernest Paffumi
Title Appointed Actuary Telephone Number 330-241-1245

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2020				Policies Issued in 2021; 2022; 2023			
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Character-istics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
YES	3MG	G	NO	0034000	10/09/2003	07/25/2009			MEDICARE SUPPLEMENT	4,774	836	17.5	1	0	0	0.0	0
YES	3MG	G	NO	0034000	10/09/2003	07/25/2009			MEDICARE SUPPLEMENT	0	67	0.0	0	0	0	0.0	0
YES	3MI	I	NO	0034000	05/18/2006	07/25/2009			MEDICARE SUPPLEMENT	16,153	4,104	25.4	3	0	0	0.0	0
YES	3MI	I	NO	0034000	05/18/2006	07/25/2009			MEDICARE SUPPLEMENT	11	(271)	(2,390.5)	0	0	0	0.0	0
YES	3MJ	J	NO	0034000	02/23/2007	07/25/2009			MEDICARE SUPPLEMENT	25,671	10,375	40.4	4	0	0	0.0	0
YES	3MJ	J	NO	0034000	02/23/2007	07/25/2009			MEDICARE SUPPLEMENT	27,318	13,344	48.8	5	0	0	0.0	0
YES	CNHIC-MS-AA-A-SC	A	NO	0234060	05/15/2020	07/25/2009			MEDICARE SUPPLEMENT	0	0	0.0	0	0	0	0.0	0
YES	CNHIC-MS-AA-F-SC	F	NO	0234060	05/15/2020				MEDICARE SUPPLEMENT	45,724	53,997	118.1	20	0	0	0.0	0
YES	CNHIC-MS-AA-F-SC	F	NO	0234060	05/15/2020				MEDICARE SUPPLEMENT	0	0	0.0	0	285,148	283,462	99.4	125
YES	CNHIC-MS-AA-F-SC	F	NO	0234060	05/15/2020				MEDICARE SUPPLEMENT	0	0	0.0	0	254,164	188,815	74.3	116
YES	CNHIC-MS-AA-F-SC	F	NO	0234060	05/15/2020				MEDICARE SUPPLEMENT	0	0	0.0	0	124,412	127,414	102.4	87
YES	CNHIC-MS-AA-F-SC	F	NO	0234060	05/15/2020				MEDICARE SUPPLEMENT	0	0	0.0	0	0	0	0.0	0
YES	CNHIC-MS-AA-G-SC	G	NO	0234060	05/15/2020				MEDICARE SUPPLEMENT	340,012	363,399	106.9	212	0	0	0.0	0
YES	CNHIC-MS-AA-G-SC	G	NO	0234060	05/15/2020				MEDICARE SUPPLEMENT	0	0	0.0	0	991,524	1,006,408	101.5	615
YES	CNHIC-MS-AA-G-SC	G	NO	0234060	05/15/2020				MEDICARE SUPPLEMENT	0	0	0.0	0	1,021,500	948,771	92.9	644
YES	CNHIC-MS-AA-G-SC	G	NO	0234060	05/15/2020				MEDICARE SUPPLEMENT	0	0	0.0	0	662,506	616,754	93.1	782
YES	CNHIC-MS-AA-G-SC	G	NO	0234060	05/15/2020				MEDICARE SUPPLEMENT	0	0	0.0	0	0	0	0.0	0
YES	CNHIC-MS-AA-N-SC	N	NO	0234060	05/15/2020				MEDICARE SUPPLEMENT	38,260	25,767	67.3	29	0	0	0.0	0
YES	CNHIC-MS-AA-N-SC	N	NO	0234060	05/15/2020				MEDICARE SUPPLEMENT	0	0	0.0	0	112,754	123,347	109.4	85
YES	CNHIC-MS-AA-N-SC	N	NO	0234060	05/15/2020				MEDICARE SUPPLEMENT	0	0	0.0	0	164,592	169,432	102.9	138
YES	CNHIC-MS-AA-N-SC	N	NO	0234060	05/15/2020				MEDICARE SUPPLEMENT	0	0	0.0	0	117,591	98,684	83.9	155
YES	CNHIC-MS-AA-N-SC	N	NO	0234060	05/15/2020				MEDICARE SUPPLEMENT	0	0	0.0	0	0	0	0.0	0
0199999. Total Experience on Individual Policies										497,923	471,619	94.7	274	3,734,191	3,563,088	95.4	2,747

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SUPPLEMENT FOR THE YEAR 2023 OF THE Cigna National Health Insurance Company

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address: 11501 Alterra Parkway, Suite 500 Austin , TX 78758
   2.2 Contact Person and Phone Number: David Brosig 1-800-880-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 11501 Alterra Parkway, Suite 500 Austin , TX 78758
   3.2 Contact Person and Phone Number: David Brosig 1-800-880-8824
4. Explain any policies identified above as policy type "O".

SUPPLEMENT FOR THE YEAR 2023 OF THE Cigna National Health Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2023
(To Be Filed by March 1)

FOR THE STATE OF South Dakota
NAIC Group Code 0901 NAIC Company Code 61727
ADDRESS (City, State and Zip Code) Cleveland , OH 44114
Person Completing This Exhibit Daniel Ernest Paffumi
Title Appointed Actuary Telephone Number 330-241-1245

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2020				Policies Issued in 2021; 2022; 2023			
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Character-istics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
YES	3MF	F	NO	0034060	11/19/2003			05/31/2010	MEDICARE SUPPLEMENT	(28)	0	0.0	0	0	0	0.0	0
YES	3MF	F	NO	0034060	11/19/2003			05/31/2010	MEDICARE SUPPLEMENT	5,543	13,588	245.1	1	0	0	0.0	0
YES	CNHIC-MS-AA-F-SD	F	NO		03/17/2021					0	0	0.0	0	5,972	2,651	44.4	2
YES	CNHIC-MS-AA-F-SD	F	NO		03/17/2021					0	0	0.0	0	52,570	44,884	85.4	22
YES	CNHIC-MS-AA-F-SD	F	NO		03/17/2021					0	0	0.0	0	22,154	26,307	118.7	17
YES	CNHIC-MS-AA-F-SD	F	NO		03/17/2021					0	0	0.0	0	0	0	0.0	0
YES	CNHIC-MS-AA-G-SD	G	NO		03/17/2021					0	0	0.0	0	44,578	29,910	67.1	29
YES	CNHIC-MS-AA-G-SD	G	NO		03/17/2021					0	0	0.0	0	53,111	44,089	83.0	31
YES	CNHIC-MS-AA-G-SD	G	NO		03/17/2021					0	0	0.0	0	59,102	50,607	85.6	66
YES	CNHIC-MS-AA-G-SD	G	NO		03/17/2021					0	0	0.0	0	0	0	0.0	0
YES	CNHIC-MS-AA-N-SD	N	NO		03/17/2021					0	0	0.0	0	7,778	2,614	33.6	7
YES	CNHIC-MS-AA-N-SD	N	NO		03/17/2021					0	0	0.0	0	29,235	31,079	106.3	23
YES	CNHIC-MS-AA-N-SD	N	NO		03/17/2021					0	0	0.0	0	23,335	13,878	59.5	37
YES	CNHIC-MS-AA-N-SD	N	NO		03/17/2021					0	0	0.0	0	0	0	0.0	0
0199999. Total Experience on Individual Policies										5,514	13,588	246.4	1	297,836	246,018	82.6	234

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address: 11501 Alterra Parkway, Suite 500 Austin , TX 78758
   2.2 Contact Person and Phone Number: David Brosig 1-800-880-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 11501 Alterra Parkway, Suite 500 Austin , TX 78758
   3.2 Contact Person and Phone Number: David Brosig 1-800-880-8824
4. Explain any policies identified above as policy type "O".

SUPPLEMENT FOR THE YEAR 2023 OF THE Cigna National Health Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2023
(To Be Filed by March 1)

FOR THE STATE OF Tennessee
NAIC Group Code 0901 NAIC Company Code 61727
ADDRESS (City, State and Zip Code) Cleveland , OH 44114
Person Completing This Exhibit Daniel Ernest Paffumi
Title Appointed Actuary Telephone Number 330-241-1245

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2020				Policies Issued in 2021; 2022; 2023			
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Character-istics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
YES	3MF(TN)	F	NO	0034000	12/02/2003			05/31/2010	MEDICARE SUPPLEMENT	2,010	323	16.1	1	0	0	0.0	0
YES	3MF(TN)	F	NO	0034000	12/02/2003			05/31/2010	MEDICARE SUPPLEMENT	5,431	1,685	31.0	1	0	0	0.0	0
YES	3MF(TN)	F	NO	0034000	12/02/2003			05/31/2010	MEDICARE SUPPLEMENT	18,446	2,807	15.2	3	0	0	0.0	0
YES	3MG(TN)	G	NO	0034000	12/02/2003	07/26/2009			MEDICARE SUPPLEMENT	(1,534)	576	(37.5)	0	0	0	0.0	0
YES	3MG(TN)	G	NO	0034000	12/02/2003	07/26/2009			MEDICARE SUPPLEMENT	23,287	5,319	22.8	5	0	0	0.0	0
YES	3MG(TN)	G	NO	0034000	12/02/2003	07/26/2009			MEDICARE SUPPLEMENT	807	(248)	(30.7)	0	0	0	0.0	0
YES	CNHIC-MS-AA-A-TN	A	NO		04/30/2021					0	0	0.0	0	1,316	20	1.5	1
YES	CNHIC-MS-AA-A-TN	A	NO		04/30/2021					0	0	0.0	0	0	0	0.0	0
YES	CNHIC-MS-AA-F-TN	F	NO		04/30/2021					0	0	0.0	0	107,578	180,673	167.9	52
YES	CNHIC-MS-AA-F-TN	F	NO		04/30/2021					0	0	0.0	0	420,677	465,856	110.7	234
YES	CNHIC-MS-AA-F-TN	F	NO		04/30/2021					0	0	0.0	0	536,291	613,708	114.4	470
YES	CNHIC-MS-AA-F-TN	F	NO		04/30/2021					0	0	0.0	0	0	0	0.0	0
YES	CNHIC-MS-AA-G-TN	G	NO		04/30/2021					0	0	0.0	0	323,641	339,905	105.0	224
YES	CNHIC-MS-AA-G-TN	G	NO		04/30/2021					0	0	0.0	0	1,469,195	1,629,085	110.9	1,040
YES	CNHIC-MS-AA-G-TN	G	NO		04/30/2021					0	0	0.0	0	1,652,865	1,544,154	93.4	2,093
YES	CNHIC-MS-AA-G-TN	G	NO		04/30/2021					0	0	0.0	0	0	0	0.0	0
YES	CNHIC-MS-AA-N-TN	N	NO		04/30/2021					0	0	0.0	0	138,075	202,599	146.7	129
YES	CNHIC-MS-AA-N-TN	N	NO		04/30/2021					0	0	0.0	0	497,358	434,240	87.3	490
YES	CNHIC-MS-AA-N-TN	N	NO		04/30/2021					0	0	0.0	0	409,344	357,698	87.4	729
YES	CNHIC-MS-AA-N-TN	N	NO		04/30/2021					0	0	0.0	0	0	0	0.0	0
0199999. Total Experience on Individual Policies										48,446	10,462	21.6	10	5,556,340	5,767,936	103.8	5,462

SUPPLEMENT FOR THE YEAR 2023 OF THE Cigna National Health Insurance Company

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address: 11501 Alterra Parkway, Suite 500 Austin , TX 78758
   2.2 Contact Person and Phone Number: David Brosig 1-800-880-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 11501 Alterra Parkway, Suite 500 Austin , TX 78758
   3.2 Contact Person and Phone Number: David Brosig 1-800-880-8824
4. Explain any policies identified above as policy type "O".

