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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

Loyal American Life Insurance Company

NAIC Group Code 0901 (Current) 0901 (Prior) NAIC Company Code 65722 Employer's ID Number 63-0343428

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 05/18/1955 Commenced Business 07/04/1955

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	Vice President, 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 Treasurer and Chief Accounting Officer	David Leroy Swanson Vice President, 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 65722

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												
2. Whole	290,458		9,699	415	452		10,566	552,514	6,110	70,543		629,167
3. Term	5,434							10,141				10,141
4. Indexed												
5. Universal	85,236							161,933	5,224	119,302		286,459
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other (f)												
11. Total Individual Life	381,128		9,699	415	452		10,566	724,588	11,334	189,845		925,767
Group Life												
12. Whole												
13. Term	16,180											
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other (f)												
19. Total Group Life	16,180											
Individual Annuities												
20. Fixed	2,085							8,650		61,033		69,683
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout								52,521				52,521
25. Other (f)												
26. Total Individual Annuities	2,085							61,171		61,033		122,204
Group Annuities												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other (f)												
33. Total Group Annuities												
Accident and Health												
34. Comprehensive individual (d)								XXX	XXX	XXX		
35. Comprehensive group (d)								XXX	XXX	XXX		
36. Medicare Supplement (d)	1,118,106							XXX	XXX	XXX	644,043	644,043
37. Vision only (d)								XXX	XXX	XXX		
38. Dental only (d)								XXX	XXX	XXX		
39. Federal Employees Health Benefits Plan (d)								XXX	XXX	XXX		
40. Title XVIII Medicare (d)	(e)							XXX	XXX	XXX		
41. Title XIX Medicaid (d)								XXX	XXX	XXX		
42. Credit A&H								XXX	XXX	XXX		
43. Disability income (d)	8,714							XXX	XXX	XXX	2,611	2,611
44. Long-term care (d)								XXX	XXX	XXX		
45. Other health (d)	3,056,018							XXX	XXX	XXX	1,383,544	1,383,544
46. Total Accident and Health	4,182,838							XXX	XXX	XXX	2,030,198	2,030,198
47. Total	4,582,231 (c)		9,699	415	452		10,566	785,759	11,334	250,878	2,030,198	3,078,169

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

NAIC Group Code 0901 BUSINESS IN THE STATE OF Alabama DURING THE YEAR 2023 NAIC Company Code 65722

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																
2. Whole	510,543	75	596,426					75	596,426	64,148	26	244,500	(102)	(1,282,611)	1,424	16,413,340
3. Term													(11)	17,213	119	2,477,423
4. Indexed																
5. Universal	158,666	7	163,418					7	163,418	25,000			(18)	(382,385)	276	7,065,359
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other (f)																
11. Total Individual Life	669,209	82	759,844					82	759,844	89,148	26	244,500	(131)	(1,647,783)	1,819	25,956,122
Group Life																
12. Whole																
13. Term													(1)	(4,000)	13	804,500
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																(a)
18. Other (f)																
19. Total Group Life													(1)	(4,000)	13	804,500
Individual Annuities																
20. Fixed													(2)	(50,843)	8	312,354
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout														(10,195)	5	220,522
25. Other (f)														(5,396)	3	73,065
26. Total Individual Annuities													(2)	(66,434)	16	605,941
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other (f)																
33. Total Group Annuities																
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			(29)	(38,973)	256	1,118,106
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						
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			(2)	(389)	1	8,714
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	526	980,786	147	(562,749)	6,724	3,056,018
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	526	980,786	116	(602,111)	6,981	4,182,838
47. TOTAL	669,209	82	759,844					82	759,844	89,148	552	1,225,286	(18)	(2,320,328)	8,829	31,549,401

(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: $ ..... 199 Group: $ ..... Total: $ 199

(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 65722

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												
2. Whole	5,221		321		40		361					
3. Term												
4. Indexed												
5. Universal	2,200											
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other (f)												
11. Total Individual Life	7,421		321		40		361					
Group Life												
12. Whole												
13. Term												
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other (f)												
19. Total Group Life												
Individual Annuities												
20. Fixed	8											
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout												
25. Other (f)												
26. Total Individual Annuities	8											
Group Annuities												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other (f)												
33. Total Group Annuities												
Accident and Health												
34. Comprehensive individual (d)								XXX	XXX	XXX		
35. Comprehensive group (d)								XXX	XXX	XXX		
36. Medicare Supplement (d)	1,813,037							XXX	XXX	XXX	1,758,591	1,758,591
37. Vision only (d)								XXX	XXX	XXX		
38. Dental only (d)								XXX	XXX	XXX		
39. Federal Employees Health Benefits Plan (d)								XXX	XXX	XXX		
40. Title XVIII Medicare (d)	(e)							XXX	XXX	XXX		
41. Title XIX Medicaid (d)								XXX	XXX	XXX		
42. Credit A&H								XXX	XXX	XXX		
43. Disability income (d)								XXX	XXX	XXX		
44. Long-term care (d)								XXX	XXX	XXX		
45. Other health (d)	290,308							XXX	XXX	XXX	94,564	94,564
46. Total Accident and Health	2,103,345							XXX	XXX	XXX	1,853,155	1,853,155
47. Total	2,110,774 (c)		321		40		361				1,853,155	1,853,155

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

NAIC Group Code 0901 BUSINESS IN THE STATE OF Alaska DURING THE YEAR 2023 NAIC Company Code 65722

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																
2. Whole	15,047	1	15,047					1	15,047				(3)	(34,950)	15	145,415
3. Term																
4. Indexed																
5. Universal															1	50,000
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other (f)																
11. Total Individual Life	15,047	1	15,047					1	15,047				(3)	(34,950)	16	195,415
Group Life																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																(a)
18. Other (f)																
19. Total Group Life																
Individual Annuities																
20. Fixed														5,388	1	185,149
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout																
25. Other (f)																
26. Total Individual Annuities														5,388	1	185,149
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other (f)																
33. Total Group Annuities																
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	51	47,911	(108)	111,095	894	1,813,037
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						
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	23	24,833	117	96,745	494	290,308
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	74	72,744	9	207,840	1,388	2,103,345
47. TOTAL	15,047	1	15,047					1	15,047		74	72,744	6	178,278	1,405	2,483,909

(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: $ .....

(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 65722

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												
2. Whole	47,774		2,695		152		2,847	3,352	35	13,551		16,938
3. Term												
4. Indexed												
5. Universal	11,520											
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other (f)												
11. Total Individual Life	59,294		2,695		152		2,847	3,352	35	13,551		16,938
Group Life												
12. Whole												
13. Term												
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other (f)												
19. Total Group Life												
Individual Annuities												
20. Fixed	23							45,211		787,875		833,086
21. Indexed								(24,347)		9,600		(14,747)
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout								11,674				11,674
25. Other (f)												
26. Total Individual Annuities	23							32,538		797,475		830,013
Group Annuities												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other (f)												
33. Total Group Annuities												
Accident and Health												
34. Comprehensive individual (d)								XXX	XXX	XXX		
35. Comprehensive group (d)								XXX	XXX	XXX		
36. Medicare Supplement (d)	1,405,337							XXX	XXX	XXX	1,226,772	1,226,772
37. Vision only (d)								XXX	XXX	XXX		
38. Dental only (d)								XXX	XXX	XXX		
39. Federal Employees Health Benefits Plan (d)								XXX	XXX	XXX		
40. Title XVIII Medicare (d)	(e)							XXX	XXX	XXX		
41. Title XIX Medicaid (d)								XXX	XXX	XXX		
42. Credit A&H								XXX	XXX	XXX		
43. Disability income (d)	3,018							XXX	XXX	XXX	4	4
44. Long-term care (d)								XXX	XXX	XXX		
45. Other health (d)	1,420,641							XXX	XXX	XXX	576,747	576,747
46. Total Accident and Health	2,828,996							XXX	XXX	XXX	1,803,523	1,803,523
47. Total	2,888,313 (c)		2,695		152		2,847	35,890	35	811,026	1,803,523	2,650,474

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

NAIC Group Code 0901 BUSINESS IN THE STATE OF Arizona DURING THE YEAR 2023 NAIC Company Code 65722

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																
2. Whole	31,170	3	31,170					3	31,170		12	69,000	(9)	(73,110)	103	950,882
3. Term													(2)	(505,000)	9	57,382
4. Indexed																
5. Universal															12	609,570
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other (f)																
11. Total Individual Life	31,170	3	31,170					3	31,170		12	69,000	(11)	(578,110)	124	1,617,834
Group Life																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																(a)
18. Other (f)																
19. Total Group Life																
Individual Annuities																
20. Fixed	57,802	4	96,920					4	96,920	1,710			(10)	(740,701)	50	3,306,795
21. Indexed													(2)	(133,590)	3	114,637
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout														(6,833)	3	57,914
25. Other (f)											1	16,372	(1)	(19,814)	2	22,305
26. Total Individual Annuities	57,802	4	96,920					4	96,920	1,710	1	16,372	(13)	(900,938)	58	3,501,651
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other (f)																
33. Total Group Annuities																
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			(39)	(12,045)	458	1,405,337
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						
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					51	1 3,018
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	763	146,974	534	389,022	3,188	1,420,641
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	763	146,974	495	377,028	3,647	2,828,996
47. TOTAL	88,972	7	128,090					7	128,090	1,710	776	232,346	471	(1,102,020)	3,829	7,948,481

(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: $ 1,252 Group: $ ..... Total: $ 1,252

(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 65722

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												
2. Whole	165,162		953	59			1,012	63,104	8	58,531		121,643
3. Term												
4. Indexed												
5. Universal	22,518									21,961		21,961
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other (f)												
11. Total Individual Life	187,680		953	59			1,012	63,104	8	80,492		143,604
Group Life												
12. Whole												
13. Term	466											
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other (f)												
19. Total Group Life	466											
Individual Annuities												
20. Fixed	170							18,106		2,400		20,506
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout												
25. Other (f)												
26. Total Individual Annuities	170							18,106		2,400		20,506
Group Annuities												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other (f)												
33. Total Group Annuities												
Accident and Health												
34. Comprehensive individual (d)								XXX	XXX	XXX		
35. Comprehensive group (d)								XXX	XXX	XXX		
36. Medicare Supplement (d)	2,373,064							XXX	XXX	XXX	1,653,944	1,653,944
37. Vision only (d)								XXX	XXX	XXX		
38. Dental only (d)								XXX	XXX	XXX		
39. Federal Employees Health Benefits Plan (d)								XXX	XXX	XXX		
40. Title XVIII Medicare (d)	(e)							XXX	XXX	XXX		
41. Title XIX Medicaid (d)								XXX	XXX	XXX		
42. Credit A&H								XXX	XXX	XXX		
43. Disability income (d)	1,944							XXX	XXX	XXX	2	2
44. Long-term care (d)								XXX	XXX	XXX		
45. Other health (d)	2,047,528							XXX	XXX	XXX	1,142,678	1,142,678
46. Total Accident and Health	4,422,536							XXX	XXX	XXX	2,796,624	2,796,624
47. Total	4,610,852 (c)		953	59			1,012	81,210	8	82,892	2,796,624	2,960,734

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

NAIC Group Code 0901 BUSINESS IN THE STATE OF Arkansas DURING THE YEAR 2023 NAIC Company Code 65722

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																
2. Whole	101,021	14	96,818					14	96,818	44,399	13	116,000	(25)	(374,292)	502	5,902,727
3. Term														(13,448)	18	266,958
4. Indexed																
5. Universal													(3)	(47,296)	93	2,128,631
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other (f)																
11. Total Individual Life	101,021	14	96,818					14	96,818	44,399	13	116,000	(28)	(435,036)	613	8,298,316
Group Life																
12. Whole																
13. Term															1	75,000
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																(a)
18. Other (f)																
19. Total Group Life															1	75,000
Individual Annuities																
20. Fixed														6,184	5	293,903
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout																
25. Other (f)																
26. Total Individual Annuities														6,184	5	293,903
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other (f)																
33. Total Group Annuities																
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			(100)	(76,700)	709	2,373,064
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						
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				(603)		1,944
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	552	990,325	(195)	(801,346)	5,692	2,047,528
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	552	990,325	(295)	(878,649)	6,401	4,422,536
47. TOTAL	101,021	14	96,818					14	96,818	44,399	565	1,106,325	(323)	(1,307,501)	7,020	13,089,755

(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: $ .....320 Group: $ ..... Total: $ 320

(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 65722

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												
2. Whole	149,266		4,289		590		4,879	62,960		12,405		75,365
3. Term	5,840								58,900			58,900
4. Indexed												
5. Universal	20,939											
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other (f)												
11. Total Individual Life	176,045		4,289		590		4,879	62,960	58,900	12,405		134,265
Group Life												
12. Whole												
13. Term												
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other (f)												
19. Total Group Life												
Individual Annuities												
20. Fixed	288,963							352,404		1,194,044		1,546,448
21. Indexed										39,478		39,478
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout								112,575				112,575
25. Other (f)												
26. Total Individual Annuities	288,963							464,979		1,233,522		1,698,501
Group Annuities												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other (f)												
33. Total Group Annuities												
Accident and Health												
34. Comprehensive individual (d)								XXX	XXX	XXX		
35. Comprehensive group (d)								XXX	XXX	XXX		
36. Medicare Supplement (d)	31,172,756							XXX	XXX	XXX	24,712,519	24,712,519
37. Vision only (d)								XXX	XXX	XXX		
38. Dental only (d)								XXX	XXX	XXX		
39. Federal Employees Health Benefits Plan (d)								XXX	XXX	XXX		
40. Title XVIII Medicare (d)	(e)							XXX	XXX	XXX		
41. Title XIX Medicaid (d)								XXX	XXX	XXX		
42. Credit A&H								XXX	XXX	XXX		
43. Disability income (d)	24,081							XXX	XXX	XXX	10,166	10,166
44. Long-term care (d)	2,764							XXX	XXX	XXX		
45. Other health (d)	3,201,858							XXX	XXX	XXX	1,156,664	1,156,664
46. Total Accident and Health	34,401,459							XXX	XXX	XXX	25,879,349	25,879,349
47. Total	34,866,467 (c)		4,289		590		4,879	527,939	58,900	1,245,927	25,879,349	27,712,115

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

NAIC Group Code 0901 BUSINESS IN THE STATE OF California DURING THE YEAR 2023 NAIC Company Code 65722

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																
2. Whole	76,429	8	60,074					8	60,074	41,574	35	332,500	(29)	(322,274)	349	4,200,933
3. Term	58,900		58,900						58,900				(7)	(2,120,950)	31	648,020
4. Indexed																
5. Universal													(2)	(126,933)	37	1,844,171
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other (f)																
11. Total Individual Life	135,329	8	118,974					8	118,974	41,574	35	332,500	(38)	(2,570,157)	417	6,693,124
Group Life																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																(a)
18. Other (f)																
19. Total Group Life																
Individual Annuities																
20. Fixed	323,356	2	323,356					2	323,356				(17)	(1,501,609)	65	5,256,557
21. Indexed													1	90,924	3	146,390
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout	93,649	2	93,649					2	93,649		2	126,780	(2)	(89,195)	3	134,469
25. Other (f)											1	248,284	(1)	(8,646)	3	261,825
26. Total Individual Annuities	417,005	4	417,005					4	417,005		3	375,064	(19)	(1,508,526)	74	5,799,241
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other (f)																
33. Total Group Annuities																
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	4	7,782	(4,597)	(2,207,374)	11,365	31,172,756
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						
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			(4)	(3,539)	11	24,081
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				(515)	2	2,764
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	981	475,151	829	919,302	5,949	3,201,858
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	985	482,933	(3,772)	(1,292,126)	17,327	34,401,459
47. TOTAL	552,334	12	535,979					12	535,979	41,574	1,023	1,190,497	(3,829)	(5,370,809)	17,818	46,893,824

(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: $ 1,466 Group: $ ..... Total: $ 1,466

(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 65722

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												
2. Whole	42,394		793				793	17,446		1,764		19,210
3. Term	8,534											
4. Indexed												
5. Universal	3,405											
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other (f)												
11. Total Individual Life	54,333		793				793	17,446		1,764		19,210
Group Life												
12. Whole												
13. Term												
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other (f)												
19. Total Group Life												
Individual Annuities												
20. Fixed	23							16,225		359,785		376,010
21. Indexed										13,200		13,200
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout								1,833				1,833
25. Other (f)												
26. Total Individual Annuities	23							18,058		372,985		391,043
Group Annuities												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other (f)												
33. Total Group Annuities												
Accident and Health												
34. Comprehensive individual (d)								XXX	XXX	XXX		
35. Comprehensive group (d)								XXX	XXX	XXX		
36. Medicare Supplement (d)	984,486							XXX	XXX	XXX	744,766	744,766
37. Vision only (d)								XXX	XXX	XXX		
38. Dental only (d)								XXX	XXX	XXX		
39. Federal Employees Health Benefits Plan (d)								XXX	XXX	XXX		
40. Title XVIII Medicare (d)	(e)							XXX	XXX	XXX		
41. Title XIX Medicaid (d)								XXX	XXX	XXX		
42. Credit A&H								XXX	XXX	XXX		
43. Disability income (d)	302							XXX	XXX	XXX		
44. Long-term care (d)	12,417							XXX	XXX	XXX		
45. Other health (d)	1,441,479							XXX	XXX	XXX	396,087	396,087
46. Total Accident and Health	2,438,684							XXX	XXX	XXX	1,140,853	1,140,853
47. Total	2,493,040 (c)		793				793	35,504		374,749	1,140,853	1,551,106

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

NAIC Group Code 0901 BUSINESS IN THE STATE OF Colorado DURING THE YEAR 2023 NAIC Company Code 65722

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																
2. Whole	32,486	7	32,499					7	32,499		13	102,000	(13)	(103,692)	106	984,073
3. Term													1	3,392	14	1,043,705
4. Indexed																
5. Universal	13,028									13,028			1	23,208	5	228,942
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other (f)																
11. Total Individual Life	45,514	7	32,499					7	32,499	13,028	13	102,000	(11)	(77,092)	125	2,256,720
Group Life																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																(a)
18. Other (f)																
19. Total Group Life																
Individual Annuities																
20. Fixed	111									3,802			(2)	(336,579)	10	796,761
21. Indexed														(6,212)	2	301,681
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout														(2,841)	1	19,599
25. Other (f)																
26. Total Individual Annuities	111									3,802			(2)	(345,632)	13	1,118,041
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other (f)																
33. Total Group Annuities																
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			(39)	(100,611)	234	984,486
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						
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				(1)		302
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			2	(1,036)	4	12,417
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	540	52,896	228	403,959	3,175	1,441,479
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	540	52,896	191	302,311	3,413	2,438,684
47. TOTAL	45,625	7	32,499					7	32,499	16,830	553	154,896	178	(120,413)	3,551	5,813,445

(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: $ .....179 Group: $ ..... Total: $ 179

(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 65722

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												
2. Whole	72,552		167				167	5,015		32,617		37,632
3. Term												
4. Indexed												
5. Universal								25,112				25,112
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other (f)												
11. Total Individual Life	72,552		167				167	30,127		32,617		62,744
Group Life												
12. Whole												
13. Term												
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other (f)												
19. Total Group Life												
Individual Annuities												
20. Fixed	15									189,330		189,330
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout								986				986
25. Other (f)												
26. Total Individual Annuities	15							986		189,330		190,316
Group Annuities												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other (f)												
33. Total Group Annuities												
Accident and Health												
34. Comprehensive individual (d)								XXX	XXX	XXX		
35. Comprehensive group (d)								XXX	XXX	XXX		
36. Medicare Supplement (d)	1,710,286							XXX	XXX	XXX	1,115,061	1,115,061
37. Vision only (d)								XXX	XXX	XXX		
38. Dental only (d)								XXX	XXX	XXX		
39. Federal Employees Health Benefits Plan (d)								XXX	XXX	XXX		
40. Title XVIII Medicare (d)	(e)							XXX	XXX	XXX		
41. Title XIX Medicaid (d)								XXX	XXX	XXX		
42. Credit A&H								XXX	XXX	XXX		
43. Disability income (d)	4,634							XXX	XXX	XXX	6	6
44. Long-term care (d)								XXX	XXX	XXX		
45. Other health (d)	1,649,886							XXX	XXX	XXX	442,450	442,450
46. Total Accident and Health	3,364,806							XXX	XXX	XXX	1,557,517	1,557,517
47. Total	3,437,373 (c)		167				167	31,113		221,947	1,557,517	1,810,577

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

NAIC Group Code 0901 BUSINESS IN THE STATE OF Connecticut DURING THE YEAR 2023 NAIC Company Code 65722

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																
2. Whole	7,259	1	5,000					1	5,000	2,259	3	32,000	(2)	(63,007)	53	661,231
3. Term															5	30,000
4. Indexed																
5. Universal	25,000	1	25,000					1	25,000				(1)	(25,000)		
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other (f)																
11. Total Individual Life	32,259	2	30,000					2	30,000	2,259	3	32,000	(3)	(88,007)	58	691,231
Group Life																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																(a)
18. Other (f)																
19. Total Group Life																
Individual Annuities																
20. Fixed													(1)	(170,824)	11	567,418
21. Indexed														728	2	31,662
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout														(340)	1	8,736
25. Other (f)																
26. Total Individual Annuities													(1)	(170,436)	14	607,816
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other (f)																
33. Total Group Annuities																
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	2	4,870	(52)	(160,705)	453	1,710,286
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						
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				(802)		4,634
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	193	206,603	(85)	(43,486)	2,261	1,649,886
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	195	211,473	(137)	(204,993)	2,714	3,364,806
47. TOTAL	32,259	2	30,000					2	30,000	2,259	198	243,473	(141)	(463,436)	2,786	4,663,853

(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: $ .....

(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 65722

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												
2. Whole	22,196				95		95	30,385				30,385
3. Term												
4. Indexed												
5. Universal								2				2
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other (f)												
11. Total Individual Life	22,196				95		95	30,387				30,387
Group Life												
12. Whole												
13. Term												
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other (f)												
19. Total Group Life												
Individual Annuities												
20. Fixed	8											
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout												
25. Other (f)												
26. Total Individual Annuities	8											
Group Annuities												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other (f)												
33. Total Group Annuities												
Accident and Health												
34. Comprehensive individual (d)								XXX	XXX	XXX		
35. Comprehensive group (d)								XXX	XXX	XXX		
36. Medicare Supplement (d)	105,044							XXX	XXX	XXX	48,386	48,386
37. Vision only (d)								XXX	XXX	XXX		
38. Dental only (d)								XXX	XXX	XXX		
39. Federal Employees Health Benefits Plan (d)								XXX	XXX	XXX		
40. Title XVIII Medicare (d)	(e)							XXX	XXX	XXX		
41. Title XIX Medicaid (d)								XXX	XXX	XXX		
42. Credit A&H								XXX	XXX	XXX		
43. Disability income (d)								XXX	XXX	XXX		
44. Long-term care (d)								XXX	XXX	XXX		
45. Other health (d)	239,229							XXX	XXX	XXX	83,108	83,108
46. Total Accident and Health	344,273							XXX	XXX	XXX	131,494	131,494
47. Total	366,477 (c)				95		95	30,387			131,494	161,881

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

NAIC Group Code 0901 BUSINESS IN THE STATE OF Delaware DURING THE YEAR 2023 NAIC Company Code 65722

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																
2. Whole		1	30,000					1	30,000		1	10,000	(1)	(29,890)	23	667,279
3. Term															10	50,000
4. Indexed																
5. Universal																
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other (f)																
11. Total Individual Life		1	30,000					1	30,000		1	10,000	(1)	(29,890)	33	717,279
Group Life																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																(a)
18. Other (f)																
19. Total Group Life																
Individual Annuities																
20. Fixed																
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout																
25. Other (f)																
26. Total Individual Annuities																
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other (f)																
33. Total Group Annuities																
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			(4)	2,738	32	105,044
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						
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	53	9,021	64	99,176	416	239,229
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	53	9,021	60	101,914	448	344,273
47. TOTAL		1	30,000					1	30,000		54	19,021	59	72,024	481	1,061,552

(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: $ .....

(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 65722

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												
2. Whole	8,342		328		114		442	9,665				9,665
3. Term												
4. Indexed												
5. Universal										75,163		75,163
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other (f)												
11. Total Individual Life	8,342		328		114		442	9,665		75,163		84,828
Group Life												
12. Whole												
13. Term												
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other (f)												
19. Total Group Life												
Individual Annuities												
20. Fixed								19,792				19,792
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout												
25. Other (f)												
26. Total Individual Annuities								19,792				19,792
Group Annuities												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other (f)												
33. Total Group Annuities												
Accident and Health												
34. Comprehensive individual (d)								XXX	XXX	XXX		
35. Comprehensive group (d)								XXX	XXX	XXX		
36. Medicare Supplement (d)	433,651							XXX	XXX	XXX	255,281	255,281
37. Vision only (d)								XXX	XXX	XXX		
38. Dental only (d)								XXX	XXX	XXX		
39. Federal Employees Health Benefits Plan (d)								XXX	XXX	XXX		
40. Title XVIII Medicare (d)	(e)							XXX	XXX	XXX		
41. Title XIX Medicaid (d)								XXX	XXX	XXX		
42. Credit A&H								XXX	XXX	XXX		
43. Disability income (d)								XXX	XXX	XXX		
44. Long-term care (d)								XXX	XXX	XXX		
45. Other health (d)	91,328							XXX	XXX	XXX	26,256	26,256
46. Total Accident and Health	524,979							XXX	XXX	XXX	281,537	281,537
47. Total	533,321 (c)		328		114		442	29,457		75,163	281,537	386,157

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 65722

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																
2. Whole	6,482	2	9,482					2	9,482		2	18,000	(2)	(9,321)	27	244,145
3. Term															1	11
4. Indexed																
5. Universal													(1)	(23,399)	1	18,519
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other (f)																
11. Total Individual Life	6,482	2	9,482					2	9,482		2	18,000	(3)	(32,720)	29	262,675
Group Life																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																(a)
18. Other (f)																
19. Total Group Life																
Individual Annuities																
20. Fixed														7,669	1	263,432
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout																
25. Other (f)																
26. Total Individual Annuities														7,669	1	263,432
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other (f)																
33. Total Group Annuities																
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	6	10,671	(29)	(11,056)	134	433,651
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						
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	23	4,565		30,845	185	91,328
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	29	15,236	(29)	19,789	319	524,979
47. TOTAL	6,482	2	9,482					2	9,482		31	33,236	(32)	(5,262)	349	1,051,086

(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: $ .....

(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 65722

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												
2. Whole	202,141		16,282		4,138		20,420	1,130,704	10,307	172,510		1,313,521
3. Term	18,212											
4. Indexed												
5. Universal	87,982							30,115		2,085		32,200
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other (f)												
11. Total Individual Life	308,335		16,282		4,138		20,420	1,160,819	10,307	174,595		1,345,721
Group Life												
12. Whole												
13. Term	74											
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other (f)												
19. Total Group Life	74											
Individual Annuities												
20. Fixed	253,068							787,090		2,292,612		3,079,702
21. Indexed										1,160,992		1,160,992
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout								93,655				93,655
25. Other (f)												
26. Total Individual Annuities	253,068							880,745		3,453,604		4,334,349
Group Annuities												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other (f)												
33. Total Group Annuities												
Accident and Health												
34. Comprehensive individual (d)								XXX	XXX	XXX		
35. Comprehensive group (d)								XXX	XXX	XXX		
36. Medicare Supplement (d)	3,174,923							XXX	XXX	XXX	1,487,648	1,487,648
37. Vision only (d)								XXX	XXX	XXX		
38. Dental only (d)								XXX	XXX	XXX		
39. Federal Employees Health Benefits Plan (d)								XXX	XXX	XXX		
40. Title XVIII Medicare (d)	(e)							XXX	XXX	XXX		
41. Title XIX Medicaid (d)								XXX	XXX	XXX		
42. Credit A&H								XXX	XXX	XXX		
43. Disability income (d)	4,913							XXX	XXX	XXX	6	6
44. Long-term care (d)	6,419							XXX	XXX	XXX		
45. Other health (d)	24,367,343							XXX	XXX	XXX	8,369,200	8,369,200
46. Total Accident and Health	27,553,598							XXX	XXX	XXX	9,856,854	9,856,854
47. Total	28,115,075 (c)		16,282		4,138		20,420	2,041,564	10,307	3,628,199	9,856,854	15,536,924

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

NAIC Group Code 0901 BUSINESS IN THE STATE OF Florida DURING THE YEAR 2023 NAIC Company Code 65722

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																
2. Whole	1,087,028	104	1,144,036					104	1,144,036	135,642			(156)	(1,648,795)	1,679	11,393,849
3. Term													(18)	(1,571,631)	114	2,216,157
4. Indexed																
5. Universal	15,017									15,017			(6)	(159,397)	138	8,101,050
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other (f)																
11. Total Individual Life	1,102,045	104	1,144,036					104	1,144,036	150,659			(180)	(3,379,823)	1,931	21,711,056
Group Life																
12. Whole																
13. Term															1	3,000
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																(a)
18. Other (f)																
19. Total Group Life															1	3,000
Individual Annuities																
20. Fixed	985,285	6	973,467					6	973,467	109,819			(22)	(2,670,923)	111	10,196,684
21. Indexed	196,528									196,528			(8)	(1,361,034)	12	3,061,450
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout													(1)	(35,141)	29	586,608
25. Other (f)											2	304,105	(2)	(62,342)	5	666,276
26. Total Individual Annuities	1,181,813	6	973,467					6	973,467	306,347	2	304,105	(33)	(4,129,440)	157	14,511,018
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other (f)																
33. Total Group Annuities																
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			(8)	140,101	605	3,174,923
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						
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			(4)	(867)	4	4,913
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					2	6,419
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	13,092	2,072,900	2,900	5,686,199	53,021	24,367,343
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	13,092	2,072,900	2,888	5,825,433	53,632	27,553,598
47. TOTAL	2,283,858	110	2,117,503					110	2,117,503	457,006	13,094	2,377,005	2,675	(1,683,830)	55,721	63,778,672

(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: $ .....918 Group: $ ..... Total: $ 918

(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 65722

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												
2. Whole	257,655		48,940	1,697	2,108		52,745	417,158	2,335	115,129		534,622
3. Term	4,288							2,181		893		3,074
4. Indexed												
5. Universal	34,171							5,871		39,756		45,627
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other (f)												
11. Total Individual Life	296,114		48,940	1,697	2,108		52,745	425,210	2,335	155,778		583,323
Group Life												
12. Whole												
13. Term	1,100											
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other (f)												
19. Total Group Life	1,100											
Individual Annuities												
20. Fixed	68							43,096		22,234		65,330
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout								8,122				8,122
25. Other (f)												
26. Total Individual Annuities	68							51,218		22,234		73,452
Group Annuities												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other (f)												
33. Total Group Annuities												
Accident and Health												
34. Comprehensive individual (d)								XXX	XXX	XXX		
35. Comprehensive group (d)								XXX	XXX	XXX		
36. Medicare Supplement (d)	1,024,032							XXX	XXX	XXX	605,838	605,838
37. Vision only (d)								XXX	XXX	XXX		
38. Dental only (d)								XXX	XXX	XXX		
39. Federal Employees Health Benefits Plan (d)								XXX	XXX	XXX		
40. Title XVIII Medicare (d)	(e)							XXX	XXX	XXX		
41. Title XIX Medicaid (d)								XXX	XXX	XXX		
42. Credit A&H								XXX	XXX	XXX		
43. Disability income (d)	1,648							XXX	XXX	XXX	2	2
44. Long-term care (d)	5,042							XXX	XXX	XXX		
45. Other health (d)	5,549,401							XXX	XXX	XXX	1,567,619	1,567,619
46. Total Accident and Health	6,580,123							XXX	XXX	XXX	2,173,459	2,173,459
47. Total	6,877,405 (c)		48,940	1,697	2,108		52,745	476,428	2,335	178,012	2,173,459	2,830,234

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

NAIC Group Code 0901 BUSINESS IN THE STATE OF Georgia DURING THE YEAR 2023 NAIC Company Code 65722

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																
2. Whole	466,800	92	479,404					92	479,404	126,748	29	293,000	(36)	(658,116)	1,567	11,355,947
3. Term													(3)	(109,263)	104	669,385
4. Indexed																
5. Universal	16,500	1	5,814					1	5,814	16,500			(4)	(47,919)	86	2,888,638
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other (f)																
11. Total Individual Life	483,300	93	485,218					93	485,218	143,248	29	293,000	(43)	(815,298)	1,757	14,913,970
Group Life																
12. Whole																
13. Term															3	75,500
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																(a)
18. Other (f)																
19. Total Group Life															3	75,500
Individual Annuities																
20. Fixed	(94)	1	39,512					1	39,512	178			(1)	1,128	17	812,606
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout														(1,957)	5	48,378
25. Other (f)													(1)	(3,531)		
26. Total Individual Annuities	(94)	1	39,512					1	39,512	178			(2)	(4,360)	22	860,984
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other (f)																
33. Total Group Annuities																
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			(26)	(56,428)	217	1,024,032
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						
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				(24)	1	1,648
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			1	11,659	6	5,042
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,386	766,735	979	699,926	10,783	5,549,401
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,386	766,735	954	655,133	11,007	6,580,123
47. TOTAL	483,206	94	524,730					94	524,730	143,426	1,415	1,059,735	909	(164,525)	12,789	22,430,577

(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: $ 2,246 Group: $ ..... Total: $ 2,246

(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 65722

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												
2. Whole	5,653		1,730				1,730					
3. Term	142											
4. Indexed												
5. Universal												
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other (f)												
11. Total Individual Life	5,795		1,730				1,730					
Group Life												
12. Whole												
13. Term												
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other (f)												
19. Total Group Life												
Individual Annuities												
20. Fixed	23									2,504		2,504
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout												
25. Other (f)												
26. Total Individual Annuities	23									2,504		2,504
Group Annuities												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other (f)												
33. Total Group Annuities												
Accident and Health												
34. Comprehensive individual (d)								XXX	XXX	XXX		
35. Comprehensive group (d)								XXX	XXX	XXX		
36. Medicare Supplement (d)	855,963							XXX	XXX	XXX	580,546	580,546
37. Vision only (d)								XXX	XXX	XXX		
38. Dental only (d)								XXX	XXX	XXX		
39. Federal Employees Health Benefits Plan (d)								XXX	XXX	XXX		
40. Title XVIII Medicare (d)	(e)							XXX	XXX	XXX		
41. Title XIX Medicaid (d)								XXX	XXX	XXX		
42. Credit A&H								XXX	XXX	XXX		
43. Disability income (d)								XXX	XXX	XXX		
44. Long-term care (d)								XXX	XXX	XXX		
45. Other health (d)	228,257							XXX	XXX	XXX	73,167	73,167
46. Total Accident and Health	1,084,220							XXX	XXX	XXX	653,713	653,713
47. Total	1,090,038 (c)		1,730				1,730			2,504	653,713	656,217

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

NAIC Group Code 0901 BUSINESS IN THE STATE OF Hawaii DURING THE YEAR 2023 NAIC Company Code 65722

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																
2. Whole	20,000									20,000			1	10,000	32	338,319
3. Term															1	2,200
4. Indexed																
5. Universal																
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other (f)																
11. Total Individual Life	20,000									20,000			1	10,000	33	340,519
Group Life																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																(a)
18. Other (f)																
19. Total Group Life																
Individual Annuities																
20. Fixed														4,403	5	235,063
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout																
25. Other (f)																
26. Total Individual Annuities														4,403	5	235,063
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other (f)																
33. Total Group Annuities																
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	16	27,697	(70)	(64,948)	351	855,963
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						
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	14	30,979	(20)	9,177	447	228,257
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	30	58,676	(90)	(55,771)	798	1,084,220
47. TOTAL	20,000									20,000	30	58,676	(89)	(41,368)	836	1,659,802

(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: $ .....761 Group: $ ..... Total: $ 761

(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 65722

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												
2. Whole	22,435		206				206					
3. Term												
4. Indexed												
5. Universal	1,037											
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other (f)												
11. Total Individual Life	23,472		206				206					
Group Life												
12. Whole												
13. Term												
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other (f)												
19. Total Group Life												
Individual Annuities												
20. Fixed												
21. Indexed										20,000		20,000
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout												
25. Other (f)												
26. Total Individual Annuities										20,000		20,000
Group Annuities												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other (f)												
33. Total Group Annuities												
Accident and Health												
34. Comprehensive individual (d)								XXX	XXX	XXX		
35. Comprehensive group (d)								XXX	XXX	XXX		
36. Medicare Supplement (d)	2,201,978							XXX	XXX	XXX	1,787,816	1,787,816
37. Vision only (d)								XXX	XXX	XXX		
38. Dental only (d)								XXX	XXX	XXX		
39. Federal Employees Health Benefits Plan (d)								XXX	XXX	XXX		
40. Title XVIII Medicare (d)	(e)							XXX	XXX	XXX		
41. Title XIX Medicaid (d)								XXX	XXX	XXX		
42. Credit A&H								XXX	XXX	XXX		
43. Disability income (d)								XXX	XXX	XXX		
44. Long-term care (d)								XXX	XXX	XXX		
45. Other health (d)	324,250							XXX	XXX	XXX	148,744	148,744
46. Total Accident and Health	2,526,228							XXX	XXX	XXX	1,936,560	1,936,560
47. Total	2,549,700 (c)		206				206			20,000	1,936,560	1,956,560

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

NAIC Group Code 0901 BUSINESS IN THE STATE OF Idaho DURING THE YEAR 2023 NAIC Company Code 65722

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																
2. Whole	193	1	193					1	193		4	64,000	(1)	(17,329)	58	419,775
3. Term															2	16,670
4. Indexed																
5. Universal													(1)	(41,814)	2	68,874
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other (f)																
11. Total Individual Life	193	1	193					1	193		4	64,000	(2)	(59,143)	62	505,319
Group Life																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																(a)
18. Other (f)																
19. Total Group Life																
Individual Annuities																
20. Fixed													1	25,504	1	25,504
21. Indexed														(18,667)	3	122,156
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout																
25. Other (f)																
26. Total Individual Annuities													1	6,837	4	147,660
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other (f)																
33. Total Group Annuities																
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			(121)	(280,944)	786	2,201,978
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						
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	3	1,439	146	124,603	566	324,250
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3	1,439	25	(156,341)	1,352	2,526,228
47. TOTAL	193	1	193					1	193		7	65,439	24	(208,647)	1,418	3,179,207

(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: $ .....

(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 65722

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												
2. Whole	231,777		1,469				1,469	47,626		33,796		81,422
3. Term	(137)											
4. Indexed												
5. Universal	18,001							17,552	22,454			40,006
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other (f)												
11. Total Individual Life	249,641		1,469				1,469	65,178	22,454	33,796		121,428
Group Life												
12. Whole												
13. Term												
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other (f)												
19. Total Group Life												
Individual Annuities												
20. Fixed	199							20,038		167,874		187,912
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout								12,522				12,522
25. Other (f)												
26. Total Individual Annuities	199							32,560		167,874		200,434
Group Annuities												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other (f)												
33. Total Group Annuities												
Accident and Health												
34. Comprehensive individual (d)								XXX	XXX	XXX		
35. Comprehensive group (d)								XXX	XXX	XXX		
36. Medicare Supplement (d)	4,988,983							XXX	XXX	XXX	3,280,347	3,280,347
37. Vision only (d)								XXX	XXX	XXX		
38. Dental only (d)								XXX	XXX	XXX		
39. Federal Employees Health Benefits Plan (d)								XXX	XXX	XXX		
40. Title XVIII Medicare (d)	(e)							XXX	XXX	XXX		
41. Title XIX Medicaid (d)								XXX	XXX	XXX		
42. Credit A&H								XXX	XXX	XXX		
43. Disability income (d)	596							XXX	XXX	XXX	1	1
44. Long-term care (d)	757							XXX	XXX	XXX		
45. Other health (d)	4,532,688							XXX	XXX	XXX	1,334,014	1,334,014
46. Total Accident and Health	9,523,024							XXX	XXX	XXX	4,614,362	4,614,362
47. Total	9,772,864 (c)		1,469				1,469	97,738	22,454	201,670	4,614,362	4,936,224

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

NAIC Group Code 0901 BUSINESS IN THE STATE OF Illinois DURING THE YEAR 2023 NAIC Company Code 65722

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																
2. Whole	120,748	15	126,571					15	126,571	25,781	18	110,000	(31)	(325,978)	476	4,402,371
3. Term	25,001	1	25,001					1	25,001				(3)	(1,000,006)	14	97,613
4. Indexed																
5. Universal	26,926	2	39,322					2	39,322				(4)	(64,934)	67	1,313,304
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other (f)																
11. Total Individual Life	172,675	18	190,894					18	190,894	25,781	18	110,000	(38)	(1,390,918)	557	5,813,288
Group Life																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																(a)
18. Other (f)																
19. Total Group Life																
Individual Annuities																
20. Fixed													(1)	(121,926)	17	1,545,539
21. Indexed														9,185	3	439,352
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout														(8,361)	4	42,815
25. Other (f)														(19,203)	5	48,687
26. Total Individual Annuities													(1)	(140,305)	29	2,076,393
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other (f)																
33. Total Group Annuities																
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			(228)	(687,762)	1,016	4,988,983
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						
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				24		596
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				589	3	757
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	847	874,595	357	(142,222)	8,191	4,532,688
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	847	874,595	129	(829,371)	9,210	9,523,024
47. TOTAL	172,675	18	190,894					18	190,894	25,781	865	984,595	90	(2,360,594)	9,796	17,412,705

(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: $ .....

