

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

NAIC Group Code	0155	0155	NAIC Company Code	16816	Employer's ID Number	84-4920049	
(Current) (Prior)							
Organized under the Laws of	OH			State of Domicile or Port of Entry			OH
Country of Domicile	US						
Licensed as business type	LIFE, ACCIDENT AND HEALTH						
Incorporated/Organized	02/28/2020			Commenced Business			01/27/2022
Statutory Home Office	800 WEST ST. CLAIR AVENUE, SUITE 200			CLEVELAND, OH, US 44113			
Main Administrative Office	800 WEST ST. CLAIR AVENUE, SUITE 200			CLEVELAND, OH, US 44113			
				440-461-5000			
				(Telephone)			
Mail Address	800 WEST ST. CLAIR AVENUE, SUITE 200			CLEVELAND, OH, US 44113			
Primary Location of Books and Records	300 N. COMMONS BLVD			440-395-4460			
	MAYFIELD, OH, US 44143			(Telephone)			
Internet Website Address	PROGRESSIVE.COM						
Statutory Statement Contact	ARIEL NMN MENKIN			216-243-7422			
				(Telephone)			
	AMENKIN@LEVEL20.COM						
	(E-Mail)			(Fax)			

OFFICERS	
ARIEL NMN MENKIN, PRESIDENT	MICHAEL ROBERT UTH, SECRETARY
DANIEL JOSEPH WITALEC, TREASURER	
OTHER	
ANDREW JOHN QUIGG, VICE PRESIDENT	GREGORY FRANK MISCHLICH, ASSISTANT SECRETARY
SANDRA LEE RIHVALSKY, ASSISTANT TREASURER	

DIRECTORS OR TRUSTEES	
BRIAN JACOB GURA	ARIEL NMN MENKIN
ANDREW JOHN QUIGG	MEGHAN LOUISE MCARDLE FRIESEN
CHARLOTTE MARIE ELEK	

State of OHIO  
County of CUYAHOGA SS

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

x	x	x
ARIEL NMN MENKIN PRESIDENT	MICHAEL ROBERT UTH SECRETARY	DANIEL JOSEPH WITALEC TREASURER

Subscribed and sworn to before me  
this 5th day of  
February, 2025

x Diana M. Pistone

DIANA M PISTONE  
Notary Public, State of Ohio  
My Comm. Exp. Jan. 16, 2026  
Recorded in Cuyahoga County



- a. Is this an original filing? Yes  
b. If no:  
1. State the amendment number:  
2. Date filed:  
3. Number of pages attached:

DIRECT BUSINESS IN THE STATE OF ARIZONA DURING THE YEAR 2024

LIFE INSURANCE (STATE PAGE)<sup>(b)</sup>



NAIC Group Code: 0155

NAIC Company Code: 16816

Line of Business	1  Premiums and Annuities Considerations	2  Other Considerations	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3  Paid in Cash or Left on Deposit	4  Applied to Pay Renewal Premiums	5  Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6  Other	7  Total (Col. 3+4+5+6)	8  Death and Annuity Benefits	9  Matured Endowments	10  Surrender Values and Withdrawals for Life Contracts	11  All Other Benefits	12  Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial .....												
2. Whole .....												
3. Term .....	22,343											
4. Indexed .....												
5. Universal .....												
6. Universal with secondary guarantees .....												
7. Variable .....												
8. Variable universal .....												
9. Credit .....												
10. Other .....												
11. Total Individual Life .....	22,343											
Group Life												
12. Whole .....												
13. Term .....												
14. Universal .....												
15. Variable .....												
16. Variable universal .....												
17. Credit .....												
18. Other .....												
19. Total Group Life .....												
Individual Annuities												
20. Fixed .....												
21. Indexed .....												
22. Variable with guarantees .....												
23. Variable without guarantees .....												
24. Life contingent payout .....												
25. Other .....												
26. Total Individual Annuities .....												
Group Annuities												
27. Fixed .....												
28. Indexed .....												
29. Variable with guarantees .....												
30. Variable without guarantees .....												
31. Life contingent payout .....												
32. Other .....												
33. Total Group Annuities .....												
Accident and Health												
34. Comprehensive individual (d) .....								XXX	XXX	XXX		
35. Comprehensive group (d) .....								XXX	XXX	XXX		
36. Medicare Supplement (d) .....								XXX	XXX	XXX		
37. Vision only (d) .....								XXX	XXX	XXX		
38. Dental only (d) .....								XXX	XXX	XXX		
39. Federal Employees Health Benefits Plan (d) .....								XXX	XXX	XXX		
40. Title XVIII Medicare (d) .....	(e)							XXX	XXX	XXX		
41. Title XIX Medicaid (d) .....								XXX	XXX	XXX		
42. Credit A&H .....								XXX	XXX	XXX		
43. Disability income (d) .....								XXX	XXX	XXX		
44. Long-term care (d) .....								XXX	XXX	XXX		
45. Other health (d) .....								XXX	XXX	XXX		
46. Total Accident and Health .....								XXX	XXX	XXX		
47. Total .....	22,343 (c)											

