



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

ANNUAL STATEMENT
FOR THE YEAR ENDED DECEMBER 31, 2024
OF THE CONDITION AND AFFAIRS OF THE
OPPORTUNITY LIFE INSURANCE COMPANY

NAIC Group Code5078NAIC Company Code17665Employer's ID Number36-5097926

(Current)(Prior)

Organized under the Laws ofOhio, State of Domicile or Port of EntryOH

Country of DomicileUnited States of America

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

Incorporated/Organized05/10/2024Commenced Business

Statutory Home Office4675 Cornell Road, Suite 160Cincinnati, OH, US 45241

(Street and Number)(City or Town, State, Country and Zip Code)

Main Administrative Office4675 Cornell Road, Suite 160

(Street and Number)

Cincinnati, OH, US 45241513-247-0711

(City or Town, State, Country and Zip Code)(Area Code) (Telephone Number)

Mail AddressP.O. Box 625700Cincinnati, OH, US 45262-5700

(Street and Number or P.O. Box)(City or Town, State, Country and Zip Code)

Primary Location of Books and Records4675 Cornell Road, Suite 160

(Street and Number)

Cincinnati, OH, US 45241513-247-0711

(City or Town, State, Country and Zip Code)(Area Code) (Telephone Number)

Internet Website Addresswww.uflife.com

Statutory Statement ContactKevin Losekamp513-247-5665

(Name)(Area Code) (Telephone Number)

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(E-mail Address)(FAX Number)

OFFICERS

PresidentJay Cresson Hardy

TreasurerKevin James Losekamp

SecretaryElaine Marie Greer

OTHER

Adam Michael Goller, Vice President

Ryan Michael Walsman, Vice President

DIRECTORS OR TRUSTEES

Jay Cresson Hardy - Chairman

David Kevin Mullen

David Michael Davis

Thomas Cresson Hardy

Roger Michael Lanham

State ofOhio

County ofHamilton

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.

Jay HardyPresident

Elaine GreerSecretary

Kevin LosekampTreasurer

Subscribed and sworn to before me this

day of

a. Is this an original filing? Yes [X] No []

b. If no,

1. State the amendment number.....

2. Date filed02/28/2025

3. Number of pages attached.....

Michael O'Brien
Notary
06/18/2027

ASSETS

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 Net Admitted Assets
1. Bonds (Schedule D)	4,809,903		4,809,903	
2. Stocks (Schedule D):				
2.1 Preferred stocks			0	
2.2 Common stocks			0	
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens			0	
3.2 Other than first liens.....			0	
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$ encumbrances)			0	
4.2 Properties held for the production of income (less \$ encumbrances)			0	
4.3 Properties held for sale (less \$ encumbrances)			0	
5. Cash (\$6,640 , Schedule E - Part 1), cash equivalents (\$ 521,659 , Schedule E - Part 2) and short-term investments (\$, Schedule DA)	528,299		528,299	
6. Contract loans (including \$ premium notes)			0	
7. Derivatives (Schedule DB)			0	
8. Other invested assets (Schedule BA)			0	
9. Receivables for securities			0	
10. Securities lending reinvested collateral assets (Schedule DL)			0	
11. Aggregate write-ins for invested assets	(1)	0	(1)	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	5,338,201	0	5,338,201	0
13. Title plants less \$ charged off (for Title insurers only)			0	
14. Investment income due and accrued	32,285		32,285	
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection.....			0	
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ earned but unbilled premiums)			0	
15.3 Accrued retrospective premiums (\$) and contracts subject to redetermination (\$)			0	
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers			0	
16.2 Funds held by or deposited with reinsured companies			0	
16.3 Other amounts receivable under reinsurance contracts			0	
17. Amounts receivable relating to uninsured plans			0	
18.1 Current federal and foreign income tax recoverable and interest thereon			0	
18.2 Net deferred tax asset			0	
19. Guaranty funds receivable or on deposit			0	
20. Electronic data processing equipment and software			0	
21. Furniture and equipment, including health care delivery assets (\$)			0	
22. Net adjustment in assets and liabilities due to foreign exchange rates			0	
23. Receivables from parent, subsidiaries and affiliates			0	
24. Health care (\$) and other amounts receivable			0	
25. Aggregate write-ins for other-than-invested assets	0	0	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	5,370,486	0	5,370,486	0
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0	
28. Total (Lines 26 and 27)	5,370,486	0	5,370,486	0
DETAILS OF WRITE-INS				
1101. Rounding	(1)		(1)	
1102.				
1103.				
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198)(Line 11 above)	(1)	0	(1)	0
2501.				
2502.				
2503.				
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	0	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE OPPORTUNITY LIFE INSURANCE COMPANY

LIABILITIES, SURPLUS AND OTHER FUNDS

	1	2
	Current Year	Prior Year
1. Aggregate reserve for life contracts \$ (Exh. 5, Line 9999999) less \$ included in Line 6.3 (including \$ Modco Reserve)	0	
2. Aggregate reserve for accident and health contracts (including \$ Modco Reserve)	0	
3. Liability for deposit-type contracts (Exhibit 7, Line 14, Col. 1) (including \$ Modco Reserve)		
4. Contract claims:		
4.1 Life (Exhibit 8, Part 1, Line 4.4, Col. 1 less Col. 6)	0	
4.2 Accident and health (Exhibit 8, Part 1, Line 4.4, Col. 6)		
5. Policyholders' dividends/refunds to members \$ and coupons \$ due and unpaid (Exhibit 4, Line 10)	0	
6. Provision for policyholders' dividends, refunds to members and coupons payable in following calendar year - estimated amounts:		
6.1 Policyholders' dividends and refunds to members apportioned for payment (including \$ Modco)		
6.2 Policyholders' dividends and refunds to members not yet apportioned (including \$ Modco)		
6.3 Coupons and similar benefits (including \$ Modco)		
7. Amount provisionally held for deferred dividend policies not included in Line 6		
8. Premiums and annuity considerations for life and accident and health contracts received in advance less \$ discount; including \$0 accident and health premiums (Exhibit 1, Part 1, Col. 1, sum of lines 4 and 14)	0	
9. Contract liabilities not included elsewhere:		
9.1 Surrender values on canceled contracts		
9.2 Provision for experience rating refunds, including the liability of \$ accident and health experience rating refunds of which \$0 is for medical loss ratio rebate per the Public Health Service Act		
9.3 Other amounts payable on reinsurance, including \$ assumed and \$ ceded	0	
9.4 Interest maintenance reserve (IMR, Line 6)	0	
10. Commissions to agents due or accrued-life and annuity contracts \$ accident and health \$ and deposit-type contract funds \$		
11. Commissions and expense allowances payable on reinsurance assumed		
12. General expenses due or accrued (Exhibit 2, Line 12, Col. 7)	0	
13. Transfers to Separate Accounts due or accrued (net) (including \$ accrued for expense allowances recognized in reserves, net of reinsured allowances)		
14. Taxes, licenses and fees due or accrued, excluding federal income taxes (Exhibit 3, Line 9, Col. 6)	0	
15.1 Current federal and foreign income taxes, including \$ on realized capital gains (losses)	6,756	
15.2 Net deferred tax liability		
16. Unearned investment income		
17. Amounts withheld or retained by reporting entity as agent or trustee		
18. Amounts held for agents' account, including \$ agents' credit balances		
19. Remittances and items not allocated		
20. Net adjustment in assets and liabilities due to foreign exchange rates		
21. Liability for benefits for employees and agents if not included above		
22. Borrowed money \$ and interest thereon \$		
23. Dividends to stockholders declared and unpaid		
24. Miscellaneous liabilities:		
24.01 Asset valuation reserve (AVR, Line 16, Col. 7)	3,741	
24.02 Reinsurance in unauthorized and certified (\$0) companies	0	
24.03 Funds held under reinsurance treaties with unauthorized and certified (\$) reinsurers		
24.04 Payable to parent, subsidiaries and affiliates	245	
24.05 Drafts outstanding		
24.06 Liability for amounts held under uninsured plans		
24.07 Funds held under coinsurance		
24.08 Derivatives	0	
24.09 Payable for securities		
24.10 Payable for securities lending		
24.11 Capital notes \$ and interest thereon \$		
25. Aggregate write-ins for liabilities	0	0
26. Total liabilities excluding Separate Accounts business (Lines 1 to 25)	10,742	0
27. From Separate Accounts Statement		
28. Total liabilities (Lines 26 and 27)	10,742	0
29. Common capital stock	2,505,000	
30. Preferred capital stock		
31. Aggregate write-ins for other-than-special surplus funds	0	0
32. Surplus notes	0	
33. Gross paid in and contributed surplus (Page 3, Line 33, Col. 2 plus Page 4, Line 51.1, Col. 1)	2,833,068	
34. Aggregate write-ins for special surplus funds	0	0
35. Unassigned funds (surplus)	21,676	
36. Less treasury stock, at cost:		
36.1 shares common (value included in Line 29 \$)		
36.2 shares preferred (value included in Line 30 \$)		
37. Surplus (Total Lines 31+32+33+34+35-36) (including \$ in Separate Accounts Statement)	2,854,744	0
38. Totals of Lines 29, 30 and 37 (Page 4, Line 55)	5,359,744	0
39. Totals of Lines 28 and 38 (Page 2, Line 28, Col. 3)	5,370,486	0
DETAILS OF WRITE-INS		
2501.		
2502.		
2503.		
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	0	0
3101.		
3102.		
3103.		
3198. Summary of remaining write-ins for Line 31 from overflow page	0	0
3199. Totals (Lines 3101 through 3103 plus 3198)(Line 31 above)	0	0
3401.		
3402.		
3403.		
3498. Summary of remaining write-ins for Line 34 from overflow page	0	0
3499. Totals (Lines 3401 through 3403 plus 3498)(Line 34 above)	0	0

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE OPPORTUNITY LIFE INSURANCE COMPANY