(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 65722

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												
2. Whole	209,707		813				813	149,347		154,725		304,072
3. Term	346											
4. Indexed												
5. Universal	35,333							122,057		43,816		165,873
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other (f)												
11. Total Individual Life	245,386		813				813	271,404		198,541		469,945
Group Life												
12. Whole												
13. Term	4,446											
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other (f)												
19. Total Group Life	4,446											
Individual Annuities												
20. Fixed	242							13,205		403,993		417,198
21. Indexed										137,635		137,635
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout								7,343				7,343
25. Other (f)												
26. Total Individual Annuities	242							20,548		541,628		562,176
Group Annuities												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other (f)												
33. Total Group Annuities												
Accident and Health												
34. Comprehensive individual (d)								XXX	XXX	XXX		
35. Comprehensive group (d)								XXX	XXX	XXX		
36. Medicare Supplement (d)	6,520,262							XXX	XXX	XXX	5,047,412	5,047,412
37. Vision only (d)								XXX	XXX	XXX		
38. Dental only (d)								XXX	XXX	XXX		
39. Federal Employees Health Benefits Plan (d)								XXX	XXX	XXX		
40. Title XVIII Medicare (d)	(e)							XXX	XXX	XXX		
41. Title XIX Medicaid (d)								XXX	XXX	XXX		
42. Credit A&H								XXX	XXX	XXX		
43. Disability income (d)	260							XXX	XXX	XXX		
44. Long-term care (d)								XXX	XXX	XXX		
45. Other health (d)	2,430,680							XXX	XXX	XXX	539,199	539,199
46. Total Accident and Health	8,951,202							XXX	XXX	XXX	5,586,611	5,586,611
47. Total	9,201,276 (c)		813				813	291,952		740,169	5,586,611	6,618,732

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

NAIC Group Code 0901 BUSINESS IN THE STATE OF Indiana DURING THE YEAR 2023 NAIC Company Code 65722

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																
2. Whole	289,080	30	256,448					30	256,448	80,845	41	357,500	(62)	(723,348)	580	6,490,073
3. Term	20,645	1	20,645					1	20,645				2	25,813	27	310,015
4. Indexed																
5. Universal	19,726	3	45,146					3	45,146				(16)	(273,599)	132	2,989,527
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other (f)																
11. Total Individual Life	329,451	34	322,239					34	322,239	80,845	41	357,500	(76)	(971,134)	739	9,789,615
Group Life																
12. Whole																
13. Term															3	175,000
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																(a)
18. Other (f)																
19. Total Group Life															3	175,000
Individual Annuities																
20. Fixed													(1)	(307,591)	29	1,252,543
21. Indexed													(2)	(131,444)	5	176,920
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout														(5,275)	2	103,932
25. Other (f)																
26. Total Individual Annuities													(3)	(444,310)	36	1,533,395
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other (f)																
33. Total Group Annuities																
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		212	(278)	(505,440)	1,659	6,520,262
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						
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				(2)	1	260
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	820	324,840	89	57,602	4,929	2,430,680
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	820	325,052	(189)	(447,840)	6,589	8,951,202
47. TOTAL	329,451	34	322,239					34	322,239	80,845	861	682,552	(268)	(1,863,284)	7,367	20,449,212

(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: $ .....509 Group: $ ..... Total: $ 509

(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 65722

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												
2. Whole	76,290		87		6		93	21,462				21,462
3. Term												
4. Indexed												
5. Universal	259											
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other (f)												
11. Total Individual Life	76,549		87		6		93	21,462				21,462
Group Life												
12. Whole												
13. Term												
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other (f)												
19. Total Group Life												
Individual Annuities												
20. Fixed								23,144		24,340		47,484
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout								11,721				11,721
25. Other (f)												
26. Total Individual Annuities								34,865		24,340		59,205
Group Annuities												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other (f)												
33. Total Group Annuities												
Accident and Health												
34. Comprehensive individual (d)								XXX	XXX	XXX		
35. Comprehensive group (d)								XXX	XXX	XXX		
36. Medicare Supplement (d)	1,135,844							XXX	XXX	XXX	808,679	808,679
37. Vision only (d)								XXX	XXX	XXX		
38. Dental only (d)								XXX	XXX	XXX		
39. Federal Employees Health Benefits Plan (d)								XXX	XXX	XXX		
40. Title XVIII Medicare (d)	(e)							XXX	XXX	XXX		
41. Title XIX Medicaid (d)								XXX	XXX	XXX		
42. Credit A&H								XXX	XXX	XXX		
43. Disability income (d)	2,187							XXX	XXX	XXX	3	3
44. Long-term care (d)								XXX	XXX	XXX		
45. Other health (d)	1,677,341							XXX	XXX	XXX	702,661	702,661
46. Total Accident and Health	2,815,372							XXX	XXX	XXX	1,511,343	1,511,343
47. Total	2,891,921 (c)		87		6		93	56,327		24,340	1,511,343	1,592,010

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

NAIC Group Code 0901 BUSINESS IN THE STATE OF Iowa DURING THE YEAR 2023 NAIC Company Code 65722

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																
2. Whole	22,072	1	17,072					1	17,072	5,000	5	33,500	(7)	(73,116)	106	909,821
3. Term															5	36,444
4. Indexed																
5. Universal															5	171,029
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other (f)																
11. Total Individual Life	22,072	1	17,072					1	17,072	5,000	5	33,500	(7)	(73,116)	116	1,117,294
Group Life																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																(a)
18. Other (f)																
19. Total Group Life																
Individual Annuities																
20. Fixed	19,243	1	19,243					1	19,243					(4,869)	20	651,149
21. Indexed														1,280	2	45,469
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout														(8,203)	1	92,120
25. Other (f)													(1)	(22,305)	1	11,221
26. Total Individual Annuities	19,243	1	19,243					1	19,243				(1)	(34,097)	24	799,959
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other (f)																
33. Total Group Annuities																
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			(67)	(209,065)	229	1,135,844
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						
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				(125)		2,187
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	411	481,425	214	(74,766)	2,946	1,677,341
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	411	481,425	147	(283,956)	3,175	2,815,372
47. TOTAL	41,315	2	36,315					2	36,315	5,000	416	514,925	139	(391,169)	3,315	4,732,625

(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: $ .....

(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 65722

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												
2. Whole	144,691		43	190	61		294	49,739		9,942		59,681
3. Term	8,996											
4. Indexed												
5. Universal	3,087									32,130		32,130
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other (f)												
11. Total Individual Life	156,774		43	190	61		294	49,739		42,072		91,811
Group Life												
12. Whole												
13. Term												
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other (f)												
19. Total Group Life												
Individual Annuities												
20. Fixed	2							45,823		29,803		75,626
21. Indexed										744		744
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout												
25. Other (f)												
26. Total Individual Annuities	2							45,823		30,547		76,370
Group Annuities												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other (f)												
33. Total Group Annuities												
Accident and Health												
34. Comprehensive individual (d)								XXX	XXX	XXX		
35. Comprehensive group (d)								XXX	XXX	XXX		
36. Medicare Supplement (d)	3,702,939							XXX	XXX	XXX	2,164,042	2,164,042
37. Vision only (d)								XXX	XXX	XXX		
38. Dental only (d)								XXX	XXX	XXX		
39. Federal Employees Health Benefits Plan (d)								XXX	XXX	XXX		
40. Title XVIII Medicare (d)	(e)							XXX	XXX	XXX		
41. Title XIX Medicaid (d)								XXX	XXX	XXX		
42. Credit A&H								XXX	XXX	XXX		
43. Disability income (d)	908							XXX	XXX	XXX	201	201
44. Long-term care (d)								XXX	XXX	XXX		
45. Other health (d)	4,986,618							XXX	XXX	XXX	2,780,016	2,780,016
46. Total Accident and Health	8,690,465							XXX	XXX	XXX	4,944,259	4,944,259
47. Total	8,847,241 (c)		43	190	61		294	95,562		72,619	4,944,259	5,112,440

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

NAIC Group Code 0901 BUSINESS IN THE STATE OF Kansas DURING THE YEAR 2023 NAIC Company Code 65722

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																
2. Whole	75,210	11	80,945					11	80,945	23,885	30	364,500	(33)	(369,831)	264	2,167,564
3. Term														14,879	17	661,651
4. Indexed																
5. Universal													(2)	(79,325)	19	477,120
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other (f)																
11. Total Individual Life	75,210	11	80,945					11	80,945	23,885	30	364,500	(35)	(434,277)	300	3,306,335
Group Life																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																(a)
18. Other (f)																
19. Total Group Life																
Individual Annuities																
20. Fixed	179,587									179,587			(1)	(19,080)	4	357,160
21. Indexed														9,173	3	296,808
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout																
25. Other (f)														(42,738)	1	66,725
26. Total Individual Annuities	179,587									179,587			(1)	(52,645)	8	720,693
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other (f)																
33. Total Group Annuities																
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	9	16,154	(119)	(214,363)	822	3,702,939
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						
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				(5)	1	908
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				4,962	2	
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,651	2,283,250	(87)	(1,415,934)	10,737	4,986,618
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,660	2,299,404	(206)	(1,625,340)	11,562	8,690,465
47. TOTAL	254,797	11	80,945					11	80,945	203,472	1,690	2,663,904	(242)	(2,112,262)	11,870	12,717,493

(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: $ .....

(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 65722

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												
2. Whole	203,633		1,536		364		1,900	15,242				15,242
3. Term												
4. Indexed												
5. Universal	5,722							130,739				130,739
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other (f)												
11. Total Individual Life	209,355		1,536		364		1,900	145,981				145,981
Group Life												
12. Whole												
13. Term												
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other (f)												
19. Total Group Life												
Individual Annuities												
20. Fixed	93							81,754		7,968		89,722
21. Indexed										5,091		5,091
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout								34,017				34,017
25. Other (f)												
26. Total Individual Annuities	93							115,771		13,059		128,830
Group Annuities												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other (f)												
33. Total Group Annuities												
Accident and Health												
34. Comprehensive individual (d)								XXX	XXX	XXX		
35. Comprehensive group (d)								XXX	XXX	XXX		
36. Medicare Supplement (d)	3,564,343							XXX	XXX	XXX	2,711,849	2,711,849
37. Vision only (d)								XXX	XXX	XXX		
38. Dental only (d)								XXX	XXX	XXX		
39. Federal Employees Health Benefits Plan (d)								XXX	XXX	XXX		
40. Title XVIII Medicare (d)	(e)							XXX	XXX	XXX		
41. Title XIX Medicaid (d)								XXX	XXX	XXX		
42. Credit A&H								XXX	XXX	XXX		
43. Disability income (d)	1,169							XXX	XXX	XXX	1	1
44. Long-term care (d)								XXX	XXX	XXX		
45. Other health (d)	1,138,787							XXX	XXX	XXX	399,548	399,548
46. Total Accident and Health	4,704,299							XXX	XXX	XXX	3,111,398	3,111,398
47. Total	4,913,747 (c)		1,536		364		1,900	261,752		13,059	3,111,398	3,386,209

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

NAIC Group Code 0901 BUSINESS IN THE STATE OF Kentucky DURING THE YEAR 2023 NAIC Company Code 65722

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																
2. Whole	61,527	5	58,262					5	58,262	10,031	20	156,000	(9)	(177,375)	342	3,199,099
3. Term													(3)	(12,211)		
4. Indexed																
5. Universal	130,306	2	130,306					2	130,306				(2)	(120,066)	19	859,931
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other (f)																
11. Total Individual Life	191,833	7	188,568					7	188,568	10,031	20	156,000	(14)	(309,652)	361	4,059,030
Group Life																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																
18. Other (f)																(a)
19. Total Group Life																
Individual Annuities																
20. Fixed	81,754	1	81,754					1	81,754				(3)	(131,970)	7	349,053
21. Indexed	45,815									45,815			(1)	(49,423)		
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout														(34,012)	3	231,687
25. Other (f)																
26. Total Individual Annuities	127,569	1	81,754					1	81,754	45,815			(4)	(215,405)	10	580,740
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other (f)																
33. Total Group Annuities																
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	2,680	(169)	(336,099)	1,019	3,564,343
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						
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				(62)		1,169
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	225	326,343	(5)	(158,395)	2,247	1,138,787
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	226	329,023	(174)	(494,556)	3,266	4,704,299
47. TOTAL	319,402	8	270,322					8	270,322	55,846	246	485,023	(192)	(1,019,613)	3,637	9,344,069

(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: $ .....250 Group: $ ..... Total: $ 250

(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 65722

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												
2. Whole	118,925		4,277				4,277	100,299	(4,056)	28,317		124,560
3. Term	570											
4. Indexed												
5. Universal	81,073							89,392		56,147		145,539
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other (f)												
11. Total Individual Life	200,568		4,277				4,277	189,691	(4,056)	84,464		270,099
Group Life												
12. Whole												
13. Term												
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other (f)												
19. Total Group Life												
Individual Annuities												
20. Fixed	138									396,703		396,703
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout												
25. Other (f)												
26. Total Individual Annuities	138									396,703		396,703
Group Annuities												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other (f)												
33. Total Group Annuities												
Accident and Health												
34. Comprehensive individual (d)								XXX	XXX	XXX		
35. Comprehensive group (d)								XXX	XXX	XXX		
36. Medicare Supplement (d)	1,045,224							XXX	XXX	XXX	428,439	428,439
37. Vision only (d)								XXX	XXX	XXX		
38. Dental only (d)								XXX	XXX	XXX		
39. Federal Employees Health Benefits Plan (d)								XXX	XXX	XXX		
40. Title XVIII Medicare (d)	(e)							XXX	XXX	XXX		
41. Title XIX Medicaid (d)								XXX	XXX	XXX		
42. Credit A&H								XXX	XXX	XXX		
43. Disability income (d)	1,952							XXX	XXX	XXX	1	1
44. Long-term care (d)								XXX	XXX	XXX		
45. Other health (d)	3,373,306							XXX	XXX	XXX	1,365,997	1,365,997
46. Total Accident and Health	4,420,482							XXX	XXX	XXX	1,794,437	1,794,437
47. Total	4,621,188 (c)		4,277				4,277	189,691	(4,056)	481,167	1,794,437	2,461,239

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

NAIC Group Code 0901 BUSINESS IN THE STATE OF Louisiana DURING THE YEAR 2023 NAIC Company Code 65722

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																
2. Whole	154,053	24	195,784					24	195,784	45,010	34	337,500	(38)	(557,237)	461	7,592,543
3. Term													(1)	(751,952)	15	142,623
4. Indexed																
5. Universal	64,418	3	48,818					3	48,818	15,600			(13)	(426,179)	216	6,211,013
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other (f)																
11. Total Individual Life	218,471	27	244,602					27	244,602	60,610	34	337,500	(52)	(1,735,368)	692	13,946,179
Group Life																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																(a)
18. Other (f)																
19. Total Group Life																
Individual Annuities																
20. Fixed													(3)	(375,344)	4	496,020
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout																
25. Other (f)																
26. Total Individual Annuities													(3)	(375,344)	4	496,020
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other (f)																
33. Total Group Annuities																
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			(39)	(78,844)	184	1,045,224
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						
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			(1)	(24)	7	1,952
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	470	1,154,871	(317)	(925,854)	7,821	3,373,306
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	470	1,154,871	(357)	(1,004,722)	8,012	4,420,482
47. TOTAL	218,471	27	244,602					27	244,602	60,610	504	1,492,371	(412)	(3,115,434)	8,708	18,862,681

(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: $ .....500 Group: $ ..... Total: $ 500

(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 65722

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												
2. Whole	36,710		171		91		262	99,680		8,635		108,315
3. Term	257											
4. Indexed												
5. Universal	8,759							236		24,485		24,721
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other (f)												
11. Total Individual Life	45,726		171		91		262	99,916		33,120		133,036
Group Life												
12. Whole												
13. Term												
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other (f)												
19. Total Group Life												
Individual Annuities												
20. Fixed	183											
21. Indexed								(24,347)				(24,347)
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout												
25. Other (f)												
26. Total Individual Annuities	183							(24,347)				(24,347)
Group Annuities												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other (f)												
33. Total Group Annuities												
Accident and Health												
34. Comprehensive individual (d)								XXX	XXX	XXX		
35. Comprehensive group (d)								XXX	XXX	XXX		
36. Medicare Supplement (d)	2,128,957							XXX	XXX	XXX	1,369,387	1,369,387
37. Vision only (d)								XXX	XXX	XXX		
38. Dental only (d)								XXX	XXX	XXX		
39. Federal Employees Health Benefits Plan (d)								XXX	XXX	XXX		
40. Title XVIII Medicare (d)	(e)							XXX	XXX	XXX		
41. Title XIX Medicaid (d)								XXX	XXX	XXX		
42. Credit A&H								XXX	XXX	XXX		
43. Disability income (d)	186							XXX	XXX	XXX		
44. Long-term care (d)								XXX	XXX	XXX		
45. Other health (d)	337,904							XXX	XXX	XXX	228,422	228,422
46. Total Accident and Health	2,467,047							XXX	XXX	XXX	1,597,809	1,597,809
47. Total	2,512,956 (c)		171		91		262	75,569		33,120	1,597,809	1,706,498

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

NAIC Group Code 0901 BUSINESS IN THE STATE OF Maine DURING THE YEAR 2023 NAIC Company Code 65722

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																
2. Whole	75,947	9	97,528					9	97,528				(12)	(212,152)	159	2,077,072
3. Term													1	11,104	10	70,973
4. Indexed																
5. Universal													(1)	(17,682)	36	754,366
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other (f)																
11. Total Individual Life	75,947	9	97,528					9	97,528				(12)	(218,730)	205	2,902,411
Group Life																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																(a)
18. Other (f)																
19. Total Group Life																
Individual Annuities																
20. Fixed														1,543	1	53,016
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout																
25. Other (f)																
26. Total Individual Annuities														1,543	1	53,016
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other (f)																
33. Total Group Annuities																
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	4	5,301	(145)	(283,092)	765	2,128,957
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						
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						186
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	47	94,838	81	14,576	666	337,904
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	51	100,139	(64)	(268,516)	1,431	2,467,047
47. TOTAL	75,947	9	97,528					9	97,528		51	100,139	(76)	(485,703)	1,637	5,422,474

(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: $ .....

(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 65722

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												
2. Whole	71,776		2,358		44		2,402	30,083		15,449		45,532
3. Term	306							4,388				4,388
4. Indexed												
5. Universal	21,348							17,422				17,422
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other (f)												
11. Total Individual Life	93,430		2,358		44		2,402	51,893		15,449		67,342
Group Life												
12. Whole												
13. Term												
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other (f)												
19. Total Group Life												
Individual Annuities												
20. Fixed	425							39,509				39,509
21. Indexed										6,316		6,316
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout												
25. Other (f)												
26. Total Individual Annuities	425							39,509		6,316		45,825
Group Annuities												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other (f)												
33. Total Group Annuities												
Accident and Health												
34. Comprehensive individual (d)								XXX	XXX	XXX		
35. Comprehensive group (d)								XXX	XXX	XXX		
36. Medicare Supplement (d)	181,405							XXX	XXX	XXX	87,698	87,698
37. Vision only (d)								XXX	XXX	XXX		
38. Dental only (d)								XXX	XXX	XXX		
39. Federal Employees Health Benefits Plan (d)								XXX	XXX	XXX		
40. Title XVIII Medicare (d)	(e)							XXX	XXX	XXX		
41. Title XIX Medicaid (d)								XXX	XXX	XXX		
42. Credit A&H								XXX	XXX	XXX		
43. Disability income (d)	122							XXX	XXX	XXX		
44. Long-term care (d)								XXX	XXX	XXX		
45. Other health (d)	1,358,956							XXX	XXX	XXX	582,741	582,741
46. Total Accident and Health	1,540,483							XXX	XXX	XXX	670,439	670,439
47. Total	1,634,338 (c)		2,358		44		2,402	91,402		21,765	670,439	783,606

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

NAIC Group Code 0901 BUSINESS IN THE STATE OF Maryland DURING THE YEAR 2023 NAIC Company Code 65722

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																
2. Whole	51,714	8	35,263					8	35,263	29,625	5	65,000	(10)	(53,713)	191	2,031,593
3. Term													(4)	(39,383)	9	41,566
4. Indexed																
5. Universal	17,273	1	17,273					1	17,273				(4)	(150,138)	14	535,494
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other (f)																
11. Total Individual Life	68,987	9	52,536					9	52,536	29,625	5	65,000	(18)	(243,234)	214	2,608,653
Group Life																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																(a)
18. Other (f)																
19. Total Group Life																
Individual Annuities																
20. Fixed														7,536	4	255,518
21. Indexed														(3,435)	1	90,061
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout																
25. Other (f)														(36,883)	3	38,542
26. Total Individual Annuities														(32,782)	8	384,121
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other (f)																
33. Total Group Annuities																
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			(11)	24,100	114	181,405
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						
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				(1)	1	122
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	410	247,138	625	557,231	2,883	1,358,956
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	410	247,138	614	581,330	2,998	1,540,483
47. TOTAL	68,987	9	52,536					9	52,536	29,625	415	312,138	596	305,314	3,220	4,533,257

(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: $ 2,586 Group: $ ..... Total: $ 2,586

(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 65722

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												
2. Whole	35,600		552				552	91,415	2,693	13,600		107,708
3. Term	160											
4. Indexed												
5. Universal	6,478									21,563		21,563
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other (f)												
11. Total Individual Life	42,238		552				552	91,415	2,693	35,163		129,271
Group Life												
12. Whole												
13. Term	256											
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other (f)												
19. Total Group Life	256											
Individual Annuities												
20. Fixed	165							75,292		313,005		388,297
21. Indexed										46,674		46,674
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout								1,706				1,706
25. Other (f)												
26. Total Individual Annuities	165							76,998		359,679		436,677
Group Annuities												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other (f)												
33. Total Group Annuities												
Accident and Health												
34. Comprehensive individual (d)								XXX	XXX	XXX		
35. Comprehensive group (d)								XXX	XXX	XXX		
36. Medicare Supplement (d)	250,289							XXX	XXX	XXX	100,775	100,775
37. Vision only (d)								XXX	XXX	XXX		
38. Dental only (d)								XXX	XXX	XXX		
39. Federal Employees Health Benefits Plan (d)								XXX	XXX	XXX		
40. Title XVIII Medicare (d)	(e)							XXX	XXX	XXX		
41. Title XIX Medicaid (d)								XXX	XXX	XXX		
42. Credit A&H								XXX	XXX	XXX		
43. Disability income (d)								XXX	XXX	XXX		
44. Long-term care (d)								XXX	XXX	XXX		
45. Other health (d)	217,452							XXX	XXX	XXX	15,117	15,117
46. Total Accident and Health	467,741							XXX	XXX	XXX	115,892	115,892
47. Total	510,400 (c)		552				552	168,413	2,693	394,842	115,892	681,840

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

NAIC Group Code 0901 BUSINESS IN THE STATE OF Massachusetts DURING THE YEAR 2023 NAIC Company Code 65722

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																
2. Whole	80,701	12	91,583					12	91,583	14,715			(14)	(86,169)	192	3,014,223
3. Term													1	(4,900)	19	176,095
4. Indexed																
5. Universal													(5)	(235,526)	12	580,331
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other (f)																
11. Total Individual Life	80,701	12	91,583					12	91,583	14,715			(18)	(326,595)	223	3,770,649
Group Life																
12. Whole																
13. Term														(9,900)	1	11,100
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																(a)
18. Other (f)																
19. Total Group Life														(9,900)	1	11,100
Individual Annuities																
20. Fixed	30,256	1	75,292					1	75,292	32,735			(2)	(289,462)	16	1,741,378
21. Indexed													(1)	(39,912)	3	203,539
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout														(668)	2	16,897
25. Other (f)																
26. Total Individual Annuities	30,256	1	75,292					1	75,292	32,735			(3)	(330,042)	21	1,961,814
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other (f)																
33. Total Group Annuities																
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	2,330	3	25,981	53	250,289
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						
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	105	12,047	(73)	24,680	686	217,452
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	106	14,377	(70)	50,661	739	467,741
47. TOTAL	110,957	13	166,875					13	166,875	47,450	106	14,377	(91)	(615,876)	984	6,211,304

(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: $ .....387 Group: $ ..... Total: $ 387

(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 65722

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												
2. Whole	116,296		1,592				1,592	122,880		6,109		128,989
3. Term												
4. Indexed												
5. Universal	1,948											
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other (f)												
11. Total Individual Life	118,244		1,592				1,592	122,880		6,109		128,989
Group Life												
12. Whole												
13. Term	920											
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other (f)												
19. Total Group Life	920											
Individual Annuities												
20. Fixed	(2,713)							70,153		384,913		455,066
21. Indexed								62,445		14,228		76,673
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout								4,400				4,400
25. Other (f)												
26. Total Individual Annuities	(2,713)							136,998		399,141		536,139
Group Annuities												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other (f)												
33. Total Group Annuities												
Accident and Health												
34. Comprehensive individual (d)								XXX	XXX	XXX		
35. Comprehensive group (d)								XXX	XXX	XXX		
36. Medicare Supplement (d)	5,905,468							XXX	XXX	XXX	3,891,858	3,891,858
37. Vision only (d)								XXX	XXX	XXX		
38. Dental only (d)								XXX	XXX	XXX		
39. Federal Employees Health Benefits Plan (d)								XXX	XXX	XXX		
40. Title XVIII Medicare (d)	(e)							XXX	XXX	XXX		
41. Title XIX Medicaid (d)								XXX	XXX	XXX		
42. Credit A&H								XXX	XXX	XXX		
43. Disability income (d)								XXX	XXX	XXX		
44. Long-term care (d)								XXX	XXX	XXX		
45. Other health (d)	2,584,425							XXX	XXX	XXX	691,535	691,535
46. Total Accident and Health	8,489,893							XXX	XXX	XXX	4,583,393	4,583,393
47. Total	8,606,344 (c)		1,592				1,592	259,878		405,250	4,583,393	5,248,521

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

NAIC Group Code 0901 BUSINESS IN THE STATE OF Michigan DURING THE YEAR 2023 NAIC Company Code 65722

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																
2. Whole	143,043	8	141,234					8	141,234	20,000	32	325,000	(19)	(271,840)	203	2,636,984
3. Term													(1)	(5,000)	8	74,241
4. Indexed																
5. Universal													(1)	(27,397)	8	302,779
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other (f)																
11. Total Individual Life	143,043	8	141,234					8	141,234	20,000	32	325,000	(21)	(304,237)	219	3,014,004
Group Life																
12. Whole																
13. Term															1	50,000
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																(a)
18. Other (f)																
19. Total Group Life															1	50,000
Individual Annuities																
20. Fixed	65,821	2	75,711					2	75,711				(7)	(330,872)	33	2,072,449
21. Indexed	3,012	1	62,445					1	62,445				(1)	(12,740)	3	133,554
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout														(1,160)	1	15,642
25. Other (f)														(12,362)	3	45,602
26. Total Individual Annuities	68,832	3	138,157					3	138,157				(8)	(357,134)	40	2,267,247
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other (f)																
33. Total Group Annuities																
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			(254)	(455,221)	1,593	5,905,468
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						
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	680	150,923	366	491,769	4,312	2,584,425
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	680	150,923	112	36,548	5,905	8,489,893
47. TOTAL	211,875	11	279,391					11	279,391	20,000	712	475,923	83	(624,823)	6,165	13,821,144

(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: $ .....117 Group: $ ..... Total: $ 117

(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 65722

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												
2. Whole	37,944		454		29		483	101,724	1,616	26,725		130,065
3. Term												
4. Indexed												
5. Universal	745									3,611		3,611
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other (f)												
11. Total Individual Life	38,689		454		29		483	101,724	1,616	30,336		133,676
Group Life												
12. Whole												
13. Term												
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other (f)												
19. Total Group Life												
Individual Annuities												
20. Fixed	882							92,155		525,567		617,722
21. Indexed								126,652		308,749		435,401
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout												
25. Other (f)												
26. Total Individual Annuities	882							218,807		834,316		1,053,123
Group Annuities												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other (f)												
33. Total Group Annuities												
Accident and Health												
34. Comprehensive individual (d)								XXX	XXX	XXX		
35. Comprehensive group (d)								XXX	XXX	XXX		
36. Medicare Supplement (d)	4,917,617							XXX	XXX	XXX	3,225,230	3,225,230
37. Vision only (d)								XXX	XXX	XXX		
38. Dental only (d)								XXX	XXX	XXX		
39. Federal Employees Health Benefits Plan (d)								XXX	XXX	XXX		
40. Title XVIII Medicare (d)	(e)							XXX	XXX	XXX		
41. Title XIX Medicaid (d)								XXX	XXX	XXX		
42. Credit A&H								XXX	XXX	XXX		
43. Disability income (d)								XXX	XXX	XXX		
44. Long-term care (d)								XXX	XXX	XXX		
45. Other health (d)	594,555							XXX	XXX	XXX	128,163	128,163
46. Total Accident and Health	5,512,172							XXX	XXX	XXX	3,353,393	3,353,393
47. Total	5,551,743 (c)		454		29		483	320,531	1,616	864,652	3,353,393	4,540,192

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

NAIC Group Code 0901 BUSINESS IN THE STATE OF Minnesota DURING THE YEAR 2023 NAIC Company Code 65722

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																
2. Whole	89,638	20	107,329					20	107,329	6,446	4	48,000	(27)	(145,108)	186	1,481,855
3. Term														(496,730)	16	141,774
4. Indexed																
5. Universal													(2)	(75,000)	1	58,885
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other (f)																
11. Total Individual Life	89,638	20	107,329					20	107,329	6,446	4	48,000	(29)	(716,838)	203	1,682,514
Group Life																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																(a)
18. Other (f)																
19. Total Group Life																
Individual Annuities																
20. Fixed													(3)	(444,434)	33	2,753,418
21. Indexed	236,326	3	29,264					3	29,264	207,062			(7)	(468,440)	40	2,421,637
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout																
25. Other (f)														(84,220)	6	153,569
26. Total Individual Annuities	236,326	3	29,264					3	29,264	207,062			(10)	(997,094)	79	5,328,624
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other (f)																
33. Total Group Annuities																
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	6	11,256	(248)	(487,917)	1,563	4,917,617
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						
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	138	21,558	(2)	108,101	1,232	594,555
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	144	32,814	(250)	(379,816)	2,795	5,512,172
47. TOTAL	325,964	23	136,593					23	136,593	213,508	148	80,814	(289)	(2,093,748)	3,077	12,523,310

(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: $ ..... 53 Group: $ ..... Total: $ 53

(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 65722

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												
2. Whole	170,928		3,613	177			3,790	117,503		27,286		144,789
3. Term	448											
4. Indexed												
5. Universal	44,641							164,958		66,963		231,921
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other (f)												
11. Total Individual Life	216,017		3,613	177			3,790	282,461		94,249		376,710
Group Life												
12. Whole												
13. Term	489											
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other (f)												
19. Total Group Life	489											
Individual Annuities												
20. Fixed	1,950									1,833		1,833
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout								16,012				16,012
25. Other (f)												
26. Total Individual Annuities	1,950							16,012		1,833		17,845
Group Annuities												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other (f)												
33. Total Group Annuities												
Accident and Health												
34. Comprehensive individual (d)								XXX	XXX	XXX		
35. Comprehensive group (d)								XXX	XXX	XXX		
36. Medicare Supplement (d)	3,437,264							XXX	XXX	XXX	2,545,603	2,545,603
37. Vision only (d)								XXX	XXX	XXX		
38. Dental only (d)								XXX	XXX	XXX		
39. Federal Employees Health Benefits Plan (d)								XXX	XXX	XXX		
40. Title XVIII Medicare (d)	(e)							XXX	XXX	XXX		
41. Title XIX Medicaid (d)								XXX	XXX	XXX		
42. Credit A&H								XXX	XXX	XXX		
43. Disability income (d)								XXX	XXX	XXX		
44. Long-term care (d)								XXX	XXX	XXX		
45. Other health (d)	2,159,954							XXX	XXX	XXX	1,152,031	1,152,031
46. Total Accident and Health	5,597,218							XXX	XXX	XXX	3,697,634	3,697,634
47. Total	5,815,674 (c)		3,613	177			3,790	298,473		96,082	3,697,634	4,092,189

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

NAIC Group Code 0901 BUSINESS IN THE STATE OF Mississippi DURING THE YEAR 2023 NAIC Company Code 65722

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																
2. Whole	199,574	37	297,249					37	297,249	59,998	23	223,000	(42)	(478,056)	620	7,293,002
3. Term													(7)	(121,988)	58	647,388
4. Indexed																
5. Universal	62,655	2	32,482					2	32,482	30,173			(10)	(152,724)	153	3,855,466
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other (f)																
11. Total Individual Life	262,229	39	329,731					39	329,731	90,171	23	223,000	(59)	(752,768)	831	11,795,856
Group Life																
12. Whole																
13. Term													(3)	(33,580)	4	11,220
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																(a)
18. Other (f)																
19. Total Group Life													(3)	(33,580)	4	11,220
Individual Annuities																
20. Fixed	42,266									42,266			(1)	(37,426)	2	185,923
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout														(523)	2	12,151
25. Other (f)																
26. Total Individual Annuities	42,266									42,266			(1)	(37,949)	4	198,074
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other (f)																
33. Total Group Annuities																
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			(155)	(292,179)	792	3,437,264
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						
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				(157)		
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	573	861,642	(117)	(541,892)	6,317	2,159,954
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	573	861,642	(272)	(834,228)	7,109	5,597,218
47. TOTAL	304,496	39	329,731					39	329,731	132,437	596	1,084,642	(335)	(1,658,525)	7,948	17,602,368

(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: $ .....271 Group: $ ..... Total: $ 271

(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 65722

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												
2. Whole	150,593		1,872		42		1,914	119,252	145	35,334		154,731
3. Term	3,794											
4. Indexed												
5. Universal	23,094							74,291		32,533		106,824
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other (f)												
11. Total Individual Life	177,481		1,872		42		1,914	193,543	145	67,867		261,555
Group Life												
12. Whole												
13. Term	284											
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other (f)												
19. Total Group Life	284											
Individual Annuities												
20. Fixed	164							54,720		658,268		712,988
21. Indexed										1,876		1,876
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout												
25. Other (f)												
26. Total Individual Annuities	164							54,720		660,144		714,864
Group Annuities												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other (f)												
33. Total Group Annuities												
Accident and Health												
34. Comprehensive individual (d)								XXX	XXX	XXX		
35. Comprehensive group (d)								XXX	XXX	XXX		
36. Medicare Supplement (d)	1,814,940							XXX	XXX	XXX	1,301,816	1,301,816
37. Vision only (d)								XXX	XXX	XXX		
38. Dental only (d)								XXX	XXX	XXX		
39. Federal Employees Health Benefits Plan (d)								XXX	XXX	XXX		
40. Title XVIII Medicare (d)	(e)							XXX	XXX	XXX		
41. Title XIX Medicaid (d)								XXX	XXX	XXX		
42. Credit A&H								XXX	XXX	XXX		
43. Disability income (d)	1,069							XXX	XXX	XXX	1	1
44. Long-term care (d)	11,355							XXX	XXX	XXX		
45. Other health (d)	3,691,717							XXX	XXX	XXX	1,328,169	1,328,169
46. Total Accident and Health	5,519,081							XXX	XXX	XXX	2,629,986	2,629,986
47. Total	5,697,010 (c)		1,872		42		1,914	248,263	145	728,011	2,629,986	3,606,405

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

NAIC Group Code 0901 BUSINESS IN THE STATE OF Missouri DURING THE YEAR 2023 NAIC Company Code 65722

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																
2. Whole	170,496	25	211,307					25	211,307	4,605	34	388,000	(43)	(449,897)	463	4,303,005
3. Term													(2)	(264,081)	33	945,370
4. Indexed																
5. Universal	57,600	3	42,333					3	42,333	15,267			(8)	(171,616)	109	1,967,294
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other (f)																
11. Total Individual Life	228,096	28	253,640					28	253,640	19,872	34	388,000	(53)	(885,594)	605	7,215,669
Group Life																
12. Whole																
13. Term															1	100,000
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																(a)
18. Other (f)																
19. Total Group Life															1	100,000
Individual Annuities																
20. Fixed	81,124	2	81,124					2	81,124				(9)	(937,188)	6	163,557
21. Indexed														(1,342)	2	43,109
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout											1	31,375		(13,435)	2	124,054
25. Other (f)														(18,708)	2	102,310
26. Total Individual Annuities	81,124	2	81,124					2	81,124		1	31,375	(9)	(970,673)	12	433,030
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other (f)																
33. Total Group Annuities																
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	4	11,768	(79)	(134,006)	452	1,814,940
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						
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					(29)	1,069
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			1	1,271	8	11,355
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,452	845,432	(1,143)	30,803	9,122	3,691,717
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,456	857,200	(1,221)	(101,961)	9,582	5,519,081
47. TOTAL	309,220	30	334,764					30	334,764	19,872	2,491	1,276,575	(1,283)	(1,958,228)	10,200	13,267,780

(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: $ .....

(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 65722

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												
2. Whole	14,268		198				198					
3. Term												
4. Indexed												
5. Universal												
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other (f)												
11. Total Individual Life	14,268		198				198					
Group Life												
12. Whole												
13. Term												
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other (f)												
19. Total Group Life												
Individual Annuities												
20. Fixed										2,864		2,864
21. Indexed								(24,347)				(24,347)
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout								3,305				3,305
25. Other (f)												
26. Total Individual Annuities								(21,042)		2,864		(18,178)
Group Annuities												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other (f)												
33. Total Group Annuities												
Accident and Health												
34. Comprehensive individual (d)								XXX	XXX	XXX		
35. Comprehensive group (d)								XXX	XXX	XXX		
36. Medicare Supplement (d)	822,309							XXX	XXX	XXX	525,500	525,500
37. Vision only (d)								XXX	XXX	XXX		
38. Dental only (d)								XXX	XXX	XXX		
39. Federal Employees Health Benefits Plan (d)								XXX	XXX	XXX		
40. Title XVIII Medicare (d)	(e)							XXX	XXX	XXX		
41. Title XIX Medicaid (d)								XXX	XXX	XXX		
42. Credit A&H								XXX	XXX	XXX		
43. Disability income (d)								XXX	XXX	XXX		
44. Long-term care (d)								XXX	XXX	XXX		
45. Other health (d)	309,449							XXX	XXX	XXX	112,550	112,550
46. Total Accident and Health	1,131,758							XXX	XXX	XXX	638,050	638,050
47. Total	1,146,026 (c)		198				198	(21,042)		2,864	638,050	619,872

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

NAIC Group Code 0901 BUSINESS IN THE STATE OF Montana DURING THE YEAR 2023 NAIC Company Code 65722

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																
2. Whole											6	20,500	(1)	(4,000)	28	169,382
3. Term															2	10,000
4. Indexed																
5. Universal																
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other (f)																
11. Total Individual Life											6	20,500	(1)	(4,000)	30	179,382
Group Life																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																(a)
18. Other (f)																
19. Total Group Life																
Individual Annuities																
20. Fixed														5,491	4	325,683
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout														(6,174)	1	6,452
25. Other (f)																
26. Total Individual Annuities														(683)	5	332,135
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other (f)																
33. Total Group Annuities																
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			(32)	(93,819)	193	822,309
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						
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	57	24,031	140	123,885	532	309,449
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	57	24,031	108	30,066	725	1,131,758
47. TOTAL											63	44,531	107	25,383	760	1,643,275

(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: $ .....

(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 65722

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												
2. Whole	56,758		350		4		354	2,246	131	3,667		6,044
3. Term												
4. Indexed												
5. Universal	150							8,311				8,311
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other (f)												
11. Total Individual Life	56,908		350		4		354	10,557	131	3,667		14,355
Group Life												
12. Whole												
13. Term												
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other (f)												
19. Total Group Life												
Individual Annuities												
20. Fixed	8							109,232		138,130		247,362
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout												
25. Other (f)												
26. Total Individual Annuities	8							109,232		138,130		247,362
Group Annuities												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other (f)												
33. Total Group Annuities												
Accident and Health												
34. Comprehensive individual (d)								XXX	XXX	XXX		
35. Comprehensive group (d)								XXX	XXX	XXX		
36. Medicare Supplement (d)	1,052,191							XXX	XXX	XXX	876,557	876,557
37. Vision only (d)								XXX	XXX	XXX		
38. Dental only (d)								XXX	XXX	XXX		
39. Federal Employees Health Benefits Plan (d)								XXX	XXX	XXX		
40. Title XVIII Medicare (d)	(e)							XXX	XXX	XXX		
41. Title XIX Medicaid (d)								XXX	XXX	XXX		
42. Credit A&H								XXX	XXX	XXX		
43. Disability income (d)								XXX	XXX	XXX		
44. Long-term care (d)	2,070							XXX	XXX	XXX		
45. Other health (d)	1,513,675							XXX	XXX	XXX	626,678	626,678
46. Total Accident and Health	2,567,936							XXX	XXX	XXX	1,503,235	1,503,235
47. Total	2,624,852 (c)		350		4		354	119,789	131	141,797	1,503,235	1,764,952

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

NAIC Group Code 0901 BUSINESS IN THE STATE OF Nebraska DURING THE YEAR 2023 NAIC Company Code 65722

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																
2. Whole	17,464	3	17,464					3	17,464		19	178,500	(9)	(129,444)	101	913,061
3. Term																
4. Indexed																
5. Universal													(1)	(8,283)	2	50,000
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other (f)																
11. Total Individual Life	17,464	3	17,464					3	17,464		19	178,500	(10)	(137,727)	103	963,061
Group Life																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																(a)
18. Other (f)																
19. Total Group Life																
Individual Annuities																
20. Fixed	114,300	2	158,131					2	158,131	104,252			(7)	(238,205)	7	372,065
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout																
25. Other (f)																
26. Total Individual Annuities	114,300	2	158,131					2	158,131	104,252			(7)	(238,205)	7	372,065
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other (f)																
33. Total Group Annuities																
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			(38)	(149,538)	202	1,052,191
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						
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				(157)	2	2,070
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	642	517,787	16	(205,791)	2,692	1,513,675
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	642	517,787	(22)	(355,486)	2,896	2,567,936
47. TOTAL	131,764	5	175,595					5	175,595	104,252	661	696,287	(39)	(731,418)	3,006	3,903,062

(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: $ 4,488 Group: $ Total: $ 4,488

(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 65722

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												
2. Whole	35,226		1,172				1,172			18,556		18,556
3. Term	3,926											
4. Indexed												
5. Universal	480											
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other (f)												
11. Total Individual Life	39,632		1,172				1,172			18,556		18,556
Group Life												
12. Whole												
13. Term												
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other (f)												
19. Total Group Life												
Individual Annuities												
20. Fixed								6,776		308,238		315,014
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout												
25. Other (f)												
26. Total Individual Annuities								6,776		308,238		315,014
Group Annuities												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other (f)												
33. Total Group Annuities												
Accident and Health												
34. Comprehensive individual (d)								XXX	XXX	XXX		
35. Comprehensive group (d)								XXX	XXX	XXX		
36. Medicare Supplement (d)	416,091							XXX	XXX	XXX	385,909	385,909
37. Vision only (d)								XXX	XXX	XXX		
38. Dental only (d)								XXX	XXX	XXX		
39. Federal Employees Health Benefits Plan (d)								XXX	XXX	XXX		
40. Title XVIII Medicare (d)	(e)							XXX	XXX	XXX		
41. Title XIX Medicaid (d)								XXX	XXX	XXX		
42. Credit A&H								XXX	XXX	XXX		
43. Disability income (d)	130							XXX	XXX	XXX		
44. Long-term care (d)								XXX	XXX	XXX		
45. Other health (d)	665,285							XXX	XXX	XXX	202,010	202,010
46. Total Accident and Health	1,081,506							XXX	XXX	XXX	587,919	587,919
47. Total	1,121,138 (c)		1,172				1,172	6,776		326,794	587,919	921,489

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

NAIC Group Code 0901 BUSINESS IN THE STATE OF Nevada DURING THE YEAR 2023 NAIC Company Code 65722

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																
2. Whole	20,000									20,000	1	10,000	(1)	(25,647)	68	677,738
3. Term													(3)	(1,110,000)	9	422,074
4. Indexed																
5. Universal															2	146,900
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other (f)																
11. Total Individual Life	20,000									20,000	1	10,000	(4)	(1,135,647)	79	1,246,712
Group Life																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																(a)
18. Other (f)																
19. Total Group Life																
Individual Annuities																
20. Fixed													(1)	(304,883)	3	101,765
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout																
25. Other (f)																
26. Total Individual Annuities													(1)	(304,883)	3	101,765
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other (f)																
33. Total Group Annuities																
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			(16)	4,077	138	416,091
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						
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				(1)		130
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	882	10,714	69	266,826	1,870	665,285
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	882	10,714	53	270,902	2,008	1,081,506
47. TOTAL	20,000									20,000	883	20,714	48	(1,169,628)	2,090	2,429,983

(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: $ 4,746 Group: $ ..... Total: $ 4,746

(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 65722

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												
2. Whole	6,516		166				166	9,334				9,334
3. Term												
4. Indexed												
5. Universal	5,702							74,413				74,413
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other (f)												
11. Total Individual Life	12,218		166				166	83,747				83,747
Group Life												
12. Whole												
13. Term												
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other (f)												
19. Total Group Life												
Individual Annuities												
20. Fixed	15							131,629		144,680		276,309
21. Indexed								110,309				110,309
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout												
25. Other (f)												
26. Total Individual Annuities	15							241,938		144,680		386,618
Group Annuities												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other (f)												
33. Total Group Annuities												
Accident and Health												
34. Comprehensive individual (d)								XXX	XXX	XXX		
35. Comprehensive group (d)								XXX	XXX	XXX		
36. Medicare Supplement (d)	92,804							XXX	XXX	XXX	107,818	107,818
37. Vision only (d)								XXX	XXX	XXX		
38. Dental only (d)								XXX	XXX	XXX		
39. Federal Employees Health Benefits Plan (d)								XXX	XXX	XXX		
40. Title XVIII Medicare (d)	(e)							XXX	XXX	XXX		
41. Title XIX Medicaid (d)								XXX	XXX	XXX		
42. Credit A&H								XXX	XXX	XXX		
43. Disability income (d)								XXX	XXX	XXX		
44. Long-term care (d)								XXX	XXX	XXX		
45. Other health (d)	403,249							XXX	XXX	XXX	153,498	153,498
46. Total Accident and Health	496,053							XXX	XXX	XXX	261,316	261,316
47. Total	508,286 (c)		166				166	325,685		144,680	261,316	731,681

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

NAIC Group Code 0901 BUSINESS IN THE STATE OF New Hampshire DURING THE YEAR 2023 NAIC Company Code 65722

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																
2. Whole	9,296	2	9,296					2	9,296	1,688			1	26,384	26	235,611
3. Term													(2)	(11,614)		
4. Indexed																
5. Universal	23,662	2	73,662					2	73,662				(3)	(71,015)	20	579,575
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other (f)																
11. Total Individual Life	32,958	4	82,958					4	82,958	1,688			(4)	(56,245)	46	815,186
Group Life																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																(a)
18. Other (f)																
19. Total Group Life																
Individual Annuities																
20. Fixed													(1)	(142,044)	4	193,257
21. Indexed	110,309	1	110,309					1	110,309				(1)	(104,872)	2	78,029
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout																
25. Other (f)														(2,429)	4	38,286
26. Total Individual Annuities	110,309	1	110,309					1	110,309				(2)	(249,345)	10	309,572
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other (f)																
33. Total Group Annuities																
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	(2,870)	34	92,804
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						
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	20	(61)	184	219,092	632	403,249
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	20	(61)	185	216,222	666	496,053
47. TOTAL	143,267	5	193,267					5	193,267	1,688	20	(61)	179	(89,368)	722	1,620,811

(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: $ .....