SUPPLEMENT FOR THE YEAR 2023 OF THE Cigna National Health Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2023
(To Be Filed by March 1)

FOR THE STATE OF Texas
NAIC Group Code 0901 NAIC Company Code 61727
ADDRESS (City, State and Zip Code) Cleveland , OH 44114
Person Completing This Exhibit Daniel Ernest Paffumi
Title Appointed Actuary Telephone Number 330-241-1245

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2020				Policies Issued in 2021; 2022; 2023			
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Character-istics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
YES	3MD(TX)	D	NO	0034000	12/11/2003	07/31/2009	07/31/2009		MEDICARE SUPPLEMENT	5,016	157	3.1	1	0	0	0.0	0
YES	3MD(TX)	D	NO	0034000	12/11/2003	07/31/2009	07/31/2009		MEDICARE SUPPLEMENT	5,173	1,029	19.9	1	0	0	0.0	0
YES	3ME(TX)	E	NO	0034000	12/30/2005	07/31/2009	07/31/2009		MEDICARE SUPPLEMENT	0	2	0.0	0	0	0	0.0	0
YES	3ME(TX)	E	NO	0034000	12/30/2005	07/31/2009	07/31/2009		MEDICARE SUPPLEMENT	18,705	8,948	47.8	4	0	0	0.0	0
YES	3MF(TX)	F	NO	0034000	12/11/2003	12/11/2003		05/31/2010	MEDICARE SUPPLEMENT	48,173	11,456	23.8	5	0	0	0.0	0
YES	3MF(TX)	F	NO	0034000	12/11/2003	12/11/2003		05/31/2010	MEDICARE SUPPLEMENT	58,669	24,180	41.2	7	0	0	0.0	0
YES	3MF(TX)	F	NO	0034000	12/11/2003	12/11/2003		05/31/2010	MEDICARE SUPPLEMENT	7,193	480	6.7	1	0	0	0.0	0
YES	3MG(TX)	G	NO	0034000	12/11/2003	07/31/2009	07/31/2009		MEDICARE SUPPLEMENT	6,117	116	1.9	1	0	0	0.0	0
YES	3MG(TX)	G	NO	0034000	12/11/2003	07/31/2009	07/31/2009		MEDICARE SUPPLEMENT	10,931	4,240	38.8	1	0	0	0.0	0
YES	3MG(TX)	G	NO	0034000	12/11/2003	07/31/2009	07/31/2009		MEDICARE SUPPLEMENT	5,140	333	6.5	1	0	0	0.0	0
YES	3MI(TX)	I	NO	0034000	06/15/2006	07/31/2009	07/31/2009		MEDICARE SUPPLEMENT	5,996	142	2.4	1	0	0	0.0	0
YES	3MI(TX)	I	NO	0034000	06/15/2006	07/31/2009	07/31/2009		MEDICARE SUPPLEMENT	0	(6)	0.0	0	0	0	0.0	0
YES	3MJ(TX)	J	NO	0034000	02/21/2007	07/31/2009	07/31/2009		MEDICARE SUPPLEMENT	14,696	5,457	37.1	3	0	0	0.0	0
YES	3MJ(TX)	J	NO	0034000	02/21/2007	07/31/2009	07/31/2009		MEDICARE SUPPLEMENT	4,193	9,800	233.7	1	0	0	0.0	0
YES	CNHIC-MS-AA-A-TX	A	NO		03/22/2022	03/22/2022			Modernized Medicare Supplement Insurance Plan	0	0	0.0	0	4,886	1,436	29.4	1
YES	CNHIC-MS-AA-F-TX	F	NO		03/22/2022	03/22/2022			Modernized Medicare Supplement Insurance Plan	0	0	0.0	0	561,883	464,292	82.6	241
YES	CNHIC-MS-AA-F-TX	F	NO		03/22/2022	03/22/2022			Modernized Medicare Supplement Insurance Plan	0	0	0.0	0	785,548	734,855	93.5	543
YES	CNHIC-MS-AA-F-TX	F	NO		03/22/2022	03/22/2022			Modernized Medicare Supplement Insurance Plan	0	0	0.0	0	0	0	0.0	0
YES	CNHIC-MS-AA-G-TX	G	NO		03/22/2022	03/22/2022			Modernized Medicare Supplement Insurance Plan	0	0	0.0	0	1,393,143	1,270,598	91.2	820
YES	CNHIC-MS-AA-G-TX	G	NO		03/22/2022	03/22/2022			Modernized Medicare Supplement Insurance Plan	0	0	0.0	0	2,396,818	2,378,445	99.2	2,786
YES	CNHIC-MS-AA-G-TX	G	NO		03/22/2022	03/22/2022			Modernized Medicare Supplement Insurance Plan	0	0	0.0	0	204	0	0.0	0
YES	CNHIC-MS-AA-HDG-TX	G	NO		03/22/2022	03/22/2022			Modernized Medicare Supplement Insurance Plan	0	0	0.0	0	9,324	5,808	62.3	12
YES	CNHIC-MS-AA-HDG-TX	G	NO		03/22/2022	03/22/2022			Modernized Medicare Supplement Insurance Plan	0	0	0.0	0	34,080	16,082	47.2	81

SUPPLEMENT FOR THE YEAR 2023 OF THE Cigna National Health Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2023
(To Be Filed by March 1)

FOR THE STATE OF Texas
NAIC Group Code 0901 NAIC Company Code 61727
ADDRESS (City, State and Zip Code) Cleveland , OH 44114
Person Completing This Exhibit Daniel Ernest Paffumi
Title Appointed Actuary Telephone Number 330-241-1245

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2020				Policies Issued in 2021; 2022; 2023			
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Character-istics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
YES	CNHIC-MS-AA-HDG-TX	G	NO		03/22/2022	03/22/2022			Modernized Medicare Supplement Insurance Plan	0	0	0.0	0	0	0	0.0	0
YES	CNHIC-MS-AA-N-TX	N	NO		03/22/2022	03/22/2022			Modernized Medicare Supplement Insurance Plan	0	0	0.0	0	281,611	306,346	108.8	224
YES	CNHIC-MS-AA-N-TX	N	NO		03/22/2022	03/22/2022			Modernized Medicare Supplement Insurance Plan	0	0	0.0	0	464,701	388,129	83.5	663
YES	CNHIC-MS-AA-N-TX	N	NO		03/22/2022	03/22/2022			Modernized Medicare Supplement Insurance Plan	0	0	0.0	0	148	0	0.0	0
0199999. Total Experience on Individual Policies										190,003	66,334	34.9	27	5,932,346	5,565,992	93.8	5,371

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GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address: 11501 Alterra Parkway, Suite 500 Austin , TX 78758
   2.2 Contact Person and Phone Number: David Brosig 1-800-880-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 11501 Alterra Parkway, Suite 500 Austin , TX 78758
   3.2 Contact Person and Phone Number: David Brosig 1-800-880-8824
4. Explain any policies identified above as policy type "O".

SUPPLEMENT FOR THE YEAR 2023 OF THE Cigna National Health Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2023
(To Be Filed by March 1)

FOR THE STATE OF Utah
NAIC Group Code 0901 NAIC Company Code 61727
ADDRESS (City, State and Zip Code) Cleveland , OH 44114
Person Completing This Exhibit Daniel Ernest Paffumi
Title Appointed Actuary Telephone Number 330-241-1245

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2020				Policies Issued in 2021; 2022; 2023			
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Character-istics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
YES	CNHIC-MS-AA-A-UT	A	NO		02/11/2021					0	0	0.0	0	573	222	38.7	1
YES	CNHIC-MS-AA-F-UT	F	NO		02/11/2021					0	0	0.0	0	61,811	56,438	91.3	30
YES	CNHIC-MS-AA-F-UT	F	NO		02/11/2021					0	0	0.0	0	150,102	220,580	147.0	80
YES	CNHIC-MS-AA-F-UT	F	NO		02/11/2021					0	0	0.0	0	118,401	124,471	105.1	105
YES	CNHIC-MS-AA-F-UT	F	NO		02/11/2021					0	0	0.0	0	217	0	0.0	0
YES	CNHIC-MS-AA-G-UT	G	NO		02/11/2021					0	0	0.0	0	198,937	247,381	124.4	136
YES	CNHIC-MS-AA-G-UT	G	NO		02/11/2021					0	0	0.0	0	581,725	756,178	130.0	395
YES	CNHIC-MS-AA-G-UT	G	NO		02/11/2021					0	0	0.0	0	481,866	588,414	122.1	560
YES	CNHIC-MS-AA-G-UT	G	NO		02/11/2021					0	0	0.0	0	0	0	0.0	0
YES	CNHIC-MS-AA-N-UT	N	NO		02/11/2021					0	0	0.0	0	126,098	90,982	72.2	110
YES	CNHIC-MS-AA-N-UT	N	NO		02/11/2021					0	0	0.0	0	228,274	263,120	115.3	214
YES	CNHIC-MS-AA-N-UT	N	NO		02/11/2021					0	0	0.0	0	151,688	158,242	104.3	217
YES	CNHIC-MS-AA-N-UT	N	NO		02/11/2021					0	0	0.0	0	0	0	0.0	0
0199999. Total Experience on Individual Policies										0	0	0.0	0	2,099,692	2,506,029	119.4	1,848

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address: 11501 Alterra Parkway, Suite 500 Austin , TX 78758
   2.2 Contact Person and Phone Number: David Brosig 180-088-0882-4
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 11501 Alterra Parkway, Suite 500 Austin , TX 78758
   3.2 Contact Person and Phone Number: David Brosig 180-088-0882-4
4. Explain any policies identified above as policy type "O".

