



ANNUAL STATEMENT
FOR THE YEAR ENDED DECEMBER 31, 2023
OF THE CONDITION AND AFFAIRS OF THE
CINCINNATI EQUITABLE LIFE INSURANCE COMPANY

NAIC Group Code 0067, 0067 NAIC Company Code 88064 Employer's ID Number 35-1452221

(Current) (Prior)

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

Country of Domicile US

Licensed as business type: Life, Accident and Health

Incorporated/Organized 10/19/1977 Commenced Business 07/11/1978

Statutory Home Office 525 VINE STREET, SUITE 1925 CINCINNATI, OH, US 45202

Main Administrative Office 525 VINE STREET, SUITE 1925 CINCINNATI, OH, US 45202 513-621-1826 (Telephone)

Mail Address P.O. BOX 3428 CINCINNATI, OH, US 45202-3428

Primary Location of Books and Records 525 VINE STREET, SUITE 1925 CINCINNATI, OH, US 45202 513-621-1826 (Telephone)

Internet Website Address WWW.CINEQLIFE.COM

Statutory Statement Contact JOSHUA C KORSON 517-679-4756 (Telephone)

JKORSON@FBINSMI.COM 513-621-4531 (E-Mail) (Fax)

OFFICERS

CARL JOSEPH BEDNARSKI, PRESIDENT ANDREW JAMES KOK, SECRETARY

DONALD EUGENE SIMON, EXECUTIVE VICE PRESIDENT THOMAS LIGOURI NUGENT#, TREASURER

OTHER

THOMAS ALAN SCHROTE, CHIEF OPERATING OFFICER TONYA GAIL CRAWFORD, VICE PRESIDENT OF SALES & MARKETING

DIRECTORS OR TRUSTEES

DAVID HOWARD BAHRMAN CARL JOSEPH BEDNARSKI

MARY LEONA DANIELS MICHAEL ALLEN DERUITER

TRAVIS EDWARD FAHLEY MICHAEL CHARLES FUSILIER

BENJAMIN JEFFERY LACROSS JENNIFER LYNN LEWIS

PATRICK WILLIAM MCGUIRE MICHAEL RICHARD MULDER

ABRAHAM JOHN PASCH# PAUL DAVID PRIDGEON

JEFFERY BLAIR SANDBORN STEPHANIE LEE SCHAFFER

LARRY MARTIN SHAW LARRY ALLEN WALTON#

State of Michigan

County of Eaton 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.

x

Carl Joseph Bednarski President

x

Donald Eugene Simon Executive Vice President

x

Thomas Ligouri Nugent Treasurer

Subscribed and sworn to before me

this day of , 2024

a. Is this an original filing? Yes

b. If no:

1. State the amendment number:

2. Date filed:

3. Number of pages attached:

x

DIRECT BUSINESS IN THE STATE OF GEORGIA DURING THE YEAR 2023



LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code: 0067

NAIC Company Code: 88064

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	10,273,530							5,990,161		37,408		6,027,569
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	10,273,530							5,990,161		37,408		6,027,569
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	53,428							75,002				75,002
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout												
25. Other (f)												
26. Total Individual Annuities	53,428							75,002				75,002
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	10,326,958 (c)							6,065,164		37,408		6,102,572

LIFE INSURANCE (STATE PAGE) (CONTINUED)^(b)

Line of Business		Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit						
		13 Incurred During Current Year	Claims Settled During Current Year								22 Unpaid December 31, Current Year	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 Number of Pols/Certs	24 Amount	25 Number of Pols/Certs	26 Amount	27 Number of Pols/Certs	28 Amount
			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							
Individual Life																	
1.	Industrial	5,991,387	939	5,970,852	7	19,309			946	5,990,161	127,105	1,740	11,509,228	(1,049)	(6,760,120)	11,385	68,821,547
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	5,991,387	939	5,970,852	7	19,309			946	5,990,161	127,105	1,740	11,509,228	(1,049)	(6,760,120)	11,385	68,821,547
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		91,046	11	75,002					11	75,002	16,043	6	27,425	(12)	(47,447)	100	780,945
20.	Fixed																
21.	Indexed																
22.	Variable with guarantees																
23.	Variable without guarantees																
24.	Life contingent payout																
25.	Other (f)																
26.	Total Individual Annuities	91,046	11	75,002					11	75,002	16,043	6	27,425	(12)	(47,447)	100	780,945
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	6,082,433	950	6,045,854	7	19,309			957	6,065,164	143,149	1,746	11,536,653	(1,061)	(6,807,567)	11,485	69,602,492

(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) \$

DIRECT BUSINESS IN THE STATE OF ILLINOIS DURING THE YEAR 2023



LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code: 0067

NAIC Company Code: 88064

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										23,371		23,371
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										23,371		23,371
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)									23,371		23,371

LIFE INSURANCE (STATE PAGE) (CONTINUED)^(b)

Line of Business		Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit						
		13 Incurred During Current Year	Claims Settled During Current Year								22 Unpaid December 31, Current Year	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
			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		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							
35.	Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
36.	Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
37.	Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
38.	Dental only (d)	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							
40.	Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
41.	Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
42.	Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
43.	Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
44.	Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
45.	Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
46.	Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
47.	Total																

(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) \$

DIRECT BUSINESS IN THE STATE OF INDIANA DURING THE YEAR 2023



LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code: 0067

NAIC Company Code: 88064

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	11,341,246							8,185,407		203		8,185,609
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	11,341,246							8,185,407		203		8,185,609
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	38,039							84,071				84,071
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout												
25. Other (f)												
26. Total Individual Annuities	38,039							84,071				84,071
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	11,379,285 (c)							8,269,477		203		8,269,680

LIFE INSURANCE (STATE PAGE) (CONTINUED)^(b)

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
			14	15	16	17	18	19	20	21							
Incurred During Current Year		Number of Pols/Certs	Amount	Number of Pols/Certs	Amount	Number of Pols/Certs	Amount	Number of Pols/Certs	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	8,081,296	1,228	8,184,637	2	770		1,230	8,185,407	157,819	1,987	12,910,357	(1,339)	(9,071,289)	14,273	90,632,650	
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	8,081,296	1,228	8,184,637	2	770		1,230	8,185,407	157,819	1,987	12,910,357	(1,339)	(9,071,289)	14,273	90,632,650	
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	94,488	8	84,071				8	84,071	10,417	4	25,844	(8)	(80,633)	24	129,173	
21.	Indexed																
22.	Variable with guarantees																
23.	Variable without guarantees																
24.	Life contingent payout																
25.	Other (f)																
26.	Total Individual Annuities	94,488	8	84,071				8	84,071	10,417	4	25,844	(8)	(80,633)	24	129,173	
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							
35.	Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
36.	Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
37.	Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
38.	Dental only (d)	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							
40.	Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
41.	Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
42.	Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
43.	Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
44.	Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
45.	Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
46.	Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
47.	Total	8,175,784	1,236	8,268,708	2	770		1,238	8,269,477	168,237	1,991	12,936,201	(1,347)	(9,151,922)	14,297	90,761,823	

(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) \$

DIRECT BUSINESS IN THE STATE OF KENTUCKY DURING THE YEAR 2023



LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code: 0067

NAIC Company Code: 88064

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	7,332,316							4,226,173		27,800		4,253,972
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	7,332,316							4,226,173		27,800		4,253,972
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	8,538							8,608				8,608
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout												
25. Other (f)												
26. Total Individual Annuities	8,538							8,608				8,608
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	7,340,854 (c)							4,234,781		27,800		4,262,580

LIFE INSURANCE (STATE PAGE) (CONTINUED)^(b)

Line of Business		Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit						
		13 Incurred During Current Year	Claims Settled During Current Year								22 Unpaid December 31, Current Year	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 Number of Pols/Certs	24 Amount	25 Number of Pols/Certs	26 Amount	27 Number of Pols/Certs	28 Amount
			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							
Individual Life																	
1.	Industrial																
2.	Whole	4,179,395	712	4,221,274	1	4,899			713	4,226,173	29,985	1,521	9,098,201	(835)	(5,266,836)	9,604	54,228,986
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	4,179,395	712	4,221,274	1	4,899			713	4,226,173	29,985	1,521	9,098,201	(835)	(5,266,836)	9,604	54,228,986
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	8,608	5	8,608					5	8,608		2	1,233	(4)	(335)	23	63,861
21.	Indexed																
22.	Variable with guarantees																
23.	Variable without guarantees																
24.	Life contingent payout																
25.	Other (f)																
26.	Total Individual Annuities	8,608	5	8,608					5	8,608		2	1,233	(4)	(335)	23	63,861
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	4,188,003	717	4,229,881	1	4,899			718	4,234,781	29,985	1,523	9,099,434	(839)	(5,267,171)	9,627	54,292,847

(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) \$

DIRECT BUSINESS IN THE STATE OF MICHIGAN DURING THE YEAR 2023



LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code: 0067

NAIC Company Code: 88064

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	26,383											
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	26,383											
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	26,383 (c)											

LIFE INSURANCE (STATE PAGE) (CONTINUED)^(b)

Line of Business		Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits										Policy Exhibit					
		13 Incurred During Current Year	Claims Settled During Current Year								22 Unpaid December 31, Current Year	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 Number of Pols/Certs	24 Amount	25 Number of Pols/Certs	26 Amount	27 Number of Pols/Certs	28 Amount
			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							
Individual Life																	
1.	Industrial																
2.	Whole										1	100,000			2	200,000	
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										1	100,000			2	200,000	
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							
35.	Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
36.	Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
37.	Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
38.	Dental only (d)	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							
40.	Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
41.	Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
42.	Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
43.	Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
44.	Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
45.	Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
46.	Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
47.	Total										1	100,000			2	200,000	

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

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

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

(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) \$

DIRECT BUSINESS IN THE STATE OF MISSISSIPPI DURING THE YEAR 2023



LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code: 0067

NAIC Company Code: 88064

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	706,875							222,663		1,830		224,493
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	706,875							222,663		1,830		224,493
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	706,875 (c)							222,663		1,830		224,493

LIFE INSURANCE (STATE PAGE) (CONTINUED)^(b)

Line of Business		Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit						
		13 Incurred During Current Year	Claims Settled During Current Year								22 Unpaid December 31, Current Year	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 Number of Pols/Certs	24 Amount	25 Number of Pols/Certs	26 Amount	27 Number of Pols/Certs	28 Amount
			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							
Individual Life																	
1.	Industrial	222,241	40	217,360	1	5,303			41	222,663	4,578	346	3,568,739	(76)	(516,441)	721	5,676,737
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	222,241	40	217,360	1	5,303			41	222,663	4,578	346	3,568,739	(76)	(516,441)	721	5,676,737
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	222,241	40	217,360	1	5,303			41	222,663	4,578	346	3,568,739	(76)	(516,441)	721	5,676,737