(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 65722

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												
2. Whole	144,100		996		42		1,038	103,902		30,892		134,794
3. Term												
4. Indexed												
5. Universal	11,181									2,444		2,444
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other (f)												
11. Total Individual Life	155,281		996		42		1,038	103,902		33,336		137,238
Group Life												
12. Whole												
13. Term												
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other (f)												
19. Total Group Life												
Individual Annuities												
20. Fixed	253,902							272,240		1,056,998		1,329,238
21. Indexed										1,074		1,074
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout												
25. Other (f)												
26. Total Individual Annuities	253,902							272,240		1,058,072		1,330,312
Group Annuities												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other (f)												
33. Total Group Annuities												
Accident and Health												
34. Comprehensive individual (d)								XXX	XXX	XXX		
35. Comprehensive group (d)								XXX	XXX	XXX		
36. Medicare Supplement (d)	17,195,198							XXX	XXX	XXX	14,395,027	14,395,027
37. Vision only (d)								XXX	XXX	XXX		
38. Dental only (d)								XXX	XXX	XXX		
39. Federal Employees Health Benefits Plan (d)								XXX	XXX	XXX		
40. Title XVIII Medicare (d)	(e)							XXX	XXX	XXX		
41. Title XIX Medicaid (d)								XXX	XXX	XXX		
42. Credit A&H								XXX	XXX	XXX		
43. Disability income (d)								XXX	XXX	XXX		
44. Long-term care (d)								XXX	XXX	XXX		
45. Other health (d)	322,200							XXX	XXX	XXX	32,178	32,178
46. Total Accident and Health	17,517,398							XXX	XXX	XXX	14,427,205	14,427,205
47. Total	17,926,581 (c)		996		42		1,038	376,142		1,091,408	14,427,205	15,894,755

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

NAIC Group Code 0901 BUSINESS IN THE STATE OF New Jersey DURING THE YEAR 2023 NAIC Company Code 65722

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																
2. Whole	121,531	14	102,130					14	102,130	56,493	11	142,000	(24)	(288,896)	659	4,258,179
3. Term													(23)	(112,522)	361	1,828,411
4. Indexed																
5. Universal													(1)	(405,435)	3	124,497
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other (f)																
11. Total Individual Life	121,531	14	102,130					14	102,130	56,493	11	142,000	(48)	(806,853)	1,023	6,211,087
Group Life																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																(a)
18. Other (f)																
19. Total Group Life																
Individual Annuities																
20. Fixed													(3)	(1,411,107)	12	1,579,049
21. Indexed	146,366									146,366			(2)	(144,461)	2	27,418
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout														(517)	1	1,097
25. Other (f)											1	200,035			1	200,035
26. Total Individual Annuities	146,366									146,366	1	200,035	(5)	(1,556,085)	16	1,807,599
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other (f)																
33. Total Group Annuities																
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			(874)	(166,636)	5,845	17,195,198
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						
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	464	20,165	(188)	1,527	1,110	322,200
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	464	20,165	(1,062)	(165,109)	6,955	17,517,398
47. TOTAL	267,897	14	102,130					14	102,130	202,859	476	362,200	(1,115)	(2,528,047)	7,994	25,536,084

(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: $ .....

(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 65722

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												
2. Whole	52,758		564				564	5,102				5,102
3. Term												
4. Indexed												
5. Universal												
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other (f)												
11. Total Individual Life	52,758		564				564	5,102				5,102
Group Life												
12. Whole												
13. Term												
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other (f)												
19. Total Group Life												
Individual Annuities												
20. Fixed	8											
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout												
25. Other (f)												
26. Total Individual Annuities	8											
Group Annuities												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other (f)												
33. Total Group Annuities												
Accident and Health												
34. Comprehensive individual (d)								XXX	XXX	XXX		
35. Comprehensive group (d)								XXX	XXX	XXX		
36. Medicare Supplement (d)	425,679							XXX	XXX	XXX	280,678	280,678
37. Vision only (d)								XXX	XXX	XXX		
38. Dental only (d)								XXX	XXX	XXX		
39. Federal Employees Health Benefits Plan (d)								XXX	XXX	XXX		
40. Title XVIII Medicare (d)	(e)							XXX	XXX	XXX		
41. Title XIX Medicaid (d)								XXX	XXX	XXX		
42. Credit A&H								XXX	XXX	XXX		
43. Disability income (d)								XXX	XXX	XXX		
44. Long-term care (d)								XXX	XXX	XXX		
45. Other health (d)	1,339,685							XXX	XXX	XXX	196,376	196,376
46. Total Accident and Health	1,765,364							XXX	XXX	XXX	477,054	477,054
47. Total	1,818,130 (c)		564				564	5,102			477,054	482,156

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

NAIC Group Code 0901 BUSINESS IN THE STATE OF New Mexico DURING THE YEAR 2023 NAIC Company Code 65722

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																
2. Whole	36,193	4	34,193					4	34,193	5,000	6	60,000	(11)	(90,489)	89	694,640
3. Term															4	21,025
4. Indexed																
5. Universal																
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other (f)																
11. Total Individual Life	36,193	4	34,193					4	34,193	5,000	6	60,000	(11)	(90,489)	93	715,665
Group Life																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																(a)
18. Other (f)																
19. Total Group Life																
Individual Annuities																
20. Fixed														2,222	2	76,444
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout																
25. Other (f)																
26. Total Individual Annuities														2,222	2	76,444
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other (f)																
33. Total Group Annuities																
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			(12)	(59,766)	107	425,679
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						
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	439	195,965	(256)	(138,867)	2,574	1,339,685
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	439	195,965	(268)	(198,633)	2,681	1,765,364
47. TOTAL	36,193	4	34,193					4	34,193	5,000	445	255,965	(279)	(286,900)	2,776	2,557,473

(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: $ .....270 Group: $ ..... Total: $ 270

(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 65722

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												
2. Whole	9,891		1,275		39		1,314	24,231	(515)	5,827		29,543
3. Term												
4. Indexed												
5. Universal	2,854											
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other (f)												
11. Total Individual Life	12,745		1,275		39		1,314	24,231	(515)	5,827		29,543
Group Life												
12. Whole												
13. Term												
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other (f)												
19. Total Group Life												
Individual Annuities												
20. Fixed	65							31,487		3,456		34,943
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout												
25. Other (f)												
26. Total Individual Annuities	65							31,487		3,456		34,943
Group Annuities												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other (f)												
33. Total Group Annuities												
Accident and Health												
34. Comprehensive individual (d)								XXX	XXX	XXX		
35. Comprehensive group (d)								XXX	XXX	XXX		
36. Medicare Supplement (d)	201,686							XXX	XXX	XXX	191,241	191,241
37. Vision only (d)								XXX	XXX	XXX		
38. Dental only (d)								XXX	XXX	XXX		
39. Federal Employees Health Benefits Plan (d)								XXX	XXX	XXX		
40. Title XVIII Medicare (d)	(e)							XXX	XXX	XXX		
41. Title XIX Medicaid (d)								XXX	XXX	XXX		
42. Credit A&H								XXX	XXX	XXX		
43. Disability income (d)								XXX	XXX	XXX		
44. Long-term care (d)								XXX	XXX	XXX		
45. Other health (d)	31,741							XXX	XXX	XXX	5,076	5,076
46. Total Accident and Health	233,427							XXX	XXX	XXX	196,317	196,317
47. Total	246,237 (c)		1,275		39		1,314	55,718	(515)	9,283	196,317	260,803

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

NAIC Group Code 0901 BUSINESS IN THE STATE OF New York DURING THE YEAR 2023 NAIC Company Code 65722

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																
2. Whole	30,141	5	22,602					5	22,602	9,054			(9)	(44,050)	75	553,983
3. Term													1	5,000	19	100,940
4. Indexed																
5. Universal															6	292,574
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other (f)																
11. Total Individual Life	30,141	5	22,602					5	22,602	9,054			(8)	(39,050)	100	947,497
Group Life																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																(a)
18. Other (f)																
19. Total Group Life																
Individual Annuities																
20. Fixed	21,786	1	21,786					1	21,786				2	730,749	12	1,251,460
21. Indexed														1,129	4	71,222
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout																
25. Other (f)														(8,928)	1	14,065
26. Total Individual Annuities	21,786	1	21,786					1	21,786				2	722,950	17	1,336,747
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other (f)																
33. Total Group Annuities																
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			(12)	(2,862)	64	201,686
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						
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	9	(216)	2	7,363	53	31,741
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	9	(216)	(10)	4,501	117	233,427
47. TOTAL	51,927	6	44,388					6	44,388	9,054	9	(216)	(16)	688,401	234	2,517,671

(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: $ 1,330 Group: $ ..... Total: $ 1,330

(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 65722

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												
2. Whole	384,098		12,112		3,236		15,348	544,310	29,802	127,479		701,591
3. Term	7,810											
4. Indexed												
5. Universal	80,602							103,702		67,753		171,455
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other (f)												
11. Total Individual Life	472,510		12,112		3,236		15,348	648,012	29,802	195,232		873,046
Group Life												
12. Whole												
13. Term												
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other (f)												
19. Total Group Life												
Individual Annuities												
20. Fixed	49,198							30,986		715,730		746,716
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout								18,520				18,520
25. Other (f)												
26. Total Individual Annuities	49,198							49,506		715,730		765,236
Group Annuities												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other (f)												
33. Total Group Annuities												
Accident and Health												
34. Comprehensive individual (d)								XXX	XXX	XXX		
35. Comprehensive group (d)								XXX	XXX	XXX		
36. Medicare Supplement (d)	2,456,440							XXX	XXX	XXX	1,603,862	1,603,862
37. Vision only (d)								XXX	XXX	XXX		
38. Dental only (d)								XXX	XXX	XXX		
39. Federal Employees Health Benefits Plan (d)								XXX	XXX	XXX		
40. Title XVIII Medicare (d)	(e)							XXX	XXX	XXX		
41. Title XIX Medicaid (d)								XXX	XXX	XXX		
42. Credit A&H								XXX	XXX	XXX		
43. Disability income (d)	3,095							XXX	XXX	XXX	4,204	4,204
44. Long-term care (d)	8,423							XXX	XXX	XXX	170,633	170,633
45. Other health (d)	1,802,912							XXX	XXX	XXX	697,753	697,753
46. Total Accident and Health	4,270,870							XXX	XXX	XXX	2,476,452	2,476,452
47. Total	4,792,578 (c)		12,112		3,236		15,348	697,518	29,802	910,962	2,476,452	4,114,734

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

NAIC Group Code 0901 BUSINESS IN THE STATE OF North Carolina DURING THE YEAR 2023 NAIC Company Code 65722

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																
2. Whole	646,916	93	708,294					93	708,294	139,975	40	364,500	(138)	(1,199,239)	1,410	12,742,392
3. Term													(11)	(348,404)	74	1,215,735
4. Indexed																
5. Universal	83,988	3	83,988					3	83,988	51,000			(9)	(333,540)	147	6,485,295
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other (f)																
11. Total Individual Life	730,904	96	792,282					96	792,282	190,975	40	364,500	(158)	(1,881,183)	1,631	20,443,422
Group Life																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																(a)
18. Other (f)																
19. Total Group Life																
Individual Annuities																
20. Fixed													(5)	(681,051)	30	1,271,265
21. Indexed														8,644	3	296,760
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout														(8,017)	7	105,094
25. Other (f)											1	40,146		(4,166)	3	50,834
26. Total Individual Annuities											1	40,146	(5)	(684,590)	43	1,723,953
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other (f)																
33. Total Group Annuities																
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			(101)	(294,680)	539	2,456,440
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						
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				(1,348)		3,095
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				16,978	10	8,423
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	924	665,333	63	(447,346)	4,792	1,802,912
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	924	665,333	(38)	(726,396)	5,341	4,270,870
47. TOTAL	730,904	96	792,282					96	792,282	190,975	965	1,069,979	(201)	(3,292,169)	7,015	26,438,245

(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: $ ..... 15,201 Group: $ ..... Total: $ 15,201

(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 65722

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												
2. Whole	6,542		242				242	28				28
3. Term												
4. Indexed												
5. Universal												
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other (f)												
11. Total Individual Life	6,542		242				242	28				28
Group Life												
12. Whole												
13. Term	286											
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other (f)												
19. Total Group Life	286											
Individual Annuities												
20. Fixed										232,882		232,882
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout												
25. Other (f)												
26. Total Individual Annuities										232,882		232,882
Group Annuities												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other (f)												
33. Total Group Annuities												
Accident and Health												
34. Comprehensive individual (d)								XXX	XXX	XXX		
35. Comprehensive group (d)								XXX	XXX	XXX		
36. Medicare Supplement (d)	88,490							XXX	XXX	XXX	121,929	121,929
37. Vision only (d)								XXX	XXX	XXX		
38. Dental only (d)								XXX	XXX	XXX		
39. Federal Employees Health Benefits Plan (d)								XXX	XXX	XXX		
40. Title XVIII Medicare (d)	(e)							XXX	XXX	XXX		
41. Title XIX Medicaid (d)								XXX	XXX	XXX		
42. Credit A&H								XXX	XXX	XXX		
43. Disability income (d)								XXX	XXX	XXX		
44. Long-term care (d)								XXX	XXX	XXX		
45. Other health (d)	193,795							XXX	XXX	XXX	54,640	54,640
46. Total Accident and Health	282,285							XXX	XXX	XXX	176,569	176,569
47. Total	289,113 (c)		242				242	28		232,882	176,569	409,479

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

NAIC Group Code 0901 BUSINESS IN THE STATE OF North Dakota DURING THE YEAR 2023 NAIC Company Code 65722

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																
2. Whole											2	12,000	(2)	(23,000)	19	79,197
3. Term													(1)	(13,396)	1	75,000
4. Indexed																
5. Universal																
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other (f)																
11. Total Individual Life											2	12,000	(3)	(36,396)	20	154,197
Group Life																
12. Whole																
13. Term															1	125,000
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																(a)
18. Other (f)																
19. Total Group Life															1	125,000
Individual Annuities																
20. Fixed													(2)	(227,640)	2	56,902
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout																
25. Other (f)																
26. Total Individual Annuities													(2)	(227,640)	2	56,902
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other (f)																
33. Total Group Annuities																
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)	7,825	26	88,490
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						
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	39	6,676	74	58,212	403	193,795
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	39	6,676	73	66,037	429	282,285
47. TOTAL											41	18,676	68	(197,999)	452	618,384

(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: $ .....

(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 65722

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												
2. Whole	142,237		991				991	66,743		10,219		76,962
3. Term	1,904											
4. Indexed												
5. Universal	35,344							60,271		30,442		90,713
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other (f)												
11. Total Individual Life	179,485		991				991	127,014		40,661		167,675
Group Life												
12. Whole												
13. Term												
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other (f)												
19. Total Group Life												
Individual Annuities												
20. Fixed	45							63,751		828,267		892,018
21. Indexed								12,358		24,903		37,261
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout								12,818				12,818
25. Other (f)												
26. Total Individual Annuities	45							88,927		853,170		942,097
Group Annuities												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other (f)												
33. Total Group Annuities												
Accident and Health												
34. Comprehensive individual (d)								XXX	XXX	XXX		
35. Comprehensive group (d)								XXX	XXX	XXX		
36. Medicare Supplement (d)	2,333,761							XXX	XXX	XXX	1,624,544	1,624,544
37. Vision only (d)								XXX	XXX	XXX		
38. Dental only (d)								XXX	XXX	XXX		
39. Federal Employees Health Benefits Plan (d)								XXX	XXX	XXX		
40. Title XVIII Medicare (d)	(e)							XXX	XXX	XXX		
41. Title XIX Medicaid (d)								XXX	XXX	XXX		
42. Credit A&H								XXX	XXX	XXX		
43. Disability income (d)	1,909							XXX	XXX	XXX	591	591
44. Long-term care (d)								XXX	XXX	XXX		
45. Other health (d)	2,338,040							XXX	XXX	XXX	737,205	737,205
46. Total Accident and Health	4,673,710							XXX	XXX	XXX	2,362,340	2,362,340
47. Total	4,853,240 (c)		991				991	215,941		893,831	2,362,340	3,472,112

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

NAIC Group Code 0901 BUSINESS IN THE STATE OF Ohio DURING THE YEAR 2023 NAIC Company Code 65722

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																
2. Whole	178,243	10	124,706					10	124,706	73,153	31	362,500	(30)	(395,807)	305	3,278,060
3. Term													(1)	(238,889)	16	1,642,210
4. Indexed																
5. Universal	59,791	2	59,791					2	59,791				(7)	(264,591)	74	3,199,938
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other (f)																
11. Total Individual Life	238,034	12	184,497					12	184,497	73,153	31	362,500	(38)	(899,287)	395	8,120,208
Group Life																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																(a)
18. Other (f)																
19. Total Group Life																
Individual Annuities																
20. Fixed	28,425	2	47,128					2	47,128				(9)	(845,370)	21	1,577,231
21. Indexed	12,358	1	12,358					1	12,358				(2)	(36,533)	2	114,712
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout													(1)	(19,710)	2	78,053
25. Other (f)													(1)	(15,175)	3	35,363
26. Total Individual Annuities	40,783	3	59,486					3	59,486				(13)	(916,788)	28	1,805,359
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other (f)																
33. Total Group Annuities																
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			(78)	(306,122)	521	2,333,761
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						
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			(2)	(530)	8	1,909
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	475	322,895	569	222,131	4,769	2,338,040
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	475	322,895	489	(84,521)	5,298	4,673,710
47. TOTAL	278,817	15	243,983					15	243,983	73,153	506	685,395	438	(1,900,596)	5,721	14,599,277

(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: $ .....

(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 65722

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												
2. Whole	120,269		528		157		685	129,949		16,722		146,671
3. Term	477											
4. Indexed												
5. Universal	3,009									14,391		14,391
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other (f)												
11. Total Individual Life	123,755		528		157		685	129,949		31,113		161,062
Group Life												
12. Whole												
13. Term	178											
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other (f)												
19. Total Group Life	178											
Individual Annuities												
20. Fixed	72									2,953		2,953
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout								6,845				6,845
25. Other (f)												
26. Total Individual Annuities	72							6,845		2,953		9,798
Group Annuities												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other (f)												
33. Total Group Annuities												
Accident and Health												
34. Comprehensive individual (d)								XXX	XXX	XXX		
35. Comprehensive group (d)								XXX	XXX	XXX		
36. Medicare Supplement (d)	838,767							XXX	XXX	XXX	568,207	568,207
37. Vision only (d)								XXX	XXX	XXX		
38. Dental only (d)								XXX	XXX	XXX		
39. Federal Employees Health Benefits Plan (d)								XXX	XXX	XXX		
40. Title XVIII Medicare (d)	(e)							XXX	XXX	XXX		
41. Title XIX Medicaid (d)								XXX	XXX	XXX		
42. Credit A&H								XXX	XXX	XXX		
43. Disability income (d)								XXX	XXX	XXX		
44. Long-term care (d)								XXX	XXX	XXX		
45. Other health (d)	3,259,811							XXX	XXX	XXX	575,063	575,063
46. Total Accident and Health	4,098,578							XXX	XXX	XXX	1,143,270	1,143,270
47. Total	4,222,583 (c)		528		157		685	136,794		34,066	1,143,270	1,314,130

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

NAIC Group Code 0901 BUSINESS IN THE STATE OF Oklahoma DURING THE YEAR 2023 NAIC Company Code 65722

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																
2. Whole	118,754	22	141,409					22	141,409	21,587	22	200,500	(42)	(374,664)	260	2,269,798
3. Term													(2)	(253,000)	7	36,221
4. Indexed																
5. Universal														393	4	246,559
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other (f)																
11. Total Individual Life	118,754	22	141,409					22	141,409	21,587	22	200,500	(44)	(627,271)	271	2,552,578
Group Life																
12. Whole																
13. Term													(1)	(3,000)	2	6,000
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																(a)
18. Other (f)																
19. Total Group Life													(1)	(3,000)	2	6,000
Individual Annuities																
20. Fixed														4,279	3	247,678
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout														(4,790)	1	53,797
25. Other (f)																
26. Total Individual Annuities														(511)	4	301,475
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other (f)																
33. Total Group Annuities																
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			(40)	(119,294)	208	838,767
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						
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	1,342	293,725	74	399,349	6,489	3,259,811
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,342	293,725	34	280,055	6,697	4,098,578
47. TOTAL	118,754	22	141,409					22	141,409	21,587	1,364	494,225	(11)	(350,727)	6,974	6,958,631

(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: $ .....

(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 65722

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												
2. Whole	42,508		428				428	25,423		2,243		27,666
3. Term												
4. Indexed												
5. Universal												
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other (f)												
11. Total Individual Life	42,508		428				428	25,423		2,243		27,666
Group Life												
12. Whole												
13. Term												
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other (f)												
19. Total Group Life												
Individual Annuities												
20. Fixed	8							15,921		7,339		23,260
21. Indexed								79,041		26,738		105,779
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout								1,833				1,833
25. Other (f)												
26. Total Individual Annuities	8							96,795		34,077		130,872
Group Annuities												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other (f)												
33. Total Group Annuities												
Accident and Health												
34. Comprehensive individual (d)								XXX	XXX	XXX		
35. Comprehensive group (d)								XXX	XXX	XXX		
36. Medicare Supplement (d)	14,271,571							XXX	XXX	XXX	11,521,270	11,521,270
37. Vision only (d)								XXX	XXX	XXX		
38. Dental only (d)								XXX	XXX	XXX		
39. Federal Employees Health Benefits Plan (d)								XXX	XXX	XXX		
40. Title XVIII Medicare (d)	(e)							XXX	XXX	XXX		
41. Title XIX Medicaid (d)								XXX	XXX	XXX		
42. Credit A&H								XXX	XXX	XXX		
43. Disability income (d)								XXX	XXX	XXX		
44. Long-term care (d)								XXX	XXX	XXX		
45. Other health (d)	244,246							XXX	XXX	XXX	88,437	88,437
46. Total Accident and Health	14,515,817							XXX	XXX	XXX	11,609,707	11,609,707
47. Total	14,558,333 (c)		428				428	122,218		36,320	11,609,707	11,768,245

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

NAIC Group Code 0901 BUSINESS IN THE STATE OF Oregon DURING THE YEAR 2023 NAIC Company Code 65722

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																
2. Whole	62,037	8	89,037					8	89,037	7,000	13	78,500	(10)	(85,839)	83	651,012
3. Term													(1)	(5,000)	7	35,000
4. Indexed																
5. Universal																
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other (f)																
11. Total Individual Life	62,037	8	89,037					8	89,037	7,000	13	78,500	(11)	(90,839)	90	686,012
Group Life																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																(a)
18. Other (f)																
19. Total Group Life																
Individual Annuities																
20. Fixed													(1)	9,499	5	576,379
21. Indexed	3,155									108,315			(1)	(21,473)	3	169,364
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout																
25. Other (f)														(7,806)	2	26,615
26. Total Individual Annuities	3,155									108,315			(2)	(19,780)	10	772,358
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other (f)																
33. Total Group Annuities																
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	4	9,644	(1,418)	(3,909,792)	4,610	14,271,571
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						
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	103	82,946	62	(52,667)	615	244,246
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	107	92,590	(1,356)	(3,962,459)	5,225	14,515,817
47. TOTAL	65,192	8	89,037					8	89,037	115,315	120	171,090	(1,369)	(4,073,078)	5,325	15,974,187

(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: $ .....

(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 65722

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												
2. Whole	222,541		1,367				1,367	17,615		16,059		33,674
3. Term	2,311											
4. Indexed												
5. Universal	4,470											
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other (f)												
11. Total Individual Life	229,322		1,367				1,367	17,615		16,059		33,674
Group Life												
12. Whole												
13. Term												
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other (f)												
19. Total Group Life												
Individual Annuities												
20. Fixed	72							260,664		222,581		483,245
21. Indexed										88,125		88,125
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout								39,359				39,359
25. Other (f)												
26. Total Individual Annuities	72							300,023		310,706		610,729
Group Annuities												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other (f)												
33. Total Group Annuities												
Accident and Health												
34. Comprehensive individual (d)								XXX	XXX	XXX		
35. Comprehensive group (d)								XXX	XXX	XXX		
36. Medicare Supplement (d)	2,553,493							XXX	XXX	XXX	1,774,197	1,774,197
37. Vision only (d)								XXX	XXX	XXX		
38. Dental only (d)								XXX	XXX	XXX		
39. Federal Employees Health Benefits Plan (d)								XXX	XXX	XXX		
40. Title XVIII Medicare (d)	(e)							XXX	XXX	XXX		
41. Title XIX Medicaid (d)								XXX	XXX	XXX		
42. Credit A&H								XXX	XXX	XXX		
43. Disability income (d)	2,987							XXX	XXX	XXX	10,004	10,004
44. Long-term care (d)								XXX	XXX	XXX		
45. Other health (d)	2,524,221							XXX	XXX	XXX	988,829	988,829
46. Total Accident and Health	5,080,701							XXX	XXX	XXX	2,773,030	2,773,030
47. Total	5,310,095 (c)		1,367				1,367	317,638		326,765	2,773,030	3,417,433

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

NAIC Group Code 0901 BUSINESS IN THE STATE OF Pennsylvania DURING THE YEAR 2023 NAIC Company Code 65722

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																
2. Whole	172,390	15	181,895					15	181,895	21,693	31	320,500	(33)	(383,043)	429	3,676,304
3. Term													(1)	(250,000)	34	418,257
4. Indexed																
5. Universal													(2)	(62,989)	21	444,270
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other (f)																
11. Total Individual Life	172,390	15	181,895					15	181,895	21,693	31	320,500	(36)	(696,032)	484	4,538,831
Group Life																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																(a)
18. Other (f)																
19. Total Group Life																
Individual Annuities																
20. Fixed	346,375	3	263,303					3	263,303	93,566			(7)	(519,224)	32	1,351,391
21. Indexed	38,685									38,685			(3)	(118,689)	8	344,823
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout														(28,918)	8	282,369
25. Other (f)														(3,187)	1	812
26. Total Individual Annuities	385,060	3	263,303					3	263,303	132,251			(10)	(670,018)	49	1,979,395
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other (f)																
33. Total Group Annuities																
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			(77)	(155,297)	721	2,553,493
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						
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				(715)		2,987
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	621	75,667	853	971,834	5,000	2,524,221
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	621	75,667	776	815,822	5,721	5,080,701
47. TOTAL	557,450	18	445,198					18	445,198	153,944	652	396,167	730	(550,228)	6,254	11,598,927

(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: $ ..... 75 Group: $ ..... Total: $ 75

(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 65722

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												
2. Whole	6,819							55,078	1,348	21,362		77,788
3. Term	3,076											
4. Indexed												
5. Universal	3,250									10,980		10,980
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other (f)												
11. Total Individual Life	13,145							55,078	1,348	32,342		88,768
Group Life												
12. Whole												
13. Term												
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other (f)												
19. Total Group Life												
Individual Annuities												
20. Fixed	30									60,376		60,376
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout								18,979				18,979
25. Other (f)												
26. Total Individual Annuities	30							18,979		60,376		79,355
Group Annuities												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other (f)												
33. Total Group Annuities												
Accident and Health												
34. Comprehensive individual (d)								XXX	XXX	XXX		
35. Comprehensive group (d)								XXX	XXX	XXX		
36. Medicare Supplement (d)	12,707							XXX	XXX	XXX	10,441	10,441
37. Vision only (d)								XXX	XXX	XXX		
38. Dental only (d)								XXX	XXX	XXX		
39. Federal Employees Health Benefits Plan (d)								XXX	XXX	XXX		
40. Title XVIII Medicare (d)	(e)							XXX	XXX	XXX		
41. Title XIX Medicaid (d)								XXX	XXX	XXX		
42. Credit A&H								XXX	XXX	XXX		
43. Disability income (d)								XXX	XXX	XXX		
44. Long-term care (d)								XXX	XXX	XXX		
45. Other health (d)	23,593							XXX	XXX	XXX	7,395	7,395
46. Total Accident and Health	36,300							XXX	XXX	XXX	17,836	17,836
47. Total	49,475 (c)							74,057	1,348	92,718	17,836	185,959

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

NAIC Group Code 0901 BUSINESS IN THE STATE OF Rhode Island DURING THE YEAR 2023 NAIC Company Code 65722

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																
2. Whole	51,974	9	54,803					9	54,803	29,414	1	10,000	(13)	(85,205)	86	631,758
3. Term													(1)	(5,661)	8	1,196,916
4. Indexed																
5. Universal													(1)	(5,700)	9	230,641
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other (f)																
11. Total Individual Life	51,974	9	54,803					9	54,803	29,414	1	10,000	(15)	(96,566)	103	2,059,315
Group Life																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																(a)
18. Other (f)																
19. Total Group Life																
Individual Annuities																
20. Fixed	(98,501)												1	53,507	6	506,506
21. Indexed														766	1	39,053
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout																
25. Other (f)																
26. Total Individual Annuities	(98,501)												1	54,273	7	545,559
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other (f)																
33. Total Group Annuities																
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				(5,938)	3	12,707
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						
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				(121)		
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	6	7,297	(15)	(5,705)	130	23,593
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	6	7,297	(15)	(11,764)	133	36,300
47. TOTAL	(46,527)	9	54,803					9	54,803	29,414	7	17,297	(29)	(54,057)	243	2,641,174

(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: $ .....

(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 65722

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												
2. Whole	227,674		9,883		467		10,350	204,538	27,963	88,343		320,844
3. Term	18,875											
4. Indexed												
5. Universal	67,135							182,694		29,409		212,103
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other (f)												
11. Total Individual Life	313,684		9,883		467		10,350	387,232	27,963	117,752		532,947
Group Life												
12. Whole												
13. Term												
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other (f)												
19. Total Group Life												
Individual Annuities												
20. Fixed	649							7,665		1,926		9,591
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout								7,576				7,576
25. Other (f)												
26. Total Individual Annuities	649							15,241		1,926		17,167
Group Annuities												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other (f)												
33. Total Group Annuities												
Accident and Health												
34. Comprehensive individual (d)								XXX	XXX	XXX		
35. Comprehensive group (d)								XXX	XXX	XXX		
36. Medicare Supplement (d)	3,307,212							XXX	XXX	XXX	2,540,914	2,540,914
37. Vision only (d)								XXX	XXX	XXX		
38. Dental only (d)								XXX	XXX	XXX		
39. Federal Employees Health Benefits Plan (d)								XXX	XXX	XXX		
40. Title XVIII Medicare (d)	(e)							XXX	XXX	XXX		
41. Title XIX Medicaid (d)								XXX	XXX	XXX		
42. Credit A&H								XXX	XXX	XXX		
43. Disability income (d)	1,322							XXX	XXX	XXX	1	1
44. Long-term care (d)								XXX	XXX	XXX		
45. Other health (d)	1,957,002							XXX	XXX	XXX	809,138	809,138
46. Total Accident and Health	5,265,536							XXX	XXX	XXX	3,350,053	3,350,053
47. Total	5,579,869 (c)		9,883		467		10,350	402,473	27,963	119,678	3,350,053	3,900,167

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

NAIC Group Code 0901 BUSINESS IN THE STATE OF South Carolina DURING THE YEAR 2023 NAIC Company Code 65722

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																
2. Whole	316,142	38	342,993					38	342,993	57,771	27	209,000	(60)	(754,132)	994	7,856,493
3. Term	50,011	1	50,011					1	50,011				(5)	(2,048,394)	64	2,587,663
4. Indexed																
5. Universal	12,057	1	60,000					1	60,000	21,479			(12)	(377,870)	154	4,152,270
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other (f)																
11. Total Individual Life	378,210	40	453,004					40	453,004	79,250	27	209,000	(77)	(3,180,396)	1,212	14,596,426
Group Life																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																(a)
18. Other (f)																
19. Total Group Life																
Individual Annuities																
20. Fixed														15,158	14	516,353
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout													(3)	(14,092)	1	5,759
25. Other (f)														(7,295)	1	2,528
26. Total Individual Annuities													(3)	(6,229)	16	524,640
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other (f)																
33. Total Group Annuities																
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			(165)	(524,747)	842	3,307,212
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						
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				(386)	1	1,322
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	470	300,054	583	337,566	3,872	1,957,002
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	470	300,054	418	(187,567)	4,715	5,265,536
47. TOTAL	378,210	40	453,004					40	453,004	79,250	497	509,054	338	(3,374,192)	5,943	20,386,602

(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: $ 1,364 Group: $ ..... Total: $ 1,364

(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 65722

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												
2. Whole	36,256				87		87	292	565			857
3. Term												
4. Indexed												
5. Universal	785											
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other (f)												
11. Total Individual Life	37,041				87		87	292	565			857
Group Life												
12. Whole												
13. Term												
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other (f)												
19. Total Group Life												
Individual Annuities												
20. Fixed										535,362		535,362
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout												
25. Other (f)												
26. Total Individual Annuities										535,362		535,362
Group Annuities												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other (f)												
33. Total Group Annuities												
Accident and Health												
34. Comprehensive individual (d)								XXX	XXX	XXX		
35. Comprehensive group (d)								XXX	XXX	XXX		
36. Medicare Supplement (d)	392,407							XXX	XXX	XXX	283,091	283,091
37. Vision only (d)								XXX	XXX	XXX		
38. Dental only (d)								XXX	XXX	XXX		
39. Federal Employees Health Benefits Plan (d)								XXX	XXX	XXX		
40. Title XVIII Medicare (d)	(e)							XXX	XXX	XXX		
41. Title XIX Medicaid (d)								XXX	XXX	XXX		
42. Credit A&H								XXX	XXX	XXX		
43. Disability income (d)								XXX	XXX	XXX		
44. Long-term care (d)								XXX	XXX	XXX		
45. Other health (d)	335,947							XXX	XXX	XXX	158,800	158,800
46. Total Accident and Health	728,354							XXX	XXX	XXX	441,891	441,891
47. Total	765,395 (c)				87		87	292	565	535,362	441,891	978,110

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

NAIC Group Code 0901 BUSINESS IN THE STATE OF South Dakota DURING THE YEAR 2023 NAIC Company Code 65722

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																
2. Whole	10,617	2	10,617					2	10,617		5	22,000	(3)	(11,851)	68	559,192
3. Term															2	10,995
4. Indexed																
5. Universal														1,400	4	91,883
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other (f)																
11. Total Individual Life	10,617	2	10,617					2	10,617		5	22,000	(3)	(10,451)	74	662,070
Group Life																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																(a)
18. Other (f)																
19. Total Group Life																
Individual Annuities																
20. Fixed													(2)	(520,957)	3	340,942
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout																
25. Other (f)																
26. Total Individual Annuities													(2)	(520,957)	3	340,942
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other (f)																
33. Total Group Annuities																
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			(27)	(85,081)	94	392,407
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						
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	27	84,495	62	(20,241)	617	335,947
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	27	84,495	35	(105,322)	711	728,354
47. TOTAL	10,617	2	10,617					2	10,617		32	106,495	30	(636,730)	788	1,731,366

(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: $ .....