SUMMARY OF OPERATIONS

	1 Current Year	2 Prior Year
1. Premiums and annuity considerations for life and accident and health contracts	0	
2. Considerations for supplementary contracts with life contingencies	0	
3. Net investment income (Exhibit of Net Investment Income, Line 17)	115,156	
4. Amortization of Interest Maintenance Reserve (IMR, Line 5)		
5. Separate Accounts net gain from operations excluding unrealized gains or losses	0	
6. Commissions and expense allowances on reinsurance ceded (Exhibit 1, Part 2, Line 26.1, Col. 1)		
7. Reserve adjustments on reinsurance ceded	0	
8. Miscellaneous Income:		
8.1 Income from fees associated with investment management, administration and contract guarantees from Separate Accounts	0	
8.2 Charges and fees for deposit-type contracts	0	
8.3 Aggregate write-ins for miscellaneous income	0	0
9. Total (Lines 1 to 8.3)	115,156	0
10. Death benefits	0	
11. Matured endowments (excluding guaranteed annual pure endowments)	0	
12. Annuity benefits (Exhibit 8, Part 2, Line 6.4, Cols. 4 + 5 minus Analysis of Operations Summary, Line 18, Col. 1)	0	
13. Disability benefits and benefits under accident and health contracts	0	
14. Coupons, guaranteed annual pure endowments and similar benefits	0	
15. Surrender benefits and withdrawals for life contracts	0	
16. Group conversions	0	
17. Interest and adjustments on contract or deposit-type contract funds	0	
18. Payments on supplementary contracts with life contingencies	0	
19. Increase in aggregate reserves for life and accident and health contracts	0	
20. Totals (Lines 10 to 19)	0	0
21. Commissions on premiums, annuity considerations, and deposit-type contract funds (direct business only) (Exhibit 1, Part 2, Line 31, Col. 1)		
22. Commissions and expense allowances on reinsurance assumed (Exhibit 1, Part 2, Line 26.2, Col. 1)		
23. General insurance expenses and fraternal expenses (Exhibit 2, Line 10, Columns 1, 2, 3, 4 and 6)	13,449	
24. Insurance taxes, licenses and fees, excluding federal income taxes (Exhibit 3, Line 7, Cols. 1 + 2 + 3 + 5)	69,534	
25. Increase in loading on deferred and uncollected premiums	0	
26. Net transfers to or (from) Separate Accounts net of reinsurance	0	
27. Aggregate write-ins for deductions	0	0
28. Totals (Lines 20 to 27)	82,983	0
29. Net gain from operations before dividends to policyholders, refunds to members and federal income taxes (Line 9 minus Line 28)	32,173	0
30. Dividends to policyholders and refunds to members	0	
31. Net gain from operations after dividends to policyholders, refunds to members and before federal income taxes (Line 29 minus Line 30)	32,173	0
32. Federal and foreign income taxes incurred (excluding tax on capital gains)	6,755	
33. Net gain from operations after dividends to policyholders, refunds to members and federal income taxes and before realized capital gains or (losses) (Line 31 minus Line 32)	25,418	0
34. Net realized capital gains (losses) (excluding gains (losses) transferred to the IMR) less capital gains tax of \$ (excluding taxes of \$ transferred to the IMR)		
35. Net income (Line 33 plus Line 34)	25,418	0
CAPITAL AND SURPLUS ACCOUNT		
36. Capital and surplus, December 31, prior year (Page 3, Line 38, Col. 2)	0	
37. Net income (Line 35)	25,418	0
38. Change in net unrealized capital gains (losses) less capital gains tax of \$		
39. Change in net unrealized foreign exchange capital gain (loss)		
40. Change in net deferred income tax		
41. Change in nonadmitted assets		
42. Change in liability for reinsurance in unauthorized and certified companies		
43. Change in reserve on account of change in valuation basis (increase) or decrease	0	
44. Change in asset valuation reserve	(3,741)	
45. Change in treasury stock (Page 3, Lines 36.1 and 36.2, Col. 2 minus Col. 1)	0	
46. Surplus (contributed to) withdrawn from Separate Accounts during period		
47. Other changes in surplus in Separate Accounts Statement		
48. Change in surplus notes		
49. Cumulative effect of changes in accounting principles		
50. Capital changes:		
50.1 Paid in	2,505,000	
50.2 Transferred from surplus (Stock Dividend)		
50.3 Transferred to surplus		
51. Surplus adjustment:		
51.1 Paid in	2,833,068	
51.2 Transferred to capital (Stock Dividend)		
51.3 Transferred from capital		
51.4 Change in surplus as a result of reinsurance		
52. Dividends to stockholders		
53. Aggregate write-ins for gains and losses in surplus	0	0
54. Net change in capital and surplus for the year (Lines 37 through 53)	5,359,745	0
55. Capital and surplus, December 31, current year (Lines 36 + 54) (Page 3, Line 38)	5,359,745	0
DETAILS OF WRITE-INS		
08.301.		
08.302.		
08.303.		
08.398. Summary of remaining write-ins for Line 8.3 from overflow page	0	0
08.399. Totals (Lines 08.301 through 08.303 plus 08.398)(Line 8.3 above)	0	0
2701.		
2702.		
2703.		
2798. Summary of remaining write-ins for Line 27 from overflow page	0	0
2799. Totals (Lines 2701 through 2703 plus 2798)(Line 27 above)	0	0
5301.		
5302.		
5303.		
5398. Summary of remaining write-ins for Line 53 from overflow page	0	0
5399. Totals (Lines 5301 through 5303 plus 5398)(Line 53 above)	0	0

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE OPPORTUNITY LIFE INSURANCE COMPANY

CASH FLOW

	1	2
	Current Year	Prior Year
Cash from Operations		
1. Premiums collected net of reinsurance	0	
2. Net investment income	63,775	
3. Miscellaneous income	0	
4. Total (Lines 1 through 3)	63,775	0
5. Benefit and loss related payments	0	
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts	0	
7. Commissions, expenses paid and aggregate write-ins for deductions	82,983	
8. Dividends paid to policyholders	0	
9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses)	(1)	
10. Total (Lines 5 through 9)	82,982	0
11. Net cash from operations (Line 4 minus Line 10)	(19,207)	0
Cash from Investments		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds	5,011	
12.2 Stocks	0	
12.3 Mortgage loans	0	
12.4 Real estate	0	
12.5 Other invested assets	0	
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments	0	
12.7 Miscellaneous proceeds	1	
12.8 Total investment proceeds (Lines 12.1 to 12.7)	5,012	0
13. Cost of investments acquired (long-term only):		
13.1 Bonds	4,795,819	
13.2 Stocks	0	
13.3 Mortgage loans	0	
13.4 Real estate	0	
13.5 Other invested assets	0	
13.6 Miscellaneous applications	0	
13.7 Total investments acquired (Lines 13.1 to 13.6)	4,795,819	0
14. Net increase/(decrease) in contract loans and premium notes	0	
15. Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14)	(4,790,807)	0
Cash from Financing and Miscellaneous Sources		
16. Cash provided (applied):		
16.1 Surplus notes, capital notes	0	
16.2 Capital and paid in surplus, less treasury stock	5,338,068	
16.3 Borrowed funds	0	
16.4 Net deposits on deposit-type contracts and other insurance liabilities	0	
16.5 Dividends to stockholders	0	
16.6 Other cash provided (applied)	245	
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)	5,338,313	0
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS		
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	528,299	0
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year	0	
19.2 End of year (Line 18 plus Line 19.1)	528,299	0

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

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Analysis of Operations by Lines of Business - Individual Life Insurance

N O N E

Analysis of Operations by Lines of Business - Group Life Insurance

N O N E

Analysis of Operations by Lines of Business - Individual Annuities

N O N E

Analysis of Operations by Lines of Business - Group Annuities

N O N E

Analysis of Operations by Lines of Business - Accident and Health

N O N E

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

N O N E

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

N O N E

Analysis of Increase in Reserves During the Year - Individual Annuities

N O N E

Analysis of Increase in Reserves During the Year - Group Annuities

N O N E

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE OPPORTUNITY LIFE INSURANCE COMPANY

EXHIBIT OF NET INVESTMENT INCOME

		1	2
		Collected During Year	Earned During Year
1.	U.S. Government bonds	(a) .....57,518	..... 101,749
1.1	Bonds exempt from U.S. tax	(a) .....	.....
1.2	Other bonds (unaffiliated)	(a) 3,025	..... 10,134
1.3	Bonds of affiliates	(a) .....	.....
2.1	Preferred stocks (unaffiliated)	(b) .....	.....
2.11	Preferred stocks of affiliates	(b) .....	.....
2.2	Common stocks (unaffiliated) .....	.....	.....
2.21	Common stocks of affiliates .....	.....	.....
3.	Mortgage loans	(c) .....	.....
4.	Real estate	(d) .....	.....
5	Contract loans .....	.....	.....
6	Cash, cash equivalents and short-term investments	(e) 4,160	..... 4,160
7	Derivative instruments	(f) .....	.....
8.	Other invested assets .....	.....	.....
9.	Aggregate write-ins for investment income .....	.....0	.....0
10.	Total gross investment income	64,703	116,043
11.	Investment expenses		(g) .....887
12.	Investment taxes, licenses and fees, excluding federal income taxes		(g) 0
13.	Interest expense		(h)
14.	Depreciation on real estate and other invested assets		(i)
15.	Aggregate write-ins for deductions from investment income .....		.....0
16.	Total deductions (Lines 11 through 15) .....		.....887
17.	Net investment income (Line 10 minus Line 16)		115,156
DETAILS OF WRITE-INS			
0901.	.....		.....
0902.	.....		.....
0903.	.....		.....
0998.	Summary of remaining write-ins for Line 9 from overflow page	0	0
0999.	Totals (Lines 0901 through 0903 plus 0998) (Line 9, above)	0	0
1501.	.....		.....
1502.	.....		.....
1503.	.....		.....
1598.	Summary of remaining write-ins for Line 15 from overflow page		0
1599.	Totals (Lines 1501 through 1503 plus 1598) (Line 15, above)		0

(a) Includes \$20,808 accrual of discount less \$ 1,712 amortization of premium and less \$32,396 paid for accrued interest on purchases.

(b) Includes \$ 0 accrual of discount less \$ 0 amortization of premium and less \$ 0 paid for accrued dividends on purchases.

(c) Includes \$ 0 accrual of discount less \$ 0 amortization of premium and less \$ paid for accrued interest on purchases.

(d) Includes \$ for company's occupancy of its own buildings; and excludes \$ interest on encumbrances.

(e) Includes \$ accrual of discount less \$ amortization of premium and less \$ paid for accrued interest on purchases.

(f) Includes \$ accrual of discount less \$ amortization of premium.

(g) Includes \$ investment expenses and \$ investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.

(h) Includes \$ interest on surplus notes and \$ interest on capital notes.

(i) Includes \$0 depreciation on real estate and \$ depreciation on other invested assets.

EXHIBIT OF CAPITAL GAINS (LOSSES)

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

Exhibit 1 Part 1 - Premiums and Annuity Considerations

N O N E

Exhibit 1 Part 2 - Policyholders' Dividends, Refunds to Members and Coupons Applied, Reinsurance
Commissions and Expense

N O N E

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE OPPORTUNITY LIFE INSURANCE COMPANY

EXHIBIT 2 - GENERAL EXPENSES

	Insurance				5	6	7
	1	Accident and Health		4			
		2	3				
	Life	Cost Containment	All Other	All Other Lines of Business	Investment	Fraternal	Total
1. Rent							0
2. Salaries and wages	9,500						9,500
3.11 Contributions for benefit plans for employees							0
3.12 Contributions for benefit plans for agents							0
3.21 Payments to employees under non-funded benefit plans							0
3.22 Payments to agents under non-funded benefit plans							0
3.31 Other employee welfare							0
3.32 Other agent welfare							0
4.1 Legal fees and expenses							0
4.2 Medical examination fees							0
4.3 Inspection report fees							0
4.4 Fees of public accountants and consulting actuaries							0
4.5 Expense of investigation and settlement of policy claims							0
5.1 Traveling expenses							0
5.2 Advertising							0
5.3 Postage, express, telegraph and telephone							0
5.4 Printing and stationery							0
5.5 Cost or depreciation of furniture and equipment							0
5.6 Rental of equipment							0
5.7 Cost or depreciation of EDP equipment and software	1,706						1,706
6.1 Books and periodicals							0
6.2 Bureau and association fees							0
6.3 Insurance, except on real estate							0
6.4 Miscellaneous losses							0
6.5 Collection and bank service charges	2,243						2,243
6.6 Sundry general expenses							0
6.7 Group service and administration fees							0
6.8 Reimbursements by uninsured plans							0
7.1 Agency expense allowance							0
7.2 Agents' balances charged off (less \$ recovered)							0
7.3 Agency conferences other than local meetings							0
8.1 Official publication (Fraternal Benefit Societies Only)	XXX	XXX	XXX	XXX	XXX		0
8.2 Expense of supreme lodge meetings (Fraternal Benefit Societies Only)	XXX	XXX	XXX	XXX	XXX		0
9.1 Real estate expenses							0
9.2 Investment expenses not included elsewhere					887		887
9.3 Aggregate write-ins for expenses	0	0	0	0	0	0	0
10. General expenses incurred	13,449	0	0	0	887	(b) 0	(a) 14,336
11. General expenses unpaid Dec. 31, prior year							0
12. General expenses unpaid Dec. 31, current year							0
13. Amounts receivable relating to uninsured plans, prior year							0
14. Amounts receivable relating to uninsured plans, current year							0
15. General expenses paid during year (Lines 10+11-12-13+14)	13,449	0	0	0	887	0	14,336
DETAILS OF WRITE-INS							
09.301.							
09.302.							
09.303.							
09.398. Summary of remaining write-ins for Line 9.3 from overflow page.....	0	0	0	0	0	0	0
09.399. Totals (Lines 09.301 through 09.303 plus 09.398) (Line 9.3 above)	0	0	0	0	0	0	0