(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) \$

DIRECT BUSINESS IN THE STATE OF OHIO DURING THE YEAR 2023



LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code: 0067

NAIC Company Code: 88064

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	7,389,759							5,267,964	9	27,979		5,295,952
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	7,389,759							5,267,964	9	27,979		5,295,952
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	10,130							8,486				8,486
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout												
25. Other (f)												
26. Total Individual Annuities	10,130							8,486				8,486
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)	10,738							XXX	XXX	XXX	1,518	1,518
46. Total Accident and Health	10,738							XXX	XXX	XXX	1,518	1,518
47. Total	7,410,627 (c)							5,276,450	9	27,979	1,518	5,305,956

LIFE INSURANCE (STATE PAGE) (CONTINUED)^(b)

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
			14	15	16	17	18	19	20	21							
Incurred During Current Year		Number of Pols/Certs	Amount	Number of Pols/Certs	Amount	Number of Pols/Certs	Amount	Number of Pols/Certs	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	5,152,965	1,122	5,263,639	3	4,325		1,125	5,267,964	80,859	1,857	10,349,325	(1,254)	(6,298,922)	13,282	62,155,432	
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	5,152,965	1,122	5,263,639	3	4,325		1,125	5,267,964	80,859	1,857	10,349,325	(1,254)	(6,298,922)	13,282	62,155,432	
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	8,486	4	8,486				4	8,486		1	355		1,355	4	12,044	
21.	Indexed																
22.	Variable with guarantees																
23.	Variable without guarantees																
24.	Life contingent payout																
25.	Other (f)																
26.	Total Individual Annuities	8,486	4	8,486				4	8,486		1	355		1,355	4	12,044	
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							
35.	Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
36.	Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
37.	Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
38.	Dental only (d)	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							
40.	Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
41.	Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
42.	Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
43.	Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
44.	Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
45.	Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						6	
46.	Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						6	
47.	Total	5,161,450	1,126	5,272,125	3	4,325			1,129	5,276,450	80,859	1,858	10,349,680	(1,254)	(6,297,567)	13,292	62,167,476

(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) \$

DIRECT BUSINESS IN THE STATE OF PENNSYLVANIA DURING THE YEAR 2023



LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code: 0067

NAIC Company Code: 88064

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)

Line of Business		Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit						
		13 Incurred During Current Year	Claims Settled During Current Year								22 Unpaid December 31, Current Year	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 Number of Pols/Certs	24 Amount	25 Number of Pols/Certs	26 Amount	27 Number of Pols/Certs	28 Amount
			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							
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							
35.	Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
36.	Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
37.	Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
38.	Dental only (d)	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							
40.	Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
41.	Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
42.	Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
43.	Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
44.	Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
45.	Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
46.	Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
47.	Total																

(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) \$

DIRECT BUSINESS IN THE STATE OF TENNESSEE DURING THE YEAR 2023



LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code: 0067

NAIC Company Code: 88064

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	187,219							223,300		2,009		225,309
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	187,219							223,300		2,009		225,309
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	187,219 (c)							223,300		2,009		225,309

LIFE INSURANCE (STATE PAGE) (CONTINUED)^(b)

Line of Business		Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit						
		13 Incurred During Current Year	Claims Settled During Current Year								22 Unpaid December 31, Current Year	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
			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		Number of Pols/Certs	Amount	Number of Pols/Certs	Amount	Number of Pols/Certs	Amount
Individual Life																	
1.	Industrial																
2.	Whole	212,445	34	223,300				34	223,300	13,831	168	2,417,462	(106)	(1,198,197)	481	4,253,897	
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	212,445	34	223,300				34	223,300	13,831	168	2,417,462	(106)	(1,198,197)	481	4,253,897	
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							
35.	Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
36.	Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
37.	Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
38.	Dental only (d)	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							
40.	Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
41.	Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
42.	Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
43.	Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
44.	Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
45.	Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
46.	Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
47.	Total	212,445	34	223,300				34	223,300	13,831	168	2,417,462	(106)	(1,198,197)	481	4,253,897	

(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) \$

GRAND TOTAL DURING THE YEAR 2023



LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code: 0067

NAIC Company Code: 88064

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	37,257,328							24,115,668	9	120,599		24,236,276
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	37,257,328							24,115,668	9	120,599		24,236,276
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	110,135							176,166				176,166
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout												
25. Other (f)												
26. Total Individual Annuities	110,135							176,166				176,166
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)	10,738							XXX	XXX	XXX	1,518	1,518
46. Total Accident and Health	10,738							XXX	XXX	XXX	1,518	1,518
47. Total	37,378,201 (c)							24,291,834	9	120,599	1,518	24,413,960

LIFE INSURANCE (STATE PAGE) (CONTINUED)^(b)

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
			14	15	16	17	18	19	20	21							
Incurred During Current Year		Number of Pols/Certs	Amount	Number of Pols/Certs	Amount	Number of Pols/Certs	Amount	Number of Pols/Certs	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	23,839,729	4,075	24,081,061	14	34,606		4,089	24,115,668	414,178	7,620	49,953,312	(4,659)	(29,111,805)	49,748	285,969,249	
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	23,839,729	4,075	24,081,061	14	34,606		4,089	24,115,668	414,178	7,620	49,953,312	(4,659)	(29,111,805)	49,748	285,969,249	
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		202,627	28	176,166				28	176,166	26,461	13	54,857	(24)	(127,060)	151	986,023	
20.	Fixed																
21.	Indexed																
22.	Variable with guarantees																
23.	Variable without guarantees																
24.	Life contingent payout																
25.	Other (f)																
26.	Total Individual Annuities	202,627	28	176,166				28	176,166	26,461	13	54,857	(24)	(127,060)	151	986,023	
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							
35.	Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
36.	Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
37.	Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
38.	Dental only (d)	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							
40.	Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
41.	Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
42.	Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
43.	Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
44.	Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
45.	Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					6		
46.	Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					6		
47.	Total	24,042,356	4,103	24,257,228	14	34,606			4,117	24,291,834	440,638	7,633	50,008,169	(4,683)	(29,238,865)	49,905	286,955,272

(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) \$

FORM FOR CALCULATING THE INTEREST MAINTENANCE RESERVE

INTEREST MAINTENANCE RESERVE		1
		Amount
1.	Reserve as of December 31, prior year.....	156,448
2.	Current year's realized pre-tax capital gains/(losses) of \$ (31,471) transferred into the reserve net of taxes of \$ (6,609).....	(24,862)
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).....	131,586
5.	Current year's amortization released to Summary of Operations (Amortization, Line 1, Column 4).....	61,984
6.	Reserve as of December 31, current year (Line 4 minus Line 5).....	69,602

AMORTIZATION					
		1	2	3	4
Year of Amortization		Reserve as of December 31, Prior Year	Current Year's Realized Capital Gains/(Losses) Transferred into the Reserve Net of Taxes	Adjustment for Current Year's Liability Gains/ (Losses) Released From the Reserve	Balance Before Reduction for Current Year's Amortization (Cols. 1+2+3)
1.	2023	68,104	(6,120)		61,984
2.	2024	45,052	(5,916)		39,136
3.	2025	20,691	(5,374)		15,317
4.	2026	(984)	(3,911)		(4,895)
5.	2027	(11,807)	(2,406)		(14,212)
6.	2028	(12,542)	(837)		(13,378)
7.	2029	(13,984)	(20)		(14,003)
8.	2030	(15,244)	(36)		(15,280)
9.	2031	(16,096)	(53)		(16,149)
10.	2032	(17,631)	(73)		(17,704)
11.	2033	(15,398)	(93)		(15,491)
12.	2034	(10,550)	(91)		(10,641)
13.	2035	(4,785)	(68)		(4,853)
14.	2036	1,634	(45)		1,589
15.	2037	7,462	(18)		7,444
16.	2038	11,600	9		11,608
17.	2039	13,220	23		13,243
18.	2040	15,182	23		15,205
19.	2041	17,356	24		17,381
20.	2042	18,779	25		18,805
21.	2043	18,476	26		18,502
22.	2044	15,203	24		15,227
23.	2045	10,998	19		11,017
24.	2046	6,897	14		6,911
25.	2047	3,131	9		3,140
26.	2048	868	3		871
27.	2049	408			408
28.	2050	266			266
29.	2051	115			115
30.	2052	26			26
31.	2053 and Later				
32.	Total (Lines 1 to 31)	156,448	(24,862)		131,586

ASSET VALUATION RESERVE

	Default Component			Equity Component			7
	1	2	3	4	5	6	
	Other Than Mortgage Loans	Mortgage Loans	Total (Cols. 1 + 2)	Common Stock	Real Estate and Other Invested Assets	Total (Cols. 4 + 5)	Total Amount (Cols. 3 + 6)
1. Reserve as of December 31, prior year.....	1,372,157	89,283	1,461,440	613,572	37,847	651,418	2,112,858
2. Realized capital gains/(losses) net of taxes-General Account.....	(49)		(49)				(49)
3. Realized capital gains/(losses) net of taxes-Separate Accounts.....							
4. Unrealized capital gains/(losses) net of deferred taxes-General Account.....	(1,431)		(1,431)				(1,431)
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.....	311,611	26,817	338,427	—	4,117	4,117	342,544
8. Accumulated balances (Lines 1 through 5 - 6 + 7).....	1,682,288	116,100	1,798,388	613,572	41,964	655,535	2,453,923
9. Maximum reserve.....	1,652,722	128,531	1,781,252	—	55,171	55,171	1,836,424
10. Reserve objective.....	924,809	99,004	1,023,813	—	51,274	51,274	1,075,087
11. 20% of (Line 10 - Line 8).....	(151,496)	(3,419)	(154,915)	(122,714)	1,862	(120,852)	(275,767)
12. Balance before transfers (Lines 8 + 11).....	1,530,792	112,681	1,643,473	490,857	43,826	534,683	2,178,156
13. Transfers.....				(11,346)	11,346	—	—
14. Voluntary contribution.....							
15. Adjustment down to maximum/up to zero.....				(479,512)		(479,512)	(479,512)
16. Reserve as of December 31, current year (Lines 12 + 13 + 14 + 15).....	1,530,792	112,681	1,643,473	—	55,171	55,171	1,698,644