DIRECT BUSINESS IN THE STATE OF ARIZONA DURING THE YEAR 2024  
LIFE INSURANCE (STATE PAGE) (CONTINUED)<sup>(b)</sup>

Line of Business		Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits										Policy Exhibit					
		13  Incurred During Current Year	Claims Settled During Current Year								22  Unpaid December 31, Current Year	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
			Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
			14  Number of Pols/Certs	15  Amount	16  Number of Pols/Certs	17  Amount	18  Number of Pols/Certs	19  Amount	20  Number of Pols/Certs	21  Amount		Number of Pols/Certs	Amount	Number of Pols/Certs	Amount	Number of Pols/Certs	Amount
Individual Life																	
1. Industrial																	
2. Whole																	
3. Term											62	23,700,000	(6)	(2,250,000)	63	23,250,000	
4. Indexed																	
5. Universal																	
6. Universal with secondary guarantees																	
7. Variable																	
8. Variable universal																	
9. Credit																	
10. Other																	
11. Total Individual Life											62	23,700,000	(6)	(2,250,000)	63	23,250,000	
Group Life																	
12. Whole																	
13. Term																	
14. Universal																	
15. Variable																	
16. Variable universal																	
17. Credit																(a)	
18. Other																	
19. Total Group Life																	
Individual Annuities																	
20. Fixed																	
21. Indexed																	
22. Variable with guarantees																	
23. Variable without guarantees																	
24. Life contingent payout																	
25. Other																	
26. Total Individual Annuities																	
Group Annuities																	
27. Fixed																	
28. Indexed																	
29. Variable with guarantees																	
30. Variable without guarantees																	
31. Life contingent payout																	
32. Other																	
33. Total Group Annuities																	
Accident and Health																	
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
35. Comprehensive group (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
36. Medicare Supplement (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
37. Vision only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
38. Dental only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
39. Federal Employees Health Benefits Plan (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
40. Title XVIII Medicare (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
41. Title XIX Medicaid (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
42. Credit A&H		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
43. Disability income (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
44. Long-term care (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
45. Other health (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
46. Total Accident and Health		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
47. Total											62	23,700,000	(6)	(2,250,000)	63	23,250,000	

(a) Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$, current year \$  
(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: 2) covering number of lives: 3) face amount: \$  
(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ Group: \$ Total: \$  
(d) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products  
(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$

DIRECT BUSINESS IN THE STATE OF GEORGIA DURING THE YEAR 2024

LIFE INSURANCE (STATE PAGE)<sup>(b)</sup>



NAIC Group Code: 0155

NAIC Company Code: 16816

Line of Business	1  Premiums and Annuities Considerations	2  Other Considerations	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3  Paid in Cash or Left on Deposit	4  Applied to Pay Renewal Premiums	5  Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6  Other	7  Total (Col. 3+4+5+6)	8  Death and Annuity Benefits	9  Matured Endowments	10  Surrender Values and Withdrawals for Life Contracts	11  All Other Benefits	12  Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial .....												
2. Whole .....												
3. Term .....	6,938											
4. Indexed .....												
5. Universal .....												
6. Universal with secondary guarantees .....												
7. Variable .....												
8. Variable universal .....												
9. Credit .....												
10. Other .....												
11. Total Individual Life .....	6,938											
Group Life												
12. Whole .....												
13. Term .....												
14. Universal .....												
15. Variable .....												
16. Variable universal .....												
17. Credit .....												
18. Other .....												
19. Total Group Life .....												
Individual Annuities												
20. Fixed .....												
21. Indexed .....												
22. Variable with guarantees .....												
23. Variable without guarantees .....												
24. Life contingent payout .....												
25. Other .....												
26. Total Individual Annuities .....												
Group Annuities												
27. Fixed .....												
28. Indexed .....												
29. Variable with guarantees .....												
30. Variable without guarantees .....												
31. Life contingent payout .....												
32. Other .....												
33. Total Group Annuities .....												
Accident and Health												
34. Comprehensive individual (d) .....								XXX	XXX	XXX		
35. Comprehensive group (d) .....								XXX	XXX	XXX		
36. Medicare Supplement (d) .....								XXX	XXX	XXX		
37. Vision only (d) .....								XXX	XXX	XXX		
38. Dental only (d) .....								XXX	XXX	XXX		
39. Federal Employees Health Benefits Plan (d) .....								XXX	XXX	XXX		
40. Title XVIII Medicare (d) .....	(e)							XXX	XXX	XXX		
41. Title XIX Medicaid (d) .....								XXX	XXX	XXX		
42. Credit A&H .....								XXX	XXX	XXX		
43. Disability income (d) .....								XXX	XXX	XXX		
44. Long-term care (d) .....								XXX	XXX	XXX		
45. Other health (d) .....								XXX	XXX	XXX		
46. Total Accident and Health .....								XXX	XXX	XXX		
47. Total .....	6,938 (c)											