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

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

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

5. Religious\$; 6. Membership \$; 7. Other\$; 8. Total\$0

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

	Insurance			4 Investment	5 Fraternal	6 Total
	1 Life	2 Accident and Health	3 All Other Lines of Business			
1. Real estate taxes						0
2. State insurance department licenses and fees	69,534					69,534
3. State taxes on premiums						0
4. Other state taxes, including \$ for employee benefits						0
5. U.S. Social Security taxes						0
6. All other taxes						0
7. Taxes, licenses and fees incurred	69,534	0	0	0	0	69,534
8. Taxes, licenses and fees unpaid Dec. 31, prior year						0
9. Taxes, licenses and fees unpaid Dec. 31, current year.....						0
10. Taxes, licenses and fees paid during year (Lines 7 + 8 - 9)	69,534	0	0	0	0	69,534

EXHIBIT 4 - DIVIDENDS OR REFUNDS

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

EXHIBIT 5 - AGGREGATE RESERVE FOR LIFE CONTRACTS

NONE

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

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE OPPORTUNITY LIFE INSURANCE COMPANY

EXHIBIT 5 - INTERROGATORIES

1.1

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

Yes [] No [X]

1.2

If not, state which kind is issued.

2.1

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

Yes [] No [X]

2.2

If not, state which kind is issued.

3.

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

Yes [] No [X]

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

4.

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

Yes [] No [X]

If so, state:

4.1

Amount of insurance?

\$

4.2

Amount of reserve?

\$

4.3

Basis of reserve:

4.4

Basis of regular assessments:

4.5

Basis of special assessments:

4.6

Assessments collected during the year

\$

5.

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

6.

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

Yes [] No [X]

6.1

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

\$

6.2

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

\$

Attach statement of methods employed in their valuation.

7.

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

Yes [] No [X]

7.1

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

\$

7.2

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

7.3

State the amount of reserves established for this business:

\$

7.4

Identify where the reserves are reported in the blank:

8.

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

Yes [] No [X]

8.1

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

\$

8.2

State the amount of reserves established for this business:

\$

8.3

Identify where the reserves are reported in the blank:

9.

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

Yes [] No [X]

9.1

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

\$

9.2

State the amount of reserves established for this business:

\$

9.3

Identify where the reserves are reported in the blank:

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

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

Exhibit 6 - Aggregate Reserves for Accident and Health Contracts

N O N E

Exhibit 7 - Deposit-Type Contracts

N O N E

Exhibit 8 - Contract Claims - Part 1 - Liability End of Current Year

N O N E

Exhibit 8 - Contract Claims - Part 2 - Incurred During the Year

N O N E

Exhibit of Nonadmitted Assets

N O N E

1. Summary of Significant Accounting Policies and Going Concerns

A. Accounting Practices

The financial statements of Opportunity Life Insurance Company ("the Company") are presented on the basis of accounting practices prescribed or permitted by the Ohio Department of Insurance ("the Department").

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

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

	SSAP #	F/S Page	F/S Line #	2024	2023
NET INCOME					
(1) State basis (Page 4, Line 35, Columns 1 & 2)	XXX	XXX	XXX	25,418	
(2) State Prescribed Practices that are an increase/(decrease) from NAIC SAP:					
.....					
(3) State Permitted Practices that are an increase/(decrease) from NAIC SAP:					
.....					
(4) NAIC SAP (1-2-3=4)	XXX	XXX	XXX	25,418	
SURPLUS					
(5) State basis (Page 3, Line 38, Columns 1 & 2)	XXX	XXX	XXX	5,359,745	
(6) State Prescribed Practices that are an increase/(decrease) from NAIC SAP:					
.....					
(7) State Permitted Practices that are an increase/(decrease) from NAIC SAP:					
.....					
(8) NAIC SAP (5-6-7=8)	XXX	XXX	XXX	5,359,745	

B. Use of Estimates in the Preparation of the Financial Statements

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

C. Accounting Policies

Life premiums are recognized as income over the premium-paying period of the related policies. The Company does not write Annuity or Health premiums. Expenses incurred in connection with acquiring new insurance business, including acquisition costs such as sales commissions, are charged to operations as incurred.

In addition, the company uses the following accounting policies:

- (1) Short-term investments are stated at amortized cost.
- (2) Bonds not backed by other loans are stated at amortized cost using the scientific method.
- (3) Common stocks are stated at market. The Company does not have any investments in stocks of uncombined subsidiaries or affiliates in which the Company has an interest of 20% or more.
- (4) Preferred Stocks – Not Applicable.
- (5) Mortgage Loans – Not Applicable.
- (6) Loan-backed securities are stated at either amortized cost or the lower of amortized cost or fair value. The retrospective adjustment method is used to value all securities except for interest only securities or securities where the yield had become negative, which are valued using the prospective method.
- (7) Investments in subsidiaries, controlled and affiliated companies – Not Applicable.
- (8) Investments in joint ventures, partnerships, and limited liability companies – Not Applicable.
- (9) Investments in derivatives – Not Applicable.
- (10) Premium Deficiency Calculation – Not Applicable.
- (11) Liabilities for Losses and Loss Adjustment Expenses for Accident and Health Contracts – Not Applicable.
- (12) The Company has adopted the capitalization policy of its parent company, Unity Financial Life Insurance Company, in which it capitalizes all equipment, materials and supplies with a cost at or exceeding \$1,500. Assets purchased for less than the stated amount are claimed as an expense in the period purchased.
- (13) Pharmaceutical Rebate Receivables – Not Applicable.

D. Going Concern

Management does not have any concerns about the Company's ability to continue as a going concern.

2. Accounting Changes and Correction of Errors – Not Applicable.

3. Business Combinations and Goodwill

- A. Statutory Purchase Method – Not Applicable.
- B. Statutory Merger – Not Applicable.
- C. Assumption Reinsurance – Not Applicable.
- D. Impairment Loss – Not Applicable.
- E. Subcomponents and Calculation of Adjusted Surplus and Total Admitted Goodwill – Not Applicable.

4. Discontinued Operations – Not Applicable.

5. Investments

- A. Mortgage Loans, including Mezzanine Real Estate Loans – Not Applicable.
- B. Debt Restructuring – Not Applicable.
- C. Reverse Mortgages – Not Applicable.

D. Loan-Backed Securities

- (1) Prepayment assumptions for mortgage-backed/loan-backed and structured securities were obtained from broker dealer survey values or internal estimates.
- (2) The Company did not recognize any other-than-temporary impairments on the basis of the intent to sell during the year ended December 31, 2024, and the Company did not recognize any other-than-temporary impairments on the basis of the inability or lack of intent to retain the investment in the security for a period of time sufficient to recover the amortized cost basis during the year ended December 31, 2024.
- (3) The Company does not have any securities with an other-than-temporary impairment recognized in the current reporting period to list by CUSIP.
- (4) All impaired securities (fair value is less than cost or amortized cost) for which an other-than-temporary impairment has not been recognized in earnings as a realized loss (including securities with a recognized other-than-temporary impairment for non-interest related declines when a non-recognized interest related impairment remains):

a. The aggregate amount of unrealized losses:

1. Less than 12 Months	\$	206,828
2. 12 Months or Longer	\$	0

b. The aggregate related fair value of securities with unrealized losses:

3. Less than 12 Months	\$	561,859
4. 12 Months or Longer	\$	0

- (5) For loan-backed securities with an unrealized loss, management considers the size and duration of the loss, whether the security is backed by an agency of the United States government, general economic data, management's assessment of whether it has the ability and intent to hold the security to maturity, and whether it is more than likely than not it will be required to sell the security before its anticipated recovery. Based upon management's review of the Company's loan-backed securities using the aforementioned criteria, the Company concluded that there are no other-than-temporary impaired loan-backed securities as of December 31, 2024.

E. Dollar Repurchase Agreements and/or Securities Lending Transactions – Not Applicable.

F. Repurchase Agreements Transactions Accounted for as Secured Borrowing – Not Applicable.

G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing – Not Applicable.

H. Repurchase Agreements Transactions Accounted for as a Sale – Not Applicable.

I. Reverse Repurchase Agreements Transactions Accounted for as a Sale – Not Applicable.

J. Real Estate – Not Applicable.

K. Low-Income Housing Tax Credits (LIHTC) – Not Applicable.

L. Restricted Assets (Including Pledged)

- (1) Restricted Assets (Including Pledged)

Gross (Admitted & Nonadmitted) Restricted						
Current Year					6	7
1	2	3	4	5		
Total General	G/A Supporting	Total Separate Account (S/A)	S/A Assets Supporting		Total From	Increase/ (Decrease)

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE OPPORTUNITY LIFE INSURANCE COMPANY

Restricted Asset Category	Account (G/A)	S/A Activity (a)	Restricted Assets	G/A Activity (b)	Total (1 plus 3)	Prior Year	(5 minus 6)
a. Subject to contractual obligation for which liability is not shown	\$.....	\$.....	\$.....	\$.....	\$.....	\$.....	\$.....
b. Collateral held under security lending agreements
c. Subject to repurchase agreements
d. Subject to reverse repurchase agreements
e. Subject to dollar repurchase agreements
f. Subject to dollar reverse repurchase agreements
g. Placed under option contracts
h. Letter stock or securities restricted as to sale – excluding FHLB capital stock
i. FHLB capital stock
j. On deposit with states	2,082,781	.....	.....	.....	2,082,781	.....	2,082,781
k. On deposit with other regulatory bodies
l. Pledged as collateral to FHLB (including assets backing funding agreements)
m. Pledged as collateral not captured in other categories
n. Other restricted assets
o. Total Restricted Assets (Sum of a through n)	\$2,082,781	\$.....	\$.....	\$.....	\$2,082,781	.....	\$2,082,781

(a) Subset of Column 1

(b) Subset of Column 3

Current Year				
Restricted Asset Category	8 Total Nonadmitted Restricted	9 Total Admitted Restricted (5 minus 8)	10 Gross (Admitted & Nonadmitted) Restricted to Total Assets (c)	11 Admitted Restricted to Total Admitted Assets (d)
a. Subject to contractual obligation for which liability is not shown	\$.....	\$.....%%
b. Collateral held under security lending agreements
c. Subject to repurchase agreements
d. Subject to reverse repurchase agreements
e. Subject to dollar repurchase agreements
f. Subject to dollar reverse repurchase agreements
g. Placed under option contracts
h. Letter stock or securities restricted as to sale – excluding FHLB capital stock
i. FHLB capital stock
j. On deposit with states	2,082,781	39	39
k. On deposit with other regulatory bodies
l. Pledged as collateral to FHLB (including assets backing funding agreements)
m. Pledged as collateral not captured in other categories
n. Other restricted assets
o. Total Restricted Assets (Sum of a through n)	\$.....	\$2,082,781	39%	39%

(c) Column 5 divided by Asset Page, Column 1, Line 28

(d) Column 9 divided by Asset Page, Column 3, Line 28

(2) Detail of Assets Pledged as Collateral Not Captured in Other Categories (Contracts that Share Similar Characteristics, Such as Reinsurance and Derivatives, Are Reported in the Aggregate) – Not Applicable.