SUPPLEMENT FOR THE YEAR 2023 OF THE Cigna National Health Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2023
(To Be Filed by March 1)

FOR THE STATE OF Vermont
NAIC Group Code 0901 NAIC Company Code 61727
ADDRESS (City, State and Zip Code) Cleveland , OH 44114
Person Completing This Exhibit
Title Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2020				Policies Issued in 2021; 2022; 2023			
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Character-istics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives

GENERAL INTERROGATORIES

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

SUPPLEMENT FOR THE YEAR 2023 OF THE Cigna National Health Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2023
(To Be Filed by March 1)

FOR THE STATE OF Virginia
NAIC Group Code 0901 NAIC Company Code 61727
ADDRESS (City, State and Zip Code) Cleveland , OH 44114
Person Completing This Exhibit Medicare Supplement Heading Information
Title Cleveland Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2020				Policies Issued in 2021; 2022; 2023			
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Character-istics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
YES	3MD(VA)	D	NO	0034000	08/05/2004	07/26/2009			MEDICARE SUPPLEMENT	5,778	443	7.7	1	0	0	0.0	0
YES	3MD(VA)	D	NO	0034000	08/05/2004	07/26/2009			MEDICARE SUPPLEMENT	10,189	11,193	109.9	2	0	0	0.0	0
YES	3MD(VA)	D	NO	0034000	08/05/2004	07/26/2009			MEDICARE SUPPLEMENT	0	68	0.0	0	0	0	0.0	0
YES	3MF(VA)	F	NO	0034000	08/05/2004			05/31/2010	MEDICARE SUPPLEMENT	12,694	3,851	30.3	2	0	0	0.0	0
YES	3MF(VA)	F	NO	0034000	08/05/2004			05/31/2010	MEDICARE SUPPLEMENT	67,450	34,674	51.4	11	0	0	0.0	0
YES	3MF(VA)	F	NO	0034000	08/05/2004			05/31/2010	MEDICARE SUPPLEMENT	57,370	12,989	22.6	10	0	0	0.0	0
YES	3MG(VA)	G	NO	0034000	08/05/2004	07/26/2009			MEDICARE SUPPLEMENT	20,462	18,480	90.3	3	0	0	0.0	0
YES	3MG(VA)	G	NO	0034000	08/05/2004	07/26/2009			MEDICARE SUPPLEMENT	22,762	11,336	49.8	4	0	0	0.0	0
YES	3MH(VA)	H	NO	0034000	06/06/2007	07/26/2009			MEDICARE SUPPLEMENT	5,536	2,865	51.8	1	0	0	0.0	0
YES	3MH(VA)	H	NO	0034000	06/06/2007	07/26/2009			MEDICARE SUPPLEMENT	33,495	31,922	95.3	7	0	0	0.0	0
YES	3MH(VA)	H	NO	0034000	06/06/2007	07/26/2009			MEDICARE SUPPLEMENT	17,134	15,226	88.9	4	0	0	0.0	0
YES	3MI(VA)	I	NO	0034000	11/07/2006	07/26/2009			MEDICARE SUPPLEMENT	40,817	14,471	35.5	9	0	0	0.0	0
YES	3MI(VA)	I	NO	0034000	11/07/2006	07/26/2009			MEDICARE SUPPLEMENT	40,613	21,910	53.9	9	0	0	0.0	0
YES	3MI(VA)	I	NO	0034000	11/07/2006	07/26/2009			MEDICARE SUPPLEMENT	4,439	630	14.2	1	0	0	0.0	0
YES	3MJ(VA)	J	NO	0034000	06/06/2007	07/26/2009			MEDICARE SUPPLEMENT	121,291	118,929	98.1	23	0	0	0.0	0
YES	3MJ(VA)	J	NO	0034000	06/06/2007	07/26/2009			MEDICARE SUPPLEMENT	140,475	106,915	76.1	28	0	0	0.0	0
YES	3MJ(VA)	J	NO	0034000	06/06/2007	07/26/2009			MEDICARE SUPPLEMENT	14,311	15,610	109.1	3	0	0	0.0	0
0199999. Total Experience on Individual Policies										614,816	421,511	68.6	118	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address: 11501 Alterra Parkway, Suite 500 Austin , TX 78758
   2.2 Contact Person and Phone Number: David Brosig 1-800-880-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 11501 Alterra Parkway, Suite 500 Austin , TX 78758
   3.2 Contact Person and Phone Number: David Brosig 1-800-880-8824
4. Explain any policies identified above as policy type "O".

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SUPPLEMENT FOR THE YEAR 2023 OF THE Cigna National Health Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2023
(To Be Filed by March 1)

FOR THE STATE OF Washington
NAIC Group Code 0901 NAIC Company Code 61727
ADDRESS (City, State and Zip Code) Cleveland , OH 44114
Person Completing This Exhibit
Title Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2020				Policies Issued in 2021; 2022; 2023			
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Character-istics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives

GENERAL INTERROGATORIES

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

SUPPLEMENT FOR THE YEAR 2023 OF THE Cigna National Health Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2023
(To Be Filed by March 1)

FOR THE STATE OF West Virginia
NAIC Group Code 0901 NAIC Company Code 61727
ADDRESS (City, State and Zip Code) Cleveland , OH 44114
Person Completing This Exhibit Daniel Ernest Paffumi
Title Appointed Actuary Telephone Number 330-241-1245

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2020			14	Policies Issued in 2021; 2022; 2023			18
										11	Incurred Claims			15	Incurred Claims		
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Character-istics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address: 11501 Alterra Parkway, Suite 500 Austin , TX 78758
   2.2 Contact Person and Phone Number: David Brosig 1-800-880-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 11501 Alterra Parkway, Suite 500 Austin , TX 78758
   3.2 Contact Person and Phone Number: David Brosig 1-800-880-8824
4. Explain any policies identified above as policy type "O".

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SUPPLEMENT FOR THE YEAR 2023 OF THE Cigna National Health Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2023
(To Be Filed by March 1)

FOR THE STATE OF Wisconsin
NAIC Group Code 0901 NAIC Company Code 61727
ADDRESS (City, State and Zip Code) Cleveland , OH 44114
Person Completing This Exhibit
Title Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2020				Policies Issued in 2021; 2022; 2023			
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Character-istics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
YES	CNHIC-MS-BASIC-WI	0	NO		03/10/2022				Modernized Medicare Supplement Insurance Plan	0	0	0.0	0	895,829	826,277	92.2	523
YES	CNHIC-MS-BASIC-WI	0	NO		03/10/2022				Modernized Medicare Supplement Insurance Plan	0	0	0.0	0	2,096,102	2,131,068	101.7	2,298
YES	CNHIC-MS-BASIC-WI	0	NO		03/10/2022				Modernized Medicare Supplement Insurance Plan	0	0	0.0	0	0	0	0.0	0
0199999. Total Experience on Individual Policies										0	0	0.0	0	2,991,930	2,957,345	98.8	2,821

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address: 11501 Alterra Parkway, Suite 500 Austin , TX 78758
   2.2 Contact Person and Phone Number: David Brosig 180-088-0882-4
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 11501 Alterra Parkway, Suite 500 Austin , TX 78758
   3.2 Contact Person and Phone Number: David Brosig 180-088-0882-4
4. Explain any policies identified above as policy type "O".

SUPPLEMENT FOR THE YEAR 2023 OF THE Cigna National Health Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2023
(To Be Filed by March 1)

FOR THE STATE OF Wyoming
NAIC Group Code 0901 NAIC Company Code 61727
ADDRESS (City, State and Zip Code) Cleveland , OH 44114
Person Completing This Exhibit Daniel Ernest Paffumi
Title Appointed Actuary Telephone Number 330-241-1245

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2020				Policies Issued in 2021; 2022; 2023			
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Character-istics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
YES	3MF(WY)	F	NO	0034000	12/05/2003			05/31/2010	MEDICARE SUPPLEMENT	6,395	1,093	17.1	1	0	0	0.0	0
YES	3MF(WY)	F	NO	0034000	12/05/2003			05/31/2010	MEDICARE SUPPLEMENT	13,814	4,185	30.3	2	0	0	0.0	0
0199999. Total Experience on Individual Policies										20,209	5,278	26.1	3	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address: 11501 Alterra Parkway, Suite 500 Austin , TX 78758
   2.2 Contact Person and Phone Number: David Brosig 1-800-880-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 11501 Alterra Parkway, Suite 500 Austin , TX 78758
   3.2 Contact Person and Phone Number: David Brosig 1-800-880-8824
4. Explain any policies identified above as policy type "O".