(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 65722

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												
2. Whole	274,874		3,570		44		3,614	430,888	4,472	90,912		526,272
3. Term	1,050											
4. Indexed												
5. Universal	56,836							184,772		1,761		186,533
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other (f)												
11. Total Individual Life	332,760		3,570		44		3,614	615,660	4,472	92,673		712,805
Group Life												
12. Whole												
13. Term	2,248											
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other (f)												
19. Total Group Life	2,248											
Individual Annuities												
20. Fixed	445		136				136	16,731		484,891		501,622
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout								1,785				1,785
25. Other (f)												
26. Total Individual Annuities	445		136				136	18,516		484,891		503,407
Group Annuities												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other (f)												
33. Total Group Annuities												
Accident and Health												
34. Comprehensive individual (d)								XXX	XXX	XXX		
35. Comprehensive group (d)								XXX	XXX	XXX		
36. Medicare Supplement (d)	6,303,460							XXX	XXX	XXX	4,470,189	4,470,189
37. Vision only (d)								XXX	XXX	XXX		
38. Dental only (d)								XXX	XXX	XXX		
39. Federal Employees Health Benefits Plan (d)								XXX	XXX	XXX		
40. Title XVIII Medicare (d)	(e)							XXX	XXX	XXX		
41. Title XIX Medicaid (d)								XXX	XXX	XXX		
42. Credit A&H								XXX	XXX	XXX		
43. Disability income (d)	1,604							XXX	XXX	XXX	2	2
44. Long-term care (d)	4,492							XXX	XXX	XXX		
45. Other health (d)	2,747,637							XXX	XXX	XXX	1,209,347	1,209,347
46. Total Accident and Health	9,057,193							XXX	XXX	XXX	5,679,538	5,679,538
47. Total	9,392,646 (c)		3,706		44		3,750	634,176	4,472	577,564	5,679,538	6,895,750

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

NAIC Group Code 0901 BUSINESS IN THE STATE OF Tennessee DURING THE YEAR 2023 NAIC Company Code 65722

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																
2. Whole	514,134	76	493,271					76	493,271	113,585	41	444,500	(104)	(1,023,694)	1,206	12,006,410
3. Term	(3,000)												(9)	(1,037,339)	70	671,493
4. Indexed																
5. Universal	162,489	4	151,808					4	151,808	10,681			(8)	86,336	180	4,767,812
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other (f)																
11. Total Individual Life	673,623	80	645,079					80	645,079	124,266	41	444,500	(121)	(1,974,697)	1,456	17,445,715
Group Life																
12. Whole																
13. Term													(2)	(10,302)	11	267,180
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																(a)
18. Other (f)																
19. Total Group Life													(2)	(10,302)	11	267,180
Individual Annuities																
20. Fixed	(33)	1	16,731					1	16,731				(3)	(275,294)	12	1,075,830
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout														(12,702)	2	31,225
25. Other (f)																
26. Total Individual Annuities	(33)	1	16,731					1	16,731				(3)	(287,996)	14	1,107,055
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other (f)																
33. Total Group Annuities																
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			(237)	(674,036)	1,670	6,303,460
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						
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					17	1,604
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					2	4,492
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	697	712,314	404	(14,374)	7,011	2,747,637
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	697	712,314	167	(688,393)	8,683	9,057,193
47. TOTAL	673,590	81	661,810					81	661,810	124,266	738	1,156,814	41	(2,961,388)	10,164	27,877,143

(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: $ 1,488 Group: $ ..... Total: $ 1,488

(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 65722

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												
2. Whole	874,631		8,381		480		8,861	323,921	14	36,714		360,649
3. Term	4,326											
4. Indexed												
5. Universal	13,454							17,928	25,514	3,443		46,885
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other (f)												
11. Total Individual Life	892,411		8,381		480		8,861	341,849	25,528	40,157		407,534
Group Life												
12. Whole												
13. Term	520											
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other (f)												
19. Total Group Life	520											
Individual Annuities												
20. Fixed	166							418,809		1,271,140		1,689,949
21. Indexed								(24,347)		224,816		200,469
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout								20,239				20,239
25. Other (f)												
26. Total Individual Annuities	166							414,701		1,495,956		1,910,657
Group Annuities												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other (f)												
33. Total Group Annuities												
Accident and Health												
34. Comprehensive individual (d)								XXX	XXX	XXX		
35. Comprehensive group (d)								XXX	XXX	XXX		
36. Medicare Supplement (d)	9,948,114							XXX	XXX	XXX	7,012,876	7,012,876
37. Vision only (d)								XXX	XXX	XXX		
38. Dental only (d)								XXX	XXX	XXX		
39. Federal Employees Health Benefits Plan (d)								XXX	XXX	XXX		
40. Title XVIII Medicare (d)	(e)							XXX	XXX	XXX		
41. Title XIX Medicaid (d)								XXX	XXX	XXX		
42. Credit A&H								XXX	XXX	XXX		
43. Disability income (d)	10,752							XXX	XXX	XXX	480	480
44. Long-term care (d)								XXX	XXX	XXX		
45. Other health (d)	21,749,120							XXX	XXX	XXX	7,181,060	7,181,060
46. Total Accident and Health	31,707,986							XXX	XXX	XXX	14,194,416	14,194,416
47. Total	32,601,083 (c)		8,381		480		8,861	756,550	25,528	1,536,113	14,194,416	16,512,607

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

NAIC Group Code 0901 BUSINESS IN THE STATE OF Texas DURING THE YEAR 2023 NAIC Company Code 65722

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																
2. Whole	599,840	64	481,200					64	481,200	267,753	161	1,614,615	(169)	(1,689,535)	1,517	13,630,301
3. Term													(6)	(34,896)	39	813,736
4. Indexed																
5. Universal	25,514		25,514						25,514				(7)	(246,836)	44	1,280,299
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other (f)																
11. Total Individual Life	625,354	64	506,714					64	506,714	267,753	161	1,614,615	(182)	(1,971,267)	1,600	15,724,336
Group Life																
12. Whole																
13. Term															1	50,000
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																(a)
18. Other (f)																
19. Total Group Life															1	50,000
Individual Annuities																
20. Fixed	475,011	4	409,396					4	409,396	205,212			(21)	(1,640,449)	36	3,057,618
21. Indexed													(2)	(207,580)	16	567,745
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout														(13,113)	5	148,252
25. Other (f)													(1)	(9,330)		
26. Total Individual Annuities	475,011	4	409,396					4	409,396	205,212			(24)	(1,870,472)	57	3,773,615
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other (f)																
33. Total Group Annuities																
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			(425)	(1,273,238)	1,997	9,948,666
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						
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			(1)	(2,594)	10	10,752
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	6,713	4,532,926	938	(303,295)	43,188	21,749,120
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	6,713	4,532,926	512	(1,579,127)	45,195	31,708,538
47. TOTAL	1,100,365	68	916,110					68	916,110	472,965	6,874	6,147,541	306	(5,420,866)	46,853	51,256,489

(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: $ 3,584 Group: $ ..... Total: $ 3,584

(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 65722

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												
2. Whole	26,045		561				561	5,414				5,414
3. Term	97											
4. Indexed												
5. Universal	392											
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other (f)												
11. Total Individual Life	26,534		561				561	5,414				5,414
Group Life												
12. Whole												
13. Term												
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other (f)												
19. Total Group Life												
Individual Annuities												
20. Fixed	15							25,726		88,026		113,752
21. Indexed										1,242		1,242
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout								3,180				3,180
25. Other (f)												
26. Total Individual Annuities	15							28,906		89,268		118,174
Group Annuities												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other (f)												
33. Total Group Annuities												
Accident and Health												
34. Comprehensive individual (d)								XXX	XXX	XXX		
35. Comprehensive group (d)								XXX	XXX	XXX		
36. Medicare Supplement (d)	540,198							XXX	XXX	XXX	365,199	365,199
37. Vision only (d)								XXX	XXX	XXX		
38. Dental only (d)								XXX	XXX	XXX		
39. Federal Employees Health Benefits Plan (d)								XXX	XXX	XXX		
40. Title XVIII Medicare (d)	(e)							XXX	XXX	XXX		
41. Title XIX Medicaid (d)								XXX	XXX	XXX		
42. Credit A&H								XXX	XXX	XXX		
43. Disability income (d)	265							XXX	XXX	XXX		
44. Long-term care (d)								XXX	XXX	XXX		
45. Other health (d)	853,428							XXX	XXX	XXX	284,101	284,101
46. Total Accident and Health	1,393,891							XXX	XXX	XXX	649,300	649,300
47. Total	1,420,440 (c)		561				561	34,320		89,268	649,300	772,888

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

NAIC Group Code 0901 BUSINESS IN THE STATE OF Utah DURING THE YEAR 2023 NAIC Company Code 65722

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																
2. Whole	17,025	2	9,782					2	9,782	10,000	11	113,000	(7)	(62,782)	49	427,154
3. Term													(2)	(7,480)	1	4,573
4. Indexed																
5. Universal													(1)	(9,848)	1	18,009
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other (f)																
11. Total Individual Life	17,025	2	9,782					2	9,782	10,000	11	113,000	(10)	(80,110)	51	449,736
Group Life																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																(a)
18. Other (f)																
19. Total Group Life																
Individual Annuities																
20. Fixed	77,141	1	24,222					1	24,222	52,919			(7)	(153,286)	20	1,155,541
21. Indexed														(200)	2	41,255
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout														(2,969)	2	37,189
25. Other (f)													(1)	(1,487)		
26. Total Individual Annuities	77,141	1	24,222					1	24,222	52,919			(8)	(157,942)	24	1,233,985
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other (f)																
33. Total Group Annuities																
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			(19)	(38,258)	168	540,198
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						
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				(2)		265
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	509	18,343	223	265,049	1,616	853,428
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	509	18,343	204	226,789	1,784	1,393,891
47. TOTAL	94,166	3	34,004					3	34,004	62,919	520	131,343	186	(11,263)	1,859	3,077,612

(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: $ ..... 120 Group: $ ..... Total: $ 120

(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 65722

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												
2. Whole	15,919		114				114			7,829		7,829
3. Term												
4. Indexed												
5. Universal	62,701							57,936		20,209		78,145
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other (f)												
11. Total Individual Life	78,620		114				114	57,936		28,038		85,974
Group Life												
12. Whole												
13. Term												
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other (f)												
19. Total Group Life												
Individual Annuities												
20. Fixed	231							75,301		6,938		82,239
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout												
25. Other (f)												
26. Total Individual Annuities	231							75,301		6,938		82,239
Group Annuities												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other (f)												
33. Total Group Annuities												
Accident and Health												
34. Comprehensive individual (d)								XXX	XXX	XXX		
35. Comprehensive group (d)								XXX	XXX	XXX		
36. Medicare Supplement (d)	2,740,010							XXX	XXX	XXX	2,238,115	2,238,115
37. Vision only (d)								XXX	XXX	XXX		
38. Dental only (d)								XXX	XXX	XXX		
39. Federal Employees Health Benefits Plan (d)								XXX	XXX	XXX		
40. Title XVIII Medicare (d)	(e)							XXX	XXX	XXX		
41. Title XIX Medicaid (d)								XXX	XXX	XXX		
42. Credit A&H								XXX	XXX	XXX		
43. Disability income (d)								XXX	XXX	XXX		
44. Long-term care (d)								XXX	XXX	XXX		
45. Other health (d)	173,842							XXX	XXX	XXX	56,193	56,193
46. Total Accident and Health	2,913,852							XXX	XXX	XXX	2,294,308	2,294,308
47. Total	2,992,703 (c)		114				114	133,237		34,976	2,294,308	2,462,521

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

NAIC Group Code 0901 BUSINESS IN THE STATE OF Vermont DURING THE YEAR 2023 NAIC Company Code 65722

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																
2. Whole	31,051	1	31,051					1	31,051				(4)	(61,979)	79	1,131,775
3. Term														(15,164)	8	61,917
4. Indexed																
5. Universal	17,290	2	24,786					2	24,786				(8)	(295,100)	173	6,075,924
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other (f)																
11. Total Individual Life	48,341	3	55,837					3	55,837				(12)	(372,243)	260	7,269,616
Group Life																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																(a)
18. Other (f)																
19. Total Group Life																
Individual Annuities																
20. Fixed	202,952	2	202,952					2	202,952				(2)	(201,808)	1	218,687
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout																
25. Other (f)																
26. Total Individual Annuities	202,952	2	202,952					2	202,952				(2)	(201,808)	1	218,687
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other (f)																
33. Total Group Annuities																
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	2,330	(338)	(553,333)	1,035	2,740,010
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						
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	5	247	32	67,177	335	173,842
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	6	2,577	(306)	(486,156)	1,370	2,913,852
47. TOTAL	251,293	5	258,789					5	258,789		6	2,577	(320)	(1,060,207)	1,631	10,402,155

(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: $ .....

(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 65722

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												
2. Whole	163,202		14,051	49	818		14,918	109,982	16	18,947		128,945
3. Term	(2,966)											
4. Indexed												
5. Universal	33,978							111,566		24,856		136,422
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other (f)												
11. Total Individual Life	194,214		14,051	49	818		14,918	221,548	16	43,803		265,367
Group Life												
12. Whole												
13. Term	74											
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other (f)												
19. Total Group Life	74											
Individual Annuities												
20. Fixed	96		126				126	95,363		10,473		105,836
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout								4,003				4,003
25. Other (f)												
26. Total Individual Annuities	96		126				126	99,366		10,473		109,839
Group Annuities												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other (f)												
33. Total Group Annuities												
Accident and Health												
34. Comprehensive individual (d)								XXX	XXX	XXX		
35. Comprehensive group (d)								XXX	XXX	XXX		
36. Medicare Supplement (d)	950,703							XXX	XXX	XXX	620,847	620,847
37. Vision only (d)								XXX	XXX	XXX		
38. Dental only (d)								XXX	XXX	XXX		
39. Federal Employees Health Benefits Plan (d)								XXX	XXX	XXX		
40. Title XVIII Medicare (d)	(e)							XXX	XXX	XXX		
41. Title XIX Medicaid (d)								XXX	XXX	XXX		
42. Credit A&H								XXX	XXX	XXX		
43. Disability income (d)	45							XXX	XXX	XXX		
44. Long-term care (d)								XXX	XXX	XXX		
45. Other health (d)	202,392							XXX	XXX	XXX	213,870	213,870
46. Total Accident and Health	1,153,140							XXX	XXX	XXX	834,717	834,717
47. Total	1,347,524 (c)		14,177	49	818		15,044	320,914	16	54,276	834,717	1,209,923

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

NAIC Group Code 0901 BUSINESS IN THE STATE OF Virginia DURING THE YEAR 2023 NAIC Company Code 65722

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																
2. Whole	175,993	30	185,185					30	185,185	32,956	23	190,500	(41)	(374,471)	798	4,996,929
3. Term													(5)	(2,402,317)	61	230,966
4. Indexed																
5. Universal	111,291	3	111,291					3	111,291				(7)	(224,657)	104	4,335,640
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other (f)																
11. Total Individual Life	287,284	33	296,476					33	296,476	32,956	23	190,500	(53)	(3,001,445)	963	9,563,535
Group Life																
12. Whole																
13. Term															1	3,000
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																(a)
18. Other (f)																
19. Total Group Life															1	3,000
Individual Annuities																
20. Fixed	436									14,999			(1)	(24,317)	3	103,145
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout													(1)	(4,438)	3	16,322
25. Other (f)											1	13,318		(581)	2	14,383
26. Total Individual Annuities	436									14,999	1	13,318	(2)	(29,336)	8	133,850
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other (f)																
33. Total Group Annuities																
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			(18)	5,770	262	950,703
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						
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				(1)		45
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	164	196,312	(99)	(156,163)	743	202,392
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	164	196,312	(117)	(150,394)	1,005	1,153,140
47. TOTAL	287,720	33	296,476					33	296,476	47,955	188	400,130	(172)	(3,181,175)	1,977	10,853,525

(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: $ .....937 Group: $ ..... Total: $ 937

(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 65722

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												
2. Whole	99,880		1,258	104	40		1,402	35,849		1,641		37,490
3. Term	329											
4. Indexed												
5. Universal	1,311											
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other (f)												
11. Total Individual Life	101,520		1,258	104	40		1,402	35,849		1,641		37,490
Group Life												
12. Whole												
13. Term												
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other (f)												
19. Total Group Life												
Individual Annuities												
20. Fixed								189,488		2,229		191,717
21. Indexed								79,041		930,383		1,009,424
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout								34,316				34,316
25. Other (f)												
26. Total Individual Annuities								302,845		932,612		1,235,457
Group Annuities												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other (f)												
33. Total Group Annuities												
Accident and Health												
34. Comprehensive individual (d)								XXX	XXX	XXX		
35. Comprehensive group (d)								XXX	XXX	XXX		
36. Medicare Supplement (d)	24,311,122							XXX	XXX	XXX	20,185,203	20,185,203
37. Vision only (d)								XXX	XXX	XXX		
38. Dental only (d)								XXX	XXX	XXX		
39. Federal Employees Health Benefits Plan (d)								XXX	XXX	XXX		
40. Title XVIII Medicare (d)	(e)							XXX	XXX	XXX		
41. Title XIX Medicaid (d)								XXX	XXX	XXX		
42. Credit A&H								XXX	XXX	XXX		
43. Disability income (d)								XXX	XXX	XXX		
44. Long-term care (d)	10,200							XXX	XXX	XXX		
45. Other health (d)	646,243							XXX	XXX	XXX	133,278	133,278
46. Total Accident and Health	24,967,565							XXX	XXX	XXX	20,318,481	20,318,481
47. Total	25,069,085 (c)		1,258	104	40		1,402	338,694		934,253	20,318,481	21,591,428

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

NAIC Group Code 0901 BUSINESS IN THE STATE OF Washington DURING THE YEAR 2023 NAIC Company Code 65722

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																
2. Whole	33,759	3	19,759					3	19,759	21,000	16	123,000	(11)	(130,599)	214	1,498,426
3. Term													(1)	(5,000)	8	41,866
4. Indexed																
5. Universal		1	20,000					1	20,000						5	228,009
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other (f)																
11. Total Individual Life	33,759	4	39,759					4	39,759	21,000	16	123,000	(12)	(135,599)	227	1,768,301
Group Life																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																(a)
18. Other (f)																
19. Total Group Life																
Individual Annuities																
20. Fixed	15	1	179,082					1	179,082					8,513	8	428,790
21. Indexed	158,083	3	158,083					3	158,083				(13)	(1,045,580)	16	1,352,476
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout	23,222	1	23,222					1	23,222				(1)	(35,257)	1	22,436
25. Other (f)													(1)	(9,144)	6	30,363
26. Total Individual Annuities	181,319	5	360,386					5	360,386				(15)	(1,081,468)	31	1,834,065
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other (f)																
33. Total Group Annuities																
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	8	12,281	(2,619)	(3,890,769)	8,721	24,311,122
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						
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				(7,650)	1	10,200
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	163	118,785	(135)	(89,578)	1,087	646,243
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	171	131,066	(2,754)	(3,987,997)	9,809	24,967,565
47. TOTAL	215,078	9	400,145					9	400,145	21,000	187	254,066	(2,781)	(5,205,064)	10,067	28,569,931

(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: $ ..... 181 Group: $ ..... Total: $ 181

(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 65722

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												
2. Whole	109,696		1,773				1,773	128,343	1,751	79,528		209,622
3. Term	1,544											
4. Indexed												
5. Universal	21,315							124,580		17,893		142,473
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other (f)												
11. Total Individual Life	132,555		1,773				1,773	252,923	1,751	97,421		352,095
Group Life												
12. Whole												
13. Term	48											
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other (f)												
19. Total Group Life	48											
Individual Annuities												
20. Fixed	406									5,000		5,000
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout												
25. Other (f)												
26. Total Individual Annuities	406									5,000		5,000
Group Annuities												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other (f)												
33. Total Group Annuities												
Accident and Health												
34. Comprehensive individual (d)								XXX	XXX	XXX		
35. Comprehensive group (d)								XXX	XXX	XXX		
36. Medicare Supplement (d)	353,503							XXX	XXX	XXX	216,401	216,401
37. Vision only (d)								XXX	XXX	XXX		
38. Dental only (d)								XXX	XXX	XXX		
39. Federal Employees Health Benefits Plan (d)								XXX	XXX	XXX		
40. Title XVIII Medicare (d)	(e)							XXX	XXX	XXX		
41. Title XIX Medicaid (d)								XXX	XXX	XXX		
42. Credit A&H								XXX	XXX	XXX		
43. Disability income (d)								XXX	XXX	XXX		
44. Long-term care (d)								XXX	XXX	XXX		
45. Other health (d)	761,682							XXX	XXX	XXX	344,235	344,235
46. Total Accident and Health	1,115,185							XXX	XXX	XXX	560,636	560,636
47. Total	1,248,194 (c)		1,773				1,773	252,923	1,751	102,421	560,636	917,731

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

NAIC Group Code 0901 BUSINESS IN THE STATE OF West Virginia DURING THE YEAR 2023 NAIC Company Code 65722

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																
2. Whole	155,698	26	177,944					26	177,944	16,751	11	83,000	(38)	(419,246)	527	5,464,574
3. Term													(4)	(370,436)	26	182,491
4. Indexed																
5. Universal	110,951	2	110,951					2	110,951				(5)	(217,636)	68	1,614,019
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other (f)																
11. Total Individual Life	266,649	28	288,895					28	288,895	16,751	11	83,000	(47)	(1,007,318)	621	7,261,084
Group Life																
12. Whole																
13. Term															1	500
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																(a)
18. Other (f)																
19. Total Group Life															1	500
Individual Annuities																
20. Fixed														(3,845)	2	35,480
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout																
25. Other (f)																
26. Total Individual Annuities														(3,845)	2	35,480
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other (f)																
33. Total Group Annuities																
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			(35)	(51,841)	204	353,503
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						
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	127	274,812	(17)	(187,341)	2,086	761,682
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	127	274,812	(52)	(239,182)	2,290	1,115,185
47. TOTAL	266,649	28	288,895					28	288,895	16,751	138	357,812	(99)	(1,250,345)	2,914	8,412,249

(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: $ .....

(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 65722

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												
2. Whole	40,927		172		52		224	8,817				8,817
3. Term												
4. Indexed												
5. Universal	1,429											
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other (f)												
11. Total Individual Life	42,356		172		52		224	8,817				8,817
Group Life												
12. Whole												
13. Term												
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other (f)												
19. Total Group Life												
Individual Annuities												
20. Fixed	23							19,016		289,467		308,483
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout												
25. Other (f)												
26. Total Individual Annuities	23							19,016		289,467		308,483
Group Annuities												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other (f)												
33. Total Group Annuities												
Accident and Health												
34. Comprehensive individual (d)								XXX	XXX	XXX		
35. Comprehensive group (d)								XXX	XXX	XXX		
36. Medicare Supplement (d)	332,685							XXX	XXX	XXX	210,792	210,792
37. Vision only (d)								XXX	XXX	XXX		
38. Dental only (d)								XXX	XXX	XXX		
39. Federal Employees Health Benefits Plan (d)								XXX	XXX	XXX		
40. Title XVIII Medicare (d)	(e)							XXX	XXX	XXX		
41. Title XIX Medicaid (d)								XXX	XXX	XXX		
42. Credit A&H								XXX	XXX	XXX		
43. Disability income (d)								XXX	XXX	XXX		
44. Long-term care (d)	9,505							XXX	XXX	XXX	4,792	4,792
45. Other health (d)	1,111,781							XXX	XXX	XXX	306,648	306,648
46. Total Accident and Health	1,453,971							XXX	XXX	XXX	522,232	522,232
47. Total	1,496,350 (c)		172		52		224	27,833		289,467	522,232	839,532

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

NAIC Group Code 0901 BUSINESS IN THE STATE OF Wisconsin DURING THE YEAR 2023 NAIC Company Code 65722

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																
2. Whole	20,047	3	26,117					3	26,117		7	85,000	(5)	(51,984)	70	798,161
3. Term													(2)	(504,070)	3	12,871
4. Indexed																
5. Universal															1	25,000
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other (f)																
11. Total Individual Life	20,047	3	26,117					3	26,117		7	85,000	(7)	(556,054)	74	836,032
Group Life																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																(a)
18. Other (f)																
19. Total Group Life																
Individual Annuities																
20. Fixed	204,992									204,992			(4)	(1,235,100)	16	1,237,648
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout														(1,050)	1	6,720
25. Other (f)																
26. Total Individual Annuities	204,992									204,992			(4)	(1,236,150)	17	1,244,368
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other (f)																
33. Total Group Annuities																
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			(50)	(10,384)	290	332,685
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						
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				390	4	9,505
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	285	185,776	116	40,627	2,120	1,111,781
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	285	185,776	66	30,633	2,414	1,453,971
47. TOTAL	225,039	3	26,117					3	26,117	204,992	292	270,776	55	(1,761,571)	2,505	3,534,371

(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: $ .....

(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 65722

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												
2. Whole	13,383		197				197					
3. Term												
4. Indexed												
5. Universal												
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other (f)												
11. Total Individual Life	13,383		197				197					
Group Life												
12. Whole												
13. Term												
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other (f)												
19. Total Group Life												
Individual Annuities												
20. Fixed								16,225		5,068		21,293
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout												
25. Other (f)												
26. Total Individual Annuities								16,225		5,068		21,293
Group Annuities												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other (f)												
33. Total Group Annuities												
Accident and Health												
34. Comprehensive individual (d)								XXX	XXX	XXX		
35. Comprehensive group (d)								XXX	XXX	XXX		
36. Medicare Supplement (d)	250,773							XXX	XXX	XXX	186,634	186,634
37. Vision only (d)								XXX	XXX	XXX		
38. Dental only (d)								XXX	XXX	XXX		
39. Federal Employees Health Benefits Plan (d)								XXX	XXX	XXX		
40. Title XVIII Medicare (d)	(e)							XXX	XXX	XXX		
41. Title XIX Medicaid (d)								XXX	XXX	XXX		
42. Credit A&H								XXX	XXX	XXX		
43. Disability income (d)	569							XXX	XXX	XXX	1	1
44. Long-term care (d)	1,271							XXX	XXX	XXX		
45. Other health (d)	282,058							XXX	XXX	XXX	89,448	89,448
46. Total Accident and Health	534,671							XXX	XXX	XXX	276,083	276,083
47. Total	548,054 (c)		197				197	16,225		5,068	276,083	297,376

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

NAIC Group Code 0901 BUSINESS IN THE STATE OF Wyoming DURING THE YEAR 2023 NAIC Company Code 65722

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																
2. Whole													1	7,000	23	208,190
3. Term															3	15,000
4. Indexed																
5. Universal																
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other (f)																
11. Total Individual Life													1	7,000	26	223,190
Group Life																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																(a)
18. Other (f)																
19. Total Group Life																
Individual Annuities																
20. Fixed														1,253	3	216,047
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout																
25. Other (f)																
26. Total Individual Annuities														1,253	3	216,047
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other (f)																
33. Total Group Annuities																
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			(12)	(16,197)	62	250,773
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						
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				(24)		569
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			(1)	(1,271)	1	1,271
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	21	1,670	64	83,358	521	282,058
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	21	1,670	51	65,866	584	534,671
47. TOTAL											21	1,670	52	74,119	613	973,908

(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: $ .....

(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 65722

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												
2. Whole												
3. Term												
4. Indexed												
5. Universal												
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other (f)												
11. Total Individual Life												
Group Life												
12. Whole												
13. Term												
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other (f)												
19. Total Group Life												
Individual Annuities												
20. Fixed												
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout												
25. Other (f)												
26. Total Individual Annuities												
Group Annuities												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other (f)												
33. Total Group Annuities												
Accident and Health												
34. Comprehensive individual (d)								XXX	XXX	XXX		
35. Comprehensive group (d)								XXX	XXX	XXX		
36. Medicare Supplement (d)								XXX	XXX	XXX		
37. Vision only (d)								XXX	XXX	XXX		
38. Dental only (d)								XXX	XXX	XXX		
39. Federal Employees Health Benefits Plan (d)								XXX	XXX	XXX		
40. Title XVIII Medicare (d)	(e)							XXX	XXX	XXX		
41. Title XIX Medicaid (d)								XXX	XXX	XXX		
42. Credit A&H								XXX	XXX	XXX		
43. Disability income (d)								XXX	XXX	XXX		
44. Long-term care (d)								XXX	XXX	XXX		
45. Other health (d)								XXX	XXX	XXX		
46. Total Accident and Health								XXX	XXX	XXX		
47. Total	(c)											

NONE

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

NAIC Group Code 0901 BUSINESS IN THE STATE OF American Samoa DURING THE YEAR 2023 NAIC Company Code 65722

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																
2. Whole																
3. Term																
4. Indexed																
5. Universal																
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other (f)																
11. Total Individual Life																
Group Life																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																
18. Other (f)																(a)
19. Total Group Life																
Individual Annuities																
20. Fixed																
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout																
25. Other (f)																
26. Total Individual Annuities																
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other (f)																
33. Total Group Annuities																
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						
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						
47. TOTAL																

NONE

24.1.AS

(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: $ .....

(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 65722

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												
2. Whole	163		76				76					
3. Term	720											
4. Indexed												
5. Universal												
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other (f)												
11. Total Individual Life	883		76				76					
Group Life												
12. Whole												
13. Term												
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other (f)												
19. Total Group Life												
Individual Annuities												
20. Fixed												
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout												
25. Other (f)												
26. Total Individual Annuities												
Group Annuities												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other (f)												
33. Total Group Annuities												
Accident and Health												
34. Comprehensive individual (d)								XXX	XXX	XXX		
35. Comprehensive group (d)								XXX	XXX	XXX		
36. Medicare Supplement (d)								XXX	XXX	XXX		
37. Vision only (d)								XXX	XXX	XXX		
38. Dental only (d)								XXX	XXX	XXX		
39. Federal Employees Health Benefits Plan (d)								XXX	XXX	XXX		
40. Title XVIII Medicare (d)	(e)							XXX	XXX	XXX		
41. Title XIX Medicaid (d)								XXX	XXX	XXX		
42. Credit A&H								XXX	XXX	XXX		
43. Disability income (d)								XXX	XXX	XXX		
44. Long-term care (d)								XXX	XXX	XXX		
45. Other health (d)								XXX	XXX	XXX		
46. Total Accident and Health								XXX	XXX	XXX		
47. Total	883 (c)		76				76					

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

NAIC Group Code 0901 BUSINESS IN THE STATE OF Guam DURING THE YEAR 2023 NAIC Company Code 65722

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																
2. Whole															1	11,000
3. Term															1	4,900
4. Indexed																
5. Universal																
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other (f)																
11. Total Individual Life															2	15,900
Group Life																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																(a)
18. Other (f)																
19. Total Group Life																
Individual Annuities																
20. Fixed																
21. Indexed															148	1 2,614
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout																
25. Other (f)																
26. Total Individual Annuities															148	1 2,614
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other (f)																
33. Total Group Annuities																
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						
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						
47. TOTAL														148	3	18,514

(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: $ 219 Group: $ Total: $ 219

(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 65722

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												
2. Whole	862		134		44		178			354		354
3. Term												
4. Indexed												
5. Universal	798											
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other (f)												
11. Total Individual Life	1,660		134		44		178			354		354
Group Life												
12. Whole												
13. Term												
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other (f)												
19. Total Group Life												
Individual Annuities												
20. Fixed												
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout												
25. Other (f)												
26. Total Individual Annuities												
Group Annuities												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other (f)												
33. Total Group Annuities												
Accident and Health												
34. Comprehensive individual (d)								XXX	XXX	XXX		
35. Comprehensive group (d)								XXX	XXX	XXX		
36. Medicare Supplement (d)	2,534							XXX	XXX	XXX	2,121	2,121
37. Vision only (d)								XXX	XXX	XXX		
38. Dental only (d)								XXX	XXX	XXX		
39. Federal Employees Health Benefits Plan (d)								XXX	XXX	XXX		
40. Title XVIII Medicare (d)	(e)							XXX	XXX	XXX		
41. Title XIX Medicaid (d)								XXX	XXX	XXX		
42. Credit A&H								XXX	XXX	XXX		
43. Disability income (d)								XXX	XXX	XXX		
44. Long-term care (d)								XXX	XXX	XXX		
45. Other health (d)	2,704							XXX	XXX	XXX	121	121
46. Total Accident and Health	5,238							XXX	XXX	XXX	2,242	2,242
47. Total	6,898 (c)		134		44		178			354	2,242	2,596

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

NAIC Group Code 0901 BUSINESS IN THE STATE OF Puerto Rico DURING THE YEAR 2023 NAIC Company Code 65722

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																
2. Whole										736				51	8	115,816
3. Term															1	10,000
4. Indexed																
5. Universal															1	75,000
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other (f)																
11. Total Individual Life										736				51	10	200,816
Group Life																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																(a)
18. Other (f)																
19. Total Group Life																
Individual Annuities																
20. Fixed	(115)									701						
21. Indexed													(1)	(345)	1	2,025
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout																
25. Other (f)																
26. Total Individual Annuities	(115)									701			(1)	(345)	1	2,025
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other (f)																
33. Total Group Annuities																
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)	(1,279)	1	2,534
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						
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		(1)	1	2,376	2	2,704
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		(1)		1,097	3	5,238
47. TOTAL	(115)									1,437		(1)	(1)	803	14	208,079

(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: $ .....

(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 65722

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												
2. Whole	3,223		32		77		109	7,606				7,606
3. Term												
4. Indexed												
5. Universal								31,983				31,983
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other (f)												
11. Total Individual Life	3,223		32		77		109	39,589				39,589
Group Life												
12. Whole												
13. Term												
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other (f)												
19. Total Group Life												
Individual Annuities												
20. Fixed												
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout												
25. Other (f)												
26. Total Individual Annuities												
Group Annuities												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other (f)												
33. Total Group Annuities												
Accident and Health												
34. Comprehensive individual (d)								XXX	XXX	XXX		
35. Comprehensive group (d)								XXX	XXX	XXX		
36. Medicare Supplement (d)	9,360							XXX	XXX	XXX	2,952	2,952
37. Vision only (d)								XXX	XXX	XXX		
38. Dental only (d)								XXX	XXX	XXX		
39. Federal Employees Health Benefits Plan (d)								XXX	XXX	XXX		
40. Title XVIII Medicare (d)	(e)							XXX	XXX	XXX		
41. Title XIX Medicaid (d)								XXX	XXX	XXX		
42. Credit A&H								XXX	XXX	XXX		
43. Disability income (d)								XXX	XXX	XXX		
44. Long-term care (d)								XXX	XXX	XXX		
45. Other health (d)	696							XXX	XXX	XXX		
46. Total Accident and Health	10,056							XXX	XXX	XXX	2,952	2,952
47. Total	13,279 (c)		32		77		109	39,589			2,952	42,541

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 65722

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																
2. Whole	(10,000)	2	7,539					2	7,539	173			(2)	(6,601)	19	157,467
3. Term																
4. Indexed																
5. Universal	31,533	1	31,533					1	31,533				(1)	(33,121)	1	4,669
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other (f)																
11. Total Individual Life	21,533	3	39,072					3	39,072	173			(3)	(39,722)	20	162,136
Group Life																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																(a)
18. Other (f)																
19. Total Group Life																
Individual Annuities																
20. Fixed	(723)									1,546				1,540	7	18,994
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout																
25. Other (f)																
26. Total Individual Annuities	(723)									1,546				1,540	7	18,994
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other (f)																
33. Total Group Annuities																
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				694	2	9,360
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						
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				22	3	696
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				716	5	10,056
47. TOTAL	20,810	3	39,072					3	39,072	1,719			(3)	(37,466)	32	191,186

(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: $ .....

(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 65722

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												
2. Whole												
3. Term												
4. Indexed												
5. Universal												
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other (f)												
11. Total Individual Life												
Group Life												
12. Whole												
13. Term												
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other (f)												
19. Total Group Life												
Individual Annuities												
20. Fixed												
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout												
25. Other (f)												
26. Total Individual Annuities												
Group Annuities												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other (f)												
33. Total Group Annuities												
Accident and Health												
34. Comprehensive individual (d)								XXX	XXX	XXX		
35. Comprehensive group (d)								XXX	XXX	XXX		
36. Medicare Supplement (d)								XXX	XXX	XXX		
37. Vision only (d)								XXX	XXX	XXX		
38. Dental only (d)								XXX	XXX	XXX		
39. Federal Employees Health Benefits Plan (d)								XXX	XXX	XXX		
40. Title XVIII Medicare (d)	(e)							XXX	XXX	XXX		
41. Title XIX Medicaid (d)								XXX	XXX	XXX		
42. Credit A&H								XXX	XXX	XXX		
43. Disability income (d)								XXX	XXX	XXX		
44. Long-term care (d)								XXX	XXX	XXX		
45. Other health (d)								XXX	XXX	XXX		
46. Total Accident and Health								XXX	XXX	XXX		
47. Total	(c)											

NONE

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 65722

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																
2. Whole																
3. Term																
4. Indexed																
5. Universal																
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other (f)																
11. Total Individual Life																
Group Life																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																
18. Other (f)																(a)
19. Total Group Life																
Individual Annuities																
20. Fixed																
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout																
25. Other (f)																
26. Total Individual Annuities																
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other (f)																
33. Total Group Annuities																
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						
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						
47. TOTAL																

NONE

(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: $ .....

(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 65722

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												
2. Whole												
3. Term												
4. Indexed												
5. Universal												
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other (f)												
11. Total Individual Life												
Group Life												
12. Whole												
13. Term												
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other (f)												
19. Total Group Life												
Individual Annuities												
20. Fixed												
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout												
25. Other (f)												
26. Total Individual Annuities												
Group Annuities												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other (f)												
33. Total Group Annuities												
Accident and Health												
34. Comprehensive individual (d)								XXX	XXX	XXX		
35. Comprehensive group (d)								XXX	XXX	XXX		
36. Medicare Supplement (d)								XXX	XXX	XXX		
37. Vision only (d)								XXX	XXX	XXX		
38. Dental only (d)								XXX	XXX	XXX		
39. Federal Employees Health Benefits Plan (d)								XXX	XXX	XXX		
40. Title XVIII Medicare (d)	(e)							XXX	XXX	XXX		
41. Title XIX Medicaid (d)								XXX	XXX	XXX		
42. Credit A&H								XXX	XXX	XXX		
43. Disability income (d)								XXX	XXX	XXX		
44. Long-term care (d)								XXX	XXX	XXX		
45. Other health (d)								XXX	XXX	XXX		
46. Total Accident and Health								XXX	XXX	XXX		
47. Total	(c)											

NONE

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

NAIC Group Code 0901 BUSINESS IN THE STATE OF Canada DURING THE YEAR 2023 NAIC Company Code 65722

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																
2. Whole																
3. Term																
4. Indexed																
5. Universal																
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other (f)																
11. Total Individual Life																
Group Life																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																(a)
18. Other (f)																
19. Total Group Life																
Individual Annuities																
20. Fixed																
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout																
25. Other (f)																
26. Total Individual Annuities																
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other (f)																
33. Total Group Annuities																
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						
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						
47. TOTAL																

NONE

24.1.CN

(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: $ .....

(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 65722

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												
2. Whole	5,835		1,298	289			1,587	26,980		26,881		53,861
3. Term	10,879											
4. Indexed												
5. Universal	61,130									152,587		152,587
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other (f)												
11. Total Individual Life	77,844		1,298	289			1,587	26,980		179,468		206,448
Group Life												
12. Whole												
13. Term												
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other (f)												
19. Total Group Life												
Individual Annuities												
20. Fixed												
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout												
25. Other (f)												
26. Total Individual Annuities												
Group Annuities												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other (f)												
33. Total Group Annuities												
Accident and Health												
34. Comprehensive individual (d)								XXX	XXX	XXX		
35. Comprehensive group (d)								XXX	XXX	XXX		
36. Medicare Supplement (d)	552							XXX	XXX	XXX		
37. Vision only (d)								XXX	XXX	XXX		
38. Dental only (d)								XXX	XXX	XXX		
39. Federal Employees Health Benefits Plan (d)								XXX	XXX	XXX		
40. Title XVIII Medicare (d)	(e)							XXX	XXX	XXX		
41. Title XIX Medicaid (d)								XXX	XXX	XXX		
42. Credit A&H								XXX	XXX	XXX		
43. Disability income (d)								XXX	XXX	XXX		
44. Long-term care (d)								XXX	XXX	XXX		
45. Other health (d)								XXX	XXX	XXX		
46. Total Accident and Health	552							XXX	XXX	XXX		
47. Total	78,396 (c)		1,298	289			1,587	26,980		179,468		206,448

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

NAIC Group Code 0901 BUSINESS IN THE STATE OF Other Aliens DURING THE YEAR 2023 NAIC Company Code 65722

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																
2. Whole														447,848	28	355,549
3. Term													(2)	(11,161)	11	228,796
4. Indexed																
5. Universal	(100,000)												(6)	(1,776,856)	99	12,253,699
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other (f)																
11. Total Individual Life	(100,000)												(8)	(1,340,169)	138	12,838,044
Group Life																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																(a)
18. Other (f)																
19. Total Group Life																
Individual Annuities																
20. Fixed														672	2	21,549
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout																
25. Other (f)																
26. Total Individual Annuities														672	2	21,549
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other (f)																
33. Total Group Annuities																
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						
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						
47. TOTAL	(100,000)												(8)	(1,339,497)	140	12,859,593

(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: $ ..... 36 Group: $ ..... Total: $ 36

(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 Grand Total DURING THE YEAR 2023 NAIC Company Code 65722

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												
2. Whole	6,033,220		167,129	2,980	13,913		184,022	5,625,146	84,740	1,441,143		7,151,029
3. Term	111,548							16,710	58,900	893		76,503
4. Indexed												
5. Universal	987,802							1,797,836	53,192	915,683		2,766,711
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other (f)												
11. Total Individual Life	7,132,570		167,129	2,980	13,913		184,022	7,439,692	196,832	2,357,719		9,994,243
Group Life												
12. Whole												
13. Term	27,569											
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other (f)												
19. Total Group Life	27,569											
Individual Annuities												
20. Fixed	851,638		262				262	3,593,377		14,251,098		17,844,475
21. Indexed								372,458		3,061,864		3,434,322
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout								541,845				541,845
25. Other (f)												
26. Total Individual Annuities	851,638		262				262	4,507,680		17,312,962		21,820,642
Group Annuities												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other (f)												
33. Total Group Annuities												
Accident and Health												
34. Comprehensive individual (d)								XXX	XXX	XXX		
35. Comprehensive group (d)								XXX	XXX	XXX		
36. Medicare Supplement (d)	180,170,018							XXX	XXX	XXX	135,906,860	135,906,860
37. Vision only (d)								XXX	XXX	XXX		
38. Dental only (d)								XXX	XXX	XXX		
39. Federal Employees Health Benefits Plan (d)								XXX	XXX	XXX		
40. Title XVIII Medicare (d)	(e)							XXX	XXX	XXX		
41. Title XIX Medicaid (d)								XXX	XXX	XXX		
42. Credit A&H								XXX	XXX	XXX		
43. Disability income (d)	80,381							XXX	XXX	XXX	28,288	28,288
44. Long-term care (d)	74,715							XXX	XXX	XXX	175,425	175,425
45. Other health (d)	118,788,343							XXX	XXX	XXX	41,972,368	41,972,368
46. Total Accident and Health	299,113,457							XXX	XXX	XXX	178,082,941	178,082,941
47. Total	307,125,234 (c)		167,391	2,980	13,913		184,284	11,947,372	196,832	19,670,681	178,082,941	209,897,826

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

NAIC Group Code 0901 BUSINESS IN THE STATE OF Grand Total DURING THE YEAR 2023 NAIC Company Code 65722

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																
2. Whole	7,217,506	946	7,488,011					946	7,488,011	1,666,493	869	8,333,115	(1,490)	(15,766,121)	19,420	181,325,672
3. Term	151,557	3	154,557					3	154,557				(138)	(15,723,885)	1,499	22,702,720
4. Indexed																
5. Universal	1,145,682	46	1,303,237					46	1,303,237	213,745			(182)	(6,870,469)	2,565	89,802,775
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other (f)																
11. Total Individual Life	8,514,745	995	8,945,805					995	8,945,805	1,880,238	869	8,333,115	(1,810)	(38,360,475)	23,484	293,831,167
Group Life																
12. Whole																
13. Term													(7)	(60,782)	45	1,757,000
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																(a)
18. Other (f)																
19. Total Group Life													(7)	(60,782)	45	1,757,000
Individual Annuities																
20. Fixed	3,238,571	37	3,089,108					37	3,089,108	1,048,287			(158)	(16,003,835)	732	52,045,262
21. Indexed	950,636	9	372,459					9	372,459	742,771			(46)	(3,784,143)	147	10,733,307
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout	116,871	3	116,871					3	116,871		3	158,155	(9)	(369,886)	99	2,510,289
25. Other (f)											7	822,260	(10)	(405,676)	58	1,903,411
26. Total Individual Annuities	4,306,079	49	3,578,439					49	3,578,439	1,791,058	10	980,415	(223)	(20,563,540)	1,036	67,192,269
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other (f)																
33. Total Group Annuities																
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	117	172,887	(13,655)	(18,757,168)	55,314	180,170,018
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						
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			(14)	(12,260)	47	80,381
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			3	25,220	47	74,715
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	42,182	22,090,766	9,451	6,522,098	249,852	118,788,343
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	42,299	22,263,653	(4,215)	(12,222,110)	305,260	299,113,457
47. TOTAL	12,820,824	1,044	12,524,243					1,044	12,524,243	3,671,296	43,178	31,577,183	(6,255)	(71,206,907)	329,825	661,893,893

(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: $ ..... 46,053 Group: $ ..... Total: $ 46,053

(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) $ .....