DIRECT BUSINESS IN THE STATE OF GEORGIA DURING THE YEAR 2024  
LIFE INSURANCE (STATE PAGE) (CONTINUED)<sup>(b)</sup>

Line of Business		Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits										Policy Exhibit					
		13  Incurred During Current Year	Claims Settled During Current Year								22  Unpaid December 31, Current Year	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
			Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
			14  Number of Pols/Certs	15  Amount	16  Number of Pols/Certs	17  Amount	18  Number of Pols/Certs	19  Amount	20  Number of Pols/Certs	21  Amount		Number of Pols/Certs	Amount	Number of Pols/Certs	Amount	Number of Pols/Certs	Amount
<b>Individual Life</b>																	
1. Industrial																	
2. Whole																	
3. Term											62	14,200,000	(7)	(1,300,000)	55	12,900,000	
4. Indexed																	
5. Universal																	
6. Universal with secondary guarantees																	
7. Variable																	
8. Variable universal																	
9. Credit																	
10. Other																	
11. Total Individual Life											62	14,200,000	(7)	(1,300,000)	55	12,900,000	
<b>Group Life</b>																	
12. Whole																	
13. Term																	
14. Universal																	
15. Variable																	
16. Variable universal																	
17. Credit																(a)	
18. Other																	
19. Total Group Life																	
<b>Individual Annuities</b>																	
20. Fixed																	
21. Indexed																	
22. Variable with guarantees																	
23. Variable without guarantees																	
24. Life contingent payout																	
25. Other																	
26. Total Individual Annuities																	
<b>Group Annuities</b>																	
27. Fixed																	
28. Indexed																	
29. Variable with guarantees																	
30. Variable without guarantees																	
31. Life contingent payout																	
32. Other																	
33. Total Group Annuities																	
<b>Accident and Health</b>																	
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
35. Comprehensive group (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
36. Medicare Supplement (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
37. Vision only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
38. Dental only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
39. Federal Employees Health Benefits Plan (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
40. Title XVIII Medicare (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
41. Title XIX Medicaid (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
42. Credit A&H		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
43. Disability income (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
44. Long-term care (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
45. Other health (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
46. Total Accident and Health		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
47. Total											62	14,200,000	(7)	(1,300,000)	55	12,900,000	

(a) Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$, current year \$  
(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: 2) covering number of lives: 3) face amount: \$  
(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ Group: \$ Total: \$  
(d) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products  
(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$

1 6 8 1 6 2 0 2 4 4 3 0 1 5 1 0 0

**LIFE INSURANCE (STATE PAGE)<sup>(b)</sup>**

NAIC Company Code: 16816

[illegible]

DIRECT BUSINESS IN THE STATE OF INDIANA DURING THE YEAR 2024  
LIFE INSURANCE (STATE PAGE) (CONTINUED)<sup>(b)</sup>

Line of Business		Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits										Policy Exhibit					
		13  Incurred During Current Year	Claims Settled During Current Year								22  Unpaid December 31, Current Year	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
			Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
			14  Number of Pols/Certs	15  Amount	16  Number of Pols/Certs	17  Amount	18  Number of Pols/Certs	19  Amount	20  Number of Pols/Certs	21  Amount		Number of Pols/Certs	Amount	Number of Pols/Certs	Amount	Number of Pols/Certs	Amount
Individual Life																	
1. Industrial																	
2. Whole																	
3. Term											66	24,150,000	(12)	(2,700,000)	77	27,850,000	
4. Indexed																	
5. Universal																	
6. Universal with secondary guarantees																	
7. Variable																	
8. Variable universal																	
9. Credit																	
10. Other																	
11. Total Individual Life											66	24,150,000	(12)	(2,700,000)	77	27,850,000	
Group Life																	
12. Whole																	
13. Term																	
14. Universal																	
15. Variable																	
16. Variable universal																	
17. Credit																(a)	
18. Other																	
19. Total Group Life																	
Individual Annuities																	
20. Fixed																	
21. Indexed																	
22. Variable with guarantees																	
23. Variable without guarantees																	
24. Life contingent payout																	
25. Other																	
26. Total Individual Annuities																	
Group Annuities																	
27. Fixed																	
28. Indexed																	
29. Variable with guarantees																	
30. Variable without guarantees																	
31. Life contingent payout																	
32. Other																	
33. Total Group Annuities																	
Accident and Health																	
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
35. Comprehensive group (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
36. Medicare Supplement (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
37. Vision only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
38. Dental only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
39. Federal Employees Health Benefits Plan (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
40. Title XVIII Medicare (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
41. Title XIX Medicaid (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
42. Credit A&H		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
43. Disability income (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
44. Long-term care (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
45. Other health (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
46. Total Accident and Health		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
47. Total											66	24,150,000	(12)	(2,700,000)	77	27,850,000	