(3) Detail of Other Restricted Assets (Contracts that Share Similar Characteristics, Such as Reinsurance and Derivatives, Are Reported in the Aggregate) – Not Applicable.

- (4) Collateral Received and Reflected as Assets Within the Reporting Entity's Financial Statements – Not Applicable.

M. Working Capital Finance Investments – Not Applicable.

N. Offsetting and Netting of Assets and Liabilities – Not Applicable.

O. 5GI Securities – Not Applicable.

P. Short Sales – Not Applicable.

Q. Prepayment Penalty and Acceleration Fees

(1) Number of CUSIPs	0
----------------------	---

(2) Aggregate Amount of Investment Income	\$0
---	-----

6. Joint Ventures, Partnerships, and Limited Liability Companies – Not Applicable

7. Investment Income

A. All investment income due and accrued with amounts that are over 90 days past due was excluded from surplus.

B. No amounts were excluded for the year ended December 31, 2024.

8. Derivative Instruments – Not Applicable.

9. Income Taxes

A. Components of Net Deferred Tax Asset/(Liability) – Not Applicable.

B. Deferred Tax Liabilities Not Recognized – Not Applicable.

C. Current and Deferred Income Taxes

	(1) 12/31/2024	(2) 12/31/2023	(3) (Col 1-2) Change
1. Current Income Tax:			
(a) Federal	6,756	0	6,756
(b) Foreign	0	0	0
(c) Subtotal (1a+ab)	6,756	0	6,756
(d) Federal Income tax on net capital gains	0	0	0
(e) Utilization of capital loss carry-forwards	0	0	0
(f) Other	0	0	0
(g) Federal and foreign income taxes incurred (1c+1d+1e+1f)	6,756	0	6,756
2. Deferred Tax Assets:			
(a) Ordinary:			
(1) Discounting of unpaid losses	0	0	0
(2) Unearned premium reserve	0	0	0
(3) Policyholder reserves	0	0	0
(4) Investments	0	0	0
(5) Deferred acquisition costs	0	0	0
(6) Policyholder dividends accrual	0	0	0
(7) Fixed assets	0	0	0
(8) Compensation and benefits accrual	0	0	0
(9) Pension accrual	0	0	0
(10) Receivables – nonadmitted	0	0	0
(11) Net operating loss carry-forward	0	0	0
(12) Tax credit carry-forward	0	0	0
(13) Other	0	0	0
(99) Subtotal (sum of 2a1 through 2a13)	0	0	0
(b) Statutory valuation allowance adjustment	0	0	0
(c) Nonadmitted	0	0	0
(d) Admitted ordinary deferred tax assets (2a99-2b-2c)	0	0	0
(e) Capital:			
(1) Investments	0	0	0
(2) Net capital loss carry-forward	0	0	0
(3) Real estate	0	0	0
(4) Other	0	0	0
(5) Unrealized capital losses	0	0	0
(99) Subtotal (2c1+2c2+2c3+2c4)	0	0	0
(f) Statutory valuation allowance adjustment	0	0	0
(g) Nonadmitted	0	0	0
(h) Admitted capital deferred tax assets (2c99-2f-2g)	0	0	0
(i) Admitted deferred tax assets (2d+2h)	0	0	0
3. Deferred Tax Liabilities:			
(a) Ordinary:			

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE OPPORTUNITY LIFE INSURANCE COMPANY

(1)	Investments	0	0	0
(2)	Fixed Assets	0	0	0
(3)	Deferred and uncollected premium	0	0	0
(4)	Policyholder reserves	0	0	0
(5)	Other	0	0	0
(99)	Subtotal (3a1+3a2+a3+3a4+3a5)	0	0	0
(b)	Capital:			
(1)	Investments	0	0	0
(2)	Real Estate	0	0	0
(3)	Other	0	0	0
(99)	Subtotal (3b1+3b2+3b3)	0	0	0
(c)	Deferred tax liabilities (3a99+3b99)	0	0	0
4.	Net deferred tax assets/liabilities (2i-3c)	0	0	0

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

	(1) 12/31/2024	(2) 12/31/2023	(3) (Col 1-2) Change
Total deferred tax assets	0	0	0
Total deferred tax liabilities	0	0	0
Net deferred tax assets/liabilities	0	0	0
Statutory valuation allowance adjustment (*see explanation below)	0	0	0
Net deferred tax assets/liabilities after SVA	0	0	0
Tax effect of unrealized gains/(losses)	0	0	0
Change in net deferred income tax [(charge)/benefit]	0	0	0

*Statutory valuation allowance

N/A

D. Reconciliation of Federal Income Tax Rate to Actual Effective Rate

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

Description:	Amount	Tax Effect	Effective Tax Rate
Income before taxes	32,173	6,756	21.00%
Tax-exempt interest	0	0	0.00%
Dividends received deduction	0	0	0.00%
Proration	0	0	0.00%
Realized capital gain transferred to IMR	0	0	0.00%
IMR amortization	0	0	0.00%
Meals and entertainment, lobbying expenses, etc.	0	0	0.00%
Statutory valuation allowance adjustment	0	0	0.00%
Deferred taxes on nonadmitted assets	0	0	0.00%
Other	0	0	0.00%
Total		6,756	21.00%
Federal income taxes incurred [expense/(benefit)]		6,756	21.00%
Tax on capital gains/(losses)		0	0.00%
Change in net deferred income tax [charge/(benefit)]		0	0.00%
Total statutory income taxes		6,756	21.00%

E. Carryforwards, Recoverable Taxes, and IRC §6603 Deposits

At December 31, 2024, the Company did not have net operating loss carryforwards.

At December 31, 2024, the Company did not have capital loss carryforwards.

The following is income tax expense for 2022, 2023, and 2024 that is available for recoupment in the event of future net losses:

	Ordinary	Capital	Total
Year			
2022	N/A	0	0
2023	N/A	0	0
2024	N/A	0	0
Total	N/A	0	0

F. The Company's federal income tax return is consolidated with the following entities:

The Company's Federal income tax return is consolidated with Unity Financial Life Insurance Company, Unity Financial Insurance Group, Hardy, LLC, and Unity Funding Company.

The method of allocation among companies is subject to a written agreement, approved by the Board of Directors, whereby allocation is made primarily on a separate return basis with current credit for any net operating losses or other items utilized in the consolidated tax return.

G. Federal or Foreign Income Tax Loss Contingencies

The Company does not have any tax loss contingencies for which it is reasonably possible that the total liability will significantly increase within twelve months of the reporting date.

The Company is no longer subject to federal or state examination prior to 2021.

H. Repatriation Transition Tax (RTT) – Not Applicable.

I. Alternative Minimum Tax (AMT) Credit

	Amount
(1) Gross AMT credit recognized as:	
(a) Current year recoverable	0
(b) Deferred tax asset (DTA)	0
(2) Beginning balance of AMT credit carryforward	0
(3) Amounts recovered	0
(4) Adjustments	0
(5) Ending balance of AMT credit carryforward (5=2-3-4)	0
(6) Reduction for sequestration	NONE
(7) Nonadmitted by reporting entity	0
(8) Reporting entity ending balance (8=5-6-7)	0

J. Global Intangible Low-Taxed Income (GILTI) – Not Applicable.

10. Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties

A. The Company is a wholly owned subsidiary of Unity Financial Life Insurance Company, which is a wholly owned subsidiary of Unity Financial Insurance Group, LLC, which is in turn owned by Hardy, LLC. In 2013, Unity Financial Insurance Group, LLC created a non-insurance affiliate, Unity Funding Company.

B. The Company has a tax sharing and operating agreement with Unity Financial Life Insurance Company, Unity Financial Insurance Group, LLC and Hardy, LLC. The Company has tax sharing and an administrative agreement with Unity Financial Life Insurance Company and is settled monthly.

C. At December 31, 2024, \$245 was reported as amounts due to Unity Financial Life Insurance Company.

E-F. – Not Applicable

11. Debt – Not Applicable12. Retirement Plans, Deferred Compensation, and Other Postretirement Benefits – Not Applicable13. Capital and Surplus, Shareholders' Dividend Restrictions and Quasi-Reorganizations

A. The Company has 1,000 shares of common stock authorized, of which 853 shares are issued and outstanding. Par value of the shares is \$3,000.

B. The Company has no preferred stock outstanding.

C. Without prior approval of its domiciliary commissioner, dividends to shareholders are limited by the laws of the state of Ohio. A dividend cannot exceed the greater of 10% of surplus as of December 31 or the net income for the 12 month period ending December 31st. The maximum dividend payment for 2025 is approximately \$537,049.

- D. As of December 31, 2024, no dividends have been paid.
- E. Within the limitations of (C) above, there are no restrictions placed on the portion of the Company profits that may be paid as ordinary dividends to stockholders.
- F. There are no restrictions placed on unassigned surplus, including for whom the surplus is being held.
- G. Mutual Reciprocals – Not Applicable.
- H. There is no stock held by the Company for special purposes at December 31, 2024.
- I. There were no changes in the balance of any special surplus funds from the prior year.
- J. The portion of unassigned funds (surplus) represented or reduced by cumulative unrealized gains and losses is \$0 at December 31, 2024.
- K. The Company has no surplus debentures or similar obligations.
- L. There has been no restatement of prior year amounts due to prior quasi-reorganizations.
- M. There have been no quasi-reorganizations in the prior 10 years.

14. Liabilities, Contingencies, and Assessments

- A. Contingent Commitments – Not Applicable.
- B. Assessments

The Company is not aware of any pending insolvency which would result in a significant guaranty fund assessment against the Company.

- C. Gain Contingencies – Not Applicable.
- D. Claims Related Contractual Obligations and Bad Faith Losses Stemming from Lawsuits – None
- E. Joint and Several Liabilities – None
- F. All Other Contingencies – None

15. Leases

- A. Lessee Operating Lease – Not Applicable.
- B. Lessor Leases – Not Applicable.

16. Financial Instruments with Off-Balance Sheet Risk

- (1) The Company has no financial instruments with off-balance sheet risk.
- (2) The Company has no positions in derivative instruments.
- (3) The Company is not exposed to credit-related losses.
- (4) The Company is not required to put up collateral for any future contracts that are entered.