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SUPPLEMENT FOR THE YEAR 2023 OF THE Cigna National Health Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2023
(To Be Filed by March 1)

FOR THE STATE OF American Samoa.....
NAIC Group Code 0901 ..... NAIC Company Code 61727 .....
ADDRESS (City, State and Zip Code) Cleveland , OH 44114 .....
Person Completing This Exhibit .....
Title ..... Telephone Number .....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2020			14	Policies Issued in 2021; 2022; 2023			18
										11	Incurred Claims			15	Incurred Claims		
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Character-istics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives

GENERAL INTERROGATORIES

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

SUPPLEMENT FOR THE YEAR 2023 OF THE Cigna National Health Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2023
(To Be Filed by March 1)

FOR THE STATE OF Guam
NAIC Group Code 0901 NAIC Company Code 61727
ADDRESS (City, State and Zip Code) Cleveland , OH 44114
Person Completing This Exhibit
Title Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2020			14	Policies Issued in 2021; 2022; 2023			18
										11	Incurred Claims			15	Incurred Claims		
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Character-istics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives

GENERAL INTERROGATORIES

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

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SUPPLEMENT FOR THE YEAR 2023 OF THE Cigna National Health Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2023
(To Be Filed by March 1)

FOR THE STATE OF Puerto Rico
NAIC Group Code 0901 NAIC Company Code 61727
ADDRESS (City, State and Zip Code) Cleveland , OH 44114
Person Completing This Exhibit
Title Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2020				Policies Issued in 2021; 2022; 2023			
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Character-istics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives

GENERAL INTERROGATORIES

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

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SUPPLEMENT FOR THE YEAR 2023 OF THE Cigna National Health Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2023
(To Be Filed by March 1)

FOR THE STATE OF U.S. Virgin Islands.....
NAIC Group Code 0901 ..... NAIC Company Code 61727 .....
ADDRESS (City, State and Zip Code) Cleveland , OH 44114 .....
Person Completing This Exhibit .....
Title ..... Telephone Number .....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2020			14	Policies Issued in 2021; 2022; 2023			18
										11	Incurred Claims			15	Incurred Claims		
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Character-istics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives

GENERAL INTERROGATORIES

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

6172720233605610 0

SUPPLEMENT FOR THE YEAR 2023 OF THE Cigna National Health Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2023
(To Be Filed by March 1)

FOR THE STATE OF Northern Mariana Islands
NAIC Group Code 0901 NAIC Company Code 61727
ADDRESS (City, State and Zip Code) Cleveland , OH 44114
Person Completing This Exhibit
Title Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2020			14	Policies Issued in 2021; 2022; 2023			18
										11	Incurred Claims			15	Incurred Claims		
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Character-istics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives

GENERAL INTERROGATORIES

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

360.MP

SUPPLEMENT FOR THE YEAR 2023 OF THE Cigna National Health Insurance Company

SCHEDULE O SUPPLEMENT

For The Year Ended December 31, 2023
(To Be Filed by March 1)

Of The Cigna National Health Insurance Company
ADDRESS (City, State and Zip Code) Cleveland , OH 44114
NAIC Group Code 0901 NAIC Company Code 61727 Employer's Identification Number (FEIN) 34-0970995

SUPPLEMENTAL SCHEDULE O - PART 1

Development of Incurred Losses
($000 Omitted)

Section A - Group Accident and Health

Years in Which Losses Were Incurred	Cumulative Net Amounts Paid Policyholders				
	1 2019	2 2020	3 2021	4 2022	5 2023(a)
1. Prior	0	0	189	210	225
2. 2019	15	15	15	15	15
3. 2020	XXX	8	9	9	9
4. 2021	XXX	XXX	7	7	7
5. 2022	XXX	XXX	XXX	14	14
6. 2023	XXX	XXX	XXX	XXX	8

Section B - Other Accident and Health

1. Prior	215	190	58,011	60,334	62,325
2. 2019	1,470	1,580	1,577	1,577	1,577
3. 2020	XXX	1,467	1,720	1,720	1,721
4. 2021	XXX	XXX	8,578	10,079	10,081
5. 2022	XXX	XXX	XXX	27,315	31,651
6. 2023	XXX	XXX	XXX	XXX	70,235

Section C - Credit Accident and Health

1. Prior					
2. 2019					
3. 2020	XXX				
4. 2021	XXX	XXX			
5. 2022	XXX	XXX	XXX		
6. 2023	XXX	XXX	XXX	XXX	

NONE

Section D -

1. Prior					
2. 2019					
3. 2020	XXX				
4. 2021	XXX	XXX			
5. 2022	XXX	XXX	XXX		
6. 2023	XXX	XXX	XXX	XXX	

NONE

Section E -

1. Prior					
2. 2019					
3. 2020	XXX				
4. 2021	XXX	XXX			
5. 2022	XXX	XXX	XXX		
6. 2023	XXX	XXX	XXX	XXX	

NONE

Section F -

1. Prior					
2. 2019					
3. 2020	XXX				
4. 2021	XXX	XXX			
5. 2022	XXX	XXX	XXX		
6. 2023	XXX	XXX	XXX	XXX	

NONE

Section G -

1. Prior					
2. 2019					
3. 2020	XXX				
4. 2021	XXX	XXX			
5. 2022	XXX	XXX	XXX		
6. 2023	XXX	XXX	XXX	XXX	

NONE

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

SCHEDULE O SUPPLEMENT

SUPPLEMENTAL SCHEDULE O - PART 2

Development of Incurred Losses

($000 Omitted)

Section A - Group Accident and Health

Years in Which Losses Were Incurred	Net Amounts Paid for Cost Containment Expenses				
	1 2019	2 2020	3 2021	4 2022	5 2023
1. Prior	NONE				
2. 2019					
3. 2020	XXX				
4. 2021	XXX	XXX			
5. 2022	XXX	XXX	XXX		
6. 2023	XXX	XXX	XXX	XXX	

Section B - Other Accident and Health

1. Prior	0	0	0	0	
2. 2019	3				
3. 2020	XXX	2			
4. 2021	XXX	XXX	2		
5. 2022	XXX	XXX	XXX	10	
6. 2023	XXX	XXX	XXX	XXX	48

Section C - Credit Accident and Health

1. Prior					
2. 2019	NONE				
3. 2020	XXX				
4. 2021	XXX	XXX			
5. 2022	XXX	XXX	XXX		
6. 2023	XXX	XXX	XXX	XXX	

Section D -

1. Prior					
2. 2019	NONE				
3. 2020	XXX				
4. 2021	XXX	XXX			
5. 2022	XXX	XXX	XXX		
6. 2023	XXX	XXX	XXX	XXX	

Section E -

1. Prior					
2. 2019	NONE				
3. 2020	XXX				
4. 2021	XXX	XXX			
5. 2022	XXX	XXX	XXX		
6. 2023	XXX	XXX	XXX	XXX	

Section F -

1. Prior					
2. 2019	NONE				
3. 2020	XXX				
4. 2021	XXX	XXX			
5. 2022	XXX	XXX	XXX		
6. 2023	XXX	XXX	XXX	XXX	

Section G -

1. Prior					
2. 2019	NONE				
3. 2020	XXX				
4. 2021	XXX	XXX			
5. 2022	XXX	XXX	XXX		
6. 2023	XXX	XXX	XXX	XXX	

SCHEDULE O SUPPLEMENT

SUPPLEMENTAL SCHEDULE O - PART 3

Development of Incurred Losses

($000 Omitted)

Section A - Group Accident and Health

Years in Which Losses Were Incurred	Sum of Net Cumulative Amount Paid Policyholders and Claim Liability and Reserve Outstanding at End of Year				
	1 2019	2 2020	3 2021	4 2022	5 2023
1. 2019	17	15	15	XXX	XXX
2. 2020	XXX	10	9	9	XXX
3. 2021	XXX	XXX	9	7	7
4. 2022	XXX	XXX	XXX	16	14
5. 2023	XXX	XXX	XXX	XXX	11

Section B - Other Accident and Health

1. 2019	1,630	1,582	1,578	XXX	XXX
2. 2020	XXX	1,767	1,722	1,721	XXX
3. 2021	XXX	XXX	10,279	10,082	10,081
4. 2022	XXX	XXX	XXX	31,855	31,652
5. 2023	XXX	XXX	XXX	XXX	81,210

Section C - Credit Accident and Health

1. 2019				XXX	XXX
2. 2020	XXX				XXX
3. 2021	XXX				
4. 2022	XXX	XXX	XXX		
5. 2023	XXX	XXX	XXX	XXX	

NONE

Section D -

1. 2019				XXX	XXX
2. 2020	XXX				XXX
3. 2021	XXX				
4. 2022	XXX	XXX	XXX		
5. 2023	XXX	XXX	XXX	XXX	

NONE

Section E -

1. 2019				XXX	XXX
2. 2020	XXX				XXX
3. 2021	XXX				
4. 2022	XXX	XXX	XXX		
5. 2023	XXX	XXX	XXX	XXX	

NONE

Section F -

1. 2019				XXX	XXX
2. 2020	XXX				XXX
3. 2021	XXX				
4. 2022	XXX	XXX	XXX		
5. 2023	XXX	XXX	XXX	XXX	

NONE

Section G -

1. 2019				XXX	XXX
2. 2020	XXX				XXX
3. 2021	XXX				
4. 2022	XXX	XXX	XXX		
5. 2023	XXX	XXX	XXX	XXX	

NONE

SCHEDULE O SUPPLEMENT

SUPPLEMENTAL SCHEDULE O - PART 4

Development of Incurred Losses

($000 Omitted)

Section A - Group Accident and Health

Years in Which Losses Were Incurred	Sum of Net Cumulative Amount Paid Policyholders, Cost Containment Expenses, and Claim and Cost Containment Liability and Reserve Outstanding at End of Year				
	1 2019	2 2020	3 2021	4 2022	5 2023
1. 2019	17	15	15	15	15
2. 2020	XXX	10	9	9	9
3. 2021	XXX	XXX	9	7	7
4. 2022	XXX	XXX	XXX	16	14
5. 2023	XXX	XXX	XXX	XXX	11

Section B - Other Accident and Health

1. 2019	1,633	1,582	1,578	1,578	1,577
2. 2020	XXX	1,769	1,722	1,721	1,721
3. 2021	XXX	XXX	10,281	10,082	10,081
4. 2022	XXX	XXX	XXX	31,865	31,652
5. 2023	XXX	XXX	XXX	XXX	81,258

Section C - Credit Accident and Health

1. 2019					
2. 2020	XXX				
3. 2021	XXX	XXX			
4. 2022	XXX	XXX	XXX		
5. 2023	XXX	XXX	XXX	XXX	

NONE

Section D -

1. 2019					
2. 2020	XXX				
3. 2021	XXX	XXX			
4. 2022	XXX	XXX	XXX		
5. 2023	XXX	XXX	XXX	XXX	

NONE

Section E -

1. 2019					
2. 2020	XXX				
3. 2021	XXX	XXX			
4. 2022	XXX	XXX	XXX		
5. 2023	XXX	XXX	XXX	XXX	

NONE

Section F -

1. 2019					
2. 2020	XXX				
3. 2021	XXX	XXX			
4. 2022	XXX	XXX	XXX		
5. 2023	XXX	XXX	XXX	XXX	

NONE

Section G -

1. 2019					
2. 2020	XXX				
3. 2021	XXX	XXX			
4. 2022	XXX	XXX	XXX		
5. 2023	XXX	XXX	XXX	XXX	

NONE

SUPPLEMENTAL SCHEDULE O - PART 5

($000 OMITTED)

Reserve and Liability Methodology - Exhibits 6 and 8

Line of Business	1 Methodology	2 Amount
1. Industrial Life	None	
2. Ordinary Life	None	
3. Individual Annuity	None	
4. Supplementary Contracts	None	
5. Credit Life	None	
6. Group Life	None	
7. Group Annuities	None	
8 Group Accident and Health	Development	
9 Credit Accident and Health	None	
10. Other Accident and Health	Development	10,977
11. Total		10,977

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SUPPLEMENT FOR THE YEAR 2023 OF THE Cigna National Health Insurance Company

HEALTH SUPPLEMENTS

For The Year Ended December 31, 2023
(To Be Filed by March 1)

Of The Cigna National Health Insurance Company .....
ADDRESS (City, State and Zip Code) Cleveland , OH 44114 .....
NAIC Group Code 0901 ..... NAIC Company Code 61727 ..... Employer's ID Number 34-0970995 .....