(a) Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$, current year \$  
(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: 2) covering number of lives: 3) face amount: \$  
(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ Group: \$ Total: \$  
(d) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products  
(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



DIRECT BUSINESS IN THE STATE OF LOUISIANA DURING THE YEAR 2024

LIFE INSURANCE (STATE PAGE)<sup>(b)</sup>

NAIC Group Code: 0155

NAIC Company Code: 16816

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



DIRECT BUSINESS IN THE STATE OF LOUISIANA DURING THE YEAR 2024  
LIFE INSURANCE (STATE PAGE) (CONTINUED)<sup>(b)</sup>

Line of Business		Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit						
		13  Incurred During Current Year	Claims Settled During Current Year								22  Unpaid December 31, Current Year	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
			Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23  Number of Pols/Certs	24  Amount	25  Number of Pols/Certs	26  Amount	27  Number of Pols/Certs	28  Amount
			14  Number of Pols/Certs	15  Amount	16  Number of Pols/Certs	17  Amount	18  Number of Pols/Certs	19  Amount	20  Number of Pols/Certs	21  Amount							
Individual Life																	
1. Industrial																	
2. Whole																	
3. Term											67	18,300,050	(9)	(1,250,050)	61	17,850,000	
4. Indexed																	
5. Universal																	
6. Universal with secondary guarantees																	
7. Variable																	
8. Variable universal																	
9. Credit																	
10. Other																	
11. Total Individual Life											67	18,300,050	(9)	(1,250,050)	61	17,850,000	
Group Life																	
12. Whole																	
13. Term																	
14. Universal																	
15. Variable																	
16. Variable universal																	
17. Credit																(a)	
18. Other																	
19. Total Group Life																	
Individual Annuities																	
20. Fixed																	
21. Indexed																	
22. Variable with guarantees																	
23. Variable without guarantees																	
24. Life contingent payout																	
25. Other																	
26. Total Individual Annuities																	
Group Annuities																	
27. Fixed																	
28. Indexed																	
29. Variable with guarantees																	
30. Variable without guarantees																	
31. Life contingent payout																	
32. Other																	
33. Total Group Annuities																	
Accident and Health																	
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
35. Comprehensive group (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
36. Medicare Supplement (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
37. Vision only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
38. Dental only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
39. Federal Employees Health Benefits Plan (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
40. Title XVIII Medicare (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
41. Title XIX Medicaid (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
42. Credit A&H		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
43. Disability income (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
44. Long-term care (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
45. Other health (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
46. Total Accident and Health		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
47. Total											67	18,300,050	(9)	(1,250,050)	61	17,850,000	

(a) Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$, current year \$  
(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: 2) covering number of lives: 3) face amount: \$  
(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ Group: \$ Total: \$  
(d) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products  
(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



DIRECT BUSINESS IN THE STATE OF MARYLAND DURING THE YEAR 2024

LIFE INSURANCE (STATE PAGE)<sup>(b)</sup>

NAIC Group Code: 0155

NAIC Company Code: 16816

Line of Business	1  Premiums and Annuities Considerations	2  Other Considerations	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3  Paid in Cash or Left on Deposit	4  Applied to Pay Renewal Premiums	5  Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6  Other	7  Total (Col. 3+4+5+6)	8  Death and Annuity Benefits	9  Matured Endowments	10  Surrender Values and Withdrawals for Life Contracts	11  All Other Benefits	12  Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial .....												
2. Whole .....												
3. Term .....	20,592											
4. Indexed .....												
5. Universal .....												
6. Universal with secondary guarantees .....												
7. Variable .....												
8. Variable universal .....												
9. Credit .....												
10. Other .....												
11. Total Individual Life .....	20,592											
Group Life												
12. Whole .....												
13. Term .....												
14. Universal .....												
15. Variable .....												
16. Variable universal .....												
17. Credit .....												
18. Other .....												
19. Total Group Life .....												
Individual Annuities												
20. Fixed .....												
21. Indexed .....												
22. Variable with guarantees .....												
23. Variable without guarantees .....												
24. Life contingent payout .....												
25. Other .....												
26. Total Individual Annuities .....												
Group Annuities												
27. Fixed .....												
28. Indexed .....												
29. Variable with guarantees .....												
30. Variable without guarantees .....												
31. Life contingent payout .....												
32. Other .....												
33. Total Group Annuities .....												
Accident and Health												
34. Comprehensive individual (d) .....								XXX	XXX	XXX		
35. Comprehensive group (d) .....								XXX	XXX	XXX		
36. Medicare Supplement (d) .....								XXX	XXX	XXX		
37. Vision only (d) .....								XXX	XXX	XXX		
38. Dental only (d) .....								XXX	XXX	XXX		
39. Federal Employees Health Benefits Plan (d) .....								XXX	XXX	XXX		
40. Title XVIII Medicare (d) .....	(e)							XXX	XXX	XXX		
41. Title XIX Medicaid (d) .....								XXX	XXX	XXX		
42. Credit A&H .....								XXX	XXX	XXX		
43. Disability income (d) .....								XXX	XXX	XXX		
44. Long-term care (d) .....								XXX	XXX	XXX		
45. Other health (d) .....								XXX	XXX	XXX		
46. Total Accident and Health .....								XXX	XXX	XXX		
47. Total .....	20,592 (c)											