17. Sales Transfer and Servicing of Financial Assets and Extinguishments of Liabilities – Not Applicable.

18. Gain or Loss from Uninsured A&H Plans – Not Applicable.

19. Direct Premium Written by Managing General Agents/Third Party Administrators – Not Applicable.

20. Fair Value Measurements – Not Applicable.

21. Other Items

- A. Unusual or Infrequent Items – Not Applicable.
- B. Trouble Debit Restructuring – Not Applicable.
- C. Other Disclosures – Not Applicable.
- D. Business Interruption Insurance Recoveries – Not Applicable.
- E. State Transferable Tax Credits – Not Applicable.
- F. Subprime Mortgage Related Risk Exposure – Not Applicable.
- G. Retained Assets – Not Applicable.
- H. Insurance-Linked Securities (ILS) Contracts – Not Applicable.

22. Events Subsequent

As of the issue date for the statutory statement, the Company is not aware of any events occurring subsequent December 31, 2024 that have a material effect on its financial condition.

23. Reinsurance – Not Applicable.

24. Retrospectively Rated Contracts and Contracts Subject to Redetermination – Not Applicable.

25. Change in Incurred Losses and Loss Adjustment Expenses – Not Applicable.

26. Intercompany Pooling Managements – Not Applicable.

27. Structured Settlements – Not Applicable.

28. Health Care Receivables – Not Applicable.

29. Participating Policies – Not Applicable.

30. Premium Deficiency Reserves – Not Applicable.

31. Reserves for Life Contracts and Annuity Contracts

- (1) The Company waives deduction of deferred fractional premiums upon death of insured and retains any portion of the final premium beyond the date of death. The Company holds reserves on mortality and interest bases and uses valuation methods consistent with the basic policies. Surrender values are not promised in excess of the legally computed reserves.
- (2) Valuation of substandard policies – Not Applicable.
- (3) The Company does not have any insurance in force for which the gross premium is less than the net according to the standard valuation set by the State of Ohio.
- (4) The tabular interest – Not Applicable.
- (5) Tabular interest for page 7 – Not Applicable.
- (6) Details for other changes in reserves – None.

- 32. Analysis of Annuity Actuarial Reserves and Deposit Type Liabilities by Withdrawal Characteristics – Not Applicable.
- 33. Analysis of Life Actuarial Reserves by Withdrawal Characteristics – Not Applicable.
- 34. Premiums and Annuity Considerations Deferred and Uncollected – Not Applicable.
- 35. Separate Accounts – Not Applicable.
- 36. Loss/Claim Adjustment Expense – Not Applicable.

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE OPPORTUNITY LIFE INSURANCE COMPANY

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

1.1

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

Yes [X] No []

1.2

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

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

1.3

State Regulating?

Ohio

1.4

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

Yes [] No [X]

1.5

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

2.1

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

Yes [X] No []

2.2

If yes, date of change:

05/10/2024

3.1

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

07/02/2024

3.2

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

07/17/2024

3.3

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

07/17/2024

3.4

By what department or departments?
Ohio

3.5

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

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

3.6

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

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

4.1

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

Yes [] No [X]
Yes [] No [X]

4.2

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

Yes [] No [X]
Yes [] No [X]

5.1

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

Yes [] No [X]

5.2

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

1 Name of Entity	2 NAIC Company Code	3 State of Domicile

6.1

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

Yes [] No [X]

6.2

If yes, give full information
.....

7.1

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

Yes [] No [X]

7.2

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

1 Nationality	2 Type of Entity

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE OPPORTUNITY LIFE INSURANCE COMPANY

GENERAL INTERROGATORIES

- 8.1

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

Yes [] No [X]
- 8.2

If the response to 8.1 is yes, please identify the name of the DIHC.
- 8.3

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

Yes [] No [X]
- 8.4

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

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

- 8.5

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

Yes [] No [X]
- 8.6

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

Yes [] No [X] N/A []
9.

What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?
FORVIS
P.O. BOX 200870
DALLAS, TX 75320
- 10.1

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

Yes [] No [X]
- 10.2

If the response to 10.1 is yes, provide information related to this exemption:
- 10.3

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

Yes [] No [X]
- 10.4

If the response to 10.3 is yes, provide information related to this exemption:
- 10.5

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

Yes [X] No [] N/A []
- 10.6

If the response to 10.5 is no or n/a, please explain.
11.

What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?
GLENN TOBBLEMAN
LEWIS & ELLIS, INC
6600 CHASE OAKS BLVD, SUITE 150
PLANO, TX 75023
- 12.1

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

Yes [] No [X]
- 12.11

Name of real estate holding company
- 12.12

Number of parcels involved
- 12.13

Total book/adjusted carrying value

\$
- 12.2

If yes, provide explanation
13.

FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:
- 13.1

What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?
- 13.2

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

Yes [] No []
- 13.3

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

Yes [] No []
- 13.4

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

Yes [] No [] N/A []
- 14.1

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

Yes [X] No []
- a.

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

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

Compliance with applicable governmental laws, rules and regulations;
- d.

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

Accountability for adherence to the code.
- 14.11

If the response to 14.1 is No, please explain:
- 14.2

Has the code of ethics for senior managers been amended?

Yes [] No [X]
- 14.21

If the response to 14.2 is yes, provide information related to amendment(s).
- 14.3

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

Yes [] No [X]
- 14.31

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

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE OPPORTUNITY LIFE INSURANCE COMPANY

GENERAL INTERROGATORIES

- 15.1

Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List?

Yes [] No [X]
- 15.2

If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered.

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

BOARD OF DIRECTORS

16.

Is the purchase or sale of all investments of the reporting entity passed upon either by the board of directors or a subordinate committee thereof?

Yes [X] No []
17.

Does the reporting entity keep a complete permanent record of the proceedings of its board of directors and all subordinate committees thereof?

Yes [X] No []
18.

Has the reporting entity an established procedure for disclosure to its board of directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict or is likely to conflict with the official duties of such person?

Yes [X] No []

FINANCIAL

19.

Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)?

Yes [] No [X]
- 20.1

Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):

20.11 To directors or other officers.....\$

20.12 To stockholders not officers.....\$

20.13 Trustees, supreme or grand (Fraternal Only)\$
- 20.2

Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans):

20.21 To directors or other officers.....\$

20.22 To stockholders not officers.....\$

20.23 Trustees, supreme or grand (Fraternal Only)\$
- 21.1

Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement?

Yes [] No [X]
- 21.2

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

21.21 Rented from others.....\$

21.22 Borrowed from others.....\$

21.23 Leased from others\$

21.24 Other\$
- 22.1

Does this statement include payments for assessments as described in the Annual Statement Instructions other than guaranty fund or guaranty association assessments?

Yes [] No [X]
- 22.2

If answer is yes:

22.21 Amount paid as losses or risk adjustment \$

22.22 Amount paid as expenses\$

22.23 Other amounts paid\$
- 23.1

Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?

Yes [] No [X]
- 23.2

If yes, indicate any amounts receivable from parent included in the Page 2 amount:

\$
- 24.1

Does the insurer utilize third parties to pay agent commissions in which the amounts advanced by the third parties are not settled in full within 90 days?

Yes [] No [X]
- 24.2

If the response to 24.1 is yes, identify the third-party that pays the agents and whether they are a related party.

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

INVESTMENT

- 25.01

Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date? (other than securities lending programs addressed in 25.03).....

Yes [X] No []

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE OPPORTUNITY LIFE INSURANCE COMPANY

GENERAL INTERROGATORIES

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

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

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

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

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

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

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

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

25.091 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$ 0

25.092 Total book/adjusted carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$ 0

25.093 Total payable for securities lending reported on the liability page \$ 0

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

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

26.21 Subject to repurchase agreements \$ 0

26.22 Subject to reverse repurchase agreements \$ 0

26.23 Subject to dollar repurchase agreements \$ 0

26.24 Subject to reverse dollar repurchase agreements \$ 0

26.25 Placed under option agreements \$ 0

26.26 Letter stock or securities restricted as to sale - excluding FHLB Capital Stock \$ 0

26.27 FHLB Capital Stock \$ 0

26.28 On deposit with states 2,082,781

26.29 On deposit with other regulatory bodies \$ 0

26.30 Pledged as collateral - excluding collateral pledged to an FHLB \$ 0

26.31 Pledged as collateral to FHLB - including assets backing funding agreements \$ 0

26.32 Other \$ 0

26.3 For category (26.26) provide the following:

1 Nature of Restriction	2 Description	3 Amount

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

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

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

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

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

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

27.42 Permitted accounting practice Yes [] No []

27.43 Other accounting guidance Yes [] No []

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

The reporting entity has obtained explicit approval from the domiciliary state.

Hedging strategy subject to the special accounting provisions is consistent with the requirements of VM-21.

Actuarial certification has been obtained which indicates that the hedging strategy is incorporated within the establishment of VM-21 reserves and provides the impact of the hedging strategy within the Actuarial Guideline Conditional Tail Expectation Amount.

Financial Officer Certification has been obtained which indicates that the hedging strategy meets the definition of a Clearly Defined Hedging Strategy within VM-21 and that the Clearly Defined Hedging Strategy is the hedging strategy being used by the company in its actual day-to-day risk mitigation efforts.

Yes [] No []

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

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

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

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

1 Name of Custodian(s)	2 Custodian's Address
FIFTH THIRD BANK	38 FOUNTAIN SQUARE CINCINNATI, OHIO 45263

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE OPPORTUNITY LIFE INSURANCE COMPANY

GENERAL INTERROGATORIES

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

1 Name(s)	2 Location(s)	3 Complete Explanation(s)

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

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

1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason

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

1 Name of Firm or Individual	2 Affiliation
Asset Allocation and Management, LLC	U.....

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

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

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

1	2	3	4	5
Central Registration Depository Number	Name of Firm or Individual	Legal Entity Identifier (LEI)	Registered With	Investment Management Agreement (IMA) Filed
109875	Asset Allocation and Management, LLC	549300DSCH1V5K3U963	SEC	DS.....

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

30.2 If yes, complete the following schedule:

1 CUSIP #	2 Name of Mutual Fund	3 Book/Adjusted Carrying Value
30.2999 - Total		0

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

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

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE OPPORTUNITY LIFE INSURANCE COMPANY

GENERAL INTERROGATORIES

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

	1	2	3
	Statement (Admitted) Value	Fair Value	Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
31.1 Bonds	4,809,903	4,555,705	(254,198)
31.2 Preferred stocks	0		0
31.3 Totals	4,809,903	4,555,705	(254,198)