SUPPLEMENT FOR THE YEAR 2023 OF THE Cigna National Health Insurance Company

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3				Federal Employees Health							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
1. Net premium income	87,755,504	0		87,707,207		23,162					0	0	25,135	0
2. Change in unearned premium reserves and reserve for rate credit	(1,934,290)	0		(1,934,756)		140					0	0	326	0
3. Fee-for-service (net of $ ..... medical expenses)	0	0		0		0					0	0	0	XXX
4. Risk revenue	0	0		0		0					0	0	0	XXX
5. Aggregate write-ins for other health care related revenues	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX
6. Aggregate write-ins for other non-health care related revenues	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
7. Total revenues (Lines 1 to 6)	85,821,214	0	0	85,772,451	0	23,302	0	0	0	0	0	0	25,461	0
8. Hospital/medical benefits	81,253,933	5,756		81,213,642		19,764					13,060	0	1,711	XXX
9. Other professional services	0	0		0		0					0	0	0	XXX
10. Outside referrals	0	0		0		0					0	0	0	XXX
11. Emergency room and out-of-area	0	0		0		0					0	0	0	XXX
12. Prescription drugs	0	0		0		0					0	0	0	XXX
13. Aggregate write-ins for other hospital and medical	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX
14. Incentive pool, withhold adjustments and bonus amounts	0													XXX
15. Subtotal (Lines 8 to 14)	81,253,933	5,756	0	81,213,642	0	19,764	0	0	0	0	13,060	0	1,711	XXX
16. Net reinsurance recoveries	253,908	5,756		228,411		7,316					10,445	0	1,980	XXX
17. Total medical and hospital (Lines 15 minus 16)	81,000,025	0	0	80,985,231	0	12,448	0	0	0	0	2,615	0	(269)	XXX
18. Non-health claims (net)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
19. Claims adjustment expenses including $ ..... 47,787 cost containment expenses	917,804	5	0	917,377	0	160	0	0	0	0	0	0	262	
20. General administrative expenses	41,941,985	218	0	41,922,471	0	7,331	0	0	0	0	0	0	11,965	
21. Increase in reserves for accident and health contracts	(9,891)	0		(15,338)		0					11,682	0	(6,235)	XXX
22. Increase in reserves for life contracts	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
23. Total underwriting deductions (Lines 17 to 22)	123,849,923	223	0	123,809,741	0	19,939	0	0	0	0	14,297	0	5,723	0
24. Net underwriting gain or (loss) (Line 7 minus Line 23)	(38,028,709)	(223)	0	(38,037,290)	0	3,363	0	0	0	0	(14,297)	0	19,738	0
DETAILS OF WRITE-INS														
0501.														XXX
0502.														XXX
0503.														XXX
0598. Summary of remaining write-ins for Line 5 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX
0599. Totals (Lines 0501 thru 0503 plus 0598) (Line 5 above)	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX
0601.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0602.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0603.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0698. Summary of remaining write-ins for Line 6 from overflow page	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
1301.														XXX
1302.														XXX
1303.														XXX
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX

Health Supplement - Exhibit 3 - Health Care Receivables

N O N E

Health Supplement - Exhibit 3A - Health Care Receivables Collected and Accrued

N O N E

6 1 7 2 7 2 0 2 3 6 0 0 0 1 1 0 0

SUPPLEMENT FOR THE YEAR 2023 OF THE Cigna National Health Insurance Company

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2023
(To Be Filed by March 1)

FOR THE STATE OF: Alabama

NAIC Group Code 0901 NAIC Company Code 61727

MCAS LINE OF BUSINESS	MCAS Reportable Premium/Considerations (Yes/No)
1. Disability Income	NO
2. Health	NO
3. Homeowners	NO
4. Individual Annuity	NO
5. Individual Life	NO
6. Lender-Placed Home and Auto	NO
7. Long-Term Care	NO
8. Other Health	NO
9. Private Flood	NO
10. Private Passenger Auto	NO
11. Short-Term Limited Duration Health Plans	NO
12. Travel	NO

6 1 7 2 7 2 0 2 3 6 0 0 0 2 1 0 0

SUPPLEMENT FOR THE YEAR 2023 OF THE Cigna National Health Insurance Company

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2023
(To Be Filed by March 1)

FOR THE STATE OF: Alaska

NAIC Group Code 0901 NAIC Company Code 61727

MCAS LINE OF BUSINESS	MCAS Reportable Premium/Considerations (Yes/No)
1. Disability Income	NO
2. Health	NO
3. Homeowners	NO
4. Individual Annuity	NO
5. Individual Life	NO
6. Lender-Placed Home and Auto	NO
7. Long-Term Care	NO
8. Other Health	NO
9. Private Flood	NO
10. Private Passenger Auto	NO
11. Short-Term Limited Duration Health Plans	NO
12. Travel	NO

6 1 7 2 7 2 0 2 3 6 0 0 0 3 1 0 0

SUPPLEMENT FOR THE YEAR 2023 OF THE Cigna National Health Insurance Company

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2023
(To Be Filed by March 1)

FOR THE STATE OF: Arizona

NAIC Group Code 0901 NAIC Company Code 61727

MCAS LINE OF BUSINESS	MCAS Reportable Premium/Considerations (Yes/No)
1. Disability Income	NO
2. Health	NO
3. Homeowners	NO
4. Individual Annuity	NO
5. Individual Life	NO
6. Lender-Placed Home and Auto	NO
7. Long-Term Care	NO
8. Other Health	NO
9. Private Flood	NO
10. Private Passenger Auto	NO
11. Short-Term Limited Duration Health Plans	NO
12. Travel	NO

6 1 7 2 7 2 0 2 3 6 0 0 0 4 1 0 0

SUPPLEMENT FOR THE YEAR 2023 OF THE Cigna National Health Insurance Company

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2023
(To Be Filed by March 1)

FOR THE STATE OF: Arkansas

NAIC Group Code 0901 NAIC Company Code 61727

MCAS LINE OF BUSINESS	MCAS Reportable Premium/Considerations (Yes/No)
1. Disability Income	NO
2. Health	NO
3. Homeowners	NO
4. Individual Annuity	NO
5. Individual Life	NO
6. Lender-Placed Home and Auto	NO
7. Long-Term Care	NO
8. Other Health	NO
9. Private Flood	NO
10. Private Passenger Auto	NO
11. Short-Term Limited Duration Health Plans	NO
12. Travel	NO

6 1 7 2 7 2 0 2 3 6 0 0 0 5 1 0 0

SUPPLEMENT FOR THE YEAR 2023 OF THE Cigna National Health Insurance Company

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2023
(To Be Filed by March 1)

FOR THE STATE OF: California

NAIC Group Code 0901 NAIC Company Code 61727

MCAS LINE OF BUSINESS	MCAS Reportable Premium/Considerations (Yes/No)
1. Disability Income	NO
2. Health	NO
3. Homeowners	NO
4. Individual Annuity	NO
5. Individual Life	NO
6. Lender-Placed Home and Auto	NO
7. Long-Term Care	NO
8. Other Health	NO
9. Private Flood	NO
10. Private Passenger Auto	NO
11. Short-Term Limited Duration Health Plans	NO
12. Travel	NO

6 1 7 2 7 2 0 2 3 6 0 0 0 6 1 0 0

SUPPLEMENT FOR THE YEAR 2023 OF THE Cigna National Health Insurance Company

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2023
(To Be Filed by March 1)

FOR THE STATE OF: Colorado

NAIC Group Code 0901 NAIC Company Code 61727

MCAS LINE OF BUSINESS	MCAS Reportable Premium/Considerations (Yes/No)
1. Disability Income	NO
2. Health	NO
3. Homeowners	NO
4. Individual Annuity	NO
5. Individual Life	NO
6. Lender-Placed Home and Auto	NO
7. Long-Term Care	NO
8. Other Health	NO
9. Private Flood	NO
10. Private Passenger Auto	NO
11. Short-Term Limited Duration Health Plans	NO
12. Travel	NO

SUPPLEMENT FOR THE YEAR 2023 OF THE Cigna National Health Insurance Company

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2023
(To Be Filed by March 1)

FOR THE STATE OF: Connecticut

NAIC Group Code 0901 NAIC Company Code 61727

MCAS LINE OF BUSINESS	MCAS Reportable Premium/Considerations (Yes/No)
1. Disability Income	NO
2. Health	NO
3. Homeowners	NO
4. Individual Annuity	NO
5. Individual Life	NO
6. Lender-Placed Home and Auto	NO
7. Long-Term Care	NO
8. Other Health	NO
9. Private Flood	NO
10. Private Passenger Auto	NO
11. Short-Term Limited Duration Health Plans	NO
12. Travel	NO

6 1 7 2 7 2 0 2 3 6 0 0 0 8 1 0 0

SUPPLEMENT FOR THE YEAR 2023 OF THE Cigna National Health Insurance Company

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2023
(To Be Filed by March 1)

FOR THE STATE OF: Delaware

NAIC Group Code 0901 NAIC Company Code 61727

MCAS LINE OF BUSINESS	MCAS Reportable Premium/Considerations (Yes/No)
1. Disability Income	NO
2. Health	NO
3. Homeowners	NO
4. Individual Annuity	NO
5. Individual Life	NO
6. Lender-Placed Home and Auto	NO
7. Long-Term Care	NO
8. Other Health	NO
9. Private Flood	NO
10. Private Passenger Auto	NO
11. Short-Term Limited Duration Health Plans	NO
12. Travel	NO

6 1 7 2 7 2 0 2 3 6 0 0 0 9 1 0 0

SUPPLEMENT FOR THE YEAR 2023 OF THE Cigna National Health Insurance Company

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2023
(To Be Filed by March 1)