DIRECT BUSINESS IN THE STATE OF MARYLAND DURING THE YEAR 2024  
LIFE INSURANCE (STATE PAGE) (CONTINUED)<sup>(b)</sup>

Line of Business		Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits										Policy Exhibit					
		13  Incurred During Current Year	Claims Settled During Current Year								22  Unpaid December 31, Current Year	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
			Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
			14  Number of Pols/Certs	15  Amount	16  Number of Pols/Certs	17  Amount	18  Number of Pols/Certs	19  Amount	20  Number of Pols/Certs	21  Amount		Number of Pols/Certs	Amount	Number of Pols/Certs	Amount	Number of Pols/Certs	Amount
Individual Life																	
1. Industrial																	
2. Whole																	
3. Term											46	14,350,000	(2)	(1,150,000)	44	13,200,000	
4. Indexed																	
5. Universal																	
6. Universal with secondary guarantees																	
7. Variable																	
8. Variable universal																	
9. Credit																	
10. Other																	
11. Total Individual Life											46	14,350,000	(2)	(1,150,000)	44	13,200,000	
Group Life																	
12. Whole																	
13. Term																	
14. Universal																	
15. Variable																	
16. Variable universal																	
17. Credit																(a)	
18. Other																	
19. Total Group Life																	
Individual Annuities																	
20. Fixed																	
21. Indexed																	
22. Variable with guarantees																	
23. Variable without guarantees																	
24. Life contingent payout																	
25. Other																	
26. Total Individual Annuities																	
Group Annuities																	
27. Fixed																	
28. Indexed																	
29. Variable with guarantees																	
30. Variable without guarantees																	
31. Life contingent payout																	
32. Other																	
33. Total Group Annuities																	
Accident and Health																	
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
35. Comprehensive group (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
36. Medicare Supplement (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
37. Vision only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
38. Dental only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
39. Federal Employees Health Benefits Plan (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
40. Title XVIII Medicare (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
41. Title XIX Medicaid (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
42. Credit A&H		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
43. Disability income (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
44. Long-term care (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
45. Other health (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
46. Total Accident and Health		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
47. Total											46	14,350,000	(2)	(1,150,000)	44	13,200,000	

(a) Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$, current year \$  
(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: 2) covering number of lives: 3) face amount: \$  
(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ Group: \$ Total: \$  
(d) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products  
(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$

DIRECT BUSINESS IN THE STATE OF MICHIGAN DURING THE YEAR 2024

LIFE INSURANCE (STATE PAGE)<sup>(b)</sup>



NAIC Group Code: 0155

NAIC Company Code: 16816

Line of Business	1  Premiums and Annuities Considerations	2  Other Considerations	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3  Paid in Cash or Left on Deposit	4  Applied to Pay Renewal Premiums	5  Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6  Other	7  Total (Col. 3+4+5+6)	8  Death and Annuity Benefits	9  Matured Endowments	10  Surrender Values and Withdrawals for Life Contracts	11  All Other Benefits	12  Total (Sum Columns 8 through 11)
<b>Individual Life</b>												
1. Industrial .....												
2. Whole .....												
3. Term .....	70,758											
4. Indexed .....												
5. Universal .....												
6. Universal with secondary guarantees .....												
7. Variable .....												
8. Variable universal .....												
9. Credit .....												
10. Other .....												
11. Total Individual Life .....	70,758											
<b>Group Life</b>												
12. Whole .....												
13. Term .....												
14. Universal .....												
15. Variable .....												
16. Variable universal .....												
17. Credit .....												
18. Other .....												
19. Total Group Life .....												
<b>Individual Annuities</b>												
20. Fixed .....												
21. Indexed .....												
22. Variable with guarantees .....												
23. Variable without guarantees .....												
24. Life contingent payout .....												
25. Other .....												
26. Total Individual Annuities .....												
<b>Group Annuities</b>												
27. Fixed .....												
28. Indexed .....												
29. Variable with guarantees .....												
30. Variable without guarantees .....												
31. Life contingent payout .....												
32. Other .....												
33. Total Group Annuities .....												
<b>Accident and Health</b>												
34. Comprehensive individual (d) .....								XXX	XXX	XXX		
35. Comprehensive group (d) .....								XXX	XXX	XXX		
36. Medicare Supplement (d) .....								XXX	XXX	XXX		
37. Vision only (d) .....								XXX	XXX	XXX		
38. Dental only (d) .....								XXX	XXX	XXX		
39. Federal Employees Health Benefits Plan (d) .....								XXX	XXX	XXX		
40. Title XVIII Medicare (d) .....	(e)							XXX	XXX	XXX		
41. Title XIX Medicaid (d) .....								XXX	XXX	XXX		
42. Credit A&H .....								XXX	XXX	XXX		
43. Disability income (d) .....								XXX	XXX	XXX		
44. Long-term care (d) .....								XXX	XXX	XXX		
45. Other health (d) .....								XXX	XXX	XXX		
46. Total Accident and Health .....								XXX	XXX	XXX		
47. Total .....	70,758 (c)											