- 31.4 Describe the sources or methods utilized in determining the fair values:
Market values are received from the NAIC Securities Valuation Office. If a price is unavailable, we will receive a price from the asset manager.
- 32.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D? Yes [X] No []
- 32.2 If the answer to 32.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source? Yes [X] No []
- 32.3 If the answer to 32.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:
.....
- 33.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis Office been followed? Yes [X] No []
- 33.2 If no, list exceptions:
.....
34. By self-designating 5GI securities, the reporting entity is certifying the following elements of each self-designated 5GI security:
a. Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for an FE or PL security is not available.
b. Issuer or obligor is current on all contracted interest and principal payments.
c. The insurer has an actual expectation of ultimate payment of all contracted interest and principal.
Has the reporting entity self-designated 5GI securities? Yes [] No [X]
35. By self-designating PLGI securities, the reporting entity is certifying its compliance with the requirements as specified in the Purposes and Procedures Manual of the NAIC Investment Analysis Office (P&P Manual) for private letter rating (PLR) securities and the following elements of each self-designated PLGI security:
a. The security was either:
i. issued prior to January 1, 2018 (which is exempt from PLR filing requirements pursuant to the P&P Manual), or
ii. issued from January 1, 2018 to December 31, 2021 and subject to a confidentiality agreement executed prior to January 1, 2022 which confidentiality agreement remains in force, for which an insurance company cannot provide a copy of a private letter rating rationale report to the SVO due to confidentiality or other contractual reasons ("waived submission PLR securities").
b. The reporting entity is holding capital commensurate with the NAIC Designation and NAIC Designation Category reported for the security.
c. The NAIC Designation and NAIC Designation Category were derived from the credit rating assigned by an NAIC CRP in its legal capacity as a NRSRO which is shown on a current private letter rating, dated during the financial statement year, held by the insurer and available for examination by state insurance regulators.
d. Other than for waived submission PLR securities, defined above, on or after January 1, 2024 for any PLR securities issued on or after January 1, 2022, if the reporting entity is not permitted to share this private credit rating or the private rating letter rationale report of the PL security with the SVO, it certifies that it is reporting it as an NAIC 5.B GI and may not assign any other self-designation.
Has the reporting entity self-designated PLGI to securities, all of which meet the above requirement and as specified in the P&P Manual? Yes [] No [X]
36. By assigning FE to a Schedule BA non-registered private fund, the reporting entity is certifying the following elements of each self-designated FE fund:
a. The shares were purchased prior to January 1, 2019.
b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
c. The security had a public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO prior to January 1, 2019.
d. The fund only or predominantly holds bonds in its portfolio.
e. The current reported NAIC Designation was derived from the public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO.
f. The public credit rating(s) with annual surveillance assigned by an NAIC CRP has not lapsed.
Has the reporting entity assigned FE to Schedule BA non-registered private funds that complied with the above criteria? Yes [] No [X]
37. By rolling/renewing short-term or cash equivalent investments with continued reporting on Schedule DA, Part 1 or Schedule E Part 2 (identified through a code (%) in those investment schedules), the reporting entity is certifying to the following:
a. The investment is a liquid asset that can be terminated by the reporting entity on the current maturity date.
b. If the investment is with a nonrelated party or nonaffiliate, then it reflects an arms-length transaction with renewal completed at the discretion of all involved parties.
c. If the investment is with a related party or affiliate, then the reporting entity has completed robust re-underwriting of the transaction for which documentation is available for regulator review.
d. Short-term and cash equivalent investments that have been renewed/rolled from the prior period that do not meet the criteria in 37.a - 37.c are reported as long-term investments.
Has the reporting entity rolled/renewed short-term or cash equivalent investments in accordance with these criteria? Yes [X] No [] N/A []

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE OPPORTUNITY LIFE INSURANCE COMPANY

GENERAL INTERROGATORIES

- 38.1 Does the reporting entity directly hold cryptocurrencies? Yes [] No [X]
- 38.2 If the response to 38.1 is yes, on what schedule are they reported?
.....
- 39.1 Does the reporting entity directly or indirectly accept cryptocurrencies as payments for premiums on policies? Yes [] No [X]
- 39.2 If the response to 39.1 is yes, are the cryptocurrencies held directly or are they immediately converted to U.S. dollars?
39.21 Held directly Yes [] No []
39.22 Immediately converted to U.S. dollars Yes [] No []
- 39.3 If the response to 38.1 or 39.1 is yes, list all cryptocurrencies accepted for payments of premiums or that are held directly.

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

OTHER

- 40.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any?\$0
- 40.2 List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to trade associations, service organizations, and statistical or rating bureaus during the period covered by this statement.
- | 1 | 2 |
|-------|-------------|
| Name | Amount Paid |
| | |
- 41.1 Amount of payments for legal expenses, if any?\$0
- 41.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payments for legal expenses during the period covered by this statement.
- | 1 | 2 |
|-------|-------------|
| Name | Amount Paid |
| | |
- 42.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers, or departments of government, if any?\$0
- 42.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies, officers, or departments of government during the period covered by this statement.
- | 1 | 2 |
|-------|-------------|
| Name | Amount Paid |
| | |

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE OPPORTUNITY LIFE INSURANCE COMPANY

GENERAL INTERROGATORIES

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

Life, Accident and Health Companies/Fraternal Benefit Societies:

1.1 Does the reporting entity have any direct Medicare Supplement Insurance in force? Yes [] No [X]

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

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

1.31 Reason for excluding:

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

1.5 Indicate total incurred claims on all Medicare Supplement insurance.\$0

1.6 Individual policies:

Most current three years:

1.61 Total premium earned\$0

1.62 Total incurred claims\$0

1.63 Number of covered lives

All years prior to most current three years:

1.64 Total premium earned\$0

1.65 Total incurred claims\$0

1.66 Number of covered lives

1.7 Group policies:

Most current three years:

1.71 Total premium earned\$0

1.72 Total incurred claims\$0

1.73 Number of covered lives

All years prior to most current three years:

1.74 Total premium earned\$0

1.75 Total incurred claims\$0

1.76 Number of covered lives

2. Health Test:

1Current Year

2Prior Year

2.1 Premium Numerator

2.2 Premium Denominator0

2.3 Premium Ratio (2.1/2.2)0.0000.000

2.4 Reserve Numerator

2.5 Reserve Denominator0

2.6 Reserve Ratio (2.4/2.5)0.0000.000

3.1 Does this reporting entity have Separate Accounts? Yes [] No [X]

3.2 If yes, has a Separate Accounts statement been filed with this Department? Yes [] No [] N/A [X]

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

3.4 State the authority under which Separate Accounts are maintained:

3.5 Was any of the reporting entity's Separate Accounts business reinsured as of December 31? Yes [] No [X]

3.6 Has the reporting entity assumed by reinsurance any Separate Accounts business as of December 31? Yes [] No [X]

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

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

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

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

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

21

GENERAL INTERROGATORIES

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

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

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

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

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

8. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states? Yes [X] No []
- 8.1 If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity? Yes [] No [X]
9. Reporting entities admitting net negative (disallowed) interest maintenance reserve (IMR) attest to the following:
- a. Fixed income investments generating IMR losses comply with the reporting entity's documented investment or liability management policies.
- b. IMR losses for fixed income related derivatives are all in accordance with prudent and documented risk management procedures, in accordance with a reporting entity's derivative use plans and reflect symmetry with historical treatment in which unrealized derivative gains were reversed to IMR and amortized in lieu of being recognized as realized gains upon derivative termination.
- c. Any deviation to (a) was either because of a temporary and transitory timing issue or related to a specific event, such as a reinsurance transaction, that mechanically made the cause of IMR losses not reflective of reinvestment activities.
- d. Asset sales that were generating admitted negative IMR were not compelled by liquidity pressures (e.g., to fund significant cash outflows including, but not limited to excess withdrawals and collateral calls).
- Is the reporting entity admitting net negative (disallowed) IMR in accordance with these criteria? Yes [] No [X] N/A []

10. Provide the current-year amounts at risk for the following categories.
- Individual and Industrial Life

Amount at Risk

10.01 Modified Coinsurance Assumed Reserves\$

10.02 Modified Coinsurance Ceded Reserves\$
- Individual and Industrial Life Policies With Pricing Flexibility

Amount at Risk

10.03 Net Amount (Direct + Assumed - Ceded) in Force\$

10.04 Exhibit 5 Life Reserves (Direct + Assumed – Ceded)\$

10.05 Separate Account Exhibit 3 Life Reserves (Direct + Assumed – Ceded)\$

10.06 Net Modified Coinsurance Reserves (Assumed – Ceded)\$

10.07 Life Reserves (10.04 + 10.05 + 10.06)\$0

10.08 Life Net Amount at Risk (10.03 - 10.07)\$0
- Individual and Industrial Term Life Policies Without Pricing Flexibility

Amount at Risk

10.09 Net Amount (Direct + Assumed - Ceded) in Force\$

10.10 Exhibit 5 Life Reserves (Direct + Assumed – Ceded)\$

10.11 Separate Account Exhibit 3 Life Reserves (Direct + Assumed – Ceded)\$

10.12 Net Modified Coinsurance Reserves (Assumed – Ceded)\$

10.13 Life Reserves (10.10 + 10.11 + 10.12)\$0

10.14 Life Net Amount at Risk (10.09 - 10.13)\$0

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE OPPORTUNITY LIFE INSURANCE COMPANY

GENERAL INTERROGATORIES

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

Group and Credit Life (Excluding FEGLI/SGLI)		Amount at Risk
10.15	Modified Coinsurance Assumed Reserves	\$
10.16	Modified Coinsurance Ceded Reserves	\$
Group and Credit Term Life (Excluding FEGLI/SGLI) with Remaining Rate Terms 36 Months and Under		Amount of Risk
10.17	Net Amount (Direct + Assumed - Ceded) in Force	\$
10.18	Exhibit 5 Life Reserves (Direct + Assumed – Ceded)	\$
10.19	Separate Account Exhibit 3 Life Reserves (Direct + Assumed – Ceded)	\$
10.20	Net Modified Coinsurance Reserves (Assumed – Ceded)	\$
10.21	Life Reserves (10.18 + 10.19 + 10.20)	\$0
10.22	Life Net Amount at Risk (10.17 - 10.21)	\$0
Group and Credit Term Life (Excluding FEGLI/SGLI) with Remaining Rate Terms Over 36 Months		Amount of Risk
10.23	Net Amount (Direct + Assumed - Ceded) in Force	\$
10.24	Exhibit 5 Life Reserves (Direct + Assumed – Ceded)	\$
10.25	Separate Account Exhibit 3 Life Reserves (Direct + Assumed – Ceded)	\$
10.26	Net Modified Coinsurance Reserves (Assumed – Ceded)	\$
10.27	Life Reserves (10.24 + 10.25 + 10.26)	\$0
10.28	Life Net Amount at Risk (10.23 - 10.27)	\$0
Group and Credit Permanent Life (Excluding FEGLI/SGLI) with Pricing Flexibility		Amount of Risk
10.29	Net Amount (Direct + Assumed - Ceded) in Force	\$
10.30	Exhibit 5 Life Reserves (Direct + Assumed – Ceded)	\$
10.31	Separate Account Exhibit 3 Life Reserves (Direct + Assumed – Ceded)	\$
10.32	Net Modified Coinsurance Reserves (Assumed – Ceded)	\$
10.33	Life Reserves (10.30 + 10.31 + 10.32)	\$0
10.34	Life Net Amount at Risk (10.29 - 10.33)	\$0

Life, Accident and Health Companies Only:

- 11.1

Are personnel or facilities of this reporting entity used by another entity or entities or are personnel or facilities of another entity or entities used by this reporting entity (except for activities such as administration of jointly underwritten group contracts and joint mortality or morbidity studies)?

Yes [] No [X]
- 11.2

Net reimbursement of such expenses between reporting entities:

11.21 Paid

11.22 Received.....

\$\$
- 12.1

Does the reporting entity write any guaranteed interest contracts?

Yes [] No [X]
- 12.2

If yes, what amount pertaining to these lines is included in:

12.21 Page 3, Line 1

12.22 Page 4, Line 1

\$\$
13.

For stock reporting entities only:
- 13.1

Total amount paid in by stockholders as surplus funds since organization of the reporting entity:

\$.....2,833,068
14.

Total dividends paid stockholders since organization of the reporting entity:

14.11 Cash

14.12 Stock

\$\$
- 15.1

Does the reporting entity reinsure any Workers' Compensation Carve-Out business defined as:
Reinsurance (including retrocessional reinsurance) assumed by life and health insurers of medical, wage loss and death benefits of the occupational illness and accident exposures, but not the employers liability exposures, of business originally written as workers' compensation insurance.