FOR THE STATE OF: District of Columbia

NAIC Group Code 0901 NAIC Company Code 61727

MCAS LINE OF BUSINESS	MCAS Reportable Premium/Considerations (Yes/No)
1. Disability Income	NO
2. Health	NO
3. Homeowners	NO
4. Individual Annuity	NO
5. Individual Life	NO
6. Lender-Placed Home and Auto	NO
7. Long-Term Care	NO
8. Other Health	NO
9. Private Flood	NO
10. Private Passenger Auto	NO
11. Short-Term Limited Duration Health Plans	NO
12. Travel	NO

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SUPPLEMENT FOR THE YEAR 2023 OF THE Cigna National Health Insurance Company

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2023
(To Be Filed by March 1)

FOR THE STATE OF: Florida

NAIC Group Code 0901 NAIC Company Code 61727

MCAS LINE OF BUSINESS	MCAS Reportable Premium/Considerations (Yes/No)
1. Disability Income	NO
2. Health	NO
3. Homeowners	NO
4. Individual Annuity	NO
5. Individual Life	NO
6. Lender-Placed Home and Auto	NO
7. Long-Term Care	NO
8. Other Health	NO
9. Private Flood	NO
10. Private Passenger Auto	NO
11. Short-Term Limited Duration Health Plans	NO
12. Travel	NO

6 1 7 2 7 2 0 2 3 6 0 0 1 1 1 0 0

SUPPLEMENT FOR THE YEAR 2023 OF THE Cigna National Health Insurance Company

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2023
(To Be Filed by March 1)

FOR THE STATE OF: Georgia

NAIC Group Code 0901 NAIC Company Code 61727

MCAS LINE OF BUSINESS	MCAS Reportable Premium/Considerations (Yes/No)
1. Disability Income	NO
2. Health	NO
3. Homeowners	NO
4. Individual Annuity	NO
5. Individual Life	NO
6. Lender-Placed Home and Auto	NO
7. Long-Term Care	NO
8. Other Health	NO
9. Private Flood	NO
10. Private Passenger Auto	NO
11. Short-Term Limited Duration Health Plans	NO
12. Travel	NO

SUPPLEMENT FOR THE YEAR 2023 OF THE Cigna National Health Insurance Company

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2023
(To Be Filed by March 1)

FOR THE STATE OF: Hawaii

NAIC Group Code 0901 NAIC Company Code 61727

MCAS LINE OF BUSINESS	MCAS Reportable Premium/Considerations (Yes/No)
1. Disability Income	NO
2. Health	NO
3. Homeowners	NO
4. Individual Annuity	NO
5. Individual Life	NO
6. Lender-Placed Home and Auto	NO
7. Long-Term Care	NO
8. Other Health	NO
9. Private Flood	NO
10. Private Passenger Auto	NO
11. Short-Term Limited Duration Health Plans	NO
12. Travel	NO

6 1 7 2 7 2 0 2 3 6 0 0 1 3 1 0 0

SUPPLEMENT FOR THE YEAR 2023 OF THE Cigna National Health Insurance Company

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2023
(To Be Filed by March 1)

FOR THE STATE OF: Idaho

NAIC Group Code 0901 NAIC Company Code 61727

MCAS LINE OF BUSINESS	MCAS Reportable Premium/Considerations (Yes/No)
1. Disability Income	NO
2. Health	NO
3. Homeowners	NO
4. Individual Annuity	NO
5. Individual Life	NO
6. Lender-Placed Home and Auto	NO
7. Long-Term Care	NO
8. Other Health	NO
9. Private Flood	NO
10. Private Passenger Auto	NO
11. Short-Term Limited Duration Health Plans	NO
12. Travel	NO

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SUPPLEMENT FOR THE YEAR 2023 OF THE Cigna National Health Insurance Company

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2023
(To Be Filed by March 1)

FOR THE STATE OF: Illinois

NAIC Group Code 0901 NAIC Company Code 61727

MCAS LINE OF BUSINESS	MCAS Reportable Premium/Considerations (Yes/No)
1. Disability Income	NO
2. Health	NO
3. Homeowners	NO
4. Individual Annuity	NO
5. Individual Life	NO
6. Lender-Placed Home and Auto	NO
7. Long-Term Care	NO
8. Other Health	NO
9. Private Flood	NO
10. Private Passenger Auto	NO
11. Short-Term Limited Duration Health Plans	NO
12. Travel	NO

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SUPPLEMENT FOR THE YEAR 2023 OF THE Cigna National Health Insurance Company

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2023
(To Be Filed by March 1)

FOR THE STATE OF: Indiana

NAIC Group Code 0901 NAIC Company Code 61727

MCAS LINE OF BUSINESS	MCAS Reportable Premium/Considerations (Yes/No)
1. Disability Income	NO
2. Health	NO
3. Homeowners	NO
4. Individual Annuity	NO
5. Individual Life	NO
6. Lender-Placed Home and Auto	NO
7. Long-Term Care	NO
8. Other Health	NO
9. Private Flood	NO
10. Private Passenger Auto	NO
11. Short-Term Limited Duration Health Plans	NO
12. Travel	NO

SUPPLEMENT FOR THE YEAR 2023 OF THE Cigna National Health Insurance Company

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2023
(To Be Filed by March 1)

FOR THE STATE OF: Iowa

NAIC Group Code 0901 NAIC Company Code 61727

MCAS LINE OF BUSINESS	MCAS Reportable Premium/Considerations (Yes/No)
1. Disability Income	NO
2. Health	NO
3. Homeowners	NO
4. Individual Annuity	NO
5. Individual Life	NO
6. Lender-Placed Home and Auto	NO
7. Long-Term Care	NO
8. Other Health	NO
9. Private Flood	NO
10. Private Passenger Auto	NO
11. Short-Term Limited Duration Health Plans	NO
12. Travel	NO

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SUPPLEMENT FOR THE YEAR 2023 OF THE Cigna National Health Insurance Company

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2023
(To Be Filed by March 1)

FOR THE STATE OF: Kansas

NAIC Group Code 0901 NAIC Company Code 61727

MCAS LINE OF BUSINESS	MCAS Reportable Premium/Considerations (Yes/No)
1. Disability Income	NO
2. Health	NO
3. Homeowners	NO
4. Individual Annuity	NO
5. Individual Life	NO
6. Lender-Placed Home and Auto	NO
7. Long-Term Care	NO
8. Other Health	NO
9. Private Flood	NO
10. Private Passenger Auto	NO
11. Short-Term Limited Duration Health Plans	NO
12. Travel	NO

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SUPPLEMENT FOR THE YEAR 2023 OF THE Cigna National Health Insurance Company

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2023
(To Be Filed by March 1)

FOR THE STATE OF: Kentucky

NAIC Group Code 0901 NAIC Company Code 61727

MCAS LINE OF BUSINESS	MCAS Reportable Premium/Considerations (Yes/No)
1. Disability Income	NO
2. Health	NO
3. Homeowners	NO
4. Individual Annuity	NO
5. Individual Life	NO
6. Lender-Placed Home and Auto	NO
7. Long-Term Care	NO
8. Other Health	NO
9. Private Flood	NO
10. Private Passenger Auto	NO
11. Short-Term Limited Duration Health Plans	NO
12. Travel	NO

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SUPPLEMENT FOR THE YEAR 2023 OF THE Cigna National Health Insurance Company

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2023
(To Be Filed by March 1)

FOR THE STATE OF: Louisiana

NAIC Group Code 0901 NAIC Company Code 61727

MCAS LINE OF BUSINESS	MCAS Reportable Premium/Considerations (Yes/No)
1. Disability Income	NO
2. Health	NO
3. Homeowners	NO
4. Individual Annuity	NO
5. Individual Life	NO
6. Lender-Placed Home and Auto	NO
7. Long-Term Care	NO
8. Other Health	NO
9. Private Flood	NO
10. Private Passenger Auto	NO
11. Short-Term Limited Duration Health Plans	NO
12. Travel	NO

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SUPPLEMENT FOR THE YEAR 2023 OF THE Cigna National Health Insurance Company

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2023
(To Be Filed by March 1)

FOR THE STATE OF: Maine

NAIC Group Code 0901 NAIC Company Code 61727

MCAS LINE OF BUSINESS	MCAS Reportable Premium/Considerations (Yes/No)
1. Disability Income	NO
2. Health	NO
3. Homeowners	NO
4. Individual Annuity	NO
5. Individual Life	NO
6. Lender-Placed Home and Auto	NO
7. Long-Term Care	NO
8. Other Health	NO
9. Private Flood	NO
10. Private Passenger Auto	NO
11. Short-Term Limited Duration Health Plans	NO
12. Travel	NO

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SUPPLEMENT FOR THE YEAR 2023 OF THE Cigna National Health Insurance Company

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2023
(To Be Filed by March 1)

FOR THE STATE OF: Maryland

NAIC Group Code 0901 NAIC Company Code 61727

MCAS LINE OF BUSINESS	MCAS Reportable Premium/Considerations (Yes/No)
1. Disability Income	NO
2. Health	NO
3. Homeowners	NO
4. Individual Annuity	NO
5. Individual Life	NO
6. Lender-Placed Home and Auto	NO
7. Long-Term Care	NO
8. Other Health	NO
9. Private Flood	NO
10. Private Passenger Auto	NO
11. Short-Term Limited Duration Health Plans	NO
12. Travel	NO

SUPPLEMENT FOR THE YEAR 2023 OF THE Cigna National Health Insurance Company

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2023
(To Be Filed by March 1)

FOR THE STATE OF: Massachusetts

NAIC Group Code 0901 NAIC Company Code 61727

MCAS LINE OF BUSINESS	MCAS Reportable Premium/Considerations (Yes/No)
1. Disability Income	NO
2. Health	NO
3. Homeowners	NO
4. Individual Annuity	NO
5. Individual Life	NO
6. Lender-Placed Home and Auto	NO
7. Long-Term Care	NO
8. Other Health	NO
9. Private Flood	NO
10. Private Passenger Auto	NO
11. Short-Term Limited Duration Health Plans	NO
12. Travel	NO

SUPPLEMENT FOR THE YEAR 2023 OF THE Cigna National Health Insurance Company

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2023
(To Be Filed by March 1)