DIRECT BUSINESS IN THE STATE OF MICHIGAN DURING THE YEAR 2024  
LIFE INSURANCE (STATE PAGE) (CONTINUED)<sup>(b)</sup>

Line of Business		Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits										Policy Exhibit					
		13  Incurred During Current Year	Claims Settled During Current Year								22  Unpaid December 31, Current Year	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
			Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
			14  Number of Pols/Certs	15  Amount	16  Number of Pols/Certs	17  Amount	18  Number of Pols/Certs	19  Amount	20  Number of Pols/Certs	21  Amount		Number of Pols/Certs	Amount	Number of Pols/Certs	Amount	Number of Pols/Certs	Amount
Individual Life																	
1. Industrial																	
2. Whole																	
3. Term											84	25,400,000	(16)	(6,800,000)	137	46,050,000	
4. Indexed																	
5. Universal																	
6. Universal with secondary guarantees																	
7. Variable																	
8. Variable universal																	
9. Credit																	
10. Other																	
11. Total Individual Life											84	25,400,000	(16)	(6,800,000)	137	46,050,000	
Group Life																	
12. Whole																	
13. Term																	
14. Universal																	
15. Variable																	
16. Variable universal																	
17. Credit																(a)	
18. Other																	
19. Total Group Life																	
Individual Annuities																	
20. Fixed																	
21. Indexed																	
22. Variable with guarantees																	
23. Variable without guarantees																	
24. Life contingent payout																	
25. Other																	
26. Total Individual Annuities																	
Group Annuities																	
27. Fixed																	
28. Indexed																	
29. Variable with guarantees																	
30. Variable without guarantees																	
31. Life contingent payout																	
32. Other																	
33. Total Group Annuities																	
Accident and Health																	
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
35. Comprehensive group (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
36. Medicare Supplement (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
37. Vision only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
38. Dental only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
39. Federal Employees Health Benefits Plan (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
40. Title XVIII Medicare (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
41. Title XIX Medicaid (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
42. Credit A&H		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
43. Disability income (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
44. Long-term care (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
45. Other health (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
46. Total Accident and Health		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
47. Total											84	25,400,000	(16)	(6,800,000)	137	46,050,000	

(a) Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$, current year \$  
(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: 2) covering number of lives: 3) face amount: \$  
(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ Group: \$ Total: \$  
(d) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products  
(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$

DIRECT BUSINESS IN THE STATE OF MISSISSIPPI DURING THE YEAR 2024

LIFE INSURANCE (STATE PAGE)<sup>(b)</sup>



NAIC Group Code: 0155

NAIC Company Code: 16816

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

DIRECT BUSINESS IN THE STATE OF MISSISSIPPI DURING THE YEAR 2024  
LIFE INSURANCE (STATE PAGE) (CONTINUED)<sup>(b)</sup>

Line of Business		Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit						
		13  Incurred During Current Year	Claims Settled During Current Year								22  Unpaid December 31, Current Year	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
			Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
			14  Number of Pols/Certs	15  Amount	16  Number of Pols/Certs	17  Amount	18  Number of Pols/Certs	19  Amount	20  Number of Pols/Certs	21  Amount		Number of Pols/Certs	Amount	Number of Pols/Certs	Amount	Number of Pols/Certs	Amount
Individual Life																	
1.	Industrial																
2.	Whole																
3.	Term										9	4,050,000	—	—	9	4,050,000	
4.	Indexed																
5.	Universal																
6.	Universal with secondary guarantees																
7.	Variable																
8.	Variable universal																
9.	Credit																
10.	Other																
11.	Total Individual Life										9	4,050,000	—	—	9	4,050,000	
Group Life																	
12.	Whole																
13.	Term																
14.	Universal																
15.	Variable																
16.	Variable universal																
17.	Credit															(a)	
18.	Other																
19.	Total Group Life																
Individual Annuities																	
20.	Fixed																
21.	Indexed																
22.	Variable with guarantees																
23.	Variable without guarantees																
24.	Life contingent payout																
25.	Other																
26.	Total Individual Annuities																
Group Annuities																	
27.	Fixed																
28.	Indexed																
29.	Variable with guarantees																
30.	Variable without guarantees																
31.	Life contingent payout																
32.	Other																
33.	Total Group Annuities																
Accident and Health																	
34.	Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
35.	Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
36.	Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
37.	Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
38.	Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
39.	Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
40.	Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
41.	Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
42.	Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
43.	Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
44.	Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
45.	Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
46.	Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
47.	Total										9	4,050,000	—	—	9	4,050,000	