Yes [] No [X]
- 15.2

If yes, has the reporting entity completed the Workers' Compensation Carve-Out Supplement to the Annual Statement?

Yes [] No []
- 15.3

If 15.1 is yes, the amounts of earned premiums and claims incurred in this statement are:

1

2

3

ReinsuranceReinsuranceNet

AssumedCededRetained

15.31 Earned premium

15.32 Paid claims

15.33 Claim liability and reserve (beginning of year)

15.34 Claim liability and reserve (end of year)

15.35 Incurred claims

.....0.....0.....0

.....0.....0.....0

.....0.....0.....0

.....0.....0.....0

.....0.....0.....0

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE OPPORTUNITY LIFE INSURANCE COMPANY

GENERAL INTERROGATORIES

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

15.4 If reinsurance assumed included amounts with attachment points below \$1,000,000, the distribution of the amounts reported in Lines 15.31 and 15.34 for Column (1) are:

	Attachment Point	1 Earned Premium	2 Claim Liability and Reserve
15.41	<\$25,000	.....	.....
15.42	\$25,000 - 99,999	.....	.....
15.43	\$100,000 - 249,999	.....	.....
15.44	\$250,000 - 999,999	.....	.....
15.45	\$1,000,000 or more	.....	.....

15.5 What portion of earned premium reported in 15.31, Column 1 was assumed from pools?\$

Fraternal Benefit Societies Only:

16. Is the reporting entity organized and conducted on the lodge system, with ritualistic form of work and representative form of government? Yes [] No [X]

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

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

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

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

20.2 When was the last regular meeting of the governing body held?

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

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

20.5 How many of the same were delegates of the subordinate branches?

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

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

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

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

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

26. Is a medical examination required before issuing a benefit certificate to applicants? Yes [] No [X]

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

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

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

29. What proportion of first and subsequent year's payments may be used for management expenses?
29.11 First Year %
29.12 Subsequent Years %

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

30.2 If so, what amount and for what purpose? \$

31.1 Does the reporting entity pay an old age disability benefit? Yes [] No [X]

31.2 If yes, at what age does the benefit commence?

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

32.2 If yes, when?
.....

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

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

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

34.3 If yes, explain
.....

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

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

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

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

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

Date	Outstanding Lien Amount
.....

FIVE-YEAR HISTORICAL DATA

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

	1 2024	2 2023	3 2022	4 2021	5 2020
Life Insurance in Force (Exhibit of Life Insurance)					
1. Ordinary - whole life and endowment (Line 34, Col. 4)					
2. Ordinary - term (Line 21, Col. 4, less Line 34, Col. 4)	0				
3. Credit life (Line 21, Col. 6)					
4. Group, excluding FEGLI/SGLI (Line 21, Col. 9 less Lines 43 & 44, Col. 4)	0				
5. Industrial (Line 21, Col. 2)					
6. FEGLI/SGLI (Lines 43 & 44, Col. 4)	0				
7. Total (Line 21, Col. 10)	0	0	0	0	0
7.1 Total in force for which VM-20 deterministic/stochastic reserves are calculated					
New Business Issued (Exhibit of Life Insurance)					
8. Ordinary - whole life and endowment (Line 34, Col. 2)					
9. Ordinary - term (Line 2, Col. 4, less Line 34, Col. 2)	0				
10. Credit life (Line 2, Col. 6)					
11. Group (Line 2, Col. 9)					
12. Industrial (Line 2, Col. 2)					
13. Total (Line 2, Col. 10)	0	0	0	0	0
Premium Income - Lines of Business (Exhibit 1 - Part 1)					
14. Individual life (Line 20.4, Col. 2)					
15. Group life (Line 20.4, Col. 3)					
16. Individual annuities (Line 20.4, Col. 4)					
17. Group annuities (Line 20.4, Col. 5)					
18. Accident & Health (Line 20.4, Col. 6)					
19. Other lines of business (Line 20.4, Col. 8)					
20. Total	0	0	0	0	0
Balance Sheet (Pages 2 & 3)					
21. Total admitted assets excluding Separate Accounts business (Page 2, Line 26, Col. 3)	5,370,486				
22. Total liabilities excluding Separate Accounts business (Page 3, Line 26)	10,742				
23. Aggregate life reserves (Page 3, Line 1)	0				
23.1 Excess VM-20 deterministic/stochastic reserve over NPR related to Line 7.1					
24. Aggregate A & H reserves (Page 3, Line 2)	0				
25. Deposit-type contract funds (Page 3, Line 3)					
26. Asset valuation reserve (Page 3, Line 24.01)	3,741				
27. Capital (Page 3, Lines 29 and 30)	2,505,000				
28. Surplus (Page 3, Line 37)	2,854,744				
Cash Flow (Page 5)					
29. Net Cash from Operations (Line 11)	(19,207)				
Risk-Based Capital Analysis					
30. Total adjusted capital					
31. Authorized control level risk - based capital					
Percentage Distribution of Cash, Cash Equivalents and Invested Assets (Page 2, Col. 3) (Line No. /Page 2, Line 12, Col. 3) x 100.0					
32. Bonds (Line 1)	90.1				
33. Stocks (Lines 2.1 and 2.2)	0.0				
34. Mortgage loans on real estate(Lines 3.1 and 3.2)	0.0				
35. Real estate (Lines 4.1, 4.2 and 4.3)	0.0				
36. Cash, cash equivalents and short-term investments (Line 5)	9.9				
37. Contract loans (Line 6)	0.0				
38. Derivatives (Page 2, Line 7)	0.0				
39. Other invested assets (Line 8)	0.0				
40. Receivables for securities (Line 9)	0.0				
41. Securities lending reinvested collateral assets (Line 10)	0.0				
42. Aggregate write-ins for invested assets (Line 11)	0.0				
43. Cash, cash equivalents and invested assets (Line 12)	100.0	100.0	100.0	100.0	100.0
Investments in Parent, Subsidiaries and Affiliates					
44. Affiliated bonds (Schedule D Summary, Line 12, Col. 1)					
45. Affiliated preferred stocks (Schedule D Summary, Line 18, Col. 1)					
46. Affiliated common stocks (Schedule D Summary Line 24, Col. 1),					
47. Affiliated short-term investments (subtotal included in Schedule DA Verification, Col. 5, Line 10)					
48. Affiliated mortgage loans on real estate					
49. All other affiliated					
50. Total of above Lines 44 to 49	0	0	0	0	0
51. Total Investment in Parent included in Lines 44 to 49 above					

FIVE-YEAR HISTORICAL DATA

(Continued)

	1 2024	2 2023	3 2022	4 2021	5 2020
Total Nonadmitted and Admitted Assets					
52. Total nonadmitted assets (Page 2, Line 28, Col. 2).....	0				
53. Total admitted assets (Page 2, Line 28, Col. 3)	5,370,486				
Investment Data					
54. Net investment income (Exhibit of Net Investment Income)	115,156				
55. Realized capital gains (losses) (Page 4, Line 34, Column 1)					
56. Unrealized capital gains (losses) (Page 4, Line 38, Column 1)					
57. Total of above Lines 54, 55 and 56	115,156	0	0	0	0
Benefits and Reserve Increases (Page 6)					
58. Total contract/certificate benefits - life (Lines 10, 11, 12, 13, 14 and 15, Col. 1 minus Lines 10, 11,12, 13, 14 and 15, Cols. 6, 7 and 8)	0				
59. Total contract/certificate benefits - A & H (Lines 13 & 14, Col. 6)	0				
60. Increase in life reserves - other than group and annuities (Line 19, Col. 2)	0				
61. Increase in A & H reserves (Line 19, Col. 6)					
62. Dividends to policyholders and refunds to members (Line 30, Col. 1)	0				
Operating Percentages					
63. Insurance expense percent (Page 6, Col. 1, Lines 21, 22 & 23, less Line 6)/(Page 6, Col. 1, Line 1 plus Exhibit 7, Col. 2, Line 2) x 100.0	0.0				
64. Lapse percent (ordinary only) [(Exhibit of Life Insurance, Col. 4, Lines 14 & 15) / 1/2 (Exhibit of Life Insurance, Col. 4, Lines 1 & 21)] x 100.0	0.0				
65. A & H loss percent (Schedule H, Part 1, Lines 5 and 6, Col. 2)	0.0				
66. A & H cost containment percent (Schedule H, Pt. 1, Line 4, Col. 2)					
67. A & H expense percent excluding cost containment expenses (Schedule H, Pt. 1, Line 10, Col. 2)					
A & H Claim Reserve Adequacy					
68. Incurred losses on prior years' claims - comprehensive group health (Sch. H, Part 3, Line 3.1 Col. 3)				XXX	XXX
69. Prior years' claim liability and reserve - comprehensive group health (Sch. H, Part 3, Line 3.2 Col. 3)				XXX	XXX
70. Incurred losses on prior years' claims-health other than comprehensive group health (Sch. H, Part 3, Line 3.1 Col. 1 less Col. 3)	0			XXX	XXX
71. Prior years' claim liability and reserve-health other than comprehensive group health (Sch. H, Part 3, Line 3.2 Col. 1 less Col. 3)	0			XXX	XXX
Net Gains From Operations After Dividends to Policyholders, Refunds to Members, Federal Income Taxes and Before Realized Capital Gains or (Losses) by Lines of Business (Page 6.x, Line 33)					
72. Individual industrial life (Page 6.1, Col. 2)					
73. Individual whole life (Page 6.1, Col. 3)					
74. Individual term life (Page 6.1, Col. 4)					
75. Individual indexed life (Page 6.1, Col. 5)					
76. Individual universal life (Page 6.1, Col. 6)					
77. Individual universal life with secondary guarantees (Page 6.1, Col. 7)					
78. Individual variable life (Page 6.1, Col. 8)					
79. Individual variable universal life (Page 6.1, Col. 9)					
80. Individual credit life (Page 6.1, Col. 10)					
81. Individual other life (Page 6.1, Col. 11)					
82. Individual YRT mortality risk only (Page 6.1, Col. 12)					
83. Group whole life (Page 6.2, Col. 2)					
84. Group term life (Page 6.2, Col. 3)					
85. Group universal life (Page 6.2, Col. 4)					
86. Group variable life (Page 6.2, Col. 5)					
87. Group variable universal life (Page 6.2, Col. 6)					
88. Group credit life (Page 6.2, Col. 7)					
89. Group other life (Page 6.2, Col. 8)					
90. Group YRT mortality risk only (Page 6.2, Col. 9)					
91. Individual deferred fixed annuities (Page 6.3, Col. 2)					
92. Individual deferred indexed annuities (Page 6.3, Col. 3)					
93. Individual deferred variable annuities with guarantees (Page 6.3, Col. 4)					
94. Individual deferred variable annuities without guarantees (Page 6.3, Col. 5)					
95. Individual life contingent payout (immediate and annuitization) (Page 6.3, Col. 6)					
96. Individual other annuities (Page 6.3, Col. 7)					
97. Group deferred fixed annuities (Page 6.4, Col. 2)					
98. Group deferred indexed annuities (Page 6.4, Col. 3)					
99. Group deferred variable annuities with guarantees (Page 6.4, Col. 4)					
100. Group deferred variable annuities without guarantees (Page 6.4, Col. 5)					
101. Group life contingent payout (immediate and annuitization) (Page 6.4, Col. 6)					
102. Group other annuities (Page 6.4, Col. 7)					
103. A & H-comprehensive individual (Page 6.5, Col. 2)					
104. A & H-comprehensive group (Page 6.5, Col. 3)					
105. A & H-Medicare supplement (Page 6.5, Col. 4)					
106. A & H-vision only (Page 6.5, Col. 5)					
107. A & H-dental only (Page 6.5, Col. 6)					
108. A & H-Federal employees health benefits plan (Page 6.5, Col. 7)					
109. A & H-Title XVIII Medicare (Page 6.5, Col. 8)					
110. A & H-Title XIX Medicaid (Page 6.5, Col. 9)					
111. A & H-credit (Page 6.5, Col. 10)					
112. A & H-disability income (Page 6.5, Col. 11)					
113. A & H-long-term care (Page 6.5, Col. 12)					
114. A & H-other (Page 6.5, Col. 13)					
115. Aggregate of all other lines of business (Page 6, Col. 8)	25,418				
116. Fraternal (Page 6, Col. 7)	0				
117. Total (Page 6, Col. 1)	25,418				