FORM FOR CALCULATING THE INTEREST MAINTENANCE RESERVE

INTEREST MAINTENANCE RESERVE

		1 Amount
1.	Reserve as of December 31, Prior Year	(158,961)
2.	Current year's realized pre-tax capital gains/(losses) of $ (15,254) transferred into the reserve net of taxes of $ (3,204)	(12,050)
3.	Adjustment for current year's liability gains/(losses) released from the reserve	
4.	Balance before reduction for amount transferred to Summary of Operations (Line 1 + Line 2 + Line 3)	(171,011)
5.	Current year's amortization released to Summary of Operations (Amortization, Line 1, Column 4)	1,676
6.	Reserve as of December 31, current year (Line 4 minus Line 5)	(172,687)

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	3,051	(1,375)		1,676
2. 2024	(4,946)	(3,423)		(8,369)
3. 2025	(11,422)	(3,115)		(14,537)
4. 2026	(21,922)	(2,266)		(24,188)
5. 2027	(28,412)	(1,391)		(29,803)
6. 2028	(28,465)	(480)		(28,945)
7. 2029	(31,166)			(31,166)
8. 2030	(29,896)			(29,896)
9. 2031	(20,979)			(20,979)
10. 2032	(10,952)			(10,952)
11. 2033	(1,899)			(1,899)
12. 2034	4,232			4,232
13. 2035	6,575			6,575
14. 2036	7,074			7,074
15. 2037	4,958			4,958
16. 2038	2,717			2,717
17. 2039	1,695			1,695
18. 2040	763			763
19. 2041	74			74
20. 2042	(42)			(42)
21. 2043				
22. 2044				
23. 2045				
24. 2046				
25. 2047				
26. 2048				
27. 2049				
28. 2050				
29. 2051				
30. 2052				
31. 2053 and Later				
32. Total (Lines 1 to 31)	(158,962)	(12,050)		(171,012)

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	2,952,044		2,952,044				2,952,044
2. Realized capital gains/(losses) net of taxes - General Account							
3. Realized capital gains/(losses) net of taxes - Separate Accounts							
4. Unrealized capital gains/(losses) net of deferred taxes - General Account							
5. Unrealized capital gains/(losses) net of deferred taxes - Separate Accounts							
6. Capital gains credited/(losses charged) to contract benefits, payments or reserves							
7. Basic contribution	650,249		650,249				650,249
8. Accumulated balances (Lines 1 through 5 - 6 + 7)	3,602,293		3,602,293				3,602,293
9. Maximum reserve	3,380,619		3,380,619				3,380,619
10. Reserve objective	1,966,105		1,966,105				1,966,105
11. 20% of (Line 10 - Line 8)	(327,238)		(327,238)				(327,238)
12. Balance before transfers (Lines 8 + 11)	3,275,056		3,275,056				3,275,056
13. Transfers							
14. Voluntary contribution							
15. Adjustment down to maximum/up to zero							
16. Reserve as of December 31, current year (Lines 12 + 13 + 14 + 15)	3,275,056		3,275,056				3,275,056

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	3,677,025	XXX	XXX	3,677,025	0.0000		0.0000		0.0000	
2.1	1	NAIC Designation Category 1.A	3,997,401	XXX	XXX	3,997,401	0.0002	799	0.0007	2,798	0.0013	5,197
2.2	1	NAIC Designation Category 1.B	2,298,707	XXX	XXX	2,298,707	0.0004	919	0.0011	2,529	0.0023	5,287
2.3	1	NAIC Designation Category 1.C		XXX	XXX		0.0006		0.0018		0.0035	
2.4	1	NAIC Designation Category 1.D	6,936,120	XXX	XXX	6,936,120	0.0007	4,855	0.0022	15,259	0.0044	30,519
2.5	1	NAIC Designation Category 1.E	7,519,477	XXX	XXX	7,519,477	0.0009	6,768	0.0027	20,303	0.0055	41,357
2.6	1	NAIC Designation Category 1.F	24,474,568	XXX	XXX	24,474,568	0.0011	26,922	0.0034	83,214	0.0068	166,427
2.7	1	NAIC Designation Category 1.G	38,541,429	XXX	XXX	38,541,429	0.0014	53,958	0.0042	161,874	0.0085	327,602
2.8		Subtotal NAIC 1 (2.1+2.2+2.3+2.4+2.5+2.6+2.7)	83,767,702	XXX	XXX	83,767,702	XXX	94,222	XXX	285,976	XXX	576,389
3.1	2	NAIC Designation Category 2.A	74,615,963	XXX	XXX	74,615,963	0.0021	156,694	0.0063	470,081	0.0105	783,468
3.2	2	NAIC Designation Category 2.B	120,466,993	XXX	XXX	120,466,993	0.0025	301,167	0.0076	915,549	0.0127	1,529,931
3.3	2	NAIC Designation Category 2.C	27,268,425	XXX	XXX	27,268,425	0.0036	98,166	0.0108	294,499	0.0180	490,832
3.4		Subtotal NAIC 2 (3.1+3.2+3.3)	222,351,381	XXX	XXX	222,351,381	XXX	556,027	XXX	1,680,129	XXX	2,804,230
4.1	3	NAIC Designation Category 3.A		XXX	XXX		0.0069		0.0183		0.0262	
4.2	3	NAIC Designation Category 3.B		XXX	XXX		0.0099		0.0264		0.0377	
4.3	3	NAIC Designation Category 3.C		XXX	XXX		0.0131		0.0350		0.0500	
4.4		Subtotal NAIC 3 (4.1+4.2+4.3)		XXX	XXX		XXX		XXX		XXX	
5.1	4	NAIC Designation Category 4.A		XXX	XXX		0.0184		0.0430		0.0615	
5.2	4	NAIC Designation Category 4.B		XXX	XXX		0.0238		0.0555		0.0793	
5.3	4	NAIC Designation Category 4.C		XXX	XXX		0.0310		0.0724		0.1034	
5.4		Subtotal NAIC 4 (5.1+5.2+5.3)		XXX	XXX		XXX		XXX		XXX	
6.1	5	NAIC Designation Category 5.A		XXX	XXX		0.0472		0.0846		0.1410	
6.2	5	NAIC Designation Category 5.B		XXX	XXX		0.0663		0.1188		0.1980	
6.3	5	NAIC Designation Category 5.C		XXX	XXX		0.0836		0.1498		0.2496	
6.4		Subtotal NAIC 5 (6.1+6.2+6.3)		XXX	XXX		XXX		XXX		XXX	
7.	6	NAIC 6		XXX	XXX		0.0000		0.2370		0.2370	
8.		Total Unrated Multi-class Securities Acquired by Conversion		XXX	XXX		XXX		XXX		XXX	
9.		Total Long-Term Bonds (1+2.8+3.4+4.4+5.4+6.4+7+8)	309,796,108	XXX	XXX	309,796,108	XXX	650,249	XXX	1,966,105	XXX	3,380,619
		PREFERRED STOCKS										
10.	1	Highest Quality		XXX	XXX		0.0005		0.0016		0.0033	
11.	2	High Quality		XXX	XXX		0.0021		0.0064		0.0106	
12.	3	Medium Quality		XXX	XXX		0.0099		0.0263		0.0376	
13.	4	Low Quality		XXX	XXX		0.0245		0.0572		0.0817	
14.	5	Lower Quality		XXX	XXX		0.0630		0.1128		0.1880	
15.	6	In or Near Default		XXX	XXX		0.0000		0.2370		0.2370	
16.		Affiliated Life with AVR		XXX	XXX		0.0000		0.0000		0.0000	
17.		Total Preferred Stocks (Sum of Lines 10 through 16)		XXX	XXX		XXX		XXX		XXX	

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		0.0000		0.0000		0.0000	
19.1	1	NAIC Designation Category 1.A		XXX	XXX		0.0002		0.0007		0.0013	
19.2	1	NAIC Designation Category 1.B		XXX	XXX		0.0004		0.0011		0.0023	
19.3	1	NAIC Designation Category 1.C		XXX	XXX		0.0006		0.0018		0.0035	
19.4	1	NAIC Designation Category 1.D		XXX	XXX		0.0007		0.0022		0.0044	
19.5	1	NAIC Designation Category 1.E		XXX	XXX		0.0009		0.0027		0.0055	
19.6	1	NAIC Designation Category 1.F		XXX	XXX		0.0011		0.0034		0.0068	
19.7	1	NAIC Designation Category 1.G		XXX	XXX		0.0014		0.0042		0.0085	
19.8		Subtotal NAIC 1 (19.1+19.2+19.3+19.4+19.5+19.6+19.7)		XXX	XXX		XXX		XXX		XXX	
20.1	2	NAIC Designation Category 2.A		XXX	XXX		0.0021		0.0063		0.0105	
20.2	2	NAIC Designation Category 2.B		XXX	XXX		0.0025		0.0076		0.0127	
20.3	2	NAIC Designation Category 2.C		XXX	XXX		0.0036		0.0108		0.0180	
20.4		Subtotal NAIC 2 (20.1+20.2+20.3)		XXX	XXX		XXX		XXX		XXX	
21.1	3	NAIC Designation Category 3.A		XXX	XXX		0.0069		0.0183		0.0262	
21.2	3	NAIC Designation Category 3.B		XXX	XXX		0.0099		0.0264		0.0377	
21.3	3	NAIC Designation Category 3.C		XXX	XXX		0.0131		0.0350		0.0500	
21.4		Subtotal NAIC 3 (21.1+21.2+21.3)		XXX	XXX		XXX		XXX		XXX	
22.1	4	NAIC Designation Category 4.A		XXX	XXX		0.0184		0.0430		0.0615	
22.2	4	NAIC Designation Category 4.B		XXX	XXX		0.0238		0.0555		0.0793	
22.3	4	NAIC Designation Category 4.C		XXX	XXX		0.0310		0.0724		0.1034	
22.4		Subtotal NAIC 4 (22.1+22.2+22.3)		XXX	XXX		XXX		XXX		XXX	
23.1	5	NAIC Designation Category 5.A		XXX	XXX		0.0472		0.0846		0.1410	
23.2	5	NAIC Designation Category 5.B		XXX	XXX		0.0663		0.1188		0.1980	
23.3	5	NAIC Designation Category 5.C		XXX	XXX		0.0836		0.1498		0.2496	
23.4		Subtotal NAIC 5 (23.1+23.2+23.3)		XXX	XXX		XXX		XXX		XXX	
24.	6	NAIC 6		XXX	XXX		0.0000		0.2370		0.2370	
25.		Total Short-Term Bonds (18+19.8+20.4+21.4+22.4+23.4+24)		XXX	XXX		XXX		XXX		XXX	
		DERIVATIVE INSTRUMENTS										
26.		Exchange Traded		XXX	XXX		0.0005		0.0016		0.0033	
27.	1	Highest Quality		XXX	XXX		0.0005		0.0016		0.0033	
28.	2	High Quality		XXX	XXX		0.0021		0.0064		0.0106	
29.	3	Medium Quality		XXX	XXX		0.0099		0.0263		0.0376	
30.	4	Low Quality		XXX	XXX		0.0245		0.0572		0.0817	
31.	5	Lower Quality		XXX	XXX		0.0630		0.1128		0.1880	
32.	6	In or Near Default		XXX	XXX		0.0000		0.2370		0.2370	
33.		Total Derivative Instruments		XXX	XXX		XXX		XXX		XXX	
34.		Total (Lines 9 + 17 + 25 + 33)	309,796,108	XXX	XXX	309,796,108	XXX	650,249	XXX	1,966,105	XXX	3,380,619

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		0.0011		0.0057		0.0074	
36.		Farm Mortgages - CM2 - High Quality			XXX		0.0040		0.0114		0.0149	
37.		Farm Mortgages - CM3 - Medium Quality			XXX		0.0069		0.0200		0.0257	
38.		Farm Mortgages - CM4 - Low Medium Quality			XXX		0.0120		0.0343		0.0428	
39.		Farm Mortgages - CM5 - Low Quality			XXX		0.0183		0.0486		0.0628	
40.		Residential Mortgages - Insured or Guaranteed			XXX		0.0003		0.0007		0.0011	
41.		Residential Mortgages - All Other			XXX		0.0015		0.0034		0.0046	
42.		Commercial Mortgages - Insured or Guaranteed			XXX		0.0003		0.0007		0.0011	
43.		Commercial Mortgages - All Other - CM1 - Highest Quality			XXX		0.0011		0.0057		0.0074	
44.		Commercial Mortgages - All Other - CM2 - High Quality			XXX		0.0040		0.0114		0.0149	
45.		Commercial Mortgages - All Other - CM3 - Medium Quality			XXX		0.0069		0.0200		0.0257	
46.		Commercial Mortgages - All Other - CM4 - Low Medium Quality			XXX		0.0120		0.0343		0.0428	
47.		Commercial Mortgages - All Other - CM5 - Low Quality			XXX		0.0183		0.0486		0.0628	
		Overdue, Not in Process:										
48.		Farm Mortgages			XXX		0.0480		0.0868		0.1371	
49.		Residential Mortgages - Insured or Guaranteed			XXX		0.0006		0.0014		0.0023	
50.		Residential Mortgages - All Other			XXX		0.0029		0.0066		0.0103	
51.		Commercial Mortgages - Insured or Guaranteed			XXX		0.0006		0.0014		0.0023	
52.		Commercial Mortgages - All Other			XXX		0.0480		0.0868		0.1371	
		In Process of Foreclosure:										
53.		Farm Mortgages			XXX		0.0000		0.1942		0.1942	
54.		Residential Mortgages - Insured or Guaranteed			XXX		0.0000		0.0046		0.0046	
55.		Residential Mortgages - All Other			XXX		0.0000		0.0149		0.0149	
56.		Commercial Mortgages - Insured or Guaranteed			XXX		0.0000		0.0046		0.0046	
57.		Commercial Mortgages - All Other			XXX		0.0000		0.1942		0.1942	
58.		Total Schedule B Mortgages (Sum of Lines 35 through 57)			XXX		XXX		XXX		XXX	
59.		Schedule DA Mortgages			XXX		0.0034		0.0114		0.0149	
60.		Total Mortgage Loans on Real Estate (Lines 58 + 59)			XXX		XXX		XXX		XXX	

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		0.0000		0.1580 (a)		0.1580 (a)	
2.		Unaffiliated - Private		XXX	XXX		0.0000		0.1945		0.1945	
3.		Federal Home Loan Bank		XXX	XXX		0.0000		0.0061		0.0097	
4.		Affiliated - Life with AVR	73,379,420	XXX	XXX	73,379,420	0.0000		0.0000		0.0000	
		Affiliated - Investment Subsidiary:										
5.		Fixed Income - Exempt Obligations					XXX		XXX		XXX	
6.		Fixed Income - Highest Quality					XXX		XXX		XXX	
7.		Fixed Income - High Quality					XXX		XXX		XXX	
8.		Fixed Income - Medium Quality					XXX		XXX		XXX	
9.		Fixed Income - Low Quality					XXX		XXX		XXX	
10.		Fixed Income - Lower Quality					XXX		XXX		XXX	
11.		Fixed Income - In/Near Default					XXX		XXX		XXX	
12.		Unaffiliated Common Stock - Public					0.0000		0.1580 (a)		0.1580 (a)	
13.		Unaffiliated Common Stock - Private					0.0000		0.1945		0.1945	
14.		Real Estate					(b)		(b)		(b)	
15.		Affiliated - Certain Other (See SVO Purposes and Procedures Manual)		XXX	XXX		0.0000		0.1580		0.1580	
16.		Affiliated - All Other		XXX	XXX		0.0000		0.1945		0.1945	
17.		Total Common Stock (Sum of Lines 1 through 16)	73,379,420			73,379,420	XXX		XXX		XXX	
		REAL ESTATE										
18.		Home Office Property (General Account only)					0.0000		0.0912		0.0912	
19.		Investment Properties					0.0000		0.0912		0.0912	
20.		Properties Acquired in Satisfaction of Debt					0.0000		0.1337		0.1337	
21.		Total Real Estate (Sum of Lines 18 through 20)					XXX		XXX		XXX	
		OTHER INVESTED ASSETS INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF BONDS										
22.		Exempt Obligations		XXX	XXX		0.0000		0.0000		0.0000	
23.	1	Highest Quality		XXX	XXX		0.0005		0.0016		0.0033	
24.	2	High Quality		XXX	XXX		0.0021		0.0064		0.0106	
25.	3	Medium Quality		XXX	XXX		0.0099		0.0263		0.0376	
26.	4	Low Quality		XXX	XXX		0.0245		0.0572		0.0817	
27.	5	Lower Quality		XXX	XXX		0.0630		0.1128		0.1880	
28.	6	In or Near Default		XXX	XXX		0.0000		0.2370		0.2370	
29.		Total with Bond Characteristics (Sum of Lines 22 through 28)		XXX	XXX		XXX		XXX		XXX	

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

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

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

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

(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	346,645,801	XXX	84,231	XXX		XXX	213,512,330	XXX		XXX	150,087	XXX		XXX
2.	Premiums earned	347,194,997	XXX	85,491	XXX		XXX	214,219,695	XXX		XXX	150,795	XXX		XXX
3.	Incurred claims	211,966,066	61.1	32,483	38.0			162,401,668	75.8			128,519	85.2		
4.	Cost containment expenses	634,061	0.2					634,061	0.3						
5.	Incurred claims and cost containment expenses (Lines 3 and 4)	212,600,127	61.2	32,483	38.0			163,035,729	76.1			128,519	85.2		
6.	Increase in contract reserves	5,876,927	1.7	(15,449)	(18.1)			623,339	0.3						
7.	Commissions (a)	58,512,263	16.9	129	0.2			11,591,611	5.4			(3,766)	(2.5)		
8.	Other general insurance expenses	41,239,164	11.9	2,354	2.8			11,880,502	5.5			21,134	14.0		
9.	Taxes, licenses and fees	8,497,849	2.4	1,773	2.1			4,612,986	2.2			3,185	2.1		
10.	Total other expenses incurred	108,249,276	31.2	4,256	5.0			28,085,099	13.1			20,553	13.6		
11.	Aggregate write-ins for deductions	67,200	0.0	1	0.0			(36,979)	0.0				0.0		
12.	Gain from underwriting before dividends or refunds	20,401,467	5.9	64,200	75.1			22,512,506	10.5			1,724	1.1		
13.	Dividends or refunds														
14.	Gain from underwriting after dividends or refunds	20,401,467	5.9	64,200	75.1			22,512,506	10.5			1,724	1.1		
	DETAILS OF WRITE-INS														
1101.	Loading	42,726	0.0					(43,948)	0.0			(13)	0.0		
1102.	Penalites	24,644	0.0	1	0.0			7,100	0.0			13	0.0		
1103.	Express Script rebates	(170)	0.0		0.0			(130)	0.0				0.0		
1198.	Summary of remaining write-ins for Line 11 from overflow page														
1199.	Totals (Lines 1101 thru 1103 plus 1198)(Line 11 above)	67,200	0.0	1	0.0			(36,979)	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	607,497	XXX		XXX	132,291,656	XXX
2.	Premiums earned		XXX		XXX		XXX	625,639	XXX		XXX	132,113,377	XXX
3.	Incurred claims							1,283,710	205.2			48,119,686	36.4
4.	Cost containment expenses												
5.	Incurred claims and cost containment expenses (Lines 3 and 4)							1,283,710	205.2			48,119,686	36.4
6.	Increase in contract reserves							(384,190)	(61.4)			5,653,227	4.3
7.	Commissions (a)							(1,898)	(0.3)			46,926,188	35.5
8.	Other general insurance expenses							49,008	7.8			29,286,166	22.2
9.	Taxes, licenses and fees							13,893	2.2	1,332		3,864,680	2.9
10.	Total other expenses incurred							61,003	9.8	1,332		80,077,034	60.6
11.	Aggregate write-ins for deductions							39	0.0			104,139	0.1
12.	Gain from underwriting before dividends or refunds							(334,922)	(53.5)	(1,332)		(1,840,709)	(1.4)
13.	Dividends or refunds												
14.	Gain from underwriting after dividends or refunds							(334,922)	(53.5)	(1,332)		(1,840,709)	(1.4)
	DETAILS OF WRITE-INS												
1101.	Loading							11	0.0			86,676	0.1
1102.	Penalites							29	0.0			17,501	0.0
1103.	Express Script rebates							(1)	0.0			(39)	0.0
1198.	Summary of remaining write-ins for Line 11 from overflow page												
1199.	Totals (Lines 1101 thru 1103 plus 1198)(Line 11 above)							39	0.0			104,139	0.1

(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	9,081,137	8,731		4,854,216		7,456					68,529		4,142,205
2. Advance premiums	2,181,656			1,400,317		5,693					2,833		772,813
3. Reserve for rate credits													
4. Total premium reserves, current year	11,262,793	8,731		6,254,533		13,149					71,362		4,915,018
5. Total premium reserves, prior year	12,468,310	9,991		7,671,828		12,711					90,988		4,682,792
6. Increase in total premium reserves	(1,205,517)	(1,260)		(1,417,295)		438					(19,626)		232,226
B. Contract Reserves:													
1. Additional reserves (a)	172,928,630	10,894		16,158,791							1,698,962		155,059,983
2. Reserve for future contingent benefits													
3. Total contract reserves, current year	172,928,630	10,894		16,158,791							1,698,962		155,059,983
4. Total contract reserves, prior year.	167,051,703	26,343		15,535,452							2,083,152		149,406,756
5. Increase in contract reserves	5,876,927	(15,449)		623,339							(384,190)		5,653,227
C. Claim Reserves and Liabilities:													
1. Total current year	56,877,489	33,506		16,583,494		34,653					8,578,674		31,647,162
2. Total prior year	61,836,599	42,212		21,366,768		9,897					9,263,034		31,154,688
3. Increase	(4,959,110)	(8,706)		(4,783,274)		24,756					(684,360)		492,474

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	42,620,122	8,666		16,879,786		5,793					1,853,256		23,872,621
1.2 On claims incurred during current year	174,305,054	32,523		150,305,156		97,970					114,814		23,754,591
2. Claim reserves and liabilities, December 31, current year:													
2.1 On claims incurred prior to current year	14,467,360	9,403		34,703							7,431,834		6,991,420
2.2 On claims incurred during current year	42,410,129	24,103		16,548,791		34,653					1,146,840		24,655,742
3. Test:													
3.1 Lines 1.1 and 2.1	57,087,482	18,069		16,914,489		5,793					9,285,090		30,864,041
3.2 Claim reserves and liabilities, December 31, prior year	61,836,599	42,212		21,366,768		9,897					9,263,034		31,154,688
3.3 Line 3.1 minus Line 3.2	(4,749,117)	(24,143)		(4,452,279)		(4,104)					22,056		(290,647)

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	53,873,933	84,231		37,350,645		151,233					594,824		15,693,000
2. Premiums earned	54,427,408	85,491		37,775,801		151,940					612,891		15,801,285
3. Incurred claims	40,398,769	32,482		29,873,141		128,519					1,292,095		9,072,532
4. Commissions	5,953,213	129		1,665,783		(3,766)					(1,724)		4,292,791
B. Reinsurance Ceded:													
1. Premiums written	7,204,199			22,471							75,839	92,425	7,013,464
2. Premiums earned	7,209,153			22,471							75,976	95,059	7,015,647
3. Incurred claims	5,807,415										21,903	726,065	5,059,447
4. Commissions	1,110,282										8,934	1,015	1,100,333

(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			132,528,523							14,026	726,066	44,106,602	177,375,217
2. Beginning claim reserves and liabilities			16,959,971							36,027	317,822	24,657,088	41,970,908
3. Ending claim reserves and liabilities			13,581,645							21,764	868,468	26,983,566	41,455,443
4. Claims paid			135,906,849							28,289	175,420	41,780,124	177,890,682
B. Assumed Reinsurance:													
1. Incurred claims	32,482		29,873,141		128,519					1,292,095		9,072,532	40,398,769
2. Beginning claim reserves and liabilities	42,212		3,332,638		(11,925)					9,138,492		8,720,681	21,222,098
3. Ending claim reserves and liabilities	33,505		1,961,293		14,093					8,512,639		6,944,878	17,466,408
4. Claims paid	41,189		31,244,486		102,501					1,917,948		10,848,335	44,154,459
C. Ceded Reinsurance:													
1. Incurred claims										21,903	726,065	5,059,447	5,807,415
2. Beginning claim reserves and liabilities										13,885	317,822	2,252,987	2,584,694
3. Ending claim reserves and liabilities										11,861	868,468	2,303,411	3,183,740
4. Claims paid										23,927	175,419	5,009,023	5,208,369
D. Net:													
1. Incurred claims	32,482		162,401,664		128,519					1,284,218	1	48,119,687	211,966,571
2. Beginning claim reserves and liabilities	42,212		20,292,609		(11,925)					9,160,634		31,124,782	60,608,312
3. Ending claim reserves and liabilities	33,505		15,542,938		14,093					8,522,542		31,625,033	55,738,111
4. Claims paid	41,189		167,151,335		102,501					1,922,310	1	47,619,436	216,836,772
E. Net Incurred Claims and Cost Containment Expenses:													
1. Incurred claims and cost containment expenses	32,483		163,035,729		128,519					1,283,710		48,119,686	212,600,127
2. Beginning reserves and liabilities	42,212		20,320,155		(11,925)					9,160,634		31,124,782	60,635,858
3. Ending reserves and liabilities	33,505		15,859,287		14,093					8,522,542		31,625,033	56,054,460
4. Paid claims and cost containment expenses	41,190		167,496,597		102,501					1,921,802		47,619,435	217,181,525

SCHEDULE S - PART 1 - SECTION 1

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsured	5 Domiciliary Jurisdiction	6 Type of Reinsurance Assumed	7 Type of Business Assumed	8 Amount of In Force at End of Year	9 Reserve	10 Premiums	11 Reinsurance Payable on Paid and Unpaid Losses	12 Modified Coinsurance Reserve	13 Funds Withheld Under Coinsurance
0399999. Total General Account - U.S. Affiliates												
0699999. Total General Account - Non-U.S. Affiliates												
0799999. Total General Account - Affiliates												
86231	39-0989781	10/20/1978	Transamerica Life Insurance Company	IA	CO/I	OL	1,283,303	660,064	18,271			
0899999. General Account - U.S. Non-Affiliates							1,283,303	660,064	18,271			
1099999. Total General Account - Non-Affiliates							1,283,303	660,064	18,271			
1199999. Total General Account							1,283,303	660,064	18,271			
1499999. Total Separate Accounts - U.S. Affiliates												
1799999. Total Separate Accounts - Non-U.S. Affiliates												
1899999. Total Separate Accounts - Affiliates												
2199999. Total Separate Accounts - Non-Affiliates												
2299999. Total Separate Accounts												
2399999. Total U.S. (Sum of 0399999, 0899999, 1499999 and 1999999)							1,283,303	660,064	18,271			
2499999. Total Non-U.S. (Sum of 0699999, 0999999, 1799999 and 2099999)												
9999999 - Totals							1,283,303	660,064	18,271			

SCHEDULE S - PART 1 - SECTION 2

Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsured	5 Domiciliary Jurisdiction	6 Type of Reinsurance Assumed	7 Type of Business Assumed	8 Premiums	9 Unearned Premiums	10 Reserve Liability Other Than for Unearned Premiums	11 Reinsurance Payable on Paid and Unpaid Losses	12 Modified Coinsurance Reserve	13 Funds Withheld Under Coinsurance
0399999. Total - U.S. Affiliates												
0699999. Total - Non-U.S. Affiliates												
0799999. Total - Affiliates												
66044	46-0164570	01/01/1994	Midland National Life	IA	OTH/I	LTDI						
66044	46-0164570	01/01/1994	Midland National Life	IA	OTH/I	SD	6,804	366	11,314	3,767		
63312	13-1935920	08/31/2012	MassMutual Ascend Life Insurance Company	OH	OTH/I	A	659	242	2,335	84		
63312	13-1935920	08/31/2012	MassMutual Ascend Life Insurance Company	OH	OTH/I	LTDI	1,826	596	42,892	543		
63312	13-1935920	08/31/2012	MassMutual Ascend Life Insurance Company	OH	OTH/I	MS	1,845,848	85,595	1,055,459	146,926		
63312	13-1935920	08/31/2012	MassMutual Ascend Life Insurance Company	OH	OTH/I	OM	1,336	427	14,785	409		
66583	39-0493780	11/15/2017	National Guardian Life Insurance Company	WI	OTH/I	MS	9,993,239	118,987		740,889		
71404	47-0463747	08/31/2012	Continental General Insurance Company	TX	OTH/I	A	484,718	40,453	361,352	59,032		
71404	47-0463747	08/31/2012	Continental General Insurance Company	TX	OTH/I	CMM	84,231	8,731	10,894	33,505		
71404	47-0463747	08/31/2012	Continental General Insurance Company	TX	OTH/I	D	96,639	7,209		1,092		
71404	47-0463747	08/31/2012	Continental General Insurance Company	TX	OTH/I	LTDI	600,543	67,602	9,433,782	770,232		
71404	47-0463747	08/31/2012	Continental General Insurance Company	TX	OTH/I	MS	25,517,125	2,105,073	4,506,408	2,102,741		
71404	47-0463747	08/31/2012	Continental General Insurance Company	TX	OTH/I	OM	159,892	12,931	327,521	55,921		
71404	47-0463747	08/31/2012	Continental General Insurance Company	TX	OTH/I	SD	15,406,645	992,211	102,871,121	6,648,049		
71404	47-0463747	08/31/2012	Continental General Insurance Company	TX	OTH/I	STM	18,389	2,771	123,069	5,792		
71404	47-0463747	08/31/2012	Continental General Insurance Company	TX	OTH/G	D	53,448	247		33,561		
71404	47-0463747	08/31/2012	Continental General Insurance Company	TX	OTH/G	MS	135,525	4,928	6,408	11,517		
71404	47-0463747	08/31/2012	Continental General Insurance Company	TX	OTH/G	OM	17,727	495	9,673	6,354		
71404	47-0463747	08/31/2012	Continental General Insurance Company	TX	OTH/G	LTDI						
71404	47-0463747	08/31/2012	Continental General Insurance Company	TX	OTH/G	SD	(400,370)	37,817	7,745,144	187,380		
0899999. U.S. Non-Affiliates							54,024,223	3,486,683	126,522,156	10,807,792		
1099999. Total - Non-Affiliates							54,024,223	3,486,683	126,522,156	10,807,792		
1199999. Total U.S. (Sum of 0399999 and 0899999)							54,024,223	3,486,683	126,522,156	10,807,792		
1299999. Total Non-U.S. (Sum of 0699999 and 0999999)												
9999999 - Totals							54,024,223	3,486,683	126,522,156	10,807,792		

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						
0699999. Total Life and Annuity - Non-U.S. Affiliates						
0799999. Total Life and Annuity - Affiliates						
86231	39-0989781	04/24/1975	Transamerica Life Insurance Company	IA	83,000	42,500
91472	63-0782739	05/17/1972	Globe Life & Accident Company	NE	31,340	35,985
86258	13-2572994	11/01/1982	General Re Life Corporation	CT		
88340	59-2859797	07/01/1983	Hannover Life Reassurance Company of America	FL		
63312	13-1935920	01/01/2007	MassMutual Ascend Life Insurance Company	OH		742,771
63312	13-1935920	08/31/2012	MassMutual Ascend Life Insurance Company	OH		3,515,725
63312	13-1935920	01/01/2007	MassMutual Ascend Life Insurance Company	OH		7,000
0899999. Life and Annuity - U.S. Non-Affiliates					114,340	4,343,981
1099999. Total Life and Annuity - Non-Affiliates					114,340	4,343,981
1199999. Total Life and Annuity					114,340	4,343,981
1499999. Total Accident and Health - U.S. Affiliates						
1799999. Total Accident and Health - Non-U.S. Affiliates						
1899999. Total Accident and Health - Affiliates						
71404	47-0463747	08/31/2012	Continental General Insurance Company	TX	1,139,376	36,206
99724	73-1155182	06/01/2008	LifeShield National Insurance Company	OK		2,315,272
1999999. Accident and Health - U.S. Non-Affiliates					1,139,376	2,351,478
2199999. Total Accident and Health - Non-Affiliates					1,139,376	2,351,478
2299999. Total Accident and Health					1,139,376	2,351,478
2399999. Total U.S. (Sum of 0399999, 0899999, 1499999 and 1999999)					1,253,716	6,695,459
2499999. Total Non-U.S. (Sum of 0699999, 0999999, 1799999 and 2099999)						
9999999 Totals - Life, Annuity and Accident and Health					1,253,716	6,695,459

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														
0699999. Total General Account - Authorized Non-U.S. Affiliates														
0799999. Total General Account - Authorized Affiliates														
60895	35-0145825	05/01/1980	American United Life Insurance Company	IN	CO/I	OL	4,823	199	12,925	(3,194)				
60895	35-0145825	03/01/1965	American United Life Insurance Company	IN	YRT/I	OL	230,000	8,492	233	447				
60895	35-0145825	02/14/1962	American United Life Insurance Company	IN	YRT/I	OL								
68276	48-1024691	07/01/1983	Employers Reassurance Corporation	KS	YRT/I	OL	103,356	75	67	1,617				
68276	48-1024691	07/01/1983	Employers Reassurance Corporation	KS	YRT/I	OL	110,667	3,978	3,685	7,050				
68276	48-1024691	10/01/1986	Employers Reassurance Corporation	KS	CO/I	OL	33,333	422	385	802				
86258	13-2572994	02/01/1990	General Re Life Corporation	CT	YRT/I	OL	7,142	7	7	163				
86258	13-2572994	12/15/1989	General Re Life Corporation	CT	YRT/I	OL	39,500	686	629	852				
86258	13-2572994	11/22/1966	General Re Life Corporation	CT	YRT/I	OL	8,000	226	206	274				
86258	13-2572994	02/12/1965	General Re Life Corporation	CT	YRT/I	OL	268,693	5,600	15,064	(12,720)				
86258	13-2572994	05/01/1984	General Re Life Corporation	CT	CO/I	OL	1,626,570	2,245,329	2,135,065	370,799				
91472	63-0782739	05/17/1972	Globe Life & Accident Insurance Company	NE	CO/I	OL	1,401,678	957,517	1,070,783	23,407				
88340	59-2859797	11/01/1991	Hannover Life Reassurance Company Of America	FL	YRT/I	OL	2,392,191	1,523	3,110	65,725				
88340	59-2859797	07/01/1983	Hannover Life Reassurance Company Of America	FL	YRT/I	OL	1,460,684	1,139	1,019	25,295				
88340	59-2859797	07/01/1983	Hannover Life Reassurance Company Of America	FL	YRT/I	OL	183,432	236	216	7,713				
88340	59-2859797	04/01/1996	Hannover Life Reassurance Company Of America	FL	CO/I	OL	162,909	692	628	2,779				
88340	59-2859797	03/01/2002	Hannover Life Reassurance Company Of America	FL	CO/I	XXXL	3,337,280	147,395	187,962	(12,369)				
63312	13-1935920	08/31/2012	MassMutual Ascend Life Insurance Company	OH	CO/I	OL	217,673,723	92,012,049	96,093,941	2,131,739				
63312	13-1935920	08/31/2012	MassMutual Ascend Life Insurance Company	OH	CO/I	FA		63,726,684	79,738,800	852,986				
63312	13-1935920	01/01/2007	MassMutual Ascend Life Insurance Company	OH	CO/I	IA		10,732,121	14,508,188	(1,352)				
88099	75-1608507	01/01/1975	Optimum Re Insurance Company	TX	YRT/I	OL	12,395	84	79	131				
88099	75-1608507	09/01/1980	Optimum Re Insurance Company	TX	CO/I	OL	200,000	105,200	101,200	5,644				
88099	75-1608507	12/31/1985	Optimum Re Insurance Company	TX	CO/I	OL	1,000,000	288,656	275,902	11,485				
88099	75-1608507	10/15/1980	Optimum Re Insurance Company	TX	YRT/I	OL	344,482	2,680	2,532	3,738				
88099	75-1608507	03/01/1976	Optimum Re Insurance Company	TX	YRT/I	OL	31,849	220	207	503				
88099	75-1608507	03/01/2002	Optimum Re Insurance Company	TX	XXXL	XXXL	2,502,960	110,546	140,971	(9,277)				
93572	43-1235868	06/01/1989	RGA Insurance Company	MO	YRT/I	OL	73,565	24	23	566				
93572	43-1235868	12/15/1989	RGA Insurance Company	MO	YRT/I	OL	39,500	686	629	852				
93572	43-1235868	09/01/1986	RGA Insurance Company	MO	YRT/I	OL	33,334	422	385	854				
93572	43-1235868	03/01/2002	RGA Reinsurance Company	MO	CO/I	XXXL	1,668,640	73,697	93,981	(6,184)				
64688	75-6020048	06/01/1989	SCOR Global Life Americas Reinsurance Company	DE	YRT/I	OL	66,423	18	16	403				
64688	75-6020048	09/01/1986	SCOR Global Life Americas Reinsurance Company	DE	YRT/I	OL	33,334	422	385	977				
64688	75-6020048	08/01/1987	SCOR Global Life Americas Reinsurance Company	DE	YRT/I	OL	30,064	261	177	286				
64688	75-6020048	06/01/1991	SCOR Global Life Americas Reinsurance Company	DE	YRT/I	OL	1,389,949	905	1,685	33,299				
87572	23-2038295	03/01/1980	Scottish Re (US) Inc	DE	CO/I	OL			538					
87572	23-2038295	10/01/1981	Scottish Re (US) Inc	DE	YRT/I	OL			33	636				
87572	23-2038295	01/01/1969	Scottish Re (US) Inc	DE	YRT/I	OL			5,074	7,831				
68713	84-0499703	03/01/2002	Security Life of Denver Insurance Company	CO	CO/I	XXXL	834,320	36,849	46,990	(3,092)				
82627	06-0839705	04/01/1982	Swiss Re Life & Health America Inc	MO	YRT/I	OL	354,035	27,439	21,980	18,665				
82627	06-0839705	11/01/2000	Swiss Re Life & Health America Inc	MO	OTH/I	OL				5,412				
82627	06-0839705	07/01/1981	Swiss Re Life & Health America Inc	MO	YRT/I	OL								
86231	39-0989781	04/24/1975	Transamerica LIfe Insurance Company	IA	YRT/I	OL	1,297,171	42,356	46,426	101,736				
0899999. General Account - Authorized U.S. Non-Affiliates							238,956,002	170,534,835	194,512,126	3,636,480				
1099999. Total General Account - Authorized Non-Affiliates							238,956,002	170,534,835	194,512,126	3,636,480				
1199999. Total General Account Authorized							238,956,002	170,534,835	194,512,126	3,636,480				
1499999. Total General Account - Unauthorized U.S. Affiliates														
1799999. Total General Account - Unauthorized Non-U.S. Affiliates														
1899999. Total General Account - Unauthorized Affiliates														
2199999. Total General Account - Unauthorized Non-Affiliates														
2299999. Total General Account Unauthorized														
2599999. Total General Account - Certified U.S. Affiliates														
2899999. Total General Account - Certified Non-U.S. Affiliates														

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
2999999. Total General Account - Certified Affiliates														
3299999. Total General Account - Certified Non-Affiliates														
3399999. Total General Account Certified														
3699999. Total General Account - Reciprocal Jurisdiction U.S. Affiliates														
3999999. Total General Account - Reciprocal Jurisdiction Non-U.S. Affiliates														
4099999. Total General Account - Reciprocal Jurisdiction Affiliates														
4399999. Total General Account - Reciprocal Jurisdiction Non-Affiliates														
4499999. Total General Account Reciprocal Jurisdiction														
4599999. Total General Account Authorized, Unauthorized, Reciprocal Jurisdiction and Certified							238,956,002	170,534,835	194,512,126	3,636,480				
4899999. Total Separate Accounts - Authorized U.S. Affiliates														
5199999. Total Separate Accounts - Authorized Non-U.S. Affiliates														
5299999. Total Separate Accounts - Authorized Affiliates														
5599999. Total Separate Accounts - Authorized Non-Affiliates														
5699999. Total Separate Accounts Authorized														
5999999. Total Separate Accounts - Unauthorized U.S. Affiliates														
6299999. Total Separate Accounts - Unauthorized Non-U.S. Affiliates														
6399999. Total Separate Accounts - Unauthorized Affiliates														
6699999. Total Separate Accounts - Unauthorized Non-Affiliates														
6799999. Total Separate Accounts Unauthorized														
7099999. Total Separate Accounts - Certified U.S. Affiliates														
7399999. Total Separate Accounts - Certified Non-U.S. Affiliates														
7499999. Total Separate Accounts - Certified Affiliates														
7799999. Total Separate Accounts - Certified Non-Affiliates														
7899999. Total Separate Accounts Certified														
8199999. Total Separate Accounts - Reciprocal Jurisdiction U.S. Affiliates														
8499999. Total Separate Accounts - Reciprocal Jurisdiction Non-U.S. Affiliates														
8599999. Total Separate Accounts - Reciprocal Jurisdiction Affiliates														
8899999. Total Separate Accounts - Reciprocal Jurisdiction Non-Affiliates														
8999999. Total Separate Accounts Reciprocal Jurisdiction														
9099999. Total Separate Accounts Authorized, Unauthorized, Reciprocal Jurisdiction and Certified														
9199999. Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3699999, 4199999, 4899999, 5399999, 5999999, 6499999, 7099999, 7599999, 8199999 and 8699999)							238,956,002	170,534,835	194,512,126	3,636,480				
9299999. Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2899999, 3199999, 3999999, 4299999, 5199999, 5499999, 6299999, 6599999, 7399999, 7699999, 8499999 and 8799999)														
9999999 - Totals							238,956,002	170,534,835	194,512,126	3,636,480				

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													
0699999. Total General Account - Authorized Non-U.S. Affiliates													
0799999. Total General Account - Authorized Affiliates													
99724	73-1155182	06/01/2008	LifeShield National Insurance Company	OK	OTH/G	LTDI	1,506						
99724	73-1155182	06/01/2008	LifeShield National Insurance Company	OK	OTH/G	OM	194,112	2,284	249,621				
99724	73-1155182	06/01/2008	LifeShield National Insurance Company	OK	OTH/G	SD	945,601	12,763	340,095				
99724	73-1155182	06/01/2008	LifeShield National Insurance Company	OK	OTH/I	A	891,207	25,686	702,795				
99724	73-1155182	06/01/2008	LifeShield National Insurance Company	OK	OTH/I	LTDI	74,141	3,037	43,667				
99724	73-1155182	06/01/2008	LifeShield National Insurance Company	OK	OTH/I	OM	1,289,867	33,802	4,364,859				
99724	73-1155182	06/01/2008	LifeShield National Insurance Company	OK	OTH/I	SD	3,692,009	108,415	8,495,261				
71404	47-0463747	01/01/2009	Continental General Insurance Company	TX	OTH/I	LTDI	92,425	20,504	2,084,936				
62308	06-0303370	01/01/1984	Connecticut General Life Insurance Co	CT	OTH/I	A							
0899999. General Account - Authorized U.S. Non-Affiliates							7,180,868	206,491	16,281,234				
00000	AA-1122000	07/01/2019	Lloyds of London	GBR	CAT/G	OM	6,457						
00000	AA-1122000	07/01/2019	Lloyds of London	GBR	CAT/G	A	16,014						
0999999. General Account - Authorized Non-U.S. Non-Affiliates							22,471						
1099999. Total General Account - Authorized Non-Affiliates							7,203,339	206,491	16,281,234				
1199999. Total General Account Authorized							7,203,339	206,491	16,281,234				
1499999. Total General Account - Unauthorized U.S. Affiliates													
1799999. Total General Account - Unauthorized Non-U.S. Affiliates													
1899999. Total General Account - Unauthorized Affiliates													
2199999. Total General Account - Unauthorized Non-Affiliates													
2299999. Total General Account Unauthorized													
2599999. Total General Account - Certified U.S. Affiliates													
2899999. Total General Account - Certified Non-U.S. Affiliates													
2999999. Total General Account - Certified Affiliates													
3299999. Total General Account - Certified Non-Affiliates													
3399999. Total General Account Certified													
3699999. Total General Account - Reciprocal Jurisdiction U.S. Affiliates													
3999999. Total General Account - Reciprocal Jurisdiction Non-U.S. Affiliates													
4099999. Total General Account - Reciprocal Jurisdiction Affiliates													
4399999. Total General Account - Reciprocal Jurisdiction Non-Affiliates													
4499999. Total General Account Reciprocal Jurisdiction													
4599999. Total General Account Authorized, Unauthorized, Reciprocal Jurisdiction and Certified							7,203,339	206,491	16,281,234				
4899999. Total Separate Accounts - Authorized U.S. Affiliates													
5199999. Total Separate Accounts - Authorized Non-U.S. Affiliates													
5299999. Total Separate Accounts - Authorized Affiliates													
5599999. Total Separate Accounts - Authorized Non-Affiliates													
5699999. Total Separate Accounts Authorized													
5999999. Total Separate Accounts - Unauthorized U.S. Affiliates													
6299999. Total Separate Accounts - Unauthorized Non-U.S. Affiliates													
6399999. Total Separate Accounts - Unauthorized Affiliates													
6699999. Total Separate Accounts - Unauthorized Non-Affiliates													
6799999. Total Separate Accounts Unauthorized													
7099999. Total Separate Accounts - Certified U.S. Affiliates													
7399999. Total Separate Accounts - Certified Non-U.S. Affiliates													
7499999. Total Separate Accounts - Certified Affiliates													
7799999. Total Separate Accounts - Certified Non-Affiliates													
7899999. Total Separate Accounts Certified													
8199999. Total Separate Accounts - Reciprocal Jurisdiction U.S. Affiliates													
8499999. Total Separate Accounts - Reciprocal Jurisdiction Non-U.S. Affiliates													
8599999. Total Separate Accounts - Reciprocal Jurisdiction Affiliates													
8899999. Total Separate Accounts - Reciprocal Jurisdiction Non-Affiliates													