FOR THE STATE OF: Michigan

NAIC Group Code 0901 NAIC Company Code 61727

MCAS LINE OF BUSINESS	MCAS Reportable Premium/Considerations (Yes/No)
1. Disability Income	NO
2. Health	NO
3. Homeowners	NO
4. Individual Annuity	NO
5. Individual Life	NO
6. Lender-Placed Home and Auto	NO
7. Long-Term Care	NO
8. Other Health	NO
9. Private Flood	NO
10. Private Passenger Auto	NO
11. Short-Term Limited Duration Health Plans	NO
12. Travel	NO

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SUPPLEMENT FOR THE YEAR 2023 OF THE Cigna National Health Insurance Company

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2023
(To Be Filed by March 1)

FOR THE STATE OF: Minnesota

NAIC Group Code 0901 NAIC Company Code 61727

MCAS LINE OF BUSINESS	MCAS Reportable Premium/Considerations (Yes/No)
1. Disability Income	NO
2. Health	NO
3. Homeowners	NO
4. Individual Annuity	NO
5. Individual Life	NO
6. Lender-Placed Home and Auto	NO
7. Long-Term Care	NO
8. Other Health	NO
9. Private Flood	NO
10. Private Passenger Auto	NO
11. Short-Term Limited Duration Health Plans	NO
12. Travel	NO

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SUPPLEMENT FOR THE YEAR 2023 OF THE Cigna National Health Insurance Company

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2023
(To Be Filed by March 1)

FOR THE STATE OF: Mississippi

NAIC Group Code 0901 NAIC Company Code 61727

MCAS LINE OF BUSINESS	MCAS Reportable Premium/Considerations (Yes/No)
1. Disability Income	NO
2. Health	NO
3. Homeowners	NO
4. Individual Annuity	NO
5. Individual Life	NO
6. Lender-Placed Home and Auto	NO
7. Long-Term Care	NO
8. Other Health	NO
9. Private Flood	NO
10. Private Passenger Auto	NO
11. Short-Term Limited Duration Health Plans	NO
12. Travel	NO

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SUPPLEMENT FOR THE YEAR 2023 OF THE Cigna National Health Insurance Company

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2023
(To Be Filed by March 1)

FOR THE STATE OF: Missouri

NAIC Group Code 0901 NAIC Company Code 61727

MCAS LINE OF BUSINESS	MCAS Reportable Premium/Considerations (Yes/No)
1. Disability Income	NO
2. Health	NO
3. Homeowners	NO
4. Individual Annuity	NO
5. Individual Life	NO
6. Lender-Placed Home and Auto	NO
7. Long-Term Care	NO
8. Other Health	NO
9. Private Flood	NO
10. Private Passenger Auto	NO
11. Short-Term Limited Duration Health Plans	NO
12. Travel	NO

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SUPPLEMENT FOR THE YEAR 2023 OF THE Cigna National Health Insurance Company

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2023
(To Be Filed by March 1)

FOR THE STATE OF: Montana

NAIC Group Code 0901 NAIC Company Code 61727

MCAS LINE OF BUSINESS	MCAS Reportable Premium/Considerations (Yes/No)
1. Disability Income	NO
2. Health	NO
3. Homeowners	NO
4. Individual Annuity	NO
5. Individual Life	NO
6. Lender-Placed Home and Auto	NO
7. Long-Term Care	NO
8. Other Health	NO
9. Private Flood	NO
10. Private Passenger Auto	NO
11. Short-Term Limited Duration Health Plans	NO
12. Travel	NO

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SUPPLEMENT FOR THE YEAR 2023 OF THE Cigna National Health Insurance Company

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2023
(To Be Filed by March 1)

FOR THE STATE OF: Nebraska

NAIC Group Code 0901 NAIC Company Code 61727

MCAS LINE OF BUSINESS	MCAS Reportable Premium/Considerations (Yes/No)
1. Disability Income	NO
2. Health	NO
3. Homeowners	NO
4. Individual Annuity	NO
5. Individual Life	NO
6. Lender-Placed Home and Auto	NO
7. Long-Term Care	NO
8. Other Health	NO
9. Private Flood	NO
10. Private Passenger Auto	NO
11. Short-Term Limited Duration Health Plans	NO
12. Travel	NO

SUPPLEMENT FOR THE YEAR 2023 OF THE Cigna National Health Insurance Company

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2023
(To Be Filed by March 1)

FOR THE STATE OF: Nevada

NAIC Group Code 0901 NAIC Company Code 61727

MCAS LINE OF BUSINESS	MCAS Reportable Premium/Considerations (Yes/No)
1. Disability Income	NO
2. Health	NO
3. Homeowners	NO
4. Individual Annuity	NO
5. Individual Life	NO
6. Lender-Placed Home and Auto	NO
7. Long-Term Care	NO
8. Other Health	NO
9. Private Flood	NO
10. Private Passenger Auto	NO
11. Short-Term Limited Duration Health Plans	NO
12. Travel	NO

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SUPPLEMENT FOR THE YEAR 2023 OF THE Cigna National Health Insurance Company

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2023
(To Be Filed by March 1)

FOR THE STATE OF: New Hampshire

NAIC Group Code 0901 NAIC Company Code 61727

MCAS LINE OF BUSINESS	MCAS Reportable Premium/Considerations (Yes/No)
1. Disability Income	NO
2. Health	NO
3. Homeowners	NO
4. Individual Annuity	NO
5. Individual Life	NO
6. Lender-Placed Home and Auto	NO
7. Long-Term Care	NO
8. Other Health	NO
9. Private Flood	NO
10. Private Passenger Auto	NO
11. Short-Term Limited Duration Health Plans	NO
12. Travel	NO

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SUPPLEMENT FOR THE YEAR 2023 OF THE Cigna National Health Insurance Company

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2023
(To Be Filed by March 1)

FOR THE STATE OF: New Jersey

NAIC Group Code 0901 NAIC Company Code 61727

MCAS LINE OF BUSINESS	MCAS Reportable Premium/Considerations (Yes/No)
1. Disability Income	NO
2. Health	NO
3. Homeowners	NO
4. Individual Annuity	NO
5. Individual Life	NO
6. Lender-Placed Home and Auto	NO
7. Long-Term Care	NO
8. Other Health	NO
9. Private Flood	NO
10. Private Passenger Auto	NO
11. Short-Term Limited Duration Health Plans	NO
12. Travel	NO

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SUPPLEMENT FOR THE YEAR 2023 OF THE Cigna National Health Insurance Company

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2023
(To Be Filed by March 1)

FOR THE STATE OF: New Mexico

NAIC Group Code 0901 NAIC Company Code 61727

MCAS LINE OF BUSINESS	MCAS Reportable Premium/Considerations (Yes/No)
1. Disability Income	NO
2. Health	NO
3. Homeowners	NO
4. Individual Annuity	NO
5. Individual Life	NO
6. Lender-Placed Home and Auto	NO
7. Long-Term Care	NO
8. Other Health	NO
9. Private Flood	NO
10. Private Passenger Auto	NO
11. Short-Term Limited Duration Health Plans	NO
12. Travel	NO

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SUPPLEMENT FOR THE YEAR 2023 OF THE Cigna National Health Insurance Company

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2023
(To Be Filed by March 1)

FOR THE STATE OF: New York

NAIC Group Code 0901 NAIC Company Code 61727

MCAS LINE OF BUSINESS	MCAS Reportable Premium/Considerations (Yes/No)
1. Disability Income	NO
2. Health	NO
3. Homeowners	NO
4. Individual Annuity	NO
5. Individual Life	NO
6. Lender-Placed Home and Auto	NO
7. Long-Term Care	NO
8. Other Health	NO
9. Private Flood	NO
10. Private Passenger Auto	NO
11. Short-Term Limited Duration Health Plans	NO
12. Travel	NO

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SUPPLEMENT FOR THE YEAR 2023 OF THE Cigna National Health Insurance Company

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2023
(To Be Filed by March 1)

FOR THE STATE OF: North Carolina

NAIC Group Code 0901 NAIC Company Code 61727

MCAS LINE OF BUSINESS	MCAS Reportable Premium/Considerations (Yes/No)
1. Disability Income	NO
2. Health	NO
3. Homeowners	NO
4. Individual Annuity	NO
5. Individual Life	YES
6. Lender-Placed Home and Auto	NO
7. Long-Term Care	NO
8. Other Health	NO
9. Private Flood	NO
10. Private Passenger Auto	NO
11. Short-Term Limited Duration Health Plans	NO
12. Travel	NO

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SUPPLEMENT FOR THE YEAR 2023 OF THE Cigna National Health Insurance Company

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2023
(To Be Filed by March 1)

FOR THE STATE OF: North Dakota

NAIC Group Code 0901 NAIC Company Code 61727

MCAS LINE OF BUSINESS	MCAS Reportable Premium/Considerations (Yes/No)
1. Disability Income	NO
2. Health	NO
3. Homeowners	NO
4. Individual Annuity	NO
5. Individual Life	NO
6. Lender-Placed Home and Auto	NO
7. Long-Term Care	NO
8. Other Health	NO
9. Private Flood	NO
10. Private Passenger Auto	NO
11. Short-Term Limited Duration Health Plans	NO
12. Travel	NO

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SUPPLEMENT FOR THE YEAR 2023 OF THE Cigna National Health Insurance Company

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2023
(To Be Filed by March 1)

FOR THE STATE OF: Ohio

NAIC Group Code 0901 NAIC Company Code 61727

MCAS LINE OF BUSINESS	MCAS Reportable Premium/Considerations (Yes/No)
1. Disability Income	NO
2. Health	NO
3. Homeowners	NO
4. Individual Annuity	NO
5. Individual Life	YES
6. Lender-Placed Home and Auto	NO
7. Long-Term Care	NO
8. Other Health	NO
9. Private Flood	NO
10. Private Passenger Auto	NO
11. Short-Term Limited Duration Health Plans	NO
12. Travel	NO

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SUPPLEMENT FOR THE YEAR 2023 OF THE Cigna National Health Insurance Company

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2023
(To Be Filed by March 1)

FOR THE STATE OF: Oklahoma

NAIC Group Code 0901 NAIC Company Code 61727

MCAS LINE OF BUSINESS	MCAS Reportable Premium/Considerations (Yes/No)
1. Disability Income	NO
2. Health	NO
3. Homeowners	NO
4. Individual Annuity	NO
5. Individual Life	NO
6. Lender-Placed Home and Auto	NO
7. Long-Term Care	NO
8. Other Health	NO
9. Private Flood	NO
10. Private Passenger Auto	NO
11. Short-Term Limited Duration Health Plans	NO
12. Travel	NO