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

If no, please explain:

Exhibit of Life Insurance

N O N E

Exhibit of Life Insurance - Part 2

N O N E

Exhibit of Life Insurance - Part 3

N O N E

Exhibit of Life Insurance - Part 4

N O N E

Exhibit of Life Insurance - Part 5

N O N E

Exhibit of Life Insurance - Part 6

N O N E

Exhibit of Life Insurance - Part 7

N O N E

Exhibit of Life Insurance - Policies with Disability Provisions

N O N E

Exhibit of Number of Policies, Contracts, ...Supplementary Contracts

N O N E

Exhibit of Number of Policies, Contracts, ...Annuities

N O N E

Exhibit of Number of Policies, Contracts, ...Accident and Health Insurance

N O N E

Exhibit of Number of Policies, Contracts, ...Deposit Funds

N O N E

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE OPPORTUNITY LIFE INSURANCE COMPANY

SCHEDULE T - PREMIUMS AND ANNUITY CONSIDERATIONS ^(b)

Allocated by States and Territories

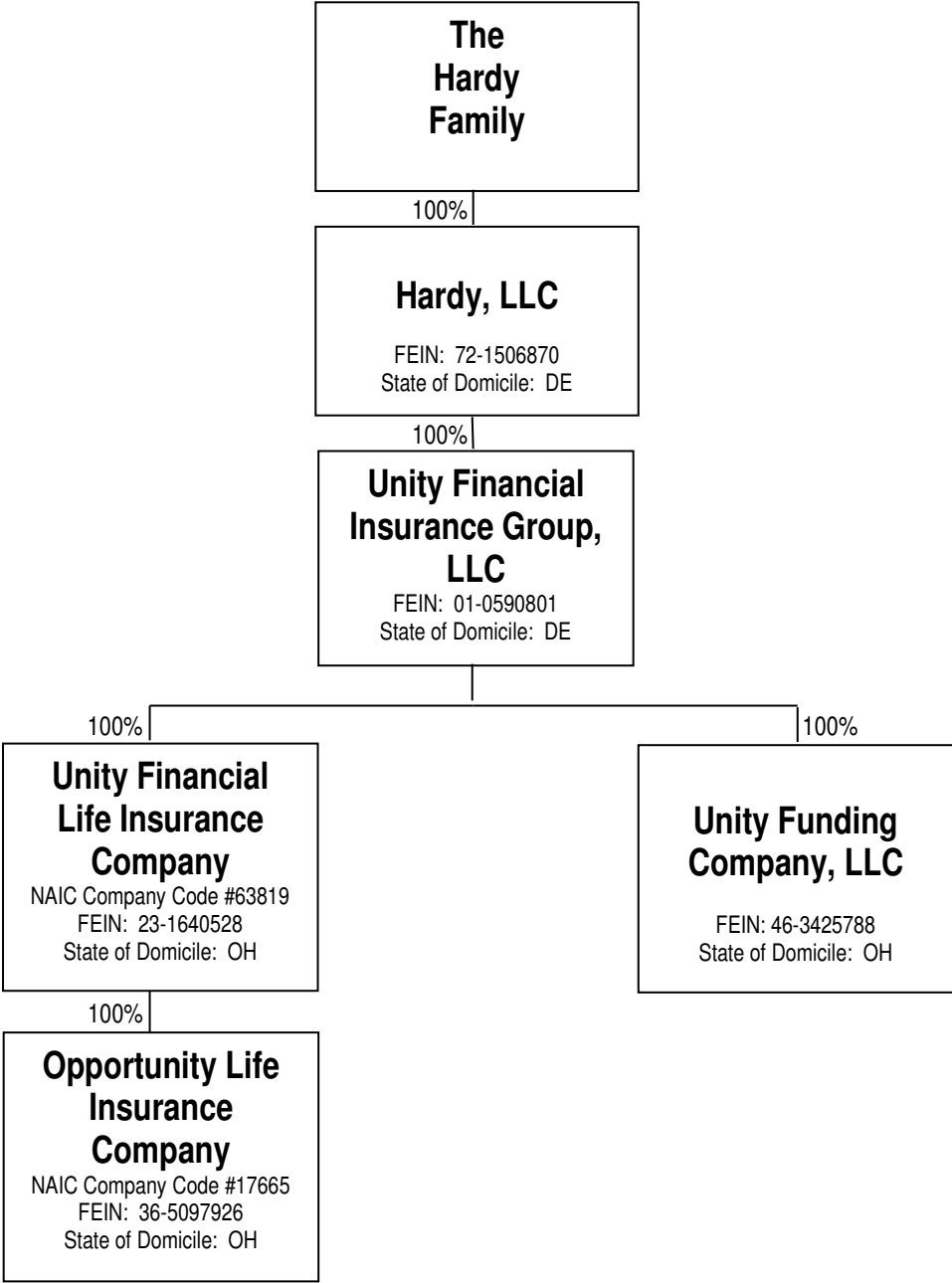
States, Etc.			Direct Business Only						
			Life Contracts		4	5	6	7	
			2	3					
Active Status (a)			Life Insurance Premiums	Annuity Considerations	Accident and Health Insurance Premiums, Including Policy, Membership and Other Fees	Other Considerations	Total Columns 2 through 5 (b)	Deposit-Type Contracts	
1.	Alabama	AL	N	0	0			0	
2.	Alaska	AK	N	0	0			0	
3.	Arizona	AZ	N	0	0			0	
4.	Arkansas	AR	N	0	0			0	
5.	California	CA	N	0	0			0	
6.	Colorado	CO	N	0	0			0	
7.	Connecticut	CT	N	0	0			0	
8.	Delaware	DE	N	0	0			0	
9.	District of Columbia	DC	N	0	0			0	
10.	Florida	FL	N	0	0			0	
11.	Georgia	GA	N	0	0			0	
12.	Hawaii	HI	N	0	0			0	
13.	Idaho	ID	N	0	0			0	
14.	Illinois	IL	N	0	0			0	
15.	Indiana	IN	N	0	0			0	
16.	Iowa	IA	N	0	0			0	
17.	Kansas	KS	L	0	0			0	
18.	Kentucky	KY	N	0	0			0	
19.	Louisiana	LA	N	0	0			0	
20.	Maine	ME	N	0	0			0	
21.	Maryland	MD	N	0	0			0	
22.	Massachusetts	MA	N	0	0			0	
23.	Michigan	MI	N	0	0			0	
24.	Minnesota	MN	N	0	0			0	
25.	Mississippi	MS	L	0	0			0	
26.	Missouri	MO	N	0	0			0	
27.	Montana	MT	N	0	0			0	
28.	Nebraska	NE	N	0	0			0	
29.	Nevada	NV	N	0	0			0	
30.	New Hampshire	NH	N	0	0			0	
31.	New Jersey	NJ	N	0	0			0	
32.	New Mexico	NM	N	0	0			0	
33.	New York	NY	N	0	0			0	
34.	North Carolina	NC	N	0	0			0	
35.	North Dakota	ND	N	0	0			0	
36.	Ohio	OH	L	0	0			0	
37.	Oklahoma	OK	N	0	0			0	
38.	Oregon	OR	N	0	0			0	
39.	Pennsylvania	PA	N	0	0			0	
40.	Rhode Island	RI	N	0	0			0	
41.	South Carolina	SC	N	0	0			0	
42.	South Dakota	SD	L	0	0			0	
43.	Tennessee	TN	L	0	0			0	
44.	Texas	TX	N	0	0			0	
45.	Utah	UT	L	0	0			0	
46.	Vermont	VT	N	0	0			0	
47.	Virginia	VA	N	0	0			0	
48.	Washington	WA	N	0	0			0	
49.	West Virginia	WV	N	0	0			0	
50.	Wisconsin	WI	N	0	0			0	
51.	Wyoming	WY	N	0	0			0	
52.	American Samoa	AS	N	0	0			0	
53.	Guam	GU	N	0	0			0	
54.	Puerto Rico	PR	N	0	0			0	
55.	U.S. Virgin Islands	VI	N	0	0			0	
56.	Northern Mariana Islands	MP	N	0	0			0	
57.	Canada	CAN	N	0	0			0	
58.	Aggregate Other Alien	OT	XXX	0	0	0	0	0	0
59.	Subtotal	XXX		0	0	0	0	0	0
90.	Reporting entity contributions for employee benefits plans.....	XXX						0	
91.	Dividends or refunds applied to purchase paid-up additions and annuities.....	XXX						0	
92.	Dividends or refunds applied to shorten endowment or premium paying period.....	XXX						0	
93.	Premium or annuity considerations waived under disability or other contract provisions.....	XXX						0	
94.	Aggregate or other amounts not allocable by State.....	XXX		0	0	0	0	0	0
95.	Totals (Direct Business).....	XXX		0	0	0	0	0	0
96.	Plus reinsurance assumed.....	XXX						0	
97.	Totals (All Business).....	XXX		0	0	0	0	0	0
98.	Less reinsurance ceded.....	XXX						0	
99.	Totals (All Business) less Reinsurance Ceded	XXX		0	0	(c) 0	0	0	0
DETAILS OF WRITE-INS									
58001.	.....	XXX							
58002.	.....	XXX							
58003.	.....	XXX							
58998.	Summary of remaining write-ins for Line 58 from overflow page	XXX		0	0	0	0	0	0
58999.	Totals (Lines 58001 through 58003 plus 58998)(Line 58 above)	XXX		0	0	0	0	0	0
9401.	.....	XXX							
9402.	.....	XXX							
9403.	.....	XXX							
9498.	Summary of remaining write-ins for Line 94 from overflow page	XXX		0	0	0	0	0	0
9499.	Totals (Lines 9401 through 9403 plus 9498)(Line 94 above)	XXX		0	0	0	0	0	0

(a) Active Status Counts:
1. L - Licensed or Chartered - Licensed insurance carrier or domiciled RRG..... 6
2. R - Registered - Non-domiciled RRGs..... 0
3. E - Eligible - Reporting entities eligible or approved to write surplus lines in the state..... 0
4. Q - Qualified - Qualified or accredited reinsurer..... 0
5. N - None of the above - Not allowed to write business in the state..... 51

(b) Explanation of basis of allocation by states, etc., of premiums and annuity considerations

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

SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 – ORGANIZATION CHART



NONE