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		Reserve Objective		Maximum Reserve	
							5 Factor	6 Amount (Cols. 4x5)	7 Factor	8 Amount (Cols. 4x7)	9 Factor	10 Amount (Cols. 4x9)
1		LONG-TERM BONDS Exempt Obligations.....	49,639	XXX	XXX	49,639	—	—	—	—	—	—
2.1	1	NAIC Designation Category 1.A.....	7,807,682	XXX	XXX	7,807,682	0.0002	1,562	0.0007	5,465	0.0013	10,150
2.2	1	NAIC Designation Category 1.B.....	4,145,239	XXX	XXX	4,145,239	0.0004	1,658	0.0011	4,560	0.0023	9,534
2.3	1	NAIC Designation Category 1.C.....	21,202,650	XXX	XXX	21,202,650	0.0006	12,722	0.0018	38,165	0.0035	74,209
2.4	1	NAIC Designation Category 1.D.....	14,452,704	XXX	XXX	14,452,704	0.0007	10,117	0.0022	31,796	0.0044	63,592
2.5	1	NAIC Designation Category 1.E.....	25,418,038	XXX	XXX	25,418,038	0.0009	22,876	0.0027	68,629	0.0055	139,799
2.6	1	NAIC Designation Category 1.F.....	32,837,109	XXX	XXX	32,837,109	0.0011	36,121	0.0034	111,646	0.0068	223,292
2.7	1	NAIC Designation Category 1.G.....	25,770,887	XXX	XXX	25,770,887	0.0014	36,079	0.0042	108,238	0.0085	219,053
2.8		Subtotal NAIC 1 (2.1 + 2.2 + 2.3 + 2.4 + 2.5 + 2.6 + 2.7).....	131,634,309	XXX	XXX	131,634,309	XXX	121,134	XXX	368,498	XXX	739,629
3.1	2	NAIC Designation Category 2.A.....	18,049,552	XXX	XXX	18,049,552	0.0021	37,904	0.0063	113,712	0.0105	189,520
3.2	2	NAIC Designation Category 2.B.....	24,698,351	XXX	XXX	24,698,351	0.0025	61,746	0.0076	187,707	0.0127	313,669
3.3	2	NAIC Designation Category 2.C.....	14,843,265	XXX	XXX	14,843,265	0.0036	53,436	0.0108	160,307	0.0180	267,179
3.4	2	Subtotal NAIC 2 (3.1 + 3.2 + 3.3).....	57,591,168	XXX	XXX	57,591,168	XXX	153,086	XXX	461,727	XXX	770,368
4.1	3	NAIC Designation Category 3.A.....	1,275,513	XXX	XXX	1,275,513	0.0069	8,801	0.0183	23,342	0.0262	33,418
4.2	3	NAIC Designation Category 3.B.....	658,361	XXX	XXX	658,361	0.0099	6,518	0.0264	17,381	0.0377	24,820
4.3	3	NAIC Designation Category 3.C.....	184,212	XXX	XXX	184,212	0.0131	2,413	0.0350	6,447	0.0500	9,211
4.4		Subtotal NAIC 3 (4.1 + 4.2 + 4.3).....	2,118,086	XXX	XXX	2,118,086	XXX	17,732	XXX	47,170	XXX	67,449
5.1	4	NAIC Designation Category 4.A.....	484,438	XXX	XXX	484,438	0.0184	8,914	0.0430	20,831	0.0615	29,793
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).....	484,438	XXX	XXX	484,438	XXX	8,914	XXX	20,831	XXX	29,793
6.1	5	NAIC Designation Category 5.A.....	35,145	XXX	XXX	35,145	0.0472	1,659	0.0846	2,973	0.1410	4,955
6.2	5	NAIC Designation Category 5.B.....	48,256	XXX	XXX	48,256	0.0663	3,199	0.1188	5,733	0.1980	9,555
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).....	83,400	XXX	XXX	83,400	XXX	4,858	XXX	8,706	XXX	14,510
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 (Sum of Lines 1+2.8+3.4+4.4+5.4+6.4+7+8).....	191,961,041	XXX	XXX	191,961,041	XXX	305,724	XXX	906,932	XXX	1,621,750
10	1	PREFERRED STOCKS Highest Quality.....	499,899	XXX	XXX	499,899	0.0005	250	0.0016	800	0.0033	1,650
11	2	High Quality.....	980,880	XXX	XXX	980,880	0.0021	2,060	0.0064	6,278	0.0106	10,397
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).....	1,480,779	XXX	XXX	1,480,779	XXX	2,310	XXX	7,077	XXX	12,047

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

Line Number	NAIC Designation	Description	1	2	3	4	Basic Contribution		Reserve Objective		Maximum Reserve	
			Book / Adjusted Carrying Value	Reclassify Related Party Encumbrances	Add Third Party Encumbrances	Balance for AVR Reserve Calculations (Cols. 1+2+3)	5	6	7	8	9	10
							Factor	Amount (Cols. 4x5)	Factor	Amount (Cols. 4x7)	Factor	Amount (Cols. 4x9)
SHORT-TERM BONDS												
18		Exempt Obligations		XXX	XXX		—		—		—	
19.1	1	NAIC Designation Category 1.A		XXX	XXX		0.0002		0.0007		0.0013	
19.2	1	NAIC Designation Category 1.B	498,631	XXX	XXX	498,631	0.0004	199	0.0011	548	0.0023	1,147
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	594,131	XXX	XXX	594,131	0.0011	654	0.0034	2,020	0.0068	4,040
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)	1,092,762	XXX	XXX	1,092,762	XXX	853	XXX	2,569	XXX	5,187
20.1	2	NAIC Designation Category 2.A	592,034	XXX	XXX	592,034	0.0021	1,243	0.0063	3,730	0.0105	6,216
20.2	2	NAIC Designation Category 2.B	592,254	XXX	XXX	592,254	0.0025	1,481	0.0076	4,501	0.0127	7,522
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)	1,184,288	XXX	XXX	1,184,288	XXX	2,724	XXX	8,231	XXX	13,738
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		—		0.2370		0.2370	
25		Total Short-Term Bonds (18 + 19.8 + 20.4 + 21.4 + 22.4 + 23.4 + 24)	2,277,050	XXX	XXX	2,277,050	XXX	3,577	XXX	10,799	XXX	18,925
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		—		0.2370		0.2370	
33		Total Derivative Instruments		XXX	XXX		XXX		XXX		XXX	
34		Total (Lines 9+ 17 + 25 + 33)	195,718,869	XXX	XXX	195,718,869	XXX	311,611	XXX	924,809	XXX	1,652,722

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

Line Number	NAIC Designation	Description	1	2	3	4	Basic Contribution		Reserve Objective		Maximum Reserve	
			Book / Adjusted Carrying Value	Reclassify Related Party Encumbrances	Add Third Party Encumbrances	Balance for AVR Reserve Calculations (Cols. 1+2+3)	5	6	7	8	9	10
							Factor	Amount (Cols. 4x5)	Factor	Amount (Cols. 4x7)	Factor	Amount (Cols. 4x9)
		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	8,672,556		XXX	8,672,556	0.0011	9,540	0.0057	49,434	0.0074	64,177
44		Commercial Mortgages – All Other – CM2 – High Quality	2,612,493		XXX	2,612,493	0.0040	10,450	0.0114	29,782	0.0149	38,926
45		Commercial Mortgages – All Other – CM3 – Medium Quality	989,405		XXX	989,405	0.0069	6,827	0.0200	19,788	0.0257	25,428
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		–		0.1942		0.1942	
54		Residential Mortgages - Insured or Guaranteed			XXX		–		0.0046		0.0046	
55		Residential Mortgages - All Other			XXX		–		0.0149		0.0149	
56		Commercial Mortgages - Insured or Guaranteed			XXX		–		0.0046		0.0046	
57		Commercial Mortgages - All Other			XXX		–		0.1942		0.1942	
58		Total Schedule B Mortgages (Sum of Lines 35 through 57)	12,274,454		XXX	12,274,454	XXX	26,817	XXX	99,004	XXX	128,531
59		Schedule DA Mortgages			XXX		0.0034		0.0114		0.0149	
60		Total Mortgage Loans on Real Estate (Lines 58 + 59)	12,274,454		XXX	12,274,454	XXX	26,817	XXX	99,004	XXX	128,531

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

Line Number	NAIC Designation	Description	1	2	3	4	Basic Contribution		Reserve Objective		Maximum Reserve	
			Book / Adjusted Carrying Value	Reclassify Related Party Encumbrances	Add Third Party Encumbrances	Balance for AVR Reserve Calculations (Cols. 1+2+3)	5	6	7	8	9	10
							Factor	Amount (Cols. 4x5)	Factor	Amount (Cols. 4x7)	Factor	Amount (Cols. 4x9)
COMMON STOCK												
1		Unaffiliated Public		XXX	XXX		—	—	(a)		(a)	
2		Unaffiliated Private		XXX	XXX		—	—	0.1945		0.1945	
3		Federal Home Loan Bank		XXX	XXX		—	—	0.0061		0.0097	
4		Affiliated Life with AVR		XXX	XXX		—	—	—	—	—	—
		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 or Near Default					XXX		XXX		XXX	
12		Unaffiliated Common Stock Public					—	—	(a)		(a)	
13		Unaffiliated Common Stock Private					—	—	0.1945		0.1945	
14		Real Estate					(b)		(b)		(b)	
15		Affiliated-Certain Other (See SVO Purposes & Procedures Manual)		XXX	XXX		—	—	0.1580		0.1580	
16		Affiliated - All Other		XXX	XXX		—	—	0.1945		0.1945	
17		Total Common Stock (Sum of Lines 1 through 16)					XXX	—	XXX	—	XXX	—
REAL ESTATE												
18		Home Office Property (General Account only)					—	—	0.0912		0.0912	
19		Investment Properties					—	—	0.0912		0.0912	
20		Properties Acquired in Satisfaction of Debt					—	—	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		—	—	—	—	—	—
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		—	—	0.2370		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	2	3	4	Basic Contribution		Reserve Objective		Maximum Reserve	
			Book / Adjusted Carrying Value	Reclassify Related Party Encumbrances	Add Third Party Encumbrances	Balance for AVR Reserve Calculations (Cols. 1+2+3)	5	6	7	8	9	10
							Factor	Amount (Cols. 4x5)	Factor	Amount (Cols. 4x7)	Factor	Amount (Cols. 4x9)
INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF PREFERRED STOCKS												
30	1	Highest Quality	233,786	XXX	XXX	233,786	0.0005	117	0.0016	374	0.0033	771
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		—	—	0.2370		0.2370	
36		Affiliated Life with AVR		XXX	XXX		—	—	—	—	—	—
37		Total with Preferred Stock Characteristics (Sum of Lines 30 through 36)	233,786	XXX	XXX	233,786	XXX	117	XXX	374	XXX	771
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		—	—	0.1942		0.1942	
52		Residential Mortgages - Insured or Guaranteed			XXX		—	—	0.0046		0.0046	
53		Residential Mortgages - All Other			XXX		—	—	0.0149		0.0149	
54		Commercial Mortgages - Insured or Guaranteed			XXX		—	—	0.0046		0.0046	
55		Commercial Mortgages - All Other			XXX		—	—	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	1,000,000		XXX	1,000,000	0.0040	4,000	0.0114	11,400	0.0149	14,900
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		—	—	0.1942		0.1942	
63		Total Unaffiliated (Sum of Lines 57 through 62)	1,000,000		XXX	1,000,000	XXX	4,000	XXX	11,400	XXX	14,900
64		Total with Mortgage Loan Characteristics (Lines 56 + 63)	1,000,000		XXX	1,000,000	XXX	4,000	XXX	11,400	XXX	14,900