(a) Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$, current year \$  
(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: 2) covering number of lives: 3) face amount: \$  
(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ Group: \$ Total: \$  
(d) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products  
(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$

DIRECT BUSINESS IN THE STATE OF MISSOURI DURING THE YEAR 2024

LIFE INSURANCE (STATE PAGE)<sup>(b)</sup>



NAIC Group Code: 0155

NAIC Company Code: 16816

Line of Business	1  Premiums and Annuities Considerations	2  Other Considerations	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3  Paid in Cash or Left on Deposit	4  Applied to Pay Renewal Premiums	5  Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6  Other	7  Total (Col. 3+4+5+6)	8  Death and Annuity Benefits	9  Matured Endowments	10  Surrender Values and Withdrawals for Life Contracts	11  All Other Benefits	12  Total (Sum Columns 8 through 11)
<b>Individual Life</b>												
1. Industrial .....												
2. Whole .....												
3. Term .....	15,674											
4. Indexed .....												
5. Universal .....												
6. Universal with secondary guarantees .....												
7. Variable .....												
8. Variable universal .....												
9. Credit .....												
10. Other .....												
11. Total Individual Life .....	15,674											
<b>Group Life</b>												
12. Whole .....												
13. Term .....												
14. Universal .....												
15. Variable .....												
16. Variable universal .....												
17. Credit .....												
18. Other .....												
19. Total Group Life .....												
<b>Individual Annuities</b>												
20. Fixed .....												
21. Indexed .....												
22. Variable with guarantees .....												
23. Variable without guarantees .....												
24. Life contingent payout .....												
25. Other .....												
26. Total Individual Annuities .....												
<b>Group Annuities</b>												
27. Fixed .....												
28. Indexed .....												
29. Variable with guarantees .....												
30. Variable without guarantees .....												
31. Life contingent payout .....												
32. Other .....												
33. Total Group Annuities .....												
<b>Accident and Health</b>												
34. Comprehensive individual (d) .....								XXX	XXX	XXX		
35. Comprehensive group (d) .....								XXX	XXX	XXX		
36. Medicare Supplement (d) .....								XXX	XXX	XXX		
37. Vision only (d) .....								XXX	XXX	XXX		
38. Dental only (d) .....								XXX	XXX	XXX		
39. Federal Employees Health Benefits Plan (d) .....								XXX	XXX	XXX		
40. Title XVIII Medicare (d) .....	(e)							XXX	XXX	XXX		
41. Title XIX Medicaid (d) .....								XXX	XXX	XXX		
42. Credit A&H .....								XXX	XXX	XXX		
43. Disability income (d) .....								XXX	XXX	XXX		
44. Long-term care (d) .....								XXX	XXX	XXX		
45. Other health (d) .....								XXX	XXX	XXX		
46. Total Accident and Health .....								XXX	XXX	XXX		
47. Total .....	15,674 (c)											



DIRECT BUSINESS IN THE STATE OF MISSOURI DURING THE YEAR 2024  
LIFE INSURANCE (STATE PAGE) (CONTINUED)<sup>(b)</sup>

Line of Business		Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits										Policy Exhibit					
		13	Claims Settled During Current Year								22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
			Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
			14	15	16	17	18	19	20	21		Number of Pols/Certs	Amount	Number of Pols/Certs	Amount	Number of Pols/Certs	Amount
Incurred During Current Year		Number of Pols/Certs	Amount	Number of Pols/Certs	Amount	Number of Pols/Certs	Amount	Number of Pols/Certs	Amount	Unpaid December 31, Current Year	Number of Pols/Certs	Amount	Number of Pols/Certs	Amount	Number of Pols/Certs	Amount	
Individual Life																	
1.	Industrial																
2.	Whole																
3.	Term	523,000								523,000	66	16,250,000	(10)	(2,900,000)	61	15,700,000	
4.	Indexed																
5.	Universal																
6.	Universal with secondary guarantees																
7.	Variable																
8.	Variable universal																
9.	Credit																
10.	Other																
11.	Total Individual Life	523,000								523,000	66	16,250,000	(10)	(2,900,000)	61	15,700,000	
Group Life																	
12.	Whole																
13.	Term																
14.	Universal																
15.	Variable																
16.	Variable universal																
17.	Credit															(a)	
18.	Other																
19.	Total Group Life																
Individual Annuities																	
20.	Fixed																
21.	Indexed																
22.	Variable with guarantees																
23.	Variable without guarantees																
24.	Life contingent payout																
25.	Other																
26.	Total Individual Annuities																
Group Annuities																	
27.	Fixed																
28.	Indexed																
29.	Variable with guarantees																
30.	Variable without guarantees																
31.	Life contingent payout																
32.	Other																
33.	Total Group Annuities																
Accident and Health																	
34.	Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
35.	Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
36.	Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
37.	Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
38.	Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
39.	Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
40.	Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
41.	Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
42.	Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
43.	Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
44.	Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
45.	Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
46.	Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
47.	Total	523,000								523,000	66	16,250,000	(10)	(2,900,000)	61	15,700,000	