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	Domi-ciliary Juris-diction	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
8999999. Total Separate Accounts Reciprocal Jurisdiction													
9099999. Total Separate Accounts Authorized, Unauthorized, Reciprocal Jurisdiction and Certified													
9199999. Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3699999, 4199999, 4899999, 5399999, 5999999, 6499999, 7099999, 7599999, 8199999 and 8699999)							7,180,868	206,491	16,281,234				
9299999. Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2899999, 3199999, 3999999, 4299999, 5199999, 5499999, 6299999, 6599999, 7399999, 7699999, 8499999 and 8799999)							22,471						
9999999 - Totals							7,203,339	206,491	16,281,234				

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	10,840	11,037	13,879	16,157	17,989
2.	Commissions and reinsurance expense allowances	1,163	1,189	1,915	2,334	2,796
3.	Contract claims	17,559	15,903	19,776	18,416	20,793
4.	Surrender benefits and withdrawals for life contracts					
5.	Dividends to policyholders and refunds to members					
6.	Reserve adjustments on reinsurance ceded					
7.	Increase in aggregate 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	548	725	688	1,040	1,197
9.	Aggregate reserves for life and accident and health contracts	187,023	210,249	222,278	235,072	247,175
10.	Liability for deposit-type contracts	8,960	8,803	9,177	9,640	9,191
11.	Contract claims unpaid	6,688	6,385	8,007	7,159	7,706
12.	Amounts recoverable on reinsurance	1,254	1,332	1,592	1,818	2,256
13.	Experience rating refunds due or unpaid					
14.	Policyholders' dividends and refunds to members (not included in Line 10)					
15.	Commissions and reinsurance expense allowances due					
16.	Unauthorized reinsurance offset					
17.	Offset for reinsurance with Certified Reinsurers					
	C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
18.	Funds deposited by and withheld from (F)					
19.	Letters of credit (L)					
20.	Trust agreements (T)					
21.	Other (O)					
	D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
22.	Multiple Beneficiary Trust					
23.	Funds deposited by and withheld from (F)					
24.	Letters of credit (L)					
25.	Trust agreements (T)					
26.	Other (O)					

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit for Ceded Reinsurance

		1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
	ASSETS (Page 2, Col. 3)			
1.	Cash and invested assets (Line 12)	404,818,010		404,818,010
2.	Reinsurance (Line 16)	1,727,160	(1,727,160)	
3.	Premiums and considerations (Line 15)	517,812	548,014	1,065,826
4.	Net credit for ceded reinsurance	XXX	194,890,166	194,890,166
5.	All other admitted assets (balance)	31,213,459		31,213,459
6.	Total assets excluding Separate Accounts (Line 26)	438,276,441	193,711,020	631,987,461
7.	Separate Account assets (Line 27)			
8.	Total assets (Line 28)	438,276,441	193,711,020	631,987,461
	LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
9.	Contract reserves (Lines 1 and 2)	196,877,489	178,062,903	374,940,392
10.	Liability for deposit-type contracts (Line 3)	62	8,959,658	8,959,720
11.	Claim reserves (Line 4)	48,934,183	6,688,459	55,622,642
12.	Policyholder dividends/member refunds/reserves (Lines 5 through 7)			
13.	Premium & annuity considerations received in advance (Line 8)	2,184,735		2,184,735
14.	Other contract liabilities (Line 9)	2,351,652		2,351,652
15.	Reinsurance in unauthorized companies (Line 24.02 minus inset amount)			
16.	Funds held under reinsurance treaties with unauthorized reinsurers (Line 24.03 minus inset amount)			
17.	Reinsurance with Certified Reinsurers (Line 24.02 inset amount)			
18.	Funds held under reinsurance treaties with Certified Reinsurers (Line 24.03 inset amount)			
19.	All other liabilities (balance)	40,008,701		40,008,701
20.	Total liabilities excluding Separate Accounts (Line 26)	290,356,822	193,711,020	484,067,842
21.	Separate Account liabilities (Line 27)			
22.	Total liabilities (Line 28)	290,356,822	193,711,020	484,067,842
23.	Capital & surplus (Line 38)	147,919,619	XXX	147,919,619
24.	Total liabilities, capital & surplus (Line 39)	438,276,441	193,711,020	631,987,461
	NET CREDIT FOR CEDED REINSURANCE			
25.	Contract reserves	178,062,903		
26.	Claim reserves	6,688,459		
27.	Policyholder dividends/reserves			
28.	Premium & annuity considerations received in advance			
29.	Liability for deposit-type contracts	8,959,658		
30.	Other contract liabilities			
31.	Reinsurance ceded assets	1,727,160		
32.	Other ceded reinsurance recoverables			
33.	Total ceded reinsurance recoverables	195,438,180		
34.	Premiums and considerations	548,014		
35.	Reinsurance in unauthorized companies			
36.	Funds held under reinsurance treaties with unauthorized reinsurers			
37.	Reinsurance with Certified Reinsurers			
38.	Funds held under reinsurance treaties with Certified Reinsurers			
39.	Other ceded reinsurance payables/offsets			
40.	Total ceded reinsurance payable/offsets	548,014		
41.	Total net credit for ceded reinsurance	194,890,166		

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	397,308	2,085	8,714		199	408,306
2. Alaska	AK	7,421	8				7,429
3. Arizona	AZ	59,294	23	3,018		1,252	63,587
4. Arkansas	AR	188,146	170	1,944		320	190,580
5. California	CA	176,045	288,963	24,081	2,764	1,466	493,319
6. Colorado	CO	54,333	23	302	12,417	179	67,254
7. Connecticut	CT	72,552	15	4,634			77,201
8. Delaware	DE	22,196	8				22,204
9. District of Columbia	DC	8,342					8,342
10. Florida	FL	308,409	253,068	4,913	6,419	918	573,727
11. Georgia	GA	297,214	68	1,648	7,458	2,246	308,634
12. Hawaii	HI	5,795	23			761	6,579
13. Idaho	ID	23,472					23,472
14. Illinois	IL	249,641	199	596	1,346		251,782
15. Indiana	IN	249,832	242	260		509	250,843
16. Iowa	IA	76,549		2,187			78,736
17. Kansas	KS	156,774	2	908	4,962		162,646
18. Kentucky	KY	209,355	93	1,169		250	210,867
19. Louisiana	LA	200,568	138	1,952		500	203,158
20. Maine	ME	45,726	183	186			46,095
21. Maryland	MD	93,430	425	122		2,586	96,563
22. Massachusetts	MA	42,494	165			387	43,046
23. Michigan	MI	119,164	(2,713)			117	116,568
24. Minnesota	MN	38,689	882			53	39,624
25. Mississippi	MS	216,506	1,950			271	218,727
26. Missouri	MO	177,765	164	1,069	11,496		190,494
27. Montana	MT	14,268					14,268
28. Nebraska	NE	56,908	8		2,070	4,488	63,474
29. Nevada	NV	39,632		130		4,746	44,508
30. New Hampshire	NH	12,218	15				12,233
31. New Jersey	NJ	155,281	253,902			2	409,185
32. New Mexico	NM	52,758	8			270	53,036
33. New York	NY	12,745	65			1,330	14,140
34. North Carolina	NC	472,510	49,198	3,095	8,105	15,201	548,109
35. North Dakota	ND	6,828					6,828
36. Ohio	OH	179,485	45	1,909			181,439
37. Oklahoma	OK	123,933	72				124,005
38. Oregon	OR	42,508	8				42,516
39. Pennsylvania	PA	229,322	72	2,987		75	232,456
40. Rhode Island	RI	13,145	30				13,175
41. South Carolina	SC	313,684	649	1,322		1,364	317,019
42. South Dakota	SD	37,041					37,041
43. Tennessee	TN	335,008	445	1,604	4,492	1,488	343,037
44. Texas	TX	892,931	166	10,752		3,584	907,433
45. Utah	UT	26,534	15	265		120	26,934
46. Vermont	VT	78,620	231				78,851
47. Virginia	VA	194,288	96	45		937	195,366
48. Washington	WA	101,520			2,550	181	104,251
49. West Virginia	WV	132,603	406				133,009
50. Wisconsin	WI	42,356	23		9,505		51,884
51. Wyoming	WY	13,383		569	1,130		15,082
52. American Samoa	AS						
53. Guam	GU	883				219	1,102
54. Puerto Rico	PR	1,660					1,660
55. U.S. Virgin Islands	VI	3,223					3,223
56. Northern Mariana Islands	MP						
57. Canada	CAN						
58. Aggregate Other Alien	OT	77,844				36	77,880
59. Total		7,160,139	851,638	80,381	74,714	46,055	8,212,927

SCHEDULE Y

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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	DS	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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
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	

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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	

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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

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	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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PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
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	IA	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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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				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	UIP	Cigna Holdings, Inc.	Ownership	100.000	The Cigna Group	NO	
0901	Cigna Group	62308	06-0303370		0000023419		Connecticut General Life Insurance Company	CT	UIP	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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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	RE	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	IA	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

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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

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00000	46-2332355	1EQ Inc. (d/b/a Babyscripts)										
00000	88-1945947	73 Pond Street Apartments Venture, L.L.C.										
00000	00-0000000	680 Investors LLC										
00000	00-0000000	685 New Hampshire LLC										
00000	82-4794800	9171 Wilshire CPI-CII LLC										
00000	86-1712743	ABL Apartments Venture, L.L.C.										
00000	88-4202407	ABL Holding Co., L.L.C.										
00000	88-3747773	ABL Townhomes Venture, L.L.C.										
00000	85-1046126	ABS Apartments Venture, L.L.C.										
00000	11-3358535	Accredo Health Group, Inc.										
00000	55-0894449	Accredo Health, Incorporated										
00000	87-4355549	AGA Apartments Venture, L.L.C.										
00000	92-1596970	AGS Apartments Venture, L.L.C.										
00000	13-3888838	AHG of New York, Inc.										
00000	75-3040465	Airport Holdings, LLC										
00000	35-2562415	Alegis Care Services, LLC										
00000	85-0909305	Alegis Care Services of Colorado, LLC										
00000	81-0400550	Allegiance Benefit Plan Management, Inc.	(12,000,000)				15,763,384				3,763,384	5,007
00000	03-0507057	Allegiance Care Management, LLC					15,239				15,239	
00000	71-0916514	Allegiance COBRA Services, Inc.					(1,038)				(1,038)	
12814	20-4433475	Allegiance Life & Health Insurance Company					(561,110)	103,337			(457,773)	
00000	26-2201582	Allegiance Provider Direct, LLC										
00000	20-3851464	Allegiance Re, Inc.										
88366	59-2760189	American Retirement Life Insurance Company		(15,000,000)			(15,836,078)				(30,836,078)	
00000	87-4023291	AOP II Apartments Venture, L.L.C.										
00000	82-3315524	Arbor Heights Venture LLC										
00000	46-4080861	AristaMD, Inc.										
00000	86-3581583	Arizona Health Plan, Inc.										
00000	00-0000000	Ascent Health Services LLC					(448,308)				(448,308)	
00000	87-1304984	ASE Apartments Venture, L.L.C.										
00000	86-1750832	ASM Apartments Venture, L.L.C.										
00000	00-0000000	ATX Merrilltown, LP										
00000	81-0585518	Benefit Management Corp.										
00000	81-2650133	Berewick Apartments LLC										
00000	43-1815573	Biopartners in Care, Inc.										
10095	52-2259087	Bravo Health Mid-Atlantic, Inc.		65,000,000			(46,987,059)	(68,335)			17,944,606	
11524	52-2363406	Bravo Health Pennsylvania, Inc.		65,000,000			(152,190,750)	(185,882)			(87,376,632)	
00000	00-0000000	Breakthrough Behavioral, Inc.										
00000	00-0000000	Breakthrough Behavioral of Texas, Inc.										
00000	27-1713977	Brighter, Inc.										
00000	46-4918521	Buoy Health, Inc.										
00000	47-4991296	Bright Health Group, Inc.										

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00000	61-1162797	Care Continuum, Inc.										
00000	85-0954556	CareAllies Accountable Care Collaborative LLC										
00000	85-0935554	CareAllies Accountable Care Network LLC										
00000	00-0000000	CareAllies Accountable Care Solutions LLC										
00000	26-0180898	CareAllies, Inc.	(11,500,000)				(6,402)				(11,506,402)	
10144	20-1089572	CareCore NJ, LLC					(22,562,673)				(22,562,673)	
00000	45-2681649	CarePlexus, LLC										
00000	83-1400586	CARING 18th & Salmon Investor LLC										
00000	83-2562994	CARING 500 Ygnacio Investor LLC										
00000	84-1960231	CARING 3130 Investor LLC										
00000	83-2318410	CARING 9171 Wilshire Investor LLC										
00000	85-4247420	CARING ABS Investor LLC										
00000	83-2851501	CARING Alta Duraleigh Investor LLC										
00000	83-2851501	CARING Alta Englewood Investor LLC										
00000	85-2966766	CARING Alta Leander Investor LLC										
00000	83-2563284	CARING Alta Woodson Investor LLC										
00000	87-1992977	CARING Berwyn Investor LLC										
00000	86-1885283	CARING Brinkman Investor LLC										
00000	32-0570889	CARING Capitol Hill GP LLC										
00000	37-1903297	CARING Capitol Hill LP LLC										
00000	83-2851364	CARING Century Plaza Investor LLC										
00000	85-4265529	CARING Deco Investor LLC										
00000	85-2912145	CARING Elan I Investor LLC										
00000	87-0928526	CARING Elan II Investor LLC										
00000	88-2276875	CARING EndOpII-MIA Investor, LLC										
00000	83-3701937	CARING Firestone Investor LLC										
00000	87-4803572	CARING Galleria Investor LLC										
00000	92-0571674	CARING Glenwood Investor LLC										
00000	00-0000000	CARING JA Lofts Investor LP LLC										
00000	00-0000000	CARING JA Lofts Investor GP LLC										
00000	83-2318233	CARING Heights at Bear Creek Investor LLC										
00000	83-1400482	CARING Hillcrest Investor LLC										
00000	84-4410554	CARING IBP Investor LLC										
00000	85-1961034	CARING Interbay Investor GP LLC										
00000	85-1984627	CARING Interbay Investor LP LLC										
00000	83-2339522	CARING Mallory Square Investor LLC										
00000	85-4265529	CARING Montclair Investor LLC										
00000	83-2563138	CARING Soma Investor LLC										
00000	83-2633790	CARING Alexan Enclave Investor LLC										
00000	83-2633886	CARING Orange Collection Investor LLC										
00000	86-2627703	CARING Optimist Park II Investor LLC										
00000	87-2031777	CARING Slabtown Investor, LLC										

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

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

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00000	62-1724116	Cigna Federal Benefits, Inc.										
00000	51-0389196	Cigna Global Holdings, Inc.	(106,000,000)				(11,816)				(106,011,816)	
00000	68-0676638	Cigna Global Insurance Company Limited					8,038,903	779,094			8,817,997	
00000	98-0210110	Cigna Global Reinsurance Company, Ltd.		(17,988,315)			(61,857)	(117,952,943)			(136,003,115)	(173,888,200)
00000	00-0000000	Cigna Global Wellbeing Holdings Limited										
00000	00-0000000	Cigna Global Wellbeing Solutions Limited										
67369	59-1031071	Cigna Health and Life Insurance Company	(904,329,840)	(317,556,319)			(292,347,741)	115,509,007			(1,398,724,893)	132,740,940
00000	62-1312478	Cigna Health Corporation	(11,000,000)				287,249,569				276,249,569	
00000	23-1728483	Cigna Health Management, Inc.					23,316,524				23,316,524	
00000	00-0000000	Cigna Health Solution India Pvt. Ltd.										
00000	23-2741293	Cigna Healthcare Benefits, Inc.										
00000	00-0000000	Cigna Healthcare Eastern Technology Services Company										
00000	84-0985843	Cigna Healthcare Holdings, Inc.										
95599	52-1404350	Cigna HealthCare Mid-Atlantic, Inc.										
95125	86-0334392	Cigna HealthCare of Arizona, Inc.		70,000,000			(25,297,721)	665,968			45,368,247	341,303
00000	95-3310115	Cigna HealthCare of California, Inc.	(5,000,000)				(25,971,103)	(159,762)			(31,130,865)	5,674,932
95604	84-1004500	Cigna HealthCare of Colorado, Inc.		20,000,000			(14,155,628)	(32,580)			5,811,792	16,964
95660	06-1141174	Cigna HealthCare of Connecticut, Inc.					(1,218,210)	(1,020)			(1,219,230)	531
95136	59-2089259	Cigna HealthCare of Florida, Inc.					(368,835)	(85,480)			(454,315)	44,509
96229	58-1641057	Cigna HealthCare of Georgia, Inc.		300,000,000			(176,277,656)	(24,160)			123,698,184	12,580
95602	36-3385638	Cigna HealthCare of Illinois, Inc.	(6,000,000)				(8,695,778)	(408,841)			(15,104,619)	329,942
95525	35-1679172	Cigna HealthCare of Indiana, Inc.					(8,685)	(1,340)			(10,025)	698
95220	02-0402111	Cigna HealthCare of Massachusetts, Inc.										
95493	02-0387749	Cigna HealthCare of New Hampshire, Inc.					(3,042)				(3,042)	
95500	22-2720890	Cigna HealthCare of New Jersey, Inc.					(11,139)	(2,140)			(13,279)	1,114
95132	56-1479515	Cigna HealthCare of North Carolina, Inc.					(54,495,868)	(115,860)			(54,611,728)	60,327
95121	23-2301807	Cigna HealthCare of Pennsylvania, Inc.										
95708	06-1185590	Cigna HealthCare of South Carolina, Inc.		20,000,000			(17,312,865)	(2,660)			2,684,475	1,385
95635	36-3359925	Cigna HealthCare of St. Louis, Inc.					(3,144,632)	(48,060)			(3,192,692)	25,024
95606	62-1218053	Cigna HealthCare of Tennessee, Inc.					(2,762,367)				(2,762,367)	330,171
95383	74-2767437	Cigna HealthCare of Texas, Inc.		128,000,000			(119,843,575)	246,551			8,402,976	694,489
00000	02-0495422	Cigna Healthcare, Inc.					(2,230)				(2,230)	
00000	00-0000000	Cigna HLA Technology Services Company Limited										
00000	06-1059331	Cigna Holding Company					(4,133)				(4,133)	
00000	23-3009279	Cigna Holdings Overseas, Inc.										
00000	06-1072796	Cigna Holdings, Inc.		(892,000,000)			(23,473)				(892,023,473)	
00000	00-0000000	Cigna Hong Kong Holdings Company Limited										
00000	27-1903785	Cigna Insurance Agency, LLC										
65269	75-2305400	Cigna Insurance Company		10,000,000			(26,695)				9,973,305	
00000	00-0000000	Cigna Insurance Management Services (DIFC), Ltd.										
00000	00-0000000	Cigna Insurance Middle East S.A.L.					7,109,197				7,109,197	28,830,744

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

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00000	00-0000000	Cigna Willow Holdings, Ltd.										
00000	00-0000000	Cigna Worldwide General Insurance Company Limited										
90859	23-2088429	Cigna Worldwide Insurance Company		17,988,315				1,888,443			19,876,758	4,782,547
00000	00-0000000	Claims and Risk Services Limited										
00000	00-0000000	ManipalCigna Health Insurance Company Limited										
00000	84-1461840	Community Health Network, LLC										
00000	06-1252419	Connecticut General Benefit Payments, Inc.										
00000	06-0840391	Connecticut General Corporation					(3,502)				(3,502)	
62308	06-0303370	Connecticut General Life Insurance Company	(100,000,000)	15,050,953			(15,921,272)	(103,337)			(100,973,656)	(5,007)
00000	82-4936006	CPI-CII 9171 Wilshire JV LLC										
00000	27-3555688	CR Washington Street Investors LP										
00000	36-4369972	CuraScript, Inc.										
00000	86-1305728	Deco Apartments JV LLC										
00000	86-1334095	Deco Apartments Owner LLC										
00000	16-1526641	Diversified NY IPA, Inc.										
00000	41-1627938	Diversified Pharmaceutical Services, Inc.										
00000	27-3542089	Econdisc Contracting Solutions, LLC										
00000	00-0000000	Egyptian Emirates Administration Services SAE										
00000	00-0000000	ESI Canada										
00000	00-0000000	ESI GP Canada ULC										
00000	43-1925556	ESI GP Holdings, Inc.										
00000	00-0000000	ESI GP2 Canada ULC										
00000	74-2974964	ESI Mail Order Processing, Inc. (f/k/a NXI)										
00000	43-1867735	ESI Mail Pharmacy Service, Inc.										
00000	43-1925562	ESI Partnership										
00000	41-2006555	ESI Resources, Inc.										
00000	92-1016132	ESSCH Holdings, Inc.										
00000	93-1916563	Evernorth Accountable Care, LLC										
00000	94-3107309	Evernorth Behavioral Health of California, Inc.					(41,787)				(41,787)	
00000	75-2751090	Evernorth Behavioral Health of Texas, Inc.					(162,724)				(162,724)	
00000	41-1648670	Evernorth Behavioral Health, Inc.	(65,000,000)				71,416,187				6,416,187	
00000	86-1465626	Evernorth Care Solutions, Inc.										
00000	32-0222252	Evernorth Direct Health, LLC					(4,200)				(4,200)	
00000	45-2884094	Evernorth Health, Inc.					(424,301)				(424,301)	
00000	00-0000000	Evernorth Ireland Limited										
00000	85-2759151	Evernorth Sales Operations, Inc.										

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

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

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

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	20-1749446	MSINJ I, LLC										
00000	20-1761914	MSINV I, LLC										
00000	55-0840806	MSISC II, LLC										
00000	26-0336736	MSIVT I, LLC										
00000	20-2536458	MSIWA, LLC										
00000	36-4833284	MyM Technology Services, LLC										
00000	82-1350878	myMatrixx Holdings, LLC										
00000	46-2589799	myMatrixx-B, LLC										
00000	00-0000000	NAS Administrative Services Company LLC										
00000	00-0000000	NAS Neuron Health Services, L.L.C.										
00000	00-0000000	NAS United SPV										
00000	00-0000000	Neuron LLC										
00000	52-1929677	NewQuest Management Northeast, LLC					260,575,937				260,575,937	
00000	33-1033586	NewQuest Management of Alabama, LLC					373,293,811				373,293,811	
00000	20-4954206	NewQuest Management of Florida, LLC					9,238,402				9,238,402	
00000	77-0632665	NewQuest Management of Illinois, LLC					62,023,165				62,023,165	
00000	45-0633893	NewQuest Management of West Virginia, LLC										
00000	76-0628370	NewQuest, LLC	53,400,000				(1,435,585)				51,964,415	
00000	82-5244890	Octave Health Group, Inc.										
00000	91-1599329	Olympic Health Management Services, Inc.										
00000	91-1500758	Olympic Health Management Systems, Inc.										
00000	80-0818758	Patient Provider Alliance, Inc.										
00000	35-1927379	Priority Healthcare Corporation										
00000	59-3761140	Priority Healthcare Distribution, Inc.										
67903	23-1335885	Provident American Life & Health Insurance Company					(133,647)				(133,647)	
00000	00-0000000	PT GAR Indonesia										
00000	45-5046449	PUR Arbors Apartments Venture LLC										
00000	46-1801639	QualCare Management Resources Limited Liability Company										
00000	00-0000000	Quallent Pharmaceuticals Holdings LP										
00000	00-0000000	Quallent Pharmaceuticals Health LLC					(18,746)				(18,746)	
00000	45-5569416	QPID Health, LLC										
00000	83-1460134	Rise-CG Capitol Hill, LP										
00000	84-3254168	Rise-CG JA Lofts Limited Partnership										
00000	35-1641636	Sagamore Health Network, Inc.					939,186				939,186	
00000	46-3593103	SB-SNH LLC										
00000	95-2876207	Secon Properties, LP										
00000	82-1732483	SOMA Apartments Venture LLC										
00000	82-4405071	Specialty Products Acquisitions, LLC										
00000	61-1317695	SpectraCare Health Care Ventures, Inc.										
00000	61-1147068	SpectraCare, Inc.										
77399	13-1867829	Sterling Life Insurance Company	(10,000,000)				(1,552,224)				(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										
00000	00-0000000	SureScripts, LLC										
00000	87-0903685	Swedesford Road Apartments, LLC										
00000	22-3474888	Systemed, LLC										
00000	23-3074013	Tel-Drug of Pennsylvania, LLC										
00000	46-0427127	Tel-Drug, Inc.										
00000	00-0000000	Temple Insurance Company Limited					(27,722)				(27,722)	
00000	20-5524622	Tennessee Quest, LLC										
00000	75-3108527	TexQuest, LLC										
00000	85-1955731	The Flats at Interbay Holdings, LLC										
00000	85-1955075	The Flats at Interbay JV Limited Partnership										
00000	85-1962013	The Flats at Interbay Limited Partnership										
00000	46-5264463	Trainer Rx, Inc.										
00000	00-0000000	Transwestern Federal, L.L.C.										
00000	00-0000000	Transwestern Federal Holdings, L.L.C.										
00000	98-0463704	Vielife Services, Inc.										
00000	00-0000000	Verity Solutions Group, Inc.	(20,000,000)				(5,181)				(20,005,181)	
00000	00-0000000	Westcore CG AC, LLC										
00000	84-3178563	Westcore CG Camelback, LLC										
00000	84-3178563	Westcore CG Cedar Port, LLC										
00000	84-3178563	Westcore CG Dove Valley I, LLC										
00000	84-3178563	Westcore CG Dove Valley II, LLC										
00000	84-3178563	Westcore CG Eisenhauer, LLC										
00000	84-3178563	Westcore CG Fountain Lakes, LLC										
00000	84-3178563	Westcore CG Gateway, LLC										
00000	84-3178563	Westcore CG I-35, LLC										
00000	84-3178563	Westcore CG Navy, LLC										
00000	84-3178563	Westcore CG Potomac Park, LLC										
00000	84-3178563	Westcore CG Raceway, LLC										
00000	84-3178563	Westcore CG Solano, LLC										
00000	84-3178563	Westcore CG Susana, LLC										
00000	00-0000000	Westcore CG Venture, LLC										
00000	87-3624928	Westcore CG Venture II, LLC										
00000	87-3624928	Westcore CG II AC, LLC										
00000	87-3624928	Westcore CG II Denton, LLC										
00000	87-3624928	Westcore CG II Milan, LLC										
00000	87-3624928	Westcore CG II Park 225, LLC										
00000	87-3624928	Westcore CG II Union Cross, LLC										
00000	00-0000000	Willow DSP LLC										
00000	00-0000000	YCFM Servicos LTDA										
9999999 Control Totals									XXX			

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?	YES
14.	Will the actuarial opinion on non-guaranteed elements as required in interrogatory #3 to Exhibit 5 be filed with the state of domicile and electronically with the NAIC by March 1?	YES
15.	Will the actuarial opinion on X-Factors be filed with the state of domicile and electronically with the NAIC by March 1?	YES
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?	YES
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?	YES
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?	YES
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?	YES
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.
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.
20. The data for this supplement is not required to be filed.
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30. The data for this supplement is not required to be filed.
31. The data for this supplement is not required to be filed.
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42. 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]

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]

20. Reasonableness of Assumptions Certification for Implied Guaranteed Rate Method required by Actuarial Guideline XXXVI [Document Identifier 447]

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]

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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]

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]

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

6572202336001100

SUPPLEMENT FOR THE YEAR 2023 OF THE Loyal American Life 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 65722
ADDRESS (City, State and Zip Code) Cleveland , OH 44114
Person Completing This Exhibit Daniel E. Paffumi, FSA, MAAA
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	L-6200-AL	H	NO	0034000	08/29/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	6,022	5,712	94.9	1				
YES	L-6202-AL	J	NO	0034000	08/29/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	37,261	12,969	34.8	5				
YES	LOYAL-MS-AA-F-AL	F	NO	0034000	06/01/2010			09/30/2016	Modernized Medicare Supplement Insurance Plan	529,007	343,056	64.8	116				
YES	LOYAL-MS-AA-G-AL	G	NO	0034000	06/01/2010			09/30/2016	Modernized Medicare Supplement Insurance Plan	168,510	105,943	62.9	41				
YES	LOYAL-MS-AA-N-AL	N	NO	0034000	06/01/2010			09/30/2016	Modernized Medicare Supplement Insurance Plan	103,231	78,203	75.8	31				
0199999. Total Experience on Individual Policies										844,031	545,883	64.7	194				

360.AL

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 1-866-459-4272
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 1-866-459-4272
4. Explain any policies identified above as policy type "O".

6572220233600210 0

SUPPLEMENT FOR THE YEAR 2023 OF THE Loyal American Life 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 65722
ADDRESS (City, State and Zip Code) Cleveland , OH 44114
Person Completing This Exhibit Daniel E. Paffumi, FSA, MAAA
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	LOYAL-MS-AA-A-AK	A	NO	0034000	05/02/2013				Modernized Medicare Supplement Insurance Plan								
YES	LOYAL-MS-AA-F-AK	F	NO	0034000	05/02/2013				Modernized Medicare Supplement Insurance Plan	136,316	120,280	88.2	35	15,742	11,006	69.9	5
YES	LOYAL-MS-AA-G-AK	G	NO	0034000	05/02/2013				Modernized Medicare Supplement Insurance Plan	421,564	546,241	129.6	165	227,870	160,988	70.6	114
YES	LOYAL-MS-AA-N-AK	N	NO	0034000	05/02/2013				Modernized Medicare Supplement Insurance Plan	142,005	157,409	110.8	87	307,379	351,057	114.2	212
YES	LOYAL-MSD-AA-A-AK	A	NO	0204000	08/21/2013				Modernized Medicare Supplement Insurance Plan								
YES	LOYAL-MSD-AA-F-AK	F	NO	0204000	08/21/2013				Modernized Medicare Supplement Insurance Plan	36,056	23,232	64.4	11	9,630	13,290	138.0	3
YES	LOYAL-MSD-AA-G-AK	G	NO	0204000	08/21/2013				Modernized Medicare Supplement Insurance Plan	132,553	143,046	107.9	57	99,322	131,637	132.5	53
YES	LOYAL-MSD-AA-N-AK	N	NO	0204000	08/21/2013				Modernized Medicare Supplement Insurance Plan	53,059	51,487	97.0	33	49,752	89,333	179.6	31
YES	LOYAL-MSX-AA-A-AK	A	NO	0030500	09/15/2015				Modernized Medicare Supplement Insurance Plan								
YES	LOYAL-MSX-AA-F-AK	F	NO	0030500	09/15/2015				Modernized Medicare Supplement Insurance Plan	94,058	103,466	110.0	26	2,806	1,519	54.1	1
YES	LOYAL-MSX-AA-G-AK	G	NO	0030500	09/15/2015				Modernized Medicare Supplement Insurance Plan	91,084	65,350	71.7	32	11,768	1,446	12.3	5
YES	LOYAL-MSX-AA-HDF-AK	F	NO	0030500	09/15/2015				Modernized Medicare Supplement Insurance Plan	38,111	12,367	32.4	31	5,671	2,060	36.3	4
YES	LOYAL-MSX-AA-N-AK	N	NO	0030500	09/15/2015				Modernized Medicare Supplement Insurance Plan	91,108	62,064	68.1	34	17,994	8,812	49.0	8
0199999. Total Experience on Individual Policies										1,235,914	1,284,942	104.0	511	747,934	771,148	103.1	436

SUPPLEMENT FOR THE YEAR 2023 OF THE Loyal American Life 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 1-866-459-4272
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 1-866-459-4272
4. Explain any policies identified above as policy type "O".

SUPPLEMENT FOR THE YEAR 2023 OF THE Loyal American Life 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 65722
ADDRESS (City, State and Zip Code) Cleveland , OH 44114
Person Completing This Exhibit Daniel E. Paffumi, FSA, MAAA
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	L-5233-AZ	D	NO	0034000	11/22/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	1,478	5,407	365.8					
YES	L-5234-AZ	F	NO	0034000	11/22/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	16,794	6,670	39.7	3				
YES	LOYAL-MS-IA-F-AZ	F	NO	0034000	06/01/2010			09/30/2016	Modernized Medicare Supplement Insurance Plan	47,009	23,699	50.4	11				
YES	LOYAL-MS-IA-G-AZ	G	NO	0034000	06/01/2010			09/30/2016	Modernized Medicare Supplement Insurance Plan	18,078	8,819	48.8	5				
YES	LOYAL-MS-IA-N-AZ	N	NO	0034000	06/01/2010			09/30/2016	Modernized Medicare Supplement Insurance Plan	3,457	732	21.2	1				
0199999. Total Experience on Individual Policies										86,816	45,327	52.2	20				

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 1-866-459-4272
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 1-866-459-4272
4. Explain any policies identified above as policy type "O".

SUPPLEMENT FOR THE YEAR 2023 OF THE Loyal American Life 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 65722
ADDRESS (City, State and Zip Code) Cleveland , OH 44114
Person Completing This Exhibit Daniel E. Paffumi, FSA, MAAA
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	L-5234-AR	F	NO	0034060	09/22/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	68,775	46,111	67.0	22				
YES	LOYAL-MS-CR-D-AR	D	NO	0034000	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	7,011	1,584	22.6	2				
YES	LOYAL-MS-CR-F-AR	F	NO	0034000	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	1,748,485	1,204,899	68.9	465				
YES	LOYAL-MS-CR-G-AR	G	NO	0034000	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	393,618	305,845	77.7	115				
YES	LOYAL-MS-CR-N-AR	N	NO	0034000	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	325,316	286,429	88.0	132				
0199999. Total Experience on Individual Policies										2,543,205	1,844,868	72.5	736				

360.AR

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 1-866-459-4272
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 1-866-459-4272
4. Explain any policies identified above as policy type "O".

6572220233600510 0

SUPPLEMENT FOR THE YEAR 2023 OF THE Loyal American Life 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 65722
ADDRESS (City, State and Zip Code) Cleveland , OH 44114
Person Completing This Exhibit Daniel E. Paffumi, FSA, MAAA
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	LOYAL-MS-AA-A-CA	A	NO	0034060	04/02/2014				Modernized Medicare Supplement Insurance Plan	9,937	4,148	41.7	3				
YES	LOYAL-MS-AA-F-CA	F	NO	0034060	04/02/2014				Modernized Medicare Supplement Insurance Plan	14,628,898	10,641,511	72.7	3,131	33,605	20,881	62.1	8
YES	LOYAL-MS-AA-G-CA	G	NO	0034000	04/02/2014				Modernized Medicare Supplement Insurance Plan	12,557,701	10,517,502	83.8	3,970	348,952	385,555	110.5	103
YES	LOYAL-MS-AA-N-CA	N	NO	0034060	04/02/2014				Modernized Medicare Supplement Insurance Plan	5,725,079	4,819,377	84.2	2,201	1,011,472	704,490	69.6	380
0199999. Total Experience on Individual Policies										32,921,615	25,982,538	78.9	9,305	1,394,029	1,110,926	79.7	491

360.CA

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 1-866-459-4272
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 1-866-459-4272
4. Explain any policies identified above as policy type "O".

6572220233600610 0

SUPPLEMENT FOR THE YEAR 2023 OF THE Loyal American Life 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 65722

ADDRESS (City, State and Zip Code) Cleveland , OH 44114

Person Completing This Exhibit Daniel E. Paffumi, FSA, MAAA

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	LOYAL-MS-AA-F-CO	F	NO	0034060	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	653,706	464,689	71.1	138				
YES	LOYAL-MS-AA-G-CO	G	NO	0034060	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	182,493	174,862	95.8	46				
YES	LOYAL-MS-AA-N-CO	N	NO	0034060	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	6,148	10,131	164.8	2				
0199999. Total Experience on Individual Policies										842,347	649,682	77.1	186				

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 1-866-459-4272
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 1-866-459-4272
4. Explain any policies identified above as policy type "O".

6572202336007100

SUPPLEMENT FOR THE YEAR 2023 OF THE Loyal American Life 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 65722
ADDRESS (City, State and Zip Code) Cleveland , OH 44114
Person Completing This Exhibit Daniel E. Paffumi, FSA, MAAA
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	LOYAL-MS-CR-A-CT	A	NO	0034060	11/08/2013				Modernized Medicare Supplement Insurance Plan	17,525	30,894	176.3	4				
YES	LOYAL-MS-CR-F-CT	F	NO	0034000	11/08/2013				Modernized Medicare Supplement Insurance Plan	615,986	440,399	71.5	144	16,094	6,485	40.3	4
YES	LOYAL-MS-CR-G-CT	G	NO	0034000	11/08/2013				Modernized Medicare Supplement Insurance Plan	1,012,088	629,597	62.2	247	20,139	10,723	53.2	4
YES	LOYAL-MS-CR-N-CT	N	NO	0034000	11/08/2013				Modernized Medicare Supplement Insurance Plan	137,208	94,367	68.8	58	3,602	1,299	36.1	1
YES	LOYAL-MSD-CR-A-CT	A	NO	0204060	05/23/2014				Modernized Medicare Supplement Insurance Plan	13,013	16,677	128.2	3				
0199999. Total Experience on Individual Policies										1,795,820	1,211,934	67.5	456	39,835	18,507	46.5	9

360.CT

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 1-866-459-4272
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 1-866-459-4272
4. Explain any policies identified above as policy type "O".

SUPPLEMENT FOR THE YEAR 2023 OF THE Loyal American Life 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 ..... NAIC Company Code .....
ADDRESS (City, State and Zip Code) , ...
Person Completing This Exhibit .....
Title ..... Telephone Number .....

NONE

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2020				Policies Issued in 2021; 2022; 2023			
											Incurred Claims				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	14 Number of Covered Lives	15 Premiums Earned	16 Amount	17 Percent of Premiums Earned	18 Number of Covered Lives
.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
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.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....

NONE

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(a)(8) 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

SUPPLEMENT FOR THE YEAR 2023 OF THE Loyal American Life 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 65722
ADDRESS (City, State and Zip Code) Cleveland , OH 44114
Person Completing This Exhibit Daniel E. Paffumi, FSA, MAAA
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	LOYAL-MS-AA-A-DC	A	NO	0034000	05/09/2013				Modernized Medicare Supplement Insurance Plan								
YES	LOYAL-MS-AA-F-DC	F	NO	0034000	05/09/2013				Modernized Medicare Supplement Insurance Plan	32,848	20,413	62.1	7				
YES	LOYAL-MS-AA-G-DC	G	NO	0034000	05/09/2013				Modernized Medicare Supplement Insurance Plan	69,622	57,070	82.0	23	22,498	11,007	48.9	9
YES	LOYAL-MS-AA-N-DC	N	NO	0034000	05/09/2013				Modernized Medicare Supplement Insurance Plan	7,534	29,263	388.4	3	1,487	6,047	406.7	1
YES	LOYAL-MSD-AA-F-DC	F	NO	0204000	08/05/2013				Modernized Medicare Supplement Insurance Plan	133,892	109,397	81.7	30	1,446			
YES	LOYAL-MSD-AA-G-DC	G	NO	0204000	08/05/2013				Modernized Medicare Supplement Insurance Plan	86,500	41,848	48.4	30	23,100	3,442	14.9	9
YES	LOYAL-MSD-AA-N-DC	N	NO	0204000	08/05/2013				Modernized Medicare Supplement Insurance Plan	20,361	5,719	28.1	8	1,695	150	8.8	1
YES	LOYAL-MSX-AA-F-DC	F	NO	0030500	06/12/2015				Modernized Medicare Supplement Insurance Plan	68,163	20,326	29.8	16				
YES	LOYAL-MSX-AA-G-DC	G	NO	0030500	06/12/2015				Modernized Medicare Supplement Insurance Plan	19,823	10,092	50.9	7	7,953	1,289	16.2	3
YES	LOYAL-MSX-AA-HDF-DC	F	NO	0030500	06/12/2015				Modernized Medicare Supplement Insurance Plan	2,500	3,364	134.6	2	2,422	(23)	(0.9)	2
YES	LOYAL-MSX-AA-N-DC	N	NO	0030500	06/12/2015				Modernized Medicare Supplement Insurance Plan	9,330	7,652	82.0	4				
0199999. Total Experience on Individual Policies										450,573	305,144	67.7	130	60,601	21,912	36.2	25

360.DC

SUPPLEMENT FOR THE YEAR 2023 OF THE Loyal American Life 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 1-866-459-4272
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 1-866-459-4272
4. Explain any policies identified above as policy type "O".

SUPPLEMENT FOR THE YEAR 2023 OF THE Loyal American Life 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 ..... NAIC Company Code .....
ADDRESS (City, State and Zip Code) , ...
Person Completing This Exhibit .....
Title ..... Telephone Number .....

NONE

1	2	3	4	5	6	7	8		10	Policies Issued Through 2020				Policies Issued in 2021; 2022; 2023			
											Incurred Claims				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	14 Number of Covered Lives	15 Premiums Earned	16 Amount	17 Percent of Premiums Earned	18 Number of Covered Lives
.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....