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

Line Number	NAIC Designation	Description	1	2	3	4	Basic Contribution		Reserve Objective		Maximum Reserve	
			Book / Adjusted Carrying Value	Reclassify Related Party Encumbrances	Add Third Party Encumbrances	Balance for AVR Reserve Calculations (Cols. 1+2+3)	5	6	7	8	9	10
							Factor	Amount (Cols. 4x5)	Factor	Amount (Cols. 4x7)	Factor	Amount (Cols. 4x9)
INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF COMMON STOCK												
65		Unaffiliated Public.....		XXX	XXX		—	—	(a)		(a)	
66		Unaffiliated Private.....		XXX	XXX		—	—	0.1945		0.1945	
67		Affiliated Life with AVR.....		XXX	XXX		—	—	—		—	
68		Affiliated Certain Other (See SVO Purposes & Procedures Manual).....		XXX	XXX		—	—	0.1580		0.1580	
69		Affiliated Other - All Other.....		XXX	XXX		—	—	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).....					—	—	0.0912		0.0912	
72		Investment Properties.....					—	—	0.0912		0.0912	
73		Properties Acquired in Satisfaction of Debt.....					—	—	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			—	—	0.1580		0.1580	
82		Fixed Income Instruments – Affiliated.....		XXX	XXX		—	—	0.1580		0.1580	
83		Common Stock – Unaffiliated.....		XXX	XXX		—	—	0.1580		0.1580	
84		Common Stock – Affiliated.....		XXX	XXX		—	—	0.1580		0.1580	
85		Preferred Stock – Unaffiliated.....		XXX	XXX		—	—	0.1580		0.1580	
86		Preferred Stock – Affiliated.....		XXX	XXX		—	—	0.1580		0.1580	
87		Real Estate – Unaffiliated.....					—	—	0.1580		0.1580	
88		Real Estate – Affiliated.....					—	—	0.1580		0.1580	
89		Mortgage Loans – Unaffiliated.....		XXX	XXX		—	—	0.1580		0.1580	
90		Mortgage Loans – Affiliated.....		XXX	XXX		—	—	0.1580		0.1580	
91		Other – Unaffiliated.....		XXX	XXX		—	—	0.1580		0.1580	
92		Other – Affiliated.....		XXX	XXX		—	—	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			—	—	0.0042		0.0042	
95		NAIC 2 Working Capital Finance Investments.....		XXX			—	—	0.0137		0.0137	
96		Other Invested Assets - Schedule BA.....	250,000	XXX		250,000	—	—	0.1580	39,500	0.1580	39,500
97		Other Short-Term Invested Assets - Schedule DA.....		XXX			—	—	0.1580		0.1580	
98		Total All Other (Sum of Lines 94, 95, 96 and 97).....	250,000	XXX		250,000	XXX	—	XXX	39,500	XXX	39,500
99		Total Other Invested Assets - Schedules BA & DA (Sum of Lines 29, 37, 64, 70, 74, 80, 93 and 98).....	1,483,786	XXX	XXX	1,483,786	XXX	4,117	XXX	51,274	XXX	55,171

(a) Times the company's weighted average portfolio beta (Minimum .1215, Maximum .2431).
(b) Determined using 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
BASIC CONTRIBUTION, RESERVE OBJECTIVE AND MAXIMUM RESERVE CALCULATIONS
REPLICATIONS (SYNTHETIC) ASSETS

1	2	3	4	5	6	7	8	9
RSAT Number	Type	CUSIP (6 digits)	Description of Asset(s)	NAIC Designation or Other Description of Asset	Value of Asset	AVR Basic Contribution	AVR Reserve Objective	AVR Maximum Reserve
0599999 – Totals.....								

NONE

SCHEDULE F

Showing all claims for death losses and all other contract claims resisted or compromised during the year, and
all claims for death losses and all other contract claims resisted December 31 of current year

1	2	3	4	5	6	7	8
Contract Numbers	Claim Numbers	State of Residence of Claimant	Year of Claim for Death or Disability	Amount Claimed	Amount Paid During the Year	Amount Resisted Dec. 31 of Current Year	Why Compromised or Resisted
5399999 – Totals							XXX

NONE

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	2	3	4	5	6	7	8	9	10	11	12	13	14
		Amount	%	Amount	%	Amount	%	Amount	%	Amount	%	Amount	%	Amount	%
1.	Premiums written.....	10,738	XXX		XXX		XXX		XXX		XXX		XXX		XXX
2.	Premiums earned.....	10,738	XXX		XXX		XXX		XXX		XXX		XXX		XXX
3.	Incurred claims.....	964	9.0												
4.	Cost containment expenses.....														
5.	Incurred claims and cost containment expenses (Lines 3 and 4).....	964	9.0												
6.	Increase in contract reserves.....	—	—												
7.	Commissions (a).....	1,540	14.3												
8.	Other general insurance expenses.....	821	7.6												
9.	Taxes, licenses and fees.....	53	0.5												
10.	Total other expenses incurred.....	2,414	22.5												
11.	Aggregate write-ins for deductions.....														
12.	Gain from underwriting before dividends or refunds.....	7,360	68.5												
13.	Dividends or refunds.....														
14.	Gain from underwriting after dividends or refunds.....	7,360	68.5												
Details of Write-Ins															
1101.														
1102.														
1103.														
1198..	Summary of remaining write-ins for Line 11 from overflow page.....														
1199.	Totals (Lines 1101 through 1103 plus 1198) (Line 11 above).....														

		Medicare Title XVIII		Medicaid Title XIX		Credit A&H		Disability Income		Long-Term Care		Other Health	
		15	16	17	18	19	20	21	22	23	24	25	26
		Amount	%	Amount	%	Amount	%	Amount	%	Amount	%	Amount	%
1.	Premiums written.....		XXX		XXX		XXX		XXX		XXX	10,738	XXX
2.	Premiums earned.....		XXX		XXX		XXX		XXX		XXX	10,738	XXX
3.	Incurred claims.....											964	9.0
4.	Cost containment expenses.....												
5.	Incurred claims and cost containment expenses (Lines 3 and 4).....											964	9.0
6.	Increase in contract reserves.....											—	—
7.	Commissions (a).....											1,540	14.3
8.	Other general insurance expenses.....											821	7.6
9.	Taxes, licenses and fees.....											53	0.5
10.	Total other expenses incurred.....											2,414	22.5
11.	Aggregate write-ins for deductions.....												
12.	Gain from underwriting before dividends or refunds.....											7,360	68.5
13.	Dividends or refunds.....												
14.	Gain from underwriting after dividends or refunds.....											7,360	68.5
Details of Write-Ins													
1101.												
1102.												
1103.												
1198..	Summary of remaining write-ins for Line 11 from overflow page.....												
1199.	Totals (Lines 1101 through 1103 plus 1198) (Line 11 above).....												

(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	2	3	4	5	6	7	8	9	10	11	12	13
	Total	Comprehensive (Hospital and Medical) Individual	Comprehensive (Hospital and Medical) Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Medicare Title XVIII	Medicaid Title XIX	Credit A&H	Disability Income	Long-Term Care	Other Health
A. Premium Reserves:													
1. Unearned premiums													
2. Advance premiums													
3. Reserve for rate credits													
4. Total premium reserves, current year													
5. Total premium reserves, prior year													
6. Increase in total premium reserves													
B. Contract Reserves:													
1. Additional reserves (a)	1,323												1,323
2. Reserve for future contingent benefits													
3. Total contract reserves, current year	1,323												1,323
4. Total contract reserves, prior year	1,323												1,323
5. Increase in contract reserves	—												—
C. Claim Reserves and Liabilities:													
1. Total current year	3,669												3,669
2. Total prior year	4,223												4,223
3. Increase	(554)												(554)

PART 3 - TEST OF PRIOR YEARS CLAIM RESERVES AND LIABILITIES

1. Claims paid during the year:													
1.1. On claims incurred prior to current year	293												293
1.2. On claims incurred during current year	1,225												1,225
2. Claim reserves and liabilities, December 31, current year:													
2.1. On claims incurred prior to current year													
2.2. On claims incurred during current year	3,669												3,669
3. Test:													
3.1. Lines 1.1 and 2.1	293												293
3.2. Claim reserves and liabilities, December 31, prior year	4,223												4,223
3.3. Line 3.1 minus Line 3.2	(3,930)												(3,930)

PART 4 - REINSURANCE

A. Reinsurance Assumed:													
1. Premiums written													
2. Premiums earned													
3. Incurred claims													
4. Commissions													
B. Reinsurance Ceded:													
1. Premiums written													
2. Premiums earned													
3. Incurred claims													
4. Commissions													

(a) Includes \$ premium deficiency reserve.