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SUPPLEMENT FOR THE YEAR 2023 OF THE Cigna National Health Insurance Company

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2023
(To Be Filed by March 1)

FOR THE STATE OF: Oregon

NAIC Group Code 0901 NAIC Company Code 61727

MCAS LINE OF BUSINESS	MCAS Reportable Premium/Considerations (Yes/No)
1. Disability Income	NO
2. Health	NO
3. Homeowners	NO
4. Individual Annuity	NO
5. Individual Life	NO
6. Lender-Placed Home and Auto	NO
7. Long-Term Care	NO
8. Other Health	NO
9. Private Flood	NO
10. Private Passenger Auto	NO
11. Short-Term Limited Duration Health Plans	NO
12. Travel	NO

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SUPPLEMENT FOR THE YEAR 2023 OF THE Cigna National Health Insurance Company

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2023
(To Be Filed by March 1)

FOR THE STATE OF: Pennsylvania

NAIC Group Code 0901 NAIC Company Code 61727

MCAS LINE OF BUSINESS	MCAS Reportable Premium/Considerations (Yes/No)
1. Disability Income	NO
2. Health	NO
3. Homeowners	NO
4. Individual Annuity	NO
5. Individual Life	NO
6. Lender-Placed Home and Auto	NO
7. Long-Term Care	NO
8. Other Health	NO
9. Private Flood	NO
10. Private Passenger Auto	NO
11. Short-Term Limited Duration Health Plans	NO
12. Travel	NO

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SUPPLEMENT FOR THE YEAR 2023 OF THE Cigna National Health Insurance Company

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2023
(To Be Filed by March 1)

FOR THE STATE OF: Rhode Island

NAIC Group Code 0901 NAIC Company Code 61727

MCAS LINE OF BUSINESS	MCAS Reportable Premium/Considerations (Yes/No)
1. Disability Income	NO
2. Health	NO
3. Homeowners	NO
4. Individual Annuity	NO
5. Individual Life	NO
6. Lender-Placed Home and Auto	NO
7. Long-Term Care	NO
8. Other Health	NO
9. Private Flood	NO
10. Private Passenger Auto	NO
11. Short-Term Limited Duration Health Plans	NO
12. Travel	NO

SUPPLEMENT FOR THE YEAR 2023 OF THE Cigna National Health Insurance Company

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2023
(To Be Filed by March 1)

FOR THE STATE OF: South Carolina

NAIC Group Code 0901 NAIC Company Code 61727

MCAS LINE OF BUSINESS	MCAS Reportable Premium/Considerations (Yes/No)
1. Disability Income	NO
2. Health	NO
3. Homeowners	NO
4. Individual Annuity	NO
5. Individual Life	NO
6. Lender-Placed Home and Auto	NO
7. Long-Term Care	NO
8. Other Health	NO
9. Private Flood	NO
10. Private Passenger Auto	NO
11. Short-Term Limited Duration Health Plans	NO
12. Travel	NO

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SUPPLEMENT FOR THE YEAR 2023 OF THE Cigna National Health Insurance Company

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2023
(To Be Filed by March 1)

FOR THE STATE OF: South Dakota

NAIC Group Code 0901 NAIC Company Code 61727

MCAS LINE OF BUSINESS	MCAS Reportable Premium/Considerations (Yes/No)
1. Disability Income	NO
2. Health	NO
3. Homeowners	NO
4. Individual Annuity	NO
5. Individual Life	NO
6. Lender-Placed Home and Auto	NO
7. Long-Term Care	NO
8. Other Health	NO
9. Private Flood	NO
10. Private Passenger Auto	NO
11. Short-Term Limited Duration Health Plans	NO
12. Travel	NO

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SUPPLEMENT FOR THE YEAR 2023 OF THE Cigna National Health Insurance Company

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2023
(To Be Filed by March 1)

FOR THE STATE OF: Tennessee

NAIC Group Code 0901 NAIC Company Code 61727

MCAS LINE OF BUSINESS	MCAS Reportable Premium/Considerations (Yes/No)
1. Disability Income	NO
2. Health	NO
3. Homeowners	NO
4. Individual Annuity	NO
5. Individual Life	NO
6. Lender-Placed Home and Auto	NO
7. Long-Term Care	NO
8. Other Health	NO
9. Private Flood	NO
10. Private Passenger Auto	NO
11. Short-Term Limited Duration Health Plans	NO
12. Travel	NO

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SUPPLEMENT FOR THE YEAR 2023 OF THE Cigna National Health Insurance Company

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2023
(To Be Filed by March 1)

FOR THE STATE OF: Texas

NAIC Group Code 0901 NAIC Company Code 61727

MCAS LINE OF BUSINESS	MCAS Reportable Premium/Considerations (Yes/No)
1. Disability Income	NO
2. Health	NO
3. Homeowners	NO
4. Individual Annuity	NO
5. Individual Life	NO
6. Lender-Placed Home and Auto	NO
7. Long-Term Care	NO
8. Other Health	NO
9. Private Flood	NO
10. Private Passenger Auto	NO
11. Short-Term Limited Duration Health Plans	NO
12. Travel	NO

SUPPLEMENT FOR THE YEAR 2023 OF THE Cigna National Health Insurance Company

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2023
(To Be Filed by March 1)

FOR THE STATE OF: Utah

NAIC Group Code 0901 NAIC Company Code 61727

MCAS LINE OF BUSINESS	MCAS Reportable Premium/Considerations (Yes/No)
1. Disability Income	NO
2. Health	NO
3. Homeowners	NO
4. Individual Annuity	NO
5. Individual Life	NO
6. Lender-Placed Home and Auto	NO
7. Long-Term Care	NO
8. Other Health	NO
9. Private Flood	NO
10. Private Passenger Auto	NO
11. Short-Term Limited Duration Health Plans	NO
12. Travel	NO

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SUPPLEMENT FOR THE YEAR 2023 OF THE Cigna National Health Insurance Company

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2023
(To Be Filed by March 1)

FOR THE STATE OF: Vermont

NAIC Group Code 0901 NAIC Company Code 61727

MCAS LINE OF BUSINESS	MCAS Reportable Premium/Considerations (Yes/No)
1. Disability Income	NO
2. Health	NO
3. Homeowners	NO
4. Individual Annuity	NO
5. Individual Life	NO
6. Lender-Placed Home and Auto	NO
7. Long-Term Care	NO
8. Other Health	NO
9. Private Flood	NO
10. Private Passenger Auto	NO
11. Short-Term Limited Duration Health Plans	NO
12. Travel	NO

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SUPPLEMENT FOR THE YEAR 2023 OF THE Cigna National Health Insurance Company

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2023
(To Be Filed by March 1)

FOR THE STATE OF: Virginia

NAIC Group Code 0901 NAIC Company Code 61727

MCAS LINE OF BUSINESS	MCAS Reportable Premium/Considerations (Yes/No)
1. Disability Income	NO
2. Health	NO
3. Homeowners	NO
4. Individual Annuity	NO
5. Individual Life	NO
6. Lender-Placed Home and Auto	NO
7. Long-Term Care	NO
8. Other Health	NO
9. Private Flood	NO
10. Private Passenger Auto	NO
11. Short-Term Limited Duration Health Plans	NO
12. Travel	NO

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SUPPLEMENT FOR THE YEAR 2023 OF THE Cigna National Health Insurance Company

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2023
(To Be Filed by March 1)

FOR THE STATE OF: Washington

NAIC Group Code 0901 NAIC Company Code 61727

MCAS LINE OF BUSINESS	MCAS Reportable Premium/Considerations (Yes/No)
1. Disability Income	NO
2. Health	NO
3. Homeowners	NO
4. Individual Annuity	NO
5. Individual Life	NO
6. Lender-Placed Home and Auto	NO
7. Long-Term Care	NO
8. Other Health	NO
9. Private Flood	NO
10. Private Passenger Auto	NO
11. Short-Term Limited Duration Health Plans	NO
12. Travel	NO

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SUPPLEMENT FOR THE YEAR 2023 OF THE Cigna National Health Insurance Company

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2023
(To Be Filed by March 1)

FOR THE STATE OF: West Virginia

NAIC Group Code 0901 NAIC Company Code 61727

MCAS LINE OF BUSINESS	MCAS Reportable Premium/Considerations (Yes/No)
1. Disability Income	NO
2. Health	NO
3. Homeowners	NO
4. Individual Annuity	NO
5. Individual Life	NO
6. Lender-Placed Home and Auto	NO
7. Long-Term Care	NO
8. Other Health	NO
9. Private Flood	NO
10. Private Passenger Auto	NO
11. Short-Term Limited Duration Health Plans	NO
12. Travel	NO

6 1 7 2 7 2 0 2 3 6 0 0 5 0 1 0 0

SUPPLEMENT FOR THE YEAR 2023 OF THE Cigna National Health Insurance Company

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2023
(To Be Filed by March 1)

FOR THE STATE OF: Wisconsin

NAIC Group Code 0901 NAIC Company Code 61727

MCAS LINE OF BUSINESS	MCAS Reportable Premium/Considerations (Yes/No)
1. Disability Income	NO
2. Health	NO
3. Homeowners	NO
4. Individual Annuity	NO
5. Individual Life	NO
6. Lender-Placed Home and Auto	NO
7. Long-Term Care	NO
8. Other Health	NO
9. Private Flood	NO
10. Private Passenger Auto	NO
11. Short-Term Limited Duration Health Plans	NO
12. Travel	NO

6 1 7 2 7 2 0 2 3 6 0 0 5 1 1 0 0

SUPPLEMENT FOR THE YEAR 2023 OF THE Cigna National Health Insurance Company

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2023
(To Be Filed by March 1)

FOR THE STATE OF: Wyoming

NAIC Group Code 0901 NAIC Company Code 61727

MCAS LINE OF BUSINESS	MCAS Reportable Premium/Considerations (Yes/No)
1. Disability Income	NO
2. Health	NO
3. Homeowners	NO
4. Individual Annuity	NO
5. Individual Life	NO
6. Lender-Placed Home and Auto	NO
7. Long-Term Care	NO
8. Other Health	NO
9. Private Flood	NO
10. Private Passenger Auto	NO
11. Short-Term Limited Duration Health Plans	NO
12. Travel	NO