NONE

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(a)(8) 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 Loyal American Life 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 65722
ADDRESS (City, State and Zip Code) Cleveland , OH 44114
Person Completing This Exhibit Daniel E. Paffumi, FSA, MAAA
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	L-6201-GA	I	NO	0034000	09/22/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	9,828	2,795	28.4	2				
YES	L-6202-GA	J	NO	0034000	09/22/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	95,767	60,449	63.1	20				
YES	LOYAL-MS-IA-F-GA	F	NO	0034060	06/01/2010			09/30/2016	Modernized Medicare Supplement Insurance Plan	380,814	265,534	69.7	79				
YES	LOYAL-MS-IA-G-GA	G	NO	0034060	06/01/2010			09/30/2016	Modernized Medicare Supplement Insurance Plan	152,714	96,293	63.1	40				
YES	LOYAL-MS-IA-N-GA	N	NO	0034060	06/01/2010			09/30/2016	Modernized Medicare Supplement Insurance Plan	56,258	18,896	33.6	19				
0199999. Total Experience on Individual Policies										695,381	443,967	63.8	160				

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 1-866-459-4272
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 1-866-459-4272
4. Explain any policies identified above as policy type "O".

SUPPLEMENT FOR THE YEAR 2023 OF THE Loyal American Life 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 65722
ADDRESS (City, State and Zip Code) Cleveland , OH 44114
Person Completing This Exhibit Daniel E. Paffumi, FSA, MAAA
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	LOYAL-MS-AA-A-HI	A	NO	0034060	01/03/2014				Modernized Medicare Supplement Insurance Plan								
YES	LOYAL-MS-AA-F-HI	F	NO	0034060	01/03/2014				Modernized Medicare Supplement Insurance Plan	214,108	193,806	90.5	72	28,265	31,360	110.9	9
YES	LOYAL-MS-AA-G-HI	G	NO	0034060	01/03/2014				Modernized Medicare Supplement Insurance Plan	423,042	304,572	72.0	180	61,488	44,072	71.7	31
YES	LOYAL-MS-AA-N-HI	N	NO	0034060	01/03/2014				Modernized Medicare Supplement Insurance Plan	27,364	13,585	49.6	15	8,426	3,388	40.2	4
YES	LOYAL-MSD-AA-A-HI	A	NO	0204060	02/03/2014				Modernized Medicare Supplement Insurance Plan								
YES	LOYAL-MSD-AA-F-HI	F	NO	0204060	02/03/2014				Modernized Medicare Supplement Insurance Plan	49,090	29,680	60.5	16	8,957	11,958	133.5	3
YES	LOYAL-MSD-AA-G-HI	G	NO	0204060	02/03/2014				Modernized Medicare Supplement Insurance Plan	107,579	70,466	65.5	44	30,830	23,514	76.3	17
YES	LOYAL-MSD-AA-N-HI	N	NO	0204060	02/03/2014				Modernized Medicare Supplement Insurance Plan	7,909	4,248	53.7	4	1,456	429	29.5	1
0199999. Total Experience on Individual Policies										829,092	616,357	74.3	331	139,422	114,721	82.3	65

360.HI

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 1-866-459-4272
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 1-866-459-4272
4. Explain any policies identified above as policy type "O".

SUPPLEMENT FOR THE YEAR 2023 OF THE Loyal American Life 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 65722
ADDRESS (City, State and Zip Code) Cleveland , OH 44114
Person Completing This Exhibit Daniel E. Paffumi, FSA, MAAA
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	L-5234-ID	F	NO	0034000					Senior Class Medicare Supplement Insurance Plan	23,010	21,253	92.4	6				
YES	L-5235-ID	G	NO	0034000					Senior Class Medicare Supplement Insurance Plan	14,668	4,858	33.1	5				
YES	L-6202-ID	J	NO	0034060					Senior Class Medicare Supplement Insurance Plan	166,177	95,851	57.7	38				
YES	LOYAL-MS-IA-B-ID	B	NO	0034000					Modernized Medicare Supplement Insurance Plan	3,393	271	8.0	1				
YES	LOYAL-MS-IA-F-ID	F	NO	0034000					Modernized Medicare Supplement Insurance Plan	559,912	440,842	78.7	153				
YES	LOYAL-MS-IA-G-ID	G	NO	0034000					Modernized Medicare Supplement Insurance Plan	160,716	154,421	96.1	55				
YES	LOYAL-MS-IA-N-ID	N	NO	0034000					Modernized Medicare Supplement Insurance Plan	130,798	98,329	75.2	55				
YES	LOYAL-MSX-IA-F-MI	F	NO	0030500					Modernized Medicare Supplement Insurance Plan	456,552	386,709	84.7	155				
YES	LOYAL-MSX-IA-G-MI	G	NO	0030500					Modernized Medicare Supplement Insurance Plan	280,389	247,708	88.3	109				
YES	LOYAL-MSX-IA-HDF-MI	F	NO	0030500					Modernized Medicare Supplement Insurance Plan	17,895	3,868	21.6	17				
YES	LOYAL-MSX-IA-N-MI	N	NO	0030500					Modernized Medicare Supplement Insurance Plan	192,759	199,100	103.3	91				
0199999. Total Experience on Individual Policies										2,006,269	1,653,210	82.4	685				

360.ID

SUPPLEMENT FOR THE YEAR 2023 OF THE Loyal American Life 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 1-866-459-4272
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 1-866-459-4272
4. Explain any policies identified above as policy type "O".

6572202336014100

SUPPLEMENT FOR THE YEAR 2023 OF THE Loyal American Life 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 65722
ADDRESS (City, State and Zip Code) Cleveland , OH 44114
Person Completing This Exhibit Daniel E. Paffumi, FSA, MAAA
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	L-5234-IL	F	NO	0034060	11/07/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	170,256	121,469	71.3	24				
YES	L-5235-IL	G	NO	0034060	11/07/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	4,569	20,990	459.4	1				
YES	L-6200-IL	H	NO	0034060	11/20/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	10,702	3,372	31.5	2				
YES	L-6201-IL	I	NO	0034060	11/20/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	4,979	2,485	49.9	1				
YES	L-6202-IL	J	NO	0034060	11/20/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	784,626	462,367	58.9	126				
YES	LOYAL-MS-AA-C-IL	C	NO	0034060	06/28/2010			01/04/2017	Modernized Medicare Supplement Insurance Plan	5,935	1,277	21.5	1				
YES	LOYAL-MS-AA-F-IL	F	NO	0034060	06/01/2010			01/04/2017	Modernized Medicare Supplement Insurance Plan	3,138,113	2,021,919	64.4	571				
YES	LOYAL-MS-AA-G-IL	G	NO	0034060	06/01/2010			01/04/2017	Modernized Medicare Supplement Insurance Plan	484,155	300,795	62.1	103				
YES	LOYAL-MS-AA-N-IL	N	NO	0034060	06/01/2010			01/04/2017	Modernized Medicare Supplement Insurance Plan	674,773	479,564	71.1	168				
0199999. Total Experience on Individual Policies										5,278,108	3,414,238	64.7	997				

360.1L

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 1-866-459-4272
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 1-866-459-4272
4. Explain any policies identified above as policy type "O".

6572202336015100

SUPPLEMENT FOR THE YEAR 2023 OF THE Loyal American Life 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 65722
ADDRESS (City, State and Zip Code) Cleveland , OH 44114
Person Completing This Exhibit Daniel E. Paffumi, FSA, MAAA
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	L-5231-IN	B	NO	0034000	12/18/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	4,809	44	0.9	1				
YES	L-5234-IN	F	NO	0034000	12/18/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	254,418	145,845	57.3	41				
YES	L-5235-IN	G	NO	0034000	12/18/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	60,742	19,928	32.8	10				
YES	L-6200-IN	H	NO	0034000	11/14/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	3,548	(204)	(5.7)					
YES	L-6201-IN	I	NO	0034000	11/14/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	14,320	4,201	29.3	3				
YES	L-6202-IN	J	NO	0034000	11/14/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	550,945	364,119	66.1	92				
YES	LOYAL-MS-AA-A-IN	A	NO	0034000	06/01/2010				Modernized Medicare Supplement Insurance Plan								
YES	LOYAL-MS-AA-B-IN	B	NO	0034000	07/26/2010				Modernized Medicare Supplement Insurance Plan	(234)	(155)	66.2					
YES	LOYAL-MS-AA-C-IN	C	NO	0034000	07/26/2010				Modernized Medicare Supplement Insurance Plan	7,124	9,342	131.1	1				
YES	LOYAL-MS-AA-D-IN	D	NO	0034000	07/26/2010				Modernized Medicare Supplement Insurance Plan	19,003	18,611	97.9	5				
YES	LOYAL-MS-AA-F-IN	F	NO	0034000	06/01/2010				Modernized Medicare Supplement Insurance Plan	3,568,326	2,817,747	79.0	821	8,270	8,506	102.9	2
YES	LOYAL-MS-AA-G-IN	G	NO	0034000	06/01/2010				Modernized Medicare Supplement Insurance Plan	1,001,776	847,832	84.6	290	45,483	26,278	57.8	13
YES	LOYAL-MS-AA-N-IN	N	NO	0034000	06/01/2010				Modernized Medicare Supplement Insurance Plan	1,355,823	1,047,244	77.2	397	3,428	814	23.7	1
0199999. Total Experience on Individual Policies										6,840,600	5,274,554	77.1	1,661	57,181	35,598	62.3	16

SUPPLEMENT FOR THE YEAR 2023 OF THE Loyal American Life 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 1-866-459-4272
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 1-866-459-4272
4. Explain any policies identified above as policy type "O".

6572202336016100

SUPPLEMENT FOR THE YEAR 2023 OF THE Loyal American Life 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 65722
ADDRESS (City, State and Zip Code) Cleveland , OH 44114
Person Completing This Exhibit Daniel E. Paffumi, FSA, MAAA
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	L-5234-IA	F	NO	0034000	10/31/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	179,508	123,683	68.9	32				
YES	L-6201-IA	I	NO	0034000	09/12/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	11	(367)	(3,336.4)					
YES	L-6202-IA	J	NO	0034000	09/12/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	441,664	230,432	52.2	81				
YES	LOYAL-MS-AA-F-IA	F	NO	0034000	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	417,345	325,068	77.9	74				
YES	LOYAL-MS-AA-G-IA	G	NO	0034000	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	38,895	28,199	72.5	8				
YES	LOYAL-MS-AA-N-IA	N	NO	0034000	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	39,765	44,346	111.5	10				
0199999. Total Experience on Individual Policies										1,117,188	751,361	67.3	205				

360.IA

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 1-866-459-4272
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 1-866-459-4272
4. Explain any policies identified above as policy type "O".

SUPPLEMENT FOR THE YEAR 2023 OF THE Loyal American Life 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 65722
ADDRESS (City, State and Zip Code) Cleveland , OH 44114
Person Completing This Exhibit Daniel E. Paffumi, FSA, MAAA
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	L-6200-KS	H	NO	0034060	11/04/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	4,412	814	18.4	1				
YES	L-6201-KS	I	NO	0034060	11/04/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	4,703	8,689	184.8	1				
YES	L-6202-KS	J	NO	0034060	11/04/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	279,407	163,567	58.5	43				
YES	LOYAL-MS-AA-A-KS	A	NO	0034060	06/01/2010				Modernized Medicare Supplement Insurance Plan		(7)						
YES	LOYAL-MS-AA-F-KS	F	NO	0034060	06/01/2010				Modernized Medicare Supplement Insurance Plan	2,169,023	1,619,131	74.6	486	23,168	8,145	35.2	6
YES	LOYAL-MS-AA-G-KS	G	NO	0034060	06/01/2010				Modernized Medicare Supplement Insurance Plan	490,388	281,959	57.5	153	184,889	115,775	62.6	67
YES	LOYAL-MS-AA-N-KS	N	NO	0034060	06/01/2010				Modernized Medicare Supplement Insurance Plan	81,855	108,424	132.5	25	22,989	7,284	31.7	8
0199999. Total Experience on Individual Policies										3,029,788	2,182,577	72.0	709	231,046	131,204	56.8	81

360.KS

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 1-866-459-4272
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 1-866-459-4272
4. Explain any policies identified above as policy type "O".

6572202336018100

SUPPLEMENT FOR THE YEAR 2023 OF THE Loyal American Life 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 65722
ADDRESS (City, State and Zip Code) Cleveland , OH 44114
Person Completing This Exhibit Daniel E. Paffumi, FSA, MAAA
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	L-5231-KY	B	NO	0034060	08/26/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	6,660	7,984	119.9	1				
YES	L-5234-KY	F	NO	0034060	08/26/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	160,255	124,138	77.5	27				
YES	L-5235-KY	G	NO	0034060	08/26/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	17,630	3,545	20.1	3				
YES	LOYAL-MS-AA-A-KY	A	NO	0034060	06/01/2010				Modernized Medicare Supplement Insurance Plan	5,307	1,377	25.9	2	2,937	4,584	156.1	1
YES	LOYAL-MS-AA-B-KY	B	NO	0034000	06/01/2010				Modernized Medicare Supplement Insurance Plan								
YES	LOYAL-MS-AA-C-KY	C	NO	0034060	06/01/2010				Modernized Medicare Supplement Insurance Plan	16,948	12,350	72.9	4				
YES	LOYAL-MS-AA-D-KY	D	NO	0034000	06/01/2010				Modernized Medicare Supplement Insurance Plan	4,119	1,285	31.2	1				
YES	LOYAL-MS-AA-F-KY	F	NO	0034000	06/01/2010				Modernized Medicare Supplement Insurance Plan	2,189,732	1,547,570	70.7	523	3,971	608	15.3	1
YES	LOYAL-MS-AA-G-KY	G	NO	0034000	06/01/2010				Modernized Medicare Supplement Insurance Plan	850,608	594,706	69.9	243	15,192	4,803	31.6	5
YES	LOYAL-MS-AA-N-KY	N	NO	0034000	06/01/2010				Modernized Medicare Supplement Insurance Plan	454,011	461,780	101.7	167	39,245	33,688	85.8	15
0199999. Total Experience on Individual Policies										3,705,270	2,754,735	74.3	971	61,345	43,683	71.2	22

360.KY

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 1-866-459-4272
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 1-866-459-4272
4. Explain any policies identified above as policy type "O".

6572202336019100

SUPPLEMENT FOR THE YEAR 2023 OF THE Loyal American Life 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 65722
ADDRESS (City, State and Zip Code) Cleveland , OH 44114
Person Completing This Exhibit Daniel E. Paffumi, FSA, MAAA
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	L-5232-LA	C	NO	0034060	11/09/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan		142						
YES	L-5234-LA	F	NO	0034060	11/09/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	46,275	15,934	34.4	6				
YES	L-5235-LA	G	NO	0034060	11/09/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	18,554	7,361	39.7	3				
YES	L-5333-LA	F	YES	0034060	06/30/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	220	2,378	1,080.9					
YES	LOYAL-MS-AA-A-LA	A	NO	0034060	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	3,275	781	23.8	1				
YES	LOYAL-MS-AA-F-LA	F	NO	0034060	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	422,531	264,983	62.7	78				
YES	LOYAL-MS-AA-G-LA	G	NO	0034060	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	173,114	128,290	74.1	40				
YES	LOYAL-MS-AA-N-LA	N	NO	0034060	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	58,178	16,809	28.9	17				
0199999. Total Experience on Individual Policies										722,147	436,678	60.5	145				

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 1-866-459-4272
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 1-866-459-4272
4. Explain any policies identified above as policy type "O".

6572220233602010100

SUPPLEMENT FOR THE YEAR 2023 OF THE Loyal American Life 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 65722
ADDRESS (City, State and Zip Code) Cleveland , OH 44114
Person Completing This Exhibit Daniel E. Paffumi, FSA, MAAA
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	LOYAL-MS-CR-A-ME	A	NO	0034060	05/29/2013				Modernized Medicare Supplement Insurance Plan	3,089	740	24.0	1				
YES	LOYAL-MS-CR-F-ME	F	NO	0034000	05/29/2013				Modernized Medicare Supplement Insurance Plan	102,504	71,755	70.0	25	4,266	3,147	73.8	1
YES	LOYAL-MS-CR-G-ME	G	NO	0034000	05/29/2013				Modernized Medicare Supplement Insurance Plan	1,214,571	705,594	58.1	369	32,489	13,674	42.1	11
YES	LOYAL-MS-CR-N-ME	N	NO	0034000	05/29/2013				Modernized Medicare Supplement Insurance Plan	336,292	258,063	76.7	154	233,435	117,708	50.4	110
YES	LOYAL-MSD-CR-F-ME	F	NO	0204000	07/03/2013				Modernized Medicare Supplement Insurance Plan	19,733	6,843	34.7	5				
YES	LOYAL-MSD-CR-G-ME	G	NO	0204000	07/03/2013				Modernized Medicare Supplement Insurance Plan	181,500	101,779	56.1	60	38,862	65,175	167.7	13
YES	LOYAL-MSD-CR-N-ME	N	NO	0204000	07/03/2013				Modernized Medicare Supplement Insurance Plan	61,975	51,377	82.9	29	40,333	58,011	143.8	18
0199999. Total Experience on Individual Policies										1,919,664	1,196,151	62.3	643	349,385	257,715	73.8	153

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 1-866-459-4272
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 1-866-459-4272
4. Explain any policies identified above as policy type "O".

SUPPLEMENT FOR THE YEAR 2023 OF THE Loyal American Life 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 ..... NAIC Company Code .....
ADDRESS (City, State and Zip Code) , ...
Person Completing This Exhibit .....
Title ..... Telephone Number .....

NONE

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2020				Policies Issued in 2021; 2022; 2023			
											Incurred Claims				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	14 Number of Covered Lives	15 Premiums Earned	16 Amount	17 Percent of Premiums Earned	18 Number of Covered Lives
.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
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.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....

NONE

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(a)(8) 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 Loyal American Life 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 ..... NAIC Company Code .....
ADDRESS (City, State and Zip Code) , ...
Person Completing This Exhibit .....
Title ..... Telephone Number .....

NONE

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2020				Policies Issued in 2021; 2022; 2023			
											Incurred Claims				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	14 Number of Covered Lives	15 Premiums Earned	16 Amount	17 Percent of Premiums Earned	18 Number of Covered Lives
.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
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.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....

NONE

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(a)(8) 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 Loyal American Life 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 65722
ADDRESS (City, State and Zip Code) Cleveland , OH 44114
Person Completing This Exhibit Daniel E. Paffumi, FSA, MAAA
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	L-5234-MI	F	NO	0034000	09/21/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	16,273	1,402	8.6	2				
YES	L-6200-MI	H	NO	0034000	08/19/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	1,011	(359)	(35.5)					
YES	L-6201-MI	I	NO	0034000	08/19/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	11,447	2,048	17.9	2				
YES	L-6202-MI	J	NO	0034000	08/19/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	242,567	118,043	48.7	39				
YES	LOYAL-MS-AA-C-MI	C	NO	0034000	06/01/2010			12/04/2018	Modernized Medicare Supplement Insurance Plan	34,816	19,403	55.7	6				
YES	LOYAL-MS-AA-D-MI	D	NO	0034000	06/07/2010			12/04/2018	Modernized Medicare Supplement Insurance Plan	27,072	10,574	39.1	6				
YES	LOYAL-MS-AA-F-MI	F	NO	0034000	06/01/2010			12/04/2018	Modernized Medicare Supplement Insurance Plan	2,303,300	1,635,436	71.0	502				
YES	LOYAL-MS-AA-G-MI	G	NO	0034000	06/01/2010			12/04/2018	Modernized Medicare Supplement Insurance Plan	534,511	378,571	70.8	137				
YES	LOYAL-MS-AA-N-MI	N	NO	0034000	06/01/2010			12/04/2018	Modernized Medicare Supplement Insurance Plan	418,393	343,638	82.1	142				
YES	LOYAL-MSX-AA-F-MI	F	NO	0030500	09/24/2015			08/24/2022	Modernized Medicare Supplement Insurance Plan	1,292,860	787,473	60.9	306	20,656	9,260	44.8	5
YES	LOYAL-MSX-AA-G-MI	G	NO	0030500	09/24/2015			08/24/2022	Modernized Medicare Supplement Insurance Plan	679,194	465,728	68.6	197	108,091	78,766	72.9	31
YES	LOYAL-MSX-AA-HDF-MI	F	NO	0030500	09/24/2015			08/24/2022	Modernized Medicare Supplement Insurance Plan	120,019	52,556	43.8	92	17,858	5,316	29.8	12
YES	LOYAL-MSX-AA-N-MI	N	NO	0030500	09/24/2015			08/24/2022	Modernized Medicare Supplement Insurance Plan	531,515	426,938	80.3	180	18,141	1,259	6.9	5
0199999. Total Experience on Individual Policies										6,212,978	4,241,451	68.3	1,611	164,746	94,601	57.4	53

SUPPLEMENT FOR THE YEAR 2023 OF THE Loyal American Life 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 1-866-459-4272
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 1-866-459-4272
4. Explain any policies identified above as policy type "O".

6572202336024100

SUPPLEMENT FOR THE YEAR 2023 OF THE Loyal American Life 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 65722
ADDRESS (City, State and Zip Code) Cleveland , OH 44114
Person Completing This Exhibit Daniel E. Paffumi, FSA, MAAA
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	LOYAL-MS-BASIC-MN	0	NO	0034000	06/01/2010				Modernized Medicare Supplement Insurance Plan	3,035,755	1,905,792	62.8	980	439,508	261,314	59.5	150
YES	LOYAL-MS-COPAYMENT-MN	0	NO	0034000	06/01/2010				Modernized Medicare Supplement Insurance Plan	9,327	17,334	185.8	3	8,189	237	2.9	3
YES	LOYAL-MS-EXTENDED-2020-MN	0	NO	0034000	04/29/2020				Modernized Medicare Supplement Insurance Plan					130,139	51,070	39.2	40
YES	LOYAL-MS-EXTENDED-MN	0	NO	0034000	06/01/2010				Modernized Medicare Supplement Insurance Plan	1,520,146	1,156,897	76.1	413	29,591	6,565	22.2	9
0199999. Total Experience on Individual Policies										4,565,228	3,080,023	67.5	1,396	607,427	319,186	52.5	202

360.MN

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 1-866-459-4272
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 1-866-459-4272
4. Explain any policies identified above as policy type "O".

SUPPLEMENT FOR THE YEAR 2023 OF THE Loyal American Life 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 65722
ADDRESS (City, State and Zip Code) Cleveland , OH 44114
Person Completing This Exhibit Daniel E. Paffumi, FSA, MAAA
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	L-5234-MS	F	NO	0034060	07/29/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	92,368	52,433	56.8	14				
YES	L-5333-MS	F	YES	0034060	03/11/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	148,152	159,977	108.0	30				
YES	L-6202-MS	J	NO	0034060	11/20/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	389,179	306,745	78.8	64				
YES	LOYAL-MS-AA-A-MS	A	NO	0034060	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	10,637	2,868	27.0	4				
YES	LOYAL-MS-AA-B-MS	B	NO	0034060	07/22/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	5,250	6,354	121.0	1				
YES	LOYAL-MS-AA-C-MS	C	NO	0034060	07/22/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	14,306	1,650	11.5	3				
YES	LOYAL-MS-AA-F-MS	F	NO	0034060	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	2,319,431	1,637,125	70.6	466				
YES	LOYAL-MS-AA-G-MS	G	NO	0034000	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	315,135	301,223	95.6	80				
YES	LOYAL-MS-AA-N-MS	N	NO	0034000	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	278,331	252,780	90.8	87				
0199999. Total Experience on Individual Policies										3,572,789	2,721,155	76.2	749				

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 1-866-459-4272
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 1-866-459-4272
4. Explain any policies identified above as policy type "O".

SUPPLEMENT FOR THE YEAR 2023 OF THE Loyal American Life 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 65722
ADDRESS (City, State and Zip Code) Cleveland , OH 44114
Person Completing This Exhibit Daniel E. Paffumi, FSA, MAAA
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	L-6201-MO	I	NO	0034060	08/26/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	6,590	10,830	164.3	2				
YES	L-6202-MO	J	NO	0034060	08/26/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	256,725	226,683	88.3	65				
YES	LOYAL-MS-IA-A-MO	A	NO	0034060	06/01/2010				Modernized Medicare Supplement Insurance Plan	5,029	386	7.7	2				
YES	LOYAL-MS-IA-F-MO	F	NO	0034060	06/01/2010				Modernized Medicare Supplement Insurance Plan	993,521	747,329	75.2	236	3,338	3,293	98.7	1
YES	LOYAL-MS-IA-G-MO	G	NO	0034060	06/01/2010				Modernized Medicare Supplement Insurance Plan	214,909	155,985	72.6	64	84,486	84,733	100.3	26
YES	LOYAL-MS-IA-N-MO	N	NO	0034060	06/01/2010				Modernized Medicare Supplement Insurance Plan	35,761	9,220	25.8	12	1,650	5,646	342.2	
0199999. Total Experience on Individual Policies										1,512,535	1,150,433	76.1	381	89,474	93,672	104.7	27

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 1-866-459-4272
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 1-866-459-4272
4. Explain any policies identified above as policy type "O".

SUPPLEMENT FOR THE YEAR 2023 OF THE Loyal American Life 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 65722
ADDRESS (City, State and Zip Code) Cleveland , OH 44114
Person Completing This Exhibit Daniel E. Paffumi, FSA, MAAA
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	L-5234-MT	F	NO	0034000	09/19/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	5,065	3,146	62.1	1				
YES	L-6202-MT	J	NO	0034000	02/25/2009			05/31/2010	Senior Class Medicare Supplement Insurance Plan	584,478	365,976	62.6	111				
YES	LOYAL-MS-AA-F-MT	F	NO	0034000	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	120,545	63,648	52.8	29				
YES	LOYAL-MS-AA-G-MT	G	NO	0034000	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	51,338	33,233	64.7	15				
YES	LOYAL-MS-AA-N-MT	N	NO	0034000	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	17,117	10,173	59.4	6				
0199999. Total Experience on Individual Policies										778,543	476,176	61.2	162				

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 1-866-459-4272
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 1-866-459-4272
4. Explain any policies identified above as policy type "O".

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SUPPLEMENT FOR THE YEAR 2023 OF THE Loyal American Life 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 65722
ADDRESS (City, State and Zip Code) Cleveland , OH 44114
Person Completing This Exhibit Daniel E. Paffumi, FSA, MAAA
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	L-5234-NE	F	NO	0034000	09/13/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	59,618	72,533	121.7	9				
YES	L-5235-NE	G	NO	0034000	09/13/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	6,908	7,925	114.7	1				
YES	L-6200-NE	H	NO	0034000	10/08/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	5,217	7,494	143.6	1				
YES	L-6202-NE	J	NO	0034000	10/08/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	306,567	228,161	74.4	49				
YES	LOYAL-MS-AA-F-NE	F	NO	0034000	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	680,356	565,102	83.1	133				
YES	LOYAL-MS-AA-G-NE	G	NO	0034000	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	56,696	63,403	111.8	14				
YES	LOYAL-MS-AA-N-NE	N	NO	0034000	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	6,158	297	4.8	2				
0199999. Total Experience on Individual Policies										1,121,520	944,915	84.3	209				

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 1-866-459-4272
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 1-866-459-4272
4. Explain any policies identified above as policy type "O".

SUPPLEMENT FOR THE YEAR 2023 OF THE Loyal American Life 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 ..... NAIC Company Code .....
ADDRESS (City, State and Zip Code) , ...
Person Completing This Exhibit .....
Title ..... Telephone Number .....

NONE

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2020				Policies Issued in 2021; 2022; 2023			
											Incurred Claims				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	14 Number of Covered Lives	15 Premiums Earned	16 Amount	17 Percent of Premiums Earned	18 Number of Covered Lives
.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
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.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....

NONE

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(a)(8) 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.NV

SUPPLEMENT FOR THE YEAR 2023 OF THE Loyal American Life 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 65722
ADDRESS (City, State and Zip Code) Cleveland , OH 44114
Person Completing This Exhibit Daniel E. Paffumi, FSA, MAAA
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	LOYAL-MS-IA-F-NH	F	NO	0034060	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	10,175	6,090	59.9	2				
YES	LOYAL-MS-IA-G-NH	G	NO	0034060	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	4,269	798	18.7	1				
0199999. Total Experience on Individual Policies										14,444	6,888	47.7	3				

360.NH

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 1-866-459-4272
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 1-866-459-4272
4. Explain any policies identified above as policy type "O".

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SUPPLEMENT FOR THE YEAR 2023 OF THE Loyal American Life 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 65722
ADDRESS (City, State and Zip Code) Cleveland , OH 44114
Person Completing This Exhibit Daniel E. Paffumi, FSA, MAAA
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	LOYAL-MS-AA-C-NJ	C	NO	0034060	05/16/2013				Modernized Medicare Supplement Insurance Plan	159,667	154,866	97.0	51				
YES	LOYAL-MS-AA-F-NJ	F	NO	0034000	05/16/2013				Modernized Medicare Supplement Insurance Plan	6,574,243	5,289,484	80.5	1,821	31,344	25,243	80.5	9
YES	LOYAL-MS-AA-G-NJ	G	NO	0034000	05/16/2013				Modernized Medicare Supplement Insurance Plan	7,088,807	6,232,388	87.9	2,467	748,356	627,714	83.9	252
YES	LOYAL-MS-AA-N-NJ	N	NO	0034000	05/16/2013				Modernized Medicare Supplement Insurance Plan	1,306,204	1,469,392	112.5	568	793,537	563,101	71.0	338
YES	LOYAL-MSD-AA-A-NJ	A	NO	0204000	07/12/2013				Modernized Medicare Supplement Insurance Plan	3,237	2,411	74.5	1				
YES	LOYAL-MSD-AA-C-NJ	C	NO	0204060	07/12/2013				Modernized Medicare Supplement Insurance Plan	50,352	117,089	232.5	16				
YES	LOYAL-MSD-AA-F-NJ	F	NO	0204000	07/12/2013				Modernized Medicare Supplement Insurance Plan	1,026,118	796,316	77.6	276				
YES	LOYAL-MSD-AA-G-NJ	G	NO	0204000	07/12/2013				Modernized Medicare Supplement Insurance Plan	1,181,999	836,288	70.8	409				
YES	LOYAL-MSD-AA-N-NJ	N	NO	0204000	07/12/2013				Modernized Medicare Supplement Insurance Plan	291,123	257,134	88.3	124				
0199999. Total Experience on Individual Policies										17,681,750	15,155,368	85.7	5,733	1,573,237	1,216,058	77.3	599

360.NJ

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 1-866-459-4272
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 1-866-459-4272
4. Explain any policies identified above as policy type "O".

SUPPLEMENT FOR THE YEAR 2023 OF THE Loyal American Life 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 65722
ADDRESS (City, State and Zip Code) Cleveland , OH 44114
Person Completing This Exhibit Daniel E. Paffumi, FSA, MAAA
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	L-6201-NM	I	NO	0034000	10/07/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	14,000	10,252	73.2	3				
YES	L-6202-NM	J	NO	0034000	10/07/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	173,430	151,861	87.6	32				
YES	LOYAL-MS-AA-F-NM	F	NO	0034000	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	191,874	110,005	57.3	43				
YES	LOYAL-MS-AA-G-NM	G	NO	0034000	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	38,053	16,659	43.8	10				
YES	LOYAL-MS-AA-N-NM	N	NO	0034000	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	11,468	5,280	46.0	4				
0199999. Total Experience on Individual Policies										428,825	294,057	68.6	92				

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 1-866-459-4272
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 1-866-459-4272
4. Explain any policies identified above as policy type "O".

SUPPLEMENT FOR THE YEAR 2023 OF THE Loyal American Life 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 ..... NAIC Company Code .....
ADDRESS (City, State and Zip Code) , ...
Person Completing This Exhibit .....
Title ..... Telephone Number .....

NONE

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2020				Policies Issued in 2021; 2022; 2023			
											Incurred Claims				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	14 Number of Covered Lives	15 Premiums Earned	16 Amount	17 Percent of Premiums Earned	18 Number of Covered Lives
.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
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.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....

NONE

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(a)(8) 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 Loyal American Life 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 65722
ADDRESS (City, State and Zip Code) Cleveland , OH 44114
Person Completing This Exhibit Daniel E. Paffumi, FSA, MAAA
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	L-5233-NC	D	NO	0034000					Senior Class Medicare Supplement Insurance Plan	5,578	16,510	296.0	1				
YES	L-5234-NC	F	NO	0034000	08/16/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	87,984	71,759	81.6	13				
YES	L-5235-NC	G	NO	0034000	08/16/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	7,899	3,155	39.9	1				
YES	L-6200-NC	H	NO	0034000	09/30/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	5,811	13,207	227.3	1				
YES	L-6201-NC	I	NO	0034000	09/30/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	6,135	1,555	25.3	1				
YES	L-6202-NC	J	NO	0034060	09/30/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	504,660	304,272	60.3	84				
YES	LOYAL-MS-AA-B-NC	B	NO	0034000	07/02/2010			01/31/2017	Modernized Medicare Supplement Insurance Plan	579	(279)	(48.2)					
YES	LOYAL-MS-AA-C-NC	C	NO	0034060	07/02/2010			01/31/2017	Modernized Medicare Supplement Insurance Plan	15,352	6,784	44.2	4				
YES	LOYAL-MS-AA-D-NC	D	NO	0034000	07/02/2010			01/31/2017	Modernized Medicare Supplement Insurance Plan	11,637	12,897	110.8	2				
YES	LOYAL-MS-AA-F-NC	F	NO	0034000	06/01/2010			01/31/2017	Modernized Medicare Supplement Insurance Plan	1,105,080	721,235	65.3	218				
YES	LOYAL-MS-AA-G-NC	G	NO	0034000	06/01/2010			01/31/2017	Modernized Medicare Supplement Insurance Plan	264,448	213,142	80.6	61				
YES	LOYAL-MS-AA-N-NC	N	NO	0034000	06/01/2010			01/31/2017	Modernized Medicare Supplement Insurance Plan	192,786	118,198	61.3	60				
0199999. Total Experience on Individual Policies										2,207,949	1,482,435	67.1	446				

6572202336034100

SUPPLEMENT FOR THE YEAR 2023 OF THE Loyal American Life 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 1-866-459-4272
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 1-866-459-4272
4. Explain any policies identified above as policy type "O".

6572220233603510 0

SUPPLEMENT FOR THE YEAR 2023 OF THE Loyal American Life 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 65722
ADDRESS (City, State and Zip Code) Cleveland , OH 44114
Person Completing This Exhibit Daniel E. Paffumi, FSA, MAAA
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	L-6202-ND	J	NO	0034000	10/21/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	6,729	21,531	320.0	1				
YES	LOYAL-MS-AA-F-ND	F	NO	0034000	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	40,556	38,484	94.9	8				
YES	LOYAL-MS-AA-G-ND	G	NO	0034000	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	10,865	34,381	316.4	3				
0199999. Total Experience on Individual Policies										58,150	94,396	162.3	12				

360.ND

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 1-866-459-4272
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 1-866-459-4272
4. Explain any policies identified above as policy type "O".

SUPPLEMENT FOR THE YEAR 2023 OF THE Loyal American Life 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 65722
ADDRESS (City, State and Zip Code) Cleveland , OH 44114
Person Completing This Exhibit Daniel E. Paffumi, FSA, MAAA
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	L-5232-OH	C	NO	0034000	08/10/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	23,889	15,247	63.8	3				
YES	L-5234-OH	F	NO	0034000	08/10/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	68,012	70,088	103.1	12				
YES	L-5235-OH	G	NO	0034000	08/10/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	21,668	45,523	210.1	4				
YES	L-6201-OH	I	NO	0034060	09/05/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	6,142	5,605	91.3	1				
YES	L-6202-OH	J	NO	0034060	09/05/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	395,499	279,342	70.6	62				
YES	LOYAL-MS-AA-C-OH	C	NO	0034000	06/01/2010			08/09/2017	Modernized Medicare Supplement Insurance Plan	78,996	80,922	102.4	17				
YES	LOYAL-MS-AA-D-OH	D	NO	0034000	07/12/2010			08/09/2017	Modernized Medicare Supplement Insurance Plan	8,203	2,090	25.5	2				
YES	LOYAL-MS-AA-F-OH	F	NO	0034000	06/01/2010			08/09/2017	Modernized Medicare Supplement Insurance Plan	1,106,512	655,337	59.2	223				
YES	LOYAL-MS-AA-G-OH	G	NO	0034000	06/01/2010			08/09/2017	Modernized Medicare Supplement Insurance Plan	244,666	166,851	68.2	61				
YES	LOYAL-MS-AA-N-OH	N	NO	0034000	06/01/2010			08/09/2017	Modernized Medicare Supplement Insurance Plan	265,777	159,459	60.0	80				
0199999. Total Experience on Individual Policies										2,219,364	1,480,464	66.7	465				

360.OH

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 1-866-459-4272
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 1-866-459-4272
4. Explain any policies identified above as policy type "O".

SUPPLEMENT FOR THE YEAR 2023 OF THE Loyal American Life 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 65722
ADDRESS (City, State and Zip Code) Cleveland , OH 44114
Person Completing This Exhibit Daniel E. Paffumi, FSA, MAAA
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	L-5234-OK	F	NO	0034000	08/18/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	95,179	57,803	60.7	15				
YES	L-5235-OK	G	NO	0034000	08/18/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	6,677	9,588	143.6	1				
YES	L-6200-OK	H	NO	0034060	08/28/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	14,588	13,602	93.2	3				
YES	L-6202-OK	J	NO	0034060	08/28/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	314,377	167,331	53.2	51				
YES	LOYAL-MS-AA-A-OK	A	NO	0034060	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	6,319	3,507	55.5	2				
YES	LOYAL-MS-AA-F-OK	F	NO	0034000	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	250,891	138,929	55.4	44				
YES	LOYAL-MS-AA-G-OK	G	NO	0034000	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	34,361	44,124	128.4	8				
YES	LOYAL-MS-AA-N-OK	N	NO	0034000	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	40,448	56,447	139.6	12				
0199999. Total Experience on Individual Policies										762,840	491,331	64.4	136				

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 1-866-459-4272
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 1-866-459-4272
4. Explain any policies identified above as policy type "O".

SUPPLEMENT FOR THE YEAR 2023 OF THE Loyal American Life 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 65722
ADDRESS (City, State and Zip Code) Cleveland , OH 44114
Person Completing This Exhibit Daniel E. Paffumi, FSA, MAAA
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	L-5230-OR	A	NO	0034060	09/08/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	3,860	4,366	113.1	1				
YES	L-5234-OR	F	NO	0034060	09/08/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	32,310	6,439	19.9	6				
YES	L-5235-OR	G	NO	0034060	09/08/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	5,022	1,699	33.8	1				
YES	L-6200-OR	H	NO	0034060	10/13/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	4,481	1,079	24.1	1				
YES	L-6202-OR	J	NO	0034060	10/13/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	250,091	156,146	62.4	43				
YES	LOYAL-MS-AA-C-OR	C	NO	0034060	06/10/2010				Modernized Medicare Supplement Insurance Plan	24,276	16,213	66.8	5				
YES	LOYAL-MS-AA-D-OR	D	NO	0034060	06/10/2010				Modernized Medicare Supplement Insurance Plan	24,389	19,082	78.2	6				
YES	LOYAL-MS-AA-F-OR	F	NO	0034060	06/01/2010				Modernized Medicare Supplement Insurance Plan	3,774,499	2,916,498	77.3	982	98,617	67,898	68.9	26
YES	LOYAL-MS-AA-G-OR	G	NO	0034060	06/01/2010				Modernized Medicare Supplement Insurance Plan	9,240,738	7,732,031	83.7	3,077	600,355	405,700	67.6	205
YES	LOYAL-MS-AA-N-OR	N	NO	0034060	06/01/2010				Modernized Medicare Supplement Insurance Plan	1,327,939	1,178,936	88.8	447	40,245	20,282	50.4	15
0199999. Total Experience on Individual Policies										14,687,605	12,032,489	81.9	4,569	739,217	493,880	66.8	246

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 1-866-459-4272
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 1-866-459-4272
4. Explain any policies identified above as policy type "O".

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SUPPLEMENT FOR THE YEAR 2023 OF THE Loyal American Life 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 65722
ADDRESS (City, State and Zip Code) Cleveland , OH 44114
Person Completing This Exhibit Daniel E. Paffumi, FSA, MAAA
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	L-5232-PA	C	NO	0034060	12/02/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	7,502	6,713	89.5	2				
YES	L-5233-PA	D	NO	0034060	12/02/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	12,861	826	6.4	3				
YES	L-5234-PA	F	NO	0034060	12/02/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	79,981	90,474	113.1	22				
YES	L-5235-PA	G	NO	0034060	12/02/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	9,924	3,752	37.8	3				
YES	LOYAL-MS-AA-D-PA	D	NO	0034060	06/10/2010			09/30/2016	Modernized Medicare Supplement Insurance Plan	3,354	3,585	106.9	1				
YES	LOYAL-MS-AA-F-PA	F	NO	0034060	06/01/2010			09/30/2016	Modernized Medicare Supplement Insurance Plan	1,382,806	825,380	59.7	327				
YES	LOYAL-MS-AA-G-PA	G	NO	0034060	06/01/2010			09/30/2016	Modernized Medicare Supplement Insurance Plan	272,205	246,035	90.4	72				
YES	LOYAL-MS-AA-N-PA	N	NO	0034060	06/01/2010			09/30/2016	Modernized Medicare Supplement Insurance Plan	618,026	463,038	74.9	211				
0199999. Total Experience on Individual Policies										2,386,659	1,639,803	68.7	641				

360.PA

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 1-866-459-4272
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 1-866-459-4272
4. Explain any policies identified above as policy type "O".

SUPPLEMENT FOR THE YEAR 2023 OF THE Loyal American Life 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 ..... NAIC Company Code .....
ADDRESS (City, State and Zip Code) , ...
Person Completing This Exhibit .....
Title ..... Telephone Number .....

NONE

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2020				Policies Issued in 2021; 2022; 2023			
											Incurred Claims				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	14 Number of Covered Lives	15 Premiums Earned	16 Amount	17 Percent of Premiums Earned	18 Number of Covered Lives
.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....

NONE

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(a)(8) 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 Loyal American Life 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 65722
ADDRESS (City, State and Zip Code) Cleveland , OH 44114
Person Completing This Exhibit Daniel E. Paffumi, FSA, MAAA
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	L-5234-SC	F	NO	0034000	12/29/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	113,185	72,948	64.5	24				
YES	L-5235-SC	G	NO	0034000	12/29/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	9,233	16,951	183.6	2				
YES	L-6200-SC	H	NO	0034000	09/24/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	6,740	1,918	28.5	2				
YES	L-6201-SC	I	NO	0034000	09/24/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	33,823	21,061	62.3	9				
YES	L-6202-SC	J	NO	0034000	09/24/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	834,205	656,107	78.7	200				
YES	LOYAL-MS-AA-C-SC	C	NO	0034000	08/25/2010			09/30/2016	Modernized Medicare Supplement Insurance Plan	15,498	10,039	64.8	4				
YES	LOYAL-MS-AA-D-SC	D	NO	0034000	08/25/2010			09/30/2016	Modernized Medicare Supplement Insurance Plan	7,607	1,228	16.1	2				
YES	LOYAL-MS-AA-F-SC	F	NO	0034000	06/01/2010			09/30/2016	Modernized Medicare Supplement Insurance Plan	1,740,549	1,253,520	72.0	391				
YES	LOYAL-MS-AA-G-SC	G	NO	0034000	06/01/2010			09/30/2016	Modernized Medicare Supplement Insurance Plan	364,457	360,353	98.9	95				
YES	LOYAL-MS-AA-N-SC	N	NO	0034000	06/01/2010			09/30/2016	Modernized Medicare Supplement Insurance Plan	186,516	119,739	64.2	65				
0199999. Total Experience on Individual Policies										3,311,813	2,513,864	75.9	794				

360.SC

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 1-866-459-4272
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 1-866-459-4272
4. Explain any policies identified above as policy type "O".