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

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

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

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

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

DIRECT BUSINESS IN THE STATE OF OHIO DURING THE YEAR 2024

LIFE INSURANCE (STATE PAGE)<sup>(b)</sup>



NAIC Group Code: 0155

NAIC Company Code: 16816

Line of Business	1  Premiums and Annuities Considerations	2  Other Considerations	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3  Paid in Cash or Left on Deposit	4  Applied to Pay Renewal Premiums	5  Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6  Other	7  Total (Col. 3+4+5+6)	8  Death and Annuity Benefits	9  Matured Endowments	10  Surrender Values and Withdrawals for Life Contracts	11  All Other Benefits	12  Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial .....												
2. Whole .....												
3. Term .....	78,903											
4. Indexed .....												
5. Universal .....												
6. Universal with secondary guarantees .....												
7. Variable .....												
8. Variable universal .....												
9. Credit .....												
10. Other .....												
11. Total Individual Life .....	78,903											
Group Life												
12. Whole .....												
13. Term .....												
14. Universal .....												
15. Variable .....												
16. Variable universal .....												
17. Credit .....												
18. Other .....												
19. Total Group Life .....												
Individual Annuities												
20. Fixed .....												
21. Indexed .....												
22. Variable with guarantees .....												
23. Variable without guarantees .....												
24. Life contingent payout .....												
25. Other .....												
26. Total Individual Annuities .....												
Group Annuities												
27. Fixed .....												
28. Indexed .....												
29. Variable with guarantees .....												
30. Variable without guarantees .....												
31. Life contingent payout .....												
32. Other .....												
33. Total Group Annuities .....												
Accident and Health												
34. Comprehensive individual (d) .....								XXX	XXX	XXX		
35. Comprehensive group (d) .....								XXX	XXX	XXX		
36. Medicare Supplement (d) .....								XXX	XXX	XXX		
37. Vision only (d) .....								XXX	XXX	XXX		
38. Dental only (d) .....								XXX	XXX	XXX		
39. Federal Employees Health Benefits Plan (d) .....								XXX	XXX	XXX		
40. Title XVIII Medicare (d) .....	(e)							XXX	XXX	XXX		
41. Title XIX Medicaid (d) .....								XXX	XXX	XXX		
42. Credit A&H .....								XXX	XXX	XXX		
43. Disability income (d) .....								XXX	XXX	XXX		
44. Long-term care (d) .....								XXX	XXX	XXX		
45. Other health (d) .....								XXX	XXX	XXX		
46. Total Accident and Health .....								XXX	XXX	XXX		
47. Total .....	78,903 (c)											

DIRECT BUSINESS IN THE STATE OF OHIO DURING THE YEAR 2024  
LIFE INSURANCE (STATE PAGE) (CONTINUED)<sup>(b)</sup>

Line of Business		Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits										Policy Exhibit					
		13  Incurred During Current Year	Claims Settled During Current Year								22  Unpaid December 31, Current Year	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
			Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
			14  Number of Pols/Certs	15  Amount	16  Number of Pols/Certs	17  Amount	18  Number of Pols/Certs	19  Amount	20  Number of Pols/Certs	21  Amount		Number of Pols/Certs	Amount	Number of Pols/Certs	Amount	Number of Pols/Certs	Amount
Individual Life																	
1. Industrial																	
2. Whole																	
3. Term											99	24,800,000	(27)	(6,450,000)	161	45,800,000	
4. Indexed																	
5. Universal																	
6. Universal with secondary guarantees																	
7. Variable																	
8. Variable universal																	
9. Credit																	
10. Other																	
11. Total Individual Life											99	24,800,000	(27)	(6,450,000)	161	45,800,000	
Group Life																	
12. Whole																	
13. Term																	
14. Universal																	
15. Variable																	
16. Variable universal																	
17. Credit																	
18. Other																(a)	
19. Total Group Life																	
Individual Annuities																	
20. Fixed																	
21. Indexed																	
22. Variable with guarantees																	
23. Variable without guarantees																	
24. Life contingent payout																	
25. Other																	
26. Total Individual