SCHEDULE H - PART 5 - HEALTH CLAIMS

		1	2	3	4	5	6	7	8	9	10	11	12	13
		Comprehensive (Hospital and Medical) Individual	Comprehensive (Hospital and Medical) Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Medicare Title XVIII	Medicaid Title XIX	Credit A&H	Disability Income	Long-Term Care	Other Health	Total
A.	Direct:													
	1. Incurred Claims												964	964
	2. Beginning Claim Reserves and Liabilities												4,223	4,223
	3. Ending Claim Reserves and Liabilities												3,669	3,669
	4. Claims Paid												1,518	1,518
B.	Assumed Reinsurance:													
	1. Incurred Claims													
	2. Beginning Claim Reserves and Liabilities													
	3. Ending Claim Reserves and Liabilities													
	4. Claims Paid													
C.	Ceded Reinsurance:													
	1. Incurred Claims													
	2. Beginning Claim Reserves and Liabilities													
	3. Ending Claim Reserves and Liabilities													
	4. Claims Paid													
D.	Net:													
	1. Incurred Claims												964	964
	2. Beginning Claim Reserves and Liabilities												4,223	4,223
	3. Ending Claim Reserves and Liabilities												3,669	3,669
	4. Claims Paid												1,518	1,518
E.	Net Incurred Claims and Cost Containment Expenses:													
	1. Incurred Claims and Cost Containment Expenses												964	964
	2. Beginning Reserves and Liabilities												4,223	4,223
	3. Ending Reserves and Liabilities												4,223	4,223
	4. Paid Claims and Cost Containment Expenses												964	964

(41) Schedule S - Part 1 - Section 1

NONE

(42) Schedule S - Part 1 - Section 2

NONE

SCHEDULE S - PART 2

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

1	2	3	4	5	6	7
NAIC Company Code	ID Number	Effective Date	Name of Company	Domiciliary Jurisdiction	Paid Losses	Unpaid Losses
Life and Annuity, Non-Affiliates, U.S. Non-Affiliates						
82627	06-0839705	10/01/2022	SWISS RE LIFE & HEALTH OF AMERICA, INC	MO	7,500	
0899999 – Life and Annuity, Non-Affiliates, U.S. Non-Affiliates					7,500	
1099999 – Life and Annuity, Total Non-Affiliates					7,500	
1199999 – Total Life and Annuity					7,500	
2399999 – Total U.S. (Sum of 0399999, 0899999, 1499999 and 1999999)					7,500	
9999999 – Total (Sum of 1199999 and 2299999)					7,500	

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 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Amount in Force at End of Year	Reserve Credit Taken		11 Premiums	Outstanding Surplus Relief		14 Modified Coinsurance Reserve	15 Funds Withheld Under Coinsurance
								9	10		12	13		
								Current Year	Prior Year		Current Year	Prior Year		
General Account, Authorized, Affiliates, U.S., Other														
63096	38-6056370	12/10/2020	FARM BUREAU LIFE INSURANCE COMPANY OF MI	MI	CO/I	OL	750,000	3,196	35	1,474				
63096	38-6056370	12/10/2020	FARM BUREAU LIFE INSURANCE COMPANY OF MI	MI	OTH/I	ADB				97				
0299999 – General Account, Authorized, Affiliates, U.S., Other							750,000	3,196	35	1,571				
0399999 – General Account, Authorized, Affiliates, U.S., Total							750,000	3,196	35	1,571				
0799999 – General Account, Authorized, Total Authorized Affiliates							750,000	3,196	35	1,571				
General Account, Authorized, Non-Affiliates, U.S. Non-Affiliates														
76236	31-1213778	07/01/1982	CINCINNATI LIFE INSURANCE COMPANY	OH	YRT/I	OL	15,000		394					
82627	06-0839705	03/01/1981	SWISS RE LIFE & HEALTH OF AMERICA, INC	MO	YRT/I	OL								
82627	06-0839705	03/01/1981	SWISS RE LIFE & HEALTH OF AMERICA, INC	MO	OTH/I	ADB								
82627	06-0839705	10/01/2022	SWISS RE LIFE & HEALTH OF AMERICA, INC	MO	CO/I	OL	4,270,088	21,200	218	276,725				
0899999 – General Account, Authorized, Non-Affiliates, U.S. Non-Affiliates							4,285,088	21,200	612	276,725				
1099999 – General Account, Authorized, Total Authorized Non-Affiliates							4,285,088	21,200	612	276,725				
1199999 – Total General Account Authorized							5,035,088	24,396	647	278,297				
4599999 – Total General Account Authorized, Unauthorized, Reciprocal Jurisdiction and Certified							5,035,088	24,396	647	278,297				
9199999 – Total U.S.							5,035,088	24,396	647	278,297				
9999999 – Total (Sum of 4599999 and 9099999)							5,035,088	24,396	647	278,297				

(45) Schedule S - Part 3 - Section 2

NONE

(46) Schedule S - Part 4

NONE

(46) Schedule S - Part 4 - Bank Information

NONE

(47) Schedule S - Part 5

NONE

(47) Schedule S - Part 5 - Bank Information

NONE

SCHEDULE S - PART 6

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

		1	2	3	4	5
		2023	2022	2021	2020	2019
A.	OPERATIONS ITEMS					
1.	Premiums and annuity considerations for life and accident and health contracts.....	278	3	1	1	5
2.	Commissions and reinsurance expense allowances.....	172				
3.	Contract claims.....	8				
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 reserves for life and accident and health contracts.....	24				
B.	BALANCE SHEET ITEMS					
8.	Premiums and annuity considerations for life and accident and health contracts deferred and uncollected.....	168				
9.	Aggregate reserves for life and accident and health contracts.....	24	1			3
10.	Liability for deposit-type contracts.....					
11.	Contract claims unpaid.....					
12.	Amounts recoverable on reinsurance.....	8	—			
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	2	3
	As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	212,558,402		212,558,402
2. Reinsurance (Line 16)	165,679	(165,679)	—
3. Premiums and considerations (Line 15)	1,080,940	130,504	1,211,444
4. Net credit for ceded reinsurance	XXX	59,571	59,571
5. All other admitted assets (balance)	6,300,920		6,300,920
6. Total assets excluding Separate Accounts (Line 26)	220,105,942	24,396	220,130,337
7. Separate Account assets (Line 27)			
8. Total assets (Line 28)	220,105,942	24,396	220,130,337
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
9. Contract reserves (Lines 1 and 2)	203,466,065	24,396	203,490,461
10. Liability for deposit-type contracts (Line 3)	178,825		178,825
11. Claim reserves (Line 4)	444,307		444,307
12. Policyholder dividends/member refunds/reserves (Lines 5 through 7)	893		893
13. Premium & annuity considerations received in advance (Line 8)	593,045		593,045
14. Other contract liabilities (Line 9)	69,602		69,602
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)	2,740,464		2,740,464
20. Total liabilities excluding Separate Accounts (Line 26)	207,493,201	24,396	207,517,597
21. Separate Account liabilities (Line 27)			
22. Total liabilities (Line 28)	207,493,201	24,396	207,517,597
23. Capital & surplus (Line 38)	12,612,741	XXX	12,612,741
24. Total liabilities, capital & surplus (Line 39)	220,105,942	24,396	220,130,337
NET CREDIT FOR CEDED REINSURANCE			
25. Contract reserves	24,396	XXX	XXX
26. Claim reserves		XXX	XXX
27. Policyholder dividends/reserves		XXX	XXX
28. Premium & annuity considerations received in advance		XXX	XXX
29. Liability for deposit-type contracts		XXX	XXX
30. Other contract liabilities		XXX	XXX
31. Reinsurance ceded assets	165,679	XXX	XXX
32. Other ceded reinsurance recoverables		XXX	XXX
33. Total ceded reinsurance recoverables	190,075	XXX	XXX
34. Premiums and considerations	130,504	XXX	XXX
35. Reinsurance in unauthorized companies		XXX	XXX
36. Funds held under reinsurance treaties with unauthorized reinsurers		XXX	XXX
37. Reinsurance with Certified Reinsurers		XXX	XXX
38. Funds held under reinsurance treaties with Certified Reinsurers		XXX	XXX
39. Other ceded reinsurance payables/offsets		XXX	XXX
40. Total ceded reinsurance payable/offsets	130,504	XXX	XXX
41. Total net credit for ceded reinsurance	59,571	XXX	XXX

SCHEDULE T – PART 2
INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN
Allocated By States And Territories

			Direct Business Only					
			1	2	3	4	5	6
States, Etc.			Life (Group and Individual)	Annuities (Group and Individual)	Disability Income (Group and Individual)	Long-Term Care (Group and Individual)	Deposit-Type Contracts	Totals
1.	Alabama	AL						
2.	Alaska	AK						
3.	Arizona	AZ						
4.	Arkansas	AR						
5.	California	CA						
6.	Colorado	CO						
7.	Connecticut	CT						
8.	Delaware	DE						
9.	District of Columbia	DC						
10.	Florida	FL						
11.	Georgia	GA	10,273,530	53,428				10,326,958
12.	Hawaii	HI						
13.	Idaho	ID						
14.	Illinois	IL						
15.	Indiana	IN	11,341,246	38,039				11,379,285
16.	Iowa	IA						
17.	Kansas	KS						
18.	Kentucky	KY	7,332,316	8,538				7,340,854
19.	Louisiana	LA						
20.	Maine	ME						
21.	Maryland	MD						
22.	Massachusetts	MA						
23.	Michigan	MI	26,383					26,383
24.	Minnesota	MN						
25.	Mississippi	MS	706,875					706,875
26.	Missouri	MO						
27.	Montana	MT						
28.	Nebraska	NE						
29.	Nevada	NV						
30.	New Hampshire	NH						
31.	New Jersey	NJ						
32.	New Mexico	NM						
33.	New York	NY						
34.	North Carolina	NC						
35.	North Dakota	ND						
36.	Ohio	OH	7,389,759	10,130				7,399,889
37.	Oklahoma	OK						
38.	Oregon	OR						
39.	Pennsylvania	PA						
40.	Rhode Island	RI						
41.	South Carolina	SC						
42.	South Dakota	SD						
43.	Tennessee	TN	187,219					187,219
44.	Texas	TX						
45.	Utah	UT						
46.	Vermont	VT						
47.	Virginia	VA						
48.	Washington	WA						
49.	West Virginia	WV						
50.	Wisconsin	WI						
51.	Wyoming	WY						
52.	American Samoa	AS						
53.	Guam	GU						
54.	Puerto Rico	PR						
55.	U.S. Virgin Islands	VI						
56.	Northern Mariana Islands	MP						
57.	Canada	CAN						
58.	Aggregate Other Alien	OT						
59.	Totals		37,257,328	110,135				37,367,463

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)	*
			38-1718391				Michigan Farm Bureau	MI	UIP	Ultimate Controlling Company	Board of Directors			NO	
0067	Michigan Farm Bureau Group	21555	38-1316179				Farm Bureau Mutual Insurance Company of Michigan	MI	IA	Michigan Farm Bureau	Other		Michigan Farm Bureau	NO	1
0067	Michigan Farm Bureau Group	63096	38-6056370				Farm Bureau Life Insurance Company of Michigan	MI	IA	Michigan Farm Bureau Financial Corporation	Ownership	100.000	Michigan Farm Bureau	NO	
0067	Michigan Farm Bureau Group	21547	38-6056228				Farm Bureau General Insurance Company of Michigan	MI	IA	Michigan Farm Bureau Financial Corporation	Ownership	100.000	Michigan Farm Bureau	NO	
			38-2961817				Michigan Farm Bureau Financial Corporation	MI	UDP	Michigan Farm Bureau	Ownership	100.000	Michigan Farm Bureau	NO	
			27-5177082				FBL Real Estate Holdings, LLC	MI	DS	Farm Bureau Life Insurance Company of Michigan	Ownership	100.000	Michigan Farm Bureau	NO	
			38-2102277				MFB, Inc.	MI	NIA	Michigan Farm Bureau Financial Corporation	Ownership	100.000	Michigan Farm Bureau	NO	
			86-1744708				Gravity Works Design, LLC	MI	NIA	Michigan Farm Bureau Financial Corporation	Ownership	100.000	Michigan Farm Bureau	NO	
			38-1883116				Community Service Acceptance Company	MI	NIA	Michigan Farm Bureau Financial Corporation	Ownership	100.000	Michigan Farm Bureau	NO	
0067	Michigan Farm Bureau Group	74799	73-1333608				Leaders Life Insurance Company	OK	IA	Michigan Farm Bureau Financial Corporation	Ownership	100.000	Michigan Farm Bureau	NO	
			31-1154154				Cincinnati Equitable Companies, Inc.	OH	NIA	Michigan Farm Bureau Financial Corporation	Ownership	100.000	Michigan Farm Bureau	NO	
0067	Michigan Farm Bureau Group	88064	35-1452221				Cincinnati Equitable Life Insurance Company	OH	RE	Cincinnati Equitable Companies, Inc.	Ownership	100.000	Michigan Farm Bureau	NO	
0067	Michigan Farm Bureau Group	16721	31-0239840				Cincinnati Equitable Insurance Company	OH	IA	Michigan Farm Bureau Financial Corporation	Ownership	100.000	Michigan Farm Bureau	NO	
Asterisk		Explanation													

SCHEDULE Y

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
21555	38-1316179	Farm Bureau Mutual Insurance Company of Michigan						(67,982,338)			(67,982,338)	(428,574,777)
63096	38-6056370	Farm Bureau Life Insurance Company of Michigan	(2,000,000)	632,000							(1,368,000)	(3,486,642)
21547	38-60556228	Farm Bureau General Insurance Company of Michigan						67,982,338			67,982,338	533,999,748
	38-2961817	Michigan Farm Bureau Financial Corporation	7,247,000	(4,332,000)							2,915,000	
	38-2102277	MFB, Inc.		700,000							700,000	
	38-1883116	Community Service Acceptance Company	(2,247,000)								(2,247,000)	
74799	73-1333608	Leaders Life Insurance Company										3,484,528
88064	35-1452221	Cincinnati Equitable Life Insurance Company	(3,000,000)	3,000,000							-	2,114
9999999 - Control Totals			-	-				-	XXX		-	105,424,971

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	2	3	4	5	6	7	8
Insurers in Holding Company	Owners with Greater than 10% Ownership	Ownership Percentage Column 2 of Column 1	Granted Disclaimer of Control / Affiliation of Column 2 Over Column 1 (Yes/No)	Ultimate Controlling Party	U.S. Insurance Groups or Entities Controlled by Column 5	Ownership Percentage (Column 5 of Column 6)	Granted Disclaimer of Control / Affiliation of Column 5 Over Column 6 (Yes/No)
Farm Bureau Mutual Insurance Company of Michigan.....	Michigan Farm Bureau.....	100.000 %	NO.....	Michigan Farm Bureau.....	Michigan Farm Bureau Group.....	100.000 %	NO.....
Farm Bureau Life Insurance Company of Michigan.....	Michigan Farm Bureau Financial Corporation.....	100.000 %	NO.....	Michigan Farm Bureau.....	Michigan Farm Bureau Group.....	100.000 %	NO.....
Farm Bureau General Insurance Company of Michigan.....	Michigan Farm Bureau Financial Corporation.....	100.000 %	NO.....	Michigan Farm Bureau.....	Michigan Farm Bureau Group.....	100.000 %	NO.....
Leaders Life Insurance Company.....	Michigan Farm Bureau Financial Corporation.....	100.000 %	NO.....	Michigan Farm Bureau.....	Michigan Farm Bureau Group.....	100.000 %	NO.....
Cincinnati Equitable Life Insurance Company.....	Cincinnati Equitable Companies, Inc.....	100.000 %	NO.....	Michigan Farm Bureau.....	Michigan Farm Bureau Group.....	100.000 %	NO.....
Cincinnati Equitable Insurance Company.....	Michigan Farm Bureau Financial Corporation.....	100.000 %	NO.....	Michigan Farm Bureau.....	Michigan Farm Bureau Group.....	100.000 %	NO.....

SUPPLEMENTAL EXHIBIT AND SCHEDULE 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.

		Response
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 Accountants 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 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.












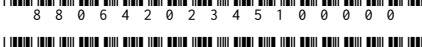



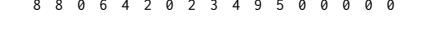









March Filing		
10.	Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1? (Not applicable to fraternal benefit societies)	NO
11.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	YES
12.	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?	NO
16.	Will the actuarial opinion on Separate Accounts Funding Guaranteed Minimum Benefit be filed with the state of domicile and electronically with the NAIC by March 1?	NO
17.	Will the actuarial opinion on Synthetic Guaranteed Investment Contracts be filed with the state of domicile and electronically with the NAIC by March 1?	NO
18.	Will the Reasonableness of Assumptions Certification required by Actuarial Guideline XXXV be filed with the state of domicile and electronically with the NAIC by March 1?	NO
19.	Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXV be filed with the state of domicile and electronically with the NAIC by March 1?	NO
20.	Will the Reasonableness of Assumptions Certification for Implied Guaranteed Rate Method required by Actuarial Guideline XXXVI be filed with the state of domicile and electronically with the NAIC by March 1?	NO
21.	Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Average Market Value) be filed with the state of domicile and electronically with the NAIC by March 1?	NO
22.	Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Market Value) be filed with the state of domicile and electronically with the NAIC by March 1?	NO
23.	Will the C-3 RBC Certifications required under C-3 Phase I be filed with the state of domicile and electronically with the NAIC by March 1?	NO
24.	Will the C-3 RBC Certifications required under C-3 Phase II be filed with the state of domicile and electronically with the NAIC by March 1?	NO
25.	Will the Actuarial Certifications Related to Annuity Nonforfeiture Ongoing Compliance for Equity Indexed Annuities be filed with the state of domicile and electronically with the NAIC by March 1?	NO
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 Workers' Compensation Carve-Out Supplement be filed by March 1? (Not applicable to fraternal benefit societies)	NO
29.	Will Supplemental Schedule O be filed with the state of domicile and the NAIC by March 1?	YES
30.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	NO
31.	Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	NO
32.	Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	NO
33.	Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?	NO
34.	Will the VM-20 Reserves Supplement be filed with the state of domicile and the NAIC by March 1?	NO
35.	Will the Health Supplement be filed with the state of domicile and the NAIC by March 1?	YES
36.	Will the Market Conduct Annual Statement (MCAS) Premium exhibit for the Year be filed with appropriate jurisdictions and with the NAIC by March 1?	YES
April Filing		
37.	Will the confidential Regulatory Asset Adequacy Issues Summary (RAAIS) required by the Valuation Manual be filed with the state of domicile by April 1?	YES
38.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	NO

SUPPLEMENTAL EXHIBIT AND SCHEDULE INTERROGATORIES






		Response
39.	Will the Credit Insurance Experience Exhibit be filed with the state of domicile and the NAIC by April 1? (Not applicable to fraternal benefit societies).....	NO.....
40.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?	YES.....
41.	Will the Supplemental Health Care Exhibit (Parts 1 and 2) be filed with the state of domicile and the NAIC by April 1?.....	NO.....
42.	Will the confidential Actuarial Memorandum required by Actuarial Guideline XXXVIII 8D be filed with the state of domicile by April 30?.....	NO.....
43.	Will the Supplemental Term and Universal Life Insurance Reinsurance Exhibit be filed with the state of domicile and the NAIC by April 1?.....	NO.....
44.	Will the Variable Annuities Supplement be filed with the state of domicile and the NAIC by April 1?.....	NO.....
45.	Will the confidential Executive Summary of the PBR Actuarial Report be filed with the state of domicile by April 1?.....	NO.....
46.	Will the confidential Life Summary of the PBR Actuarial Report be filed with the state of domicile by April 1?.....	NO.....
47.	Will the confidential Variable Annuities Summary of the PBR Actuarial Report be filed with the state of domicile by April 1?.....	NO.....

August Filing

48.	Will Management’s Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?.....	YES.....
-----	---	----------

	Explanation	Barcode
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.	N/A	
11.		
12.	N/A	
13.		
14.		
15.	N/A	
16.	N/A	
17.	N/A	
18.	N/A	
19.	N/A	
20.	N/A	
21.	N/A	
22.	N/A	
23.	N/A	
24.	N/A	
25.	N/A	
26.	N/A	
27.	N/A	
28.	N/A	
29.		
30.	N/A	
31.	N/A	
32.	N/A	
33.	N/A	
34.	N/A	
35.		
36.		
37.		
38.	N/A	
39.	N/A	
40.		
41.		
42.	N/A	

SUPPLEMENTAL EXHIBIT AND SCHEDULE INTERROGATORIES

	Explanation	Barcode
43.	N/A	
44.	N/A	
45.	N/A	
46.	N/A	
47.	N/A	
48.		

OVERFLOW PAGE FOR WRITE-INS

OVERFLOW PAGE FOR WRITE-INS



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: 0067

NAIC Company Code: 88064

Address (City, State and Zip Code): CINCINNATI, OH, US 45202-3428

Person Completing This Exhibit: DAVID BRENT RANKIN

Title: LIFE ACCOUNTING MANAGER

Telephone Number: 517-679-5369

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2020				Policies Issued in 2021, 2022, 2023			
										11	12	13	14	15	16	17	18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Incurred Claims Amount	Incurred Claims % of Premiums Earned	Number of Covered Lives	Premiums Earned	Incurred Claims Amount	Incurred Claims % of Premiums Earned	Number of Covered Lives
N/A	AP355BAUC	B	NO	3	10/01/1996	12/31/2004	12/31/2004	12/31/2004	MEDICARE SUPPLEMENT	10,738	964	8.978	6				
0199999 – TOTAL EXPERIENCE ON INDIVIDUAL POLICIES										10,738	964	8.978	6				
0299999 – TOTAL EXPERIENCE ON GROUP POLICIES																	

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
WRITTEN BEFORE OBRA WAS PASSED
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state

2.1 Address:

2.2 Contact Person and Phone Number:
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).

3.1 Address:

3.2 Contact Person and Phone Number:
4. Explain any policies identified above as policy type "O"



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

Of The: Cincinnati Equitable Life Insurance Company

Address (City, State and Zip Code): CINCINNATI, OH, US 45202-3428

NAIC Group Code: 0067

NAIC Company Code: 88064

Employer's ID Number: 35-1452221

SUPPLEMENTAL SCHEDULE O – PART 1
Development of Incurred Losses
(\$000 Omitted)

SECTION A – GROUP ACCIDENT AND HEALTH

		Cumulative Net Amounts Paid Policyholders				
		1	2	3	4	5
Years in Which Losses Were Incurred		2019	2020	2021	2022	2023 (a)
1.	Prior.....					
2.	2019.....					
3.	2020.....	XXX				
4.	2021.....	XXX	XXX			
5.	2022.....	XXX	XXX	XXX		
6.	2023.....	XXX	XXX	XXX	XXX	

SECTION B – OTHER ACCIDENT AND HEALTH

		Cumulative Net Amounts Paid Policyholders				
		1	2	3	4	5
Years in Which Losses Were Incurred		2019	2020	2021	2022	2023 (a)
1.	Prior.....	37	37			
2.	2019.....	8	6			
3.	2020.....	XXX	5	1		
4.	2021.....	XXX	XXX	6		
5.	2022.....	XXX	XXX	XXX	1	
6.	2023.....	XXX	XXX	XXX	XXX	

SECTION C – CREDIT ACCIDENT AND HEALTH

		Cumulative Net Amounts Paid Policyholders				
		1	2	3	4	5
Years in Which Losses Were Incurred		2019	2020	2021	2022	2023 (a)
1.	Prior.....					
2.	2019.....					
3.	2020.....	XXX				
4.	2021.....	XXX	XXX			
5.	2022.....	XXX	XXX	XXX		
6.	2023.....	XXX	XXX	XXX	XXX	

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

SUPPLEMENTAL SCHEDULE O – PART 1
Development of Incurred Losses
(\$000 Omitted)

SECTION D – OTHER COVERAGES USING THE DEVELOPMENT METHOD

		Cumulative Net Amounts Paid Policyholders				
		1	2	3	4	5
Years in Which Losses Were Incurred		2019	2020	2021	2022	2023 (a)
1.	Prior.....	NONE				
2.	2019.....					
3.	2020.....					
4.	2021.....					
5.	2022.....					
6.	2023.....					

SECTION E – OTHER COVERAGES USING THE DEVELOPMENT METHOD

		Cumulative Net Amounts Paid Policyholders				
		1	2	3	4	5
Years in Which Losses Were Incurred		2019	2020	2021	2022	2023 (a)
1.	Prior.....	NONE				
2.	2019.....					
3.	2020.....					
4.	2021.....					
5.	2022.....					
6.	2023.....					

SECTION F – OTHER COVERAGES USING THE DEVELOPMENT METHOD

		Cumulative Net Amounts Paid Policyholders				
		1	2	3	4	5
Years in Which Losses Were Incurred		2019	2020	2021	2022	2023 (a)
1.	Prior.....	NONE				
2.	2019.....					
3.	2020.....					
4.	2021.....					
5.	2022.....					
6.	2023.....					

SECTION G – OTHER COVERAGES USING THE DEVELOPMENT METHOD

		Cumulative Net Amounts Paid Policyholders				
		1	2	3	4	5
Years in Which Losses Were Incurred		2019	2020	2021	2022	2023 (a)
1.	Prior.....	NONE				
2.	2019.....					
3.	2020.....					
4.	2021.....					
5.	2022.....					
6.	2023.....					

SUPPLEMENTAL SCHEDULE O – PART 2

Development of Incurred Losses
(\$000 Omitted)

SECTION A – GROUP ACCIDENT AND HEALTH

		Net Amounts Paid for Cost Containment Expenses				
		1	2	3	4	5
Years in Which Losses Were Incurred		2019	2020	2021	2022	2023
1.	Prior.....					
2.	2019.....					
3.	2020.....	XXX				
4.	2021.....	XXX	XXX			
5.	2022.....	XXX	XXX	XXX		
6.	2023.....	XXX	XXX	XXX	XXX	

SECTION B – OTHER ACCIDENT AND HEALTH

		Net Amounts Paid for Cost Containment Expenses				
		1	2	3	4	5
Years in Which Losses Were Incurred		2019	2020	2021	2022	2023
1.	Prior.....					
2.	2019.....					
3.	2020.....	XXX				
4.	2021.....	XXX	XXX			
5.	2022.....	XXX	XXX	XXX		
6.	2023.....	XXX	XXX	XXX	XXX	

SECTION C – CREDIT ACCIDENT AND HEALTH

		Net Amounts Paid for Cost Containment Expenses				
		1	2	3	4	5
Years in Which Losses Were Incurred		2019	2020	2021	2022	2023
1.	Prior.....					
2.	2019.....					
3.	2020.....	XXX				
4.	2021.....	XXX	XXX			
5.	2022.....	XXX	XXX	XXX		
6.	2023.....	XXX	XXX	XXX	XXX	

SUPPLEMENTAL SCHEDULE O – PART 2

Development of Incurred Losses
(\$000 Omitted)

SECTION D – OTHER COVERAGES USING THE DEVELOPMENT METHOD

Years in Which Losses Were Incurred	Net Amounts Paid for Cost Containment Expenses				
	1 2019	2 2020	3 2021	4 2022	5 2023
1. Prior.....	NONE				
2. 2019.....					
3. 2020.....					
4. 2021.....					
5. 2022.....					
6. 2023.....					

SECTION E – OTHER COVERAGES USING THE DEVELOPMENT METHOD

Years in Which Losses Were Incurred	Net Amounts Paid for Cost Containment Expenses				
	1 2019	2 2020	3 2021	4 2022	5 2023
1. Prior.....	NONE				
2. 2019.....					
3. 2020.....					
4. 2021.....					
5. 2022.....					
6. 2023.....					

SECTION F – OTHER COVERAGES USING THE DEVELOPMENT METHOD

Years in Which Losses Were Incurred	Net Amounts Paid for Cost Containment Expenses				
	1 2019	2 2020	3 2021	4 2022	5 2023
1. Prior.....	NONE				
2. 2019.....					
3. 2020.....					
4. 2021.....					
5. 2022.....					
6. 2023.....					

SECTION G – OTHER COVERAGES USING THE DEVELOPMENT METHOD

Years in Which Losses Were Incurred	Net Amounts Paid for Cost Containment Expenses				
	1 2019	2 2020	3 2021	4 2022	5 2023
1. Prior.....	NONE				
2. 2019.....					
3. 2020.....					
4. 2021.....					
5. 2022.....					
6. 2023.....					

SUPPLEMENTAL SCHEDULE O – PART 3

Development of Incurred Losses
(\$000 Omitted)

SECTION A – GROUP ACCIDENT AND HEALTH

		Sum of Net Cumulative Amount Paid Policyholders and Claim Liability and Reserve Outstanding at End of Year				
		1	2	3	4	5
Years in Which Losses Were Incurred		2019	2020	2021	2022	2023
1.	2019	NONE				
2.	2020					
3.	2021					
4.	2022					
5.	2023					

SECTION B – OTHER ACCIDENT AND HEALTH

		Sum of Net Cumulative Amount Paid Policyholders and Claim Liability and Reserve Outstanding at End of Year				
		1	2	3	4	5
Years in Which Losses Were Incurred		2019	2020	2021	2022	2023
1.	2019	8	6		XXX	XXX
2.	2020	XXX	5	1		XXX
3.	2021	XXX	XXX	11		
4.	2022	XXX	XXX	XXX	1	
5.	2023	XXX	XXX	XXX	XXX	

SECTION C – CREDIT ACCIDENT AND HEALTH

		Sum of Net Cumulative Amount Paid Policyholders and Claim Liability and Reserve Outstanding at End of Year				
		1	2	3	4	5
Years in Which Losses Were Incurred		2019	2020	2021	2022	2023
1.	2019	NONE				
2.	2020					
3.	2021					
4.	2022					
5.	2023					

SUPPLEMENTAL SCHEDULE O – PART 3
Development of Incurred Losses
(\$000 Omitted)

SECTION D – OTHER COVERAGES USING THE DEVELOPMENT METHOD

		Sum of Net Cumulative Amount Paid Policyholders and Claim Liability and Reserve Outstanding at End of Year				
		1	2	3	4	5
Years in Which Losses Were Incurred		2019	2020	2021	2022	2023
1.	2019.....	NONE				
2.	2020.....					
3.	2021.....					
4.	2022.....					
5.	2023.....					

SECTION E – OTHER COVERAGES USING THE DEVELOPMENT METHOD

		Sum of Net Cumulative Amount Paid Policyholders and Claim Liability and Reserve Outstanding at End of Year				
		1	2	3	4	5
Years in Which Losses Were Incurred		2019	2020	2021	2022	2023
1.	2019.....	NONE				
2.	2020.....					
3.	2021.....					
4.	2022.....					
5.	2023.....					

SECTION F – OTHER COVERAGES USING THE DEVELOPMENT METHOD

		Sum of Net Cumulative Amount Paid Policyholders and Claim Liability and Reserve Outstanding at End of Year				
		1	2	3	4	5
Years in Which Losses Were Incurred		2019	2020	2021	2022	2023
1.	2019.....	NONE				
2.	2020.....					
3.	2021.....					
4.	2022.....					
5.	2023.....					

SECTION G – OTHER COVERAGES USING THE DEVELOPMENT METHOD

		Sum of Net Cumulative Amount Paid Policyholders and Claim Liability and Reserve Outstanding at End of Year				
		1	2	3	4	5
Years in Which Losses Were Incurred		2019	2020	2021	2022	2023
1.	2019.....	NONE				
2.	2020.....					
3.	2021.....					
4.	2022.....					
5.	2023.....					

SUPPLEMENTAL SCHEDULE O – PART 4

Development of Incurred Losses
(\$000 Omitted)

SECTION A – GROUP ACCIDENT AND HEALTH

		Sum of Net Cumulative Amount Paid Policyholders, Cost Containment Expenses, and Claim and Cost Containment Liability and Reserve Outstanding at End of Year				
		1	2	3	4	5
Years in Which Losses Were Incurred		2019	2020	2021	2022	2023
1.	2019	NONE				
2.	2020					
3.	2021					
4.	2022			XXX		
5.	2023		XXX	XXX	XXX	

SECTION B – OTHER ACCIDENT AND HEALTH

		Sum of Net Cumulative Amount Paid Policyholders, Cost Containment Expenses, and Claim and Cost Containment Liability and Reserve Outstanding at End of Year				
		1	2	3	4	5
Years in Which Losses Were Incurred		2019	2020	2021	2022	2023
1.	2019	NONE				
2.	2020					
3.	2021					
4.	2022			XXX		
5.	2023		XXX	XXX	XXX	

SECTION C – CREDIT ACCIDENT AND HEALTH

		Sum of Net Cumulative Amount Paid Policyholders, Cost Containment Expenses, and Claim and Cost Containment Liability and Reserve Outstanding at End of Year				
		1	2	3	4	5
Years in Which Losses Were Incurred		2019	2020	2021	2022	2023
1.	2019	NONE				
2.	2020					
3.	2021					
4.	2022			XXX		
5.	2023		XXX	XXX	XXX	

SUPPLEMENTAL SCHEDULE O – PART 4
Development of Incurred Losses
(\$000 Omitted)

SECTION D – OTHER COVERAGES USING THE DEVELOPMENT METHOD

		Sum of Net Cumulative Amount Paid Policyholders, Cost Containment Expenses, and Claim and Cost Containment Liability and Reserve Outstanding at End of Year				
		1	2	3	4	5
Years in Which Losses Were Incurred		2019	2020	2021	2022	2023
1.	2019.....	NONE				
2.	2020.....					
3.	2021.....					
4.	2022.....					
5.	2023.....					

SECTION E – OTHER COVERAGES USING THE DEVELOPMENT METHOD

		Sum of Net Cumulative Amount Paid Policyholders, Cost Containment Expenses, and Claim and Cost Containment Liability and Reserve Outstanding at End of Year				
		1	2	3	4	5
Years in Which Losses Were Incurred		2019	2020	2021	2022	2023
1.	2019.....	NONE				
2.	2020.....					
3.	2021.....					
4.	2022.....					
5.	2023.....					

SECTION F – OTHER COVERAGES USING THE DEVELOPMENT METHOD

		Sum of Net Cumulative Amount Paid Policyholders, Cost Containment Expenses, and Claim and Cost Containment Liability and Reserve Outstanding at End of Year				
		1	2	3	4	5
Years in Which Losses Were Incurred		2019	2020	2021	2022	2023
1.	2019.....	NONE				
2.	2020.....					
3.	2021.....					
4.	2022.....					
5.	2023.....					

SECTION G – OTHER COVERAGES USING THE DEVELOPMENT METHOD

		Sum of Net Cumulative Amount Paid Policyholders, Cost Containment Expenses, and Claim and Cost Containment Liability and Reserve Outstanding at End of Year				
		1	2	3	4	5
Years in Which Losses Were Incurred		2019	2020	2021	2022	2023
1.	2019.....	NONE				
2.	2020.....					
3.	2021.....					
4.	2022.....					
5.	2023.....					

SUPPLEMENTAL SCHEDULE O – PART 5
(\$000 Omitted)

RESERVE AND LIABILITY METHODOLOGY - EXHIBITS 6 AND 8

		1	2
Line of Business		Methodology	Amount
1.	Industrial life.....		
2.	Ordinary life.....	Other.....	414
3.	Individual annuity.....	Other.....	26
4.	Supplementary contracts.....		
5.	Credit life.....		
6.	Group life.....		
7.	Group annuities.....		
8.	Group accident and health.....		
9.	Credit accident and health.....		
10.	Other accident and health.....	Development.....	4
11.	Total.....	XXX	444



HEALTH SUPPLEMENTS

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

Of The: Cincinnati Equitable Life Insurance Company

Address (City, State and Zip Code): CINCINNATI, OH, US 45202-3428

NAIC Group Code: 0067

NAIC Company Code: 88064

Employer's ID Number: 35-1452221

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

	1	Comprehensive (Hospital and Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non- Health
1. Net premium income	10,738												10,738	
2. Change in unearned premium reserves and reserve for rate credit														
3. Fee-for-service (net of \$ medical expenses)														XXX
4. Risk revenue														XXX
5. Aggregate write-ins for other health care related revenues														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)	10,738												10,738	
8. Hospital/medical benefits														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														XXX
14. Incentive pool, withhold adjustments and bonus amounts														XXX
15. Subtotal (Lines 8 to 14)														XXX
16. Net reinsurance recoveries														XXX
17. Total hospital and medical (Lines 15 minus 16)														XXX
18. Non-health claims (net)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
19. Claims adjustment expenses including \$ cost containment expenses														
20. General administrative expenses	2,414												2,414	
21. Increase in reserves for accident and health contracts														XXX
22. Increase in reserves for life contracts		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
23. Total underwriting deductions (Lines 17 to 22)	2,414												2,414	
24. Net underwriting gain or (loss) (Line 7 minus Line 23)	8,324												8,324	
Details of Write-Ins														
0501.														XXX
0502.														XXX
0503.														XXX
0598. Summary of remaining write-ins for Line 05 from overflow page														XXX
0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above)														XXX
0601.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0602.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0603.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0698. Summary of remaining write-ins for Line 06 from overflow page		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
1301.														XXX
1302.														XXX
1303.														XXX
1398. Summary of remaining write-ins for Line 13 from overflow page														XXX
1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)														XXX

OVERFLOW PAGE FOR WRITE-INS

EXHIBIT 3
HEALTH CARE RECEIVABLES

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
0799999 – Gross Health Care Receivables.....						

NONE

EXHIBIT 3A

ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED

Type of Health Care Receivable	Health Care Receivables Collected or Offset During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5 Health Care Receivables from Prior Years (Cols. 1 + 3)	6 Estimated Health Care Receivables Accrued as of December 31 of Prior Year
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Amounts Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year		
1. Pharmaceutical rebate receivables	NONE					
2. Claim overpayment receivables						
3. Loans and advances to providers						
4. Capitation arrangement receivables						
5. Risk sharing receivables						
6. Other health care receivables						
7. Totals (Lines 1 through 6)						

Note that the accrued amounts in Columns 3, 4 and 6 are the total health care receivables, not just the admitted portion.



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: 0067

NAIC Company Code: 88064

	1 MCAS Reportable Premium / Considerations (YES/NO)
MCAS Line of Business	
1. Disability income	
2. Health	
3. Homeowners	
4. Individual annuity	YES
5. Individual life	YES
6. Lender-placed home and auto	
7. Long-term care	
8. Other health	NO
9. Private flood	
10. Private passenger auto	
11. Short-term limited duration health plans	
12. Travel	



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: 0067

NAIC Company Code: 88064

	1 MCAS Reportable Premium / Considerations (YES/NO)
MCAS Line of Business	
1. Disability income	
2. Health	
3. Homeowners	
4. Individual annuity	NO
5. Individual life	YES
6. Lender-placed home and auto	
7. Long-term care	
8. Other health	NO
9. Private flood	
10. Private passenger auto	
11. Short-term limited duration health plans	
12. Travel	



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: 0067

NAIC Company Code: 88064

	1 MCAS Reportable Premium / Considerations (YES/NO)
MCAS Line of Business	
1. Disability income	
2. Health	
3. Homeowners	
4. Individual annuity	NO
5. Individual life	YES
6. Lender-placed home and auto	
7. Long-term care	
8. Other health	NO
9. Private flood	
10. Private passenger auto	
11. Short-term limited duration health plans	
12. Travel	



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: 0067

NAIC Company Code: 88064

	1 MCAS Reportable Premium / Considerations (YES/NO)
MCAS Line of Business	
1. Disability income	
2. Health	
3. Homeowners	
4. Individual annuity	NO
5. Individual life	NO
6. Lender-placed home and auto	
7. Long-term care	
8. Other health	NO
9. Private flood	
10. Private passenger auto	
11. Short-term limited duration health plans	
12. Travel	



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: 0067

NAIC Company Code: 88064

	1 MCAS Reportable Premium / Considerations (YES/NO)
MCAS Line of Business	
1. Disability income	
2. Health	
3. Homeowners	
4. Individual annuity	NO
5. Individual life	YES
6. Lender-placed home and auto	
7. Long-term care	
8. Other health	NO
9. Private flood	
10. Private passenger auto	
11. Short-term limited duration health plans	
12. Travel	



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: 0067

NAIC Company Code: 88064

	1 MCAS Reportable Premium / Considerations (YES/NO)
MCAS Line of Business	
1. Disability income	
2. Health	
3. Homeowners	
4. Individual annuity	NO
5. Individual life	YES
6. Lender-placed home and auto	
7. Long-term care	
8. Other health	NO
9. Private flood	
10. Private passenger auto	
11. Short-term limited duration health plans	
12. Travel	



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: 0067

NAIC Company Code: 88064

	1 MCAS Reportable Premium / Considerations (YES/NO)
MCAS Line of Business	
1. Disability income	
2. Health	
3. Homeowners	
4. Individual annuity	NO
5. Individual life	NO
6. Lender-placed home and auto	
7. Long-term care	
8. Other health	NO
9. Private flood	
10. Private passenger auto	
11. Short-term limited duration health plans	
12. Travel	



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: 0067

NAIC Company Code: 88064

	1 MCAS Reportable Premium / Considerations (YES/NO)
MCAS Line of Business	
1. Disability income	
2. Health	
3. Homeowners	
4. Individual annuity	NO
5. Individual life	YES
6. Lender-placed home and auto	
7. Long-term care	
8. Other health	NO
9. Private flood	
10. Private passenger auto	
11. Short-term limited duration health plans	
12. Travel	