SUPPLEMENT FOR THE YEAR 2023 OF THE Loyal American Life 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 65722
ADDRESS (City, State and Zip Code) Cleveland , OH 44114
Person Completing This Exhibit Daniel E. Paffumi, FSA, MAAA
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	L-6202-SD	J	NO	0034060	08/01/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	254,813	160,588	63.0	48				
YES	LOYAL-MS-AA-F-SD	F	NO	0034060	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	162,699	184,723	113.5	33				
YES	LOYAL-MS-AA-G-SD	G	NO	0034060	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	15,160	15,912	105.0	4				
YES	LOYAL-MS-AA-N-SD	N	NO	0034060	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	8	(1)	(12.5)					
0199999. Total Experience on Individual Policies										432,680	361,222	83.5	85				

360.SD

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 1-866-459-4272
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 1-866-459-4272
4. Explain any policies identified above as policy type "O".

6572202023604310 0

SUPPLEMENT FOR THE YEAR 2023 OF THE Loyal American Life 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 65722
ADDRESS (City, State and Zip Code) Cleveland , OH 44114
Person Completing This Exhibit Daniel E. Paffumi, FSA, MAAA
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	L-5234-TN	F	NO	0034000	09/15/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	62,328	25,532	41.0	9				
YES	L-5235-TN	G	NO	0034000	09/15/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	17,890	8,603	48.1	3				
YES	LOYAL-MS-AA-B-TN	B	NO	0034060	07/30/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	27	(770)	(2,851.9)					
YES	LOYAL-MS-AA-C-TN	C	NO	0034060	07/30/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	8,443	2,288	27.1	1				
YES	LOYAL-MS-AA-D-TN	D	NO	0034060	07/30/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	26,431	16,005	60.6	5				
YES	LOYAL-MS-AA-F-TN	F	NO	0034060	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	5,027,416	3,644,045	72.5	1,138				
YES	LOYAL-MS-AA-G-TN	G	NO	0034060	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	516,730	329,946	63.9	137				
YES	LOYAL-MS-AA-N-TN	N	NO	0034060	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	778,217	547,815	70.4	275				
0199999. Total Experience on Individual Policies										6,437,482	4,573,464	71.0	1,568				

360.TN

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 1-866-459-4272
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 1-866-459-4272
4. Explain any policies identified above as policy type "O".

SUPPLEMENT FOR THE YEAR 2023 OF THE Loyal American Life 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 65722
ADDRESS (City, State and Zip Code) Cleveland , OH 44114
Person Completing This Exhibit Daniel E. Paffumi, FSA, MAAA
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	L-5232-TX	C	NO	0034000	10/19/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	7,800	19,476	249.7	1				
YES	L-5234-TX	F	NO	0034000	10/19/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	746,535	407,371	54.6	104				
YES	L-5235-TX	G	NO	0034000	10/19/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	70,470	51,104	72.5	12				
YES	L-5333-TX	F	YES	0034000	02/14/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	4,583	775	16.9	1				
YES	L-5334-TX	G	YES	0034000	02/14/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	10,524	4,878	46.4	1				
YES	L-6200-TX	H	NO	0034000	09/03/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	255,690	204,374	79.9	44				
YES	L-6201-TX	I	NO	0034000	09/03/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	433,135	315,071	72.7	77				
YES	L-6202-TX	J	NO	0034000	09/03/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	2,453,119	1,569,387	64.0	369				
YES	LOYAL-MS-AA-A-TX	A	NO	0034060	06/01/2010				Modernized Medicare Supplement Insurance Plan	85,681	45,876	53.5	16				
YES	LOYAL-MS-AA-C-TX	C	NO	0034000	08/05/2010				Modernized Medicare Supplement Insurance Plan	9,154	2,164	23.6	1				
YES	LOYAL-MS-AA-D-TX	D	NO	0034000	08/05/2010				Modernized Medicare Supplement Insurance Plan	19,863	9,324	46.9	4				
YES	LOYAL-MS-AA-F-TX	F	NO	0034000	06/01/2010				Modernized Medicare Supplement Insurance Plan	2,748,921	1,721,791	62.6	482	5,157	622	12.1	1
YES	LOYAL-MS-AA-G-TX	G	NO	0034000	06/01/2010				Modernized Medicare Supplement Insurance Plan	1,599,459	1,608,520	100.6	401	12,614	5,264	41.7	4
YES	LOYAL-MS-AA-N-TX	N	NO	0034000	06/01/2010				Modernized Medicare Supplement Insurance Plan	1,034,912	902,177	87.2	321	2,566	(18)	(0.7)	1
0199999. Total Experience on Individual Policies										9,479,846	6,862,288	72.4	1,834	20,337	5,868	28.9	6

SUPPLEMENT FOR THE YEAR 2023 OF THE Loyal American Life 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 1-866-459-4272
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 1-866-459-4272
4. Explain any policies identified above as policy type "O".

SUPPLEMENT FOR THE YEAR 2023 OF THE Loyal American Life 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 65722
ADDRESS (City, State and Zip Code) Cleveland , OH 44114
Person Completing This Exhibit Daniel E. Paffumi, FSA, MAAA
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	L-6202-UT	J	NO	0034000	10/04/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	130,039	40,255	31.0	24				
YES	LOYAL-MS-AA-F-UT	F	NO	0034000	06/01/2010			01/02/2017	Modernized Medicare Supplement Insurance Plan	145,977	74,549	51.1	32				
YES	LOYAL-MS-AA-G-UT	G	NO	0034000	06/01/2010			01/02/2017	Modernized Medicare Supplement Insurance Plan	51,870	59,790	115.3	14				
YES	LOYAL-MS-AA-N-UT	N	NO	0034000	06/01/2010			01/02/2017	Modernized Medicare Supplement Insurance Plan	123,968	111,883	90.3	43				
0199999. Total Experience on Individual Policies										451,854	286,477	63.4	113				

360.UT

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 1-866-459-4272
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 1-866-459-4272
4. Explain any policies identified above as policy type "O".

SUPPLEMENT FOR THE YEAR 2023 OF THE Loyal American Life 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 65722
ADDRESS (City, State and Zip Code) Cleveland , OH 44114
Person Completing This Exhibit Daniel E. Paffumi, FSA, MAAA
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	LOYAL-MS-CR-F-VT	F	NO	0034060					Modernized Medicare Supplement Insurance Plan	1,283,270	1,050,962	81.9	384	16,332	10,864	66.5	5
YES	LOYAL-MS-CR-G-VT	G	NO	0034060					Modernized Medicare Supplement Insurance Plan	866,684	725,731	83.7	316	183,116	186,377	101.8	69
YES	LOYAL-MS-CR-N-VT	N	NO	0034060					Modernized Medicare Supplement Insurance Plan	335,902	272,102	81.0	181	116,173	95,732	82.4	62
YES	LOYAL-MSD-CR-F-VT	F	NO	0204060					Modernized Medicare Supplement Insurance Plan	33,301	23,317	70.0	10				
YES	LOYAL-MSD-CR-G-VT	G	NO	0204060					Modernized Medicare Supplement Insurance Plan	148,871	109,687	73.7	56				
YES	LOYAL-MSD-CR-N-VT	N	NO	0204060					Modernized Medicare Supplement Insurance Plan	65,363	41,848	64.0	35				
0199999. Total Experience on Individual Policies										2,733,391	2,223,647	81.4	982	315,621	292,973	92.8	136

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 1-866-459-4272
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 1-866-459-4272
4. Explain any policies identified above as policy type "O".

6572202023604710 0

SUPPLEMENT FOR THE YEAR 2023 OF THE Loyal American Life 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 65722
ADDRESS (City, State and Zip Code) Cleveland , OH 44114
Person Completing This Exhibit Daniel E. Paffumi, FSA, MAAA
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	LOYAL-MS-AA-F-VA	F	NO	0034000	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	545,828	407,125	74.6	122				
YES	LOYAL-MS-AA-G-VA	G	NO	0034000	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	171,119	149,009	87.1	46				
YES	LOYAL-MS-AA-N-VA	N	NO	0034000	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	19,376	14,591	75.3	6				
0199999. Total Experience on Individual Policies										736,323	570,725	77.5	174				

360.VA

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: 11200 Lakeline Blvd Suite 100 Austin , TX 78717
   2.2 Contact Person and Phone Number: David Brosig 1-866-459-4272
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 1-866-459-4272
4. Explain any policies identified above as policy type "O".

6572202023604810 0

SUPPLEMENT FOR THE YEAR 2023 OF THE Loyal American Life 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 65722
ADDRESS (City, State and Zip Code) Cleveland , OH 44114
Person Completing This Exhibit Daniel E. Paffumi, FSA, MAAA
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	LOYAL-MS-CR-F-WA	F	NO	0034000	06/20/2013				Modernized Medicare Supplement Insurance Plan	999,332	700,460	70.1	238	8,643	831	9.6	2
YES	LOYAL-MS-CR-G-WA	G	NO	0034000	06/20/2013				Modernized Medicare Supplement Insurance Plan	12,251,159	9,947,086	81.2	3,645	311,288	161,036	51.7	100
YES	LOYAL-MS-CR-N-WA	N	NO	0034000	06/20/2013				Modernized Medicare Supplement Insurance Plan	7,146,310	6,618,422	92.6	3,156	1,440,959	1,213,336	84.2	668
YES	LOYAL-MSD-CR-F-WA	F	NO	0204000	08/21/2013				Modernized Medicare Supplement Insurance Plan	442,858	310,842	70.2	103	33,534	23,946	71.4	8
YES	LOYAL-MSD-CR-G-WA	G	NO	0204000	08/21/2013				Modernized Medicare Supplement Insurance Plan	2,612,256	1,951,238	74.7	789	129,218	70,334	54.4	41
YES	LOYAL-MSD-CR-N-WA	N	NO	0204000	08/21/2013				Modernized Medicare Supplement Insurance Plan	856,098	734,443	85.8	383	107,496	135,658	126.2	53
0199999. Total Experience on Individual Policies										24,308,013	20,262,491	83.4	8,314	2,031,138	1,605,141	79.0	872

360.WA

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 1-866-459-4272
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 1-866-459-4272
4. Explain any policies identified above as policy type "O".

SUPPLEMENT FOR THE YEAR 2023 OF THE Loyal American Life 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 65722
ADDRESS (City, State and Zip Code) Cleveland , OH 44114
Person Completing This Exhibit Daniel E. Paffumi, FSA, MAAA
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	L-5232-WV	C	NO	0034000	08/25/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	5,882	3,412	58.0	1				
YES	L-5234-WV	F	NO	0034000	08/25/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	6,064	11,731	193.5	1				
YES	L-6202-WV	J	NO	0034060	09/24/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	69,650	76,317	109.6	12				
YES	LOYAL-MS-AA-D-WV	D	NO	0034000	06/23/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	4,103	1,185	28.9	1				
YES	LOYAL-MS-AA-F-WV	F	NO	0034000	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	199,943	89,093	44.6	41				
YES	LOYAL-MS-AA-G-WV	G	NO	0034000	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	37,713	19,980	53.0	10				
YES	LOYAL-MS-AA-N-WV	N	NO	0034000	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	68,246	41,086	60.2	22				
0199999. Total Experience on Individual Policies										391,601	242,804	62.0	88				

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 1-866-459-4272
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 1-866-459-4272
4. Explain any policies identified above as policy type "O".

6572202023605010100

SUPPLEMENT FOR THE YEAR 2023 OF THE Loyal American Life 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 65722
ADDRESS (City, State and Zip Code) Cleveland , OH 44114
Person Completing This Exhibit Daniel E. Paffumi, FSA, MAAA
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	L-5220-WI	0	NO	0034060	04/23/2004			05/31/2010	Senior Class Medicare Supplement Insurance Plan	58,218	36,846	63.3	9				
YES	LOYAL-MS-WI	0	NO	0034060	06/01/2010			09/30/2016	Modernized Medicare Supplement Insurance Plan	90,923	41,540	45.7	17				
0199999. Total Experience on Individual Policies										149,141	78,386	52.6	26				

360.WI

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 1-866-459-4272
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 1-866-459-4272
4. Explain any policies identified above as policy type "O".

6572202023605110 0

SUPPLEMENT FOR THE YEAR 2023 OF THE Loyal American Life 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 65722
ADDRESS (City, State and Zip Code) Cleveland , OH 44114
Person Completing This Exhibit Daniel E. Paffumi, FSA, MAAA
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	L-6202-WY	J	NO	0034060	08/27/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	90,595	73,087	80.7	14				
YES	LOYAL-MS-AA-F-WY	F	NO	0034000	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	77,952	52,434	67.3	14				
YES	LOYAL-MS-AA-G-WY	G	NO	0034000	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	11,149	4,790	43.0	3				
YES	LOYAL-MS-AA-N-WY	N	NO	0034000	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	40,860	29,530	72.3	12				
0199999. Total Experience on Individual Policies										220,556	159,841	72.5	43				

360.WY

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 1-866-459-4272
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 1-866-459-4272
4. Explain any policies identified above as policy type "O".

SUPPLEMENT FOR THE YEAR 2023 OF THE Loyal American Life Insurance Company

VM-20 RESERVES SUPPLEMENT – PART 1A

Life Insurance Reserves Valued According to VM-20 by Product Type
For The Year Ended December 31, 2023
(To Be Filed by March 1)

NAIC Group Code 0901 NAIC Company Code 65722

		Prior Year	Current Year	
		1 Reported Reserve	2 Reported Reserve	3 Due and Deferred Premium Asset
1.	Post-Reinsurance-Ceded Reserve			
	1.1. Term Life Insurance			
	1.2. Universal Life With Secondary Guarantee			
	1.3. Non-Participating Whole Life			
	1.4. Participating Whole Life			
	1.5. Universal Life Without Secondary Guarantee			
	1.6. Variable Universal Life Without Secondary Guarantee			
	1.7. Variable Life Without Secondary Guarantee			
	1.8. Indexed Life Without Secondary Guarantee			
	1.9. Aggregate Write-Ins for Other Products			
2.	Total Post-Reinsurance-Ceded Reserve (Sum of Lines 1.1 through 1.9)			XXX
3.	Pre-Reinsurance-Ceded Reserve			
	3.1. Term Life Insurance			
	3.2. Universal Life With Secondary Guarantee			
	3.3. Non-Participating Whole Life			
	3.4. Participating Whole Life			
	3.5. Universal Life Without Secondary Guarantee			
	3.6. Variable Universal Life Without Secondary Guarantee			
	3.7. Variable Life Without Secondary Guarantee			
	3.8. Indexed Life Without Secondary Guarantee			
	3.9. Aggregate Write-Ins for Other Products			
4.	Total Pre-Reinsurance-Ceded Reserve (Sum of Lines 3.1 through 3.9)			XXX
5.	Total Reserves Ceded (Line 4 minus Line 2)			XXX
	DETAILS OF WRITE-INS			
1.901.				
1.902.				
1.903.				
1.998.	Summary of remaining write-ins for Line 1.9 from overflow page			
1.999.	Totals (Lines 1.901 thru 1.903 plus 1.998) (Line 1.9 above)			
3.901.				
3.902.				
3.903.				
3.998.	Summary of remaining write-ins for Line 3.9 from overflow page			
3.999.	Totals (Lines 3.901 thru 3.903 plus 3.998) (Line 3.9 above)			

SUPPLEMENT FOR THE YEAR 2023 OF THE Loyal American Life Insurance Company

VM-20 RESERVES SUPPLEMENT – PART 1B

Life Insurance Reserves Valued According to VM-20 by Product Type
For The Year Ended December 31, 2023
(To Be Filed by March 1)
($000 Omitted for Face Amounts)

	Current Year											
	SECTION A					SECTION B				SECTION C		
	1 Net Premium Reserve	2 Deterministic Reserve	3 Stochastic Reserve	4 Number of Policies	5 Face Amount	6 Net Premium Reserve	7 Deterministic Reserve	8 Number of Policies	9 Face Amount	10 Net Premium Reserve	11 Number of Policies	12 Face Amount
1. Post-Reinsurance-Ceded Reserve												
1.1. Term Life Insurance				XXX	XXX			XXX	XXX	XXX	XXX	XXX
1.2. Universal Life With Secondary Guarantee				XXX	XXX			XXX	XXX		XXX	XXX
1.3. Non-Participating Whole Life				XXX	XXX			XXX	XXX		XXX	XXX
1.4. Participating Whole Life				XXX	XXX			XXX	XXX		XXX	XXX
1.5. Universal Life Without Secondary Guarantee				XXX	XXX			XXX	XXX		XXX	XXX
1.6. Variable Universal Life Without Secondary Guarantee				XXX	XXX			XXX	XXX		XXX	XXX
1.7. Variable Life Without Secondary Guarantee				XXX	XXX			XXX	XXX		XXX	XXX
1.8. Indexed Life Without Secondary Guarantee				XXX	XXX			XXX	XXX		XXX	XXX
1.9. Aggregate Write-Ins for Other Products				XXX	XXX			XXX	XXX		XXX	XXX
2. Total Post-Reinsurance-Ceded Reserve (Sum of Lines 1.1 through 1.9)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
3. Pre-Reinsurance-Ceded Reserve												
3.1. Term Life Insurance										XXX		
3.2. Universal Life With Secondary Guarantee												
3.3. Non-Participating Whole Life												
3.4. Participating Whole Life												
3.5. Universal Life Without Secondary Guarantee												
3.6. Variable Universal Life Without Secondary Guarantee												
3.7. Variable Life Without Secondary Guarantee												
3.8. Indexed Life Without Secondary Guarantee												
3.9. Aggregate Write-Ins for Other Products												
4. Total Pre-Reinsurance-Ceded Reserve (Sum of Lines 3.1 through 3.9)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
5. Total Reserves Ceded (Line 4 minus Line 2)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
DETAILS OF WRITE-INS												
1.901.				XXX	XXX			XXX	XXX		XXX	XXX
1.902.				XXX	XXX			XXX	XXX		XXX	XXX
1.903.				XXX	XXX			XXX	XXX		XXX	XXX
1.998. Summary of remaining write-ins for Line 1.9 from overflow page				XXX	XXX			XXX	XXX		XXX	XXX
1.999. Totals (Lines 1.901 thru 1.903 plus 1.998) (Line 1.9 above)				XXX	XXX			XXX	XXX		XXX	XXX
3.901.												
3.902.												
3.903.												
3.998. Summary of remaining write-ins for Line 3.9 from overflow page												
3.999. Totals (Lines 3.901 thru 3.903 plus 3.998) (Line 3.9 above)												

SUPPLEMENT FOR THE YEAR 2023 OF THE Loyal American Life Insurance Company

VM-20 RESERVES SUPPLEMENT – PART 2

Life PBR Exemption
For The Year Ended December 31, 2023
(To Be Filed by March 1)

Life PBR Exemption as defined in the NAIC adopted Valuation Manual (VM)

1. Has the company been allowed a Life PBR Exemption from the reserve requirements of VM-20 of the Valuation Manual by their state of domicile? ..... Yes [ ] No [ ]

2. If the response to Question 1 is "Yes", then check the source of the "Life PBR Exemption" definition? (Check either 2.1, 2.2 or 2.3)

   2.1 NAIC Adopted VM [ ]

   2.2 State Statute (SVL) [ ] Complete items "a" and "b" as appropriate.

   a. Is the criteria in the State Statute (SVL) different from the NAIC adopted VM? ..... Yes [ ] No [ ]

   b. If the answer to “a” above is “Yes”, provide the criteria the state has used to allow the Life PBR Exemption (e.g., Group/Legal Entity criteria) and the minimum reserve requirements that are required by the state of domicile (if the minimum reserve requirements are the same as the Adopted VM, write SAME AS NAIC VM):

   .....

   2.3 State Regulation [ ] Complete items "a" and "b" as appropriate.

   a. Is the criteria in the State Regulation different from the NAIC adopted VM? ..... Yes [ ] No [ ]

   b. If the answer to "a" above is "Yes", provide the criteria of the state’s Life PBR Exemption that the company has met and the minimum reserve requirements that are required by the state of domicile (if the minimum reserve requirements are the same as the Adopted VM, write SAME AS NAIC VM):

   .....

3. If the criteria for the "Life PBR Exemption" is the same as or substantially similar to the NAIC adopted VM (i.e., Question 2.1 is checked or Question 2.2.a is "No" or Question 2.3.a is "No"), then provide the most recent year that the company filed a statement of exemption that was allowed. If such calendar year is not the current calendar year for this statement, also provide confirmation that the company meets the criteria for utilizing an ongoing statement of exemption, meaning that none of the following apply:
   1) the company fails to meet either of the conditions in VM Section II, Subsection 1.G.2,
   2) the policies exempted contain those in VM Section II, Subsection 1.G.3, or
   3) the domiciliary commissioner contacted the company prior to Sept. 1 and notified them that the statement of exemption was not allowed:

   .....

VM-20 RESERVES SUPPLEMENT – PART 3

Other Exclusions from Life PBR
For The Year Ended December 31, 2023
(To Be Filed by March 1)

1A. Has the company filed and been granted a Single State Exemption from the reserve requirements of VM-20 of the Valuation Manual by their state of domicile? ..... Yes [ ] No [ ]

1B. If the answer to question 1A is “Yes” please discuss any business not covered under the Single State Exemption.

.....

2A. If the answer to question 1A is "Yes", does the company have risks for policies issued outside its state of domicile? ..... Yes [ ] No [ ]

2B. If the answer to question 2A is “Yes” please discuss the risks for policies issued outside the state of domicile, how those risks came to be a responsibility of the company, and why the company would still be considered a Single State Company with such risks.

.....

3. Is all of the company's individual ordinary life insurance business excluded from the requirements of VM-20 pursuant to Section II.B of the Valuation Manual? ..... Yes [ ] No [ ]

SUPPLEMENT FOR THE YEAR 2023 OF THE Loyal American Life Insurance Company

SCHEDULE O SUPPLEMENT

For The Year Ended December 31, 2023
(To Be Filed by March 1)

Of The Loyal American Life Insurance Company
ADDRESS (City, State and Zip Code) Cleveland , OH 44114
NAIC Group Code 0901 NAIC Company Code 65722 Employer's Identification Number (FEIN) 63-0343428

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	426	432	452	2,105	3,305
2. 2019	956	1,080	1,097	1,097	1,117
3. 2020	XXX	599	767	777	777
4. 2021	XXX	XXX	320	499	499
5. 2022	XXX	XXX	XXX	(1,216)	(1,070)
6. 2023	XXX	XXX	XXX	XXX	(757)

Section B - Other Accident and Health

1. Prior	37,625	46,475	53,938	63,493	74,376
2. 2019	219,498	247,883	249,489	250,133	250,929
3. 2020	XXX	189,924	216,406	217,495	218,212
4. 2021	XXX	XXX	191,447	218,270	220,137
5. 2022	XXX	XXX	XXX	179,577	206,567
6. 2023	XXX	XXX	XXX	XXX	175,082

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					
2. 2019	3				
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					
2. 2019	509				
3. 2020	XXX	421			
4. 2021	XXX	XXX	400		
5. 2022	XXX	XXX	XXX	387	
6. 2023	XXX	XXX	XXX	XXX	634

Section C - Credit Accident and Health

NONE

1. Prior					
2. 2019					
3. 2020	XXX				
4. 2021	XXX	XXX			
5. 2022	XXX	XXX	XXX		
6. 2023	XXX	XXX	XXX	XXX	

Section D -

NONE

1. Prior					
2. 2019					
3. 2020	XXX				
4. 2021	XXX	XXX			
5. 2022	XXX	XXX	XXX		
6. 2023	XXX	XXX	XXX	XXX	

Section E -

NONE

1. Prior					
2. 2019					
3. 2020	XXX				
4. 2021	XXX	XXX			
5. 2022	XXX	XXX	XXX		
6. 2023	XXX	XXX	XXX	XXX	

Section F -

NONE

1. Prior					
2. 2019					
3. 2020	XXX				
4. 2021	XXX	XXX			
5. 2022	XXX	XXX	XXX		
6. 2023	XXX	XXX	XXX	XXX	

Section G -

NONE

1. Prior					
2. 2019					
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	1,367	1,119	1,114	XXX	XXX
2. 2020	XXX	977	806	793	XXX
3. 2021	XXX	XXX	699	536	512
4. 2022	XXX	XXX	XXX	(862)	(1,045)
5. 2023	XXX	XXX	XXX	XXX	(495)

Section B - Other Accident and Health

1. 2019	260,023	253,124	252,123	XXX	XXX
2. 2020	XXX	231,140	221,420	219,762	XXX
3. 2021	XXX	XXX	237,556	225,017	223,375
4. 2022	XXX	XXX	XXX	225,348	211,934
5. 2023	XXX	XXX	XXX	XXX	217,230

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	1,370	1,119	1,114	1,104	1,117
2. 2020	XXX	977	806	793	783
3. 2021	XXX	XXX	699	536	512
4. 2022	XXX	XXX	XXX	(862)	(1,045)
5. 2023	XXX	XXX	XXX	XXX	(495)

Section B - Other Accident and Health

1. 2019	260,551	253,124	252,123	251,566	251,502
2. 2020	XXX	231,561	221,420	219,762	219,274
3. 2021	XXX	XXX	237,956	225,017	223,375
4. 2022	XXX	XXX	XXX	225,745	211,934
5. 2023	XXX	XXX	XXX	XXX	217,864

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	Standard Factor	570
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	56,877
11. Total		57,447

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SUPPLEMENT FOR THE YEAR 2023 OF THE Loyal American Life Insurance Company

HEALTH SUPPLEMENTS

For The Year Ended December 31, 2023
(To Be Filed by March 1)

Of The Loyal American Life Insurance Company .....
ADDRESS (City, State and Zip Code) Cleveland , OH 44114 .....
NAIC Group Code 0901 ..... NAIC Company Code 65722 ..... Employer's ID Number 63-0343428 .....

SUPPLEMENT FOR THE YEAR 2023 OF THE Loyal American Life 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	350,294,019	84,231		212,802,400		151,233					599,924		132,338,950	4,317,281
2.	Change in unearned premium reserves and reserve for rate credit	1,219,535	1,260		1,417,295		(438)					25,715		(225,573)	1,276
3.	Fee-for-service (net of $ ..... medical expenses)														XXX
4.	Risk revenue														XXX
5.	Aggregate write-ins for other health care related revenues	1,238,890	3		1,232,714							29		6,144	XXX
6.	Aggregate write-ins for other non-health care related revenues	XXX	XXX		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
7.	Total revenues (Lines 1 to 6)	352,752,444	85,494		215,452,409		150,795					625,668		132,119,521	4,318,557
8.	Hospital/medical benefits	218,002,289	32,482		162,401,668		128,519					1,938,594	186,126	53,314,900	XXX
9.	Other professional services														XXX
10.	Outside referrals														XXX
11.	Emergency room and out-of-area														XXX
12.	Prescription drugs														XXX
13.	Aggregate write-ins for other hospital and medical	98,383			98,383										XXX
14.	Incentive pool, withhold adjustments and bonus amounts														XXX
15.	Subtotal (Lines 8 to 14)	218,100,672	32,482		162,500,051		128,519					1,938,594	186,126	53,314,900	XXX
16.	Net reinsurance recoveries	5,285,033										21,903	203,683	5,059,447	XXX
17.	Total medical and hospital (Lines 15 minus 16)	212,815,639	32,482		162,500,051		128,519					1,916,691	(17,557)	48,255,453	XXX
18.	Non-health claims (net)	1,904,451	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,904,451
19.	Claims adjustment expenses including $ .....634,061 cost containment expenses	3,492,138	190		891,880		650					1,958	54	2,547,255	50,151
20.	General administrative expenses	107,045,698	5,826		27,339,102		19,919					60,029	1,646	78,081,881	1,537,295
21.	Increase in reserves for accident and health contracts	5,027,862	(15,450)		623,339							(1,073,596)		5,493,569	XXX
22.	Increase in reserves for life contracts	1,009,131	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,009,131
23.	Total underwriting deductions (Lines 17 to 22)	331,294,919	23,048		191,354,372		149,088					905,082	(15,857)	134,378,158	4,501,028
24.	Net underwriting gain or (loss) (Line 7 minus Line 23)	21,457,525	62,446		24,098,037		1,707					(279,414)	15,857	(2,258,637)	(182,471)
	DETAILS OF WRITE-INS														
0501.	Interest on Agent Loans	1,222,626			1,222,626										XXX
0502.	Other Income	16,264	3		10,088							29		6,144	XXX
0503.															XXX
0598.	Summary of remaining write-ins for Line 5 from overflow page														XXX
0599.	Totals (Lines 0501 thru 0503 plus 0598) (Line 5 above)	1,238,890	3		1,232,714							29		6,144	XXX
0601.		XXX	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	XXX	
0603.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0698.	Summary of remaining write-ins for Line 6 from overflow page	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0699.	Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
1301.	Premium Waiver	98,383			98,383										XXX
1302.															XXX
1303.															XXX
1398.	Summary of remaining write-ins for Line 13 from overflow page														XXX
1399.	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	98,383			98,383										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

6572220023600001100

SUPPLEMENT FOR THE YEAR 2023 OF THE Loyal American Life 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 65722

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	YES
9. Private Flood	NO
10. Private Passenger Auto	NO
11. Short-Term Limited Duration Health Plans	NO
12. Travel	NO

6572220023600002100

SUPPLEMENT FOR THE YEAR 2023 OF THE Loyal American Life 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 65722

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

6572220236000031100

SUPPLEMENT FOR THE YEAR 2023 OF THE Loyal American Life 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 65722

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	YES
9. Private Flood	NO
10. Private Passenger Auto	NO
11. Short-Term Limited Duration Health Plans	NO
12. Travel	NO

6572202360004100

SUPPLEMENT FOR THE YEAR 2023 OF THE Loyal American Life 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 65722

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	YES
9. Private Flood	NO
10. Private Passenger Auto	NO
11. Short-Term Limited Duration Health Plans	NO
12. Travel	NO

6572220023600051100

SUPPLEMENT FOR THE YEAR 2023 OF THE Loyal American Life 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 65722

MCAS LINE OF BUSINESS	MCAS Reportable Premium/Considerations (Yes/No)
1. Disability Income	NO
2. Health	NO
3. Homeowners	NO
4. Individual Annuity	YES
5. Individual Life	YES
6. Lender-Placed Home and Auto	NO
7. Long-Term Care	YES
8. Other Health	YES
9. Private Flood	NO
10. Private Passenger Auto	NO
11. Short-Term Limited Duration Health Plans	NO
12. Travel	NO

6572202360006100

SUPPLEMENT FOR THE YEAR 2023 OF THE Loyal American Life 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 65722

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	YES
8. Other Health	YES
9. Private Flood	NO
10. Private Passenger Auto	NO
11. Short-Term Limited Duration Health Plans	NO
12. Travel	NO

6572202360007100

SUPPLEMENT FOR THE YEAR 2023 OF THE Loyal American Life 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 65722

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	YES
9. Private Flood	NO
10. Private Passenger Auto	NO
11. Short-Term Limited Duration Health Plans	NO
12. Travel	NO

6572202360008100

SUPPLEMENT FOR THE YEAR 2023 OF THE Loyal American Life 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 65722

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

6572220236000091100

SUPPLEMENT FOR THE YEAR 2023 OF THE Loyal American Life 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 65722

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

6572202360010100

SUPPLEMENT FOR THE YEAR 2023 OF THE Loyal American Life 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 65722

MCAS LINE OF BUSINESS	MCAS Reportable Premium/Considerations (Yes/No)
1. Disability Income	NO
2. Health	NO
3. Homeowners	NO
4. Individual Annuity	YES
5. Individual Life	YES
6. Lender-Placed Home and Auto	NO
7. Long-Term Care	YES
8. Other Health	YES
9. Private Flood	NO
10. Private Passenger Auto	NO
11. Short-Term Limited Duration Health Plans	NO
12. Travel	NO

6572220023600111100

SUPPLEMENT FOR THE YEAR 2023 OF THE Loyal American Life 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 65722

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	YES
8. Other Health	YES
9. Private Flood	NO
10. Private Passenger Auto	NO
11. Short-Term Limited Duration Health Plans	NO
12. Travel	NO

6572220023600121100

SUPPLEMENT FOR THE YEAR 2023 OF THE Loyal American Life 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 65722

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	YES
9. Private Flood	NO
10. Private Passenger Auto	NO
11. Short-Term Limited Duration Health Plans	NO
12. Travel	NO

6572220023600131100

SUPPLEMENT FOR THE YEAR 2023 OF THE Loyal American Life 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 65722

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

6572220023600141 00

SUPPLEMENT FOR THE YEAR 2023 OF THE Loyal American Life 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 65722

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	YES
8. Other Health	YES
9. Private Flood	NO
10. Private Passenger Auto	NO
11. Short-Term Limited Duration Health Plans	NO
12. Travel	NO

6572202360015100

SUPPLEMENT FOR THE YEAR 2023 OF THE Loyal American Life 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 65722

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	YES
9. Private Flood	NO
10. Private Passenger Auto	NO
11. Short-Term Limited Duration Health Plans	NO
12. Travel	NO

6572220023600161 00

SUPPLEMENT FOR THE YEAR 2023 OF THE Loyal American Life 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 65722

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	YES
9. Private Flood	NO
10. Private Passenger Auto	NO
11. Short-Term Limited Duration Health Plans	NO
12. Travel	NO

6572202360017100

SUPPLEMENT FOR THE YEAR 2023 OF THE Loyal American Life 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 65722

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	YES
8. Other Health	YES
9. Private Flood	NO
10. Private Passenger Auto	NO
11. Short-Term Limited Duration Health Plans	NO
12. Travel	NO

6572202360018100

SUPPLEMENT FOR THE YEAR 2023 OF THE Loyal American Life 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 65722

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	YES
9. Private Flood	NO
10. Private Passenger Auto	NO
11. Short-Term Limited Duration Health Plans	NO
12. Travel	NO

6572220236001910 0

SUPPLEMENT FOR THE YEAR 2023 OF THE Loyal American Life 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 65722

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	YES
9. Private Flood	NO
10. Private Passenger Auto	NO
11. Short-Term Limited Duration Health Plans	NO
12. Travel	NO

6572220023600201000

SUPPLEMENT FOR THE YEAR 2023 OF THE Loyal American Life 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 65722

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	YES
9. Private Flood	NO
10. Private Passenger Auto	NO
11. Short-Term Limited Duration Health Plans	NO
12. Travel	NO

6572202360021100

SUPPLEMENT FOR THE YEAR 2023 OF THE Loyal American Life 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 65722

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	YES
9. Private Flood	NO
10. Private Passenger Auto	NO
11. Short-Term Limited Duration Health Plans	NO
12. Travel	NO

6572220023600221000

SUPPLEMENT FOR THE YEAR 2023 OF THE Loyal American Life 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 65722

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	YES
9. Private Flood	NO
10. Private Passenger Auto	NO
11. Short-Term Limited Duration Health Plans	NO
12. Travel	NO

6572220023600231 00

SUPPLEMENT FOR THE YEAR 2023 OF THE Loyal American Life 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 65722

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	YES
9. Private Flood	NO
10. Private Passenger Auto	NO
11. Short-Term Limited Duration Health Plans	NO
12. Travel	NO

6572220023600241000

SUPPLEMENT FOR THE YEAR 2023 OF THE Loyal American Life 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 65722

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	YES
9. Private Flood	NO
10. Private Passenger Auto	NO
11. Short-Term Limited Duration Health Plans	NO
12. Travel	NO

6572220023600251 00

SUPPLEMENT FOR THE YEAR 2023 OF THE Loyal American Life 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 65722

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	YES
9. Private Flood	NO
10. Private Passenger Auto	NO
11. Short-Term Limited Duration Health Plans	NO
12. Travel	NO

6572220023600261 00

SUPPLEMENT FOR THE YEAR 2023 OF THE Loyal American Life 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 65722

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	YES
8. Other Health	YES
9. Private Flood	NO
10. Private Passenger Auto	NO
11. Short-Term Limited Duration Health Plans	NO
12. Travel	NO

6572220023600271 00

SUPPLEMENT FOR THE YEAR 2023 OF THE Loyal American Life 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 65722

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	YES
9. Private Flood	NO
10. Private Passenger Auto	NO
11. Short-Term Limited Duration Health Plans	NO
12. Travel	NO

6572220023600281000

SUPPLEMENT FOR THE YEAR 2023 OF THE Loyal American Life 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 65722

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	YES
8. Other Health	YES
9. Private Flood	NO
10. Private Passenger Auto	NO
11. Short-Term Limited Duration Health Plans	NO
12. Travel	NO

6572220023600291000

SUPPLEMENT FOR THE YEAR 2023 OF THE Loyal American Life 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 65722

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	YES
9. Private Flood	NO
10. Private Passenger Auto	NO
11. Short-Term Limited Duration Health Plans	NO
12. Travel	NO

6572220023600301100

SUPPLEMENT FOR THE YEAR 2023 OF THE Loyal American Life 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 65722

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

6572220023600311000

SUPPLEMENT FOR THE YEAR 2023 OF THE Loyal American Life 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 65722

MCAS LINE OF BUSINESS	MCAS Reportable Premium/Considerations (Yes/No)
1. Disability Income	NO
2. Health	NO
3. Homeowners	NO
4. Individual Annuity	YES
5. Individual Life	YES
6. Lender-Placed Home and Auto	NO
7. Long-Term Care	NO
8. Other Health	YES
9. Private Flood	NO
10. Private Passenger Auto	NO
11. Short-Term Limited Duration Health Plans	NO
12. Travel	NO

6572220023600321000

SUPPLEMENT FOR THE YEAR 2023 OF THE Loyal American Life 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 65722

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	YES
9. Private Flood	NO
10. Private Passenger Auto	NO
11. Short-Term Limited Duration Health Plans	NO
12. Travel	NO

6572220023600331 00

SUPPLEMENT FOR THE YEAR 2023 OF THE Loyal American Life 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 65722

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

6572202360034100

SUPPLEMENT FOR THE YEAR 2023 OF THE Loyal American Life 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 65722

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	YES
8. Other Health	YES
9. Private Flood	NO
10. Private Passenger Auto	NO
11. Short-Term Limited Duration Health Plans	NO
12. Travel	NO

6572220236003510 0

SUPPLEMENT FOR THE YEAR 2023 OF THE Loyal American Life 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 65722

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	YES
9. Private Flood	NO
10. Private Passenger Auto	NO
11. Short-Term Limited Duration Health Plans	NO
12. Travel	NO

6572202360036100

SUPPLEMENT FOR THE YEAR 2023 OF THE Loyal American Life 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 65722

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	YES
9. Private Flood	NO
10. Private Passenger Auto	NO
11. Short-Term Limited Duration Health Plans	NO
12. Travel	NO

6572220023600371 00

SUPPLEMENT FOR THE YEAR 2023 OF THE Loyal American Life 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 65722

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	YES
9. Private Flood	NO
10. Private Passenger Auto	NO
11. Short-Term Limited Duration Health Plans	NO
12. Travel	NO

6572202360038100

SUPPLEMENT FOR THE YEAR 2023 OF THE Loyal American Life 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 65722

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	YES
9. Private Flood	NO
10. Private Passenger Auto	NO
11. Short-Term Limited Duration Health Plans	NO
12. Travel	NO

6572202360039100

SUPPLEMENT FOR THE YEAR 2023 OF THE Loyal American Life 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 65722

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	YES
9. Private Flood	NO
10. Private Passenger Auto	NO
11. Short-Term Limited Duration Health Plans	NO
12. Travel	NO

6572220023600401100

SUPPLEMENT FOR THE YEAR 2023 OF THE Loyal American Life 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 65722

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

6572202360041100

SUPPLEMENT FOR THE YEAR 2023 OF THE Loyal American Life 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 65722

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	YES
9. Private Flood	NO
10. Private Passenger Auto	NO
11. Short-Term Limited Duration Health Plans	NO
12. Travel	NO

6572220023600421000

SUPPLEMENT FOR THE YEAR 2023 OF THE Loyal American Life 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 65722

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	YES
9. Private Flood	NO
10. Private Passenger Auto	NO
11. Short-Term Limited Duration Health Plans	NO
12. Travel	NO

6572202360043100

SUPPLEMENT FOR THE YEAR 2023 OF THE Loyal American Life 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 65722

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	YES
8. Other Health	YES
9. Private Flood	NO
10. Private Passenger Auto	NO
11. Short-Term Limited Duration Health Plans	NO
12. Travel	NO

6572202360044100

SUPPLEMENT FOR THE YEAR 2023 OF THE Loyal American Life 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 65722

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	YES
9. Private Flood	NO
10. Private Passenger Auto	NO
11. Short-Term Limited Duration Health Plans	NO
12. Travel	NO

6572220023600451000

SUPPLEMENT FOR THE YEAR 2023 OF THE Loyal American Life 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 65722

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	YES
9. Private Flood	NO
10. Private Passenger Auto	NO
11. Short-Term Limited Duration Health Plans	NO
12. Travel	NO

6572220023600461000

SUPPLEMENT FOR THE YEAR 2023 OF THE Loyal American Life 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 65722

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

6572220023600471000

SUPPLEMENT FOR THE YEAR 2023 OF THE Loyal American Life 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 65722

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	YES
9. Private Flood	NO
10. Private Passenger Auto	NO
11. Short-Term Limited Duration Health Plans	NO
12. Travel	NO

6572202360048100

SUPPLEMENT FOR THE YEAR 2023 OF THE Loyal American Life 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 65722

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	YES
8. Other Health	YES
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 Loyal American Life 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 65722

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	YES
9. Private Flood	NO
10. Private Passenger Auto	NO
11. Short-Term Limited Duration Health Plans	NO
12. Travel	NO

6572220236005010 0

SUPPLEMENT FOR THE YEAR 2023 OF THE Loyal American Life 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 65722

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	YES
8. Other Health	YES
9. Private Flood	NO
10. Private Passenger Auto	NO
11. Short-Term Limited Duration Health Plans	NO
12. Travel	NO

6572220236005110 0

SUPPLEMENT FOR THE YEAR 2023 OF THE Loyal American Life 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 65722

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	YES
8. Other Health	YES
9. Private Flood	NO
10. Private Passenger Auto	NO
11. Short-Term Limited Duration Health Plans	NO
12. Travel	NO

6572220236005410 0

SUPPLEMENT FOR THE YEAR 2023 OF THE Loyal American Life 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: Puerto Rico

NAIC Group Code 0901 NAIC Company Code 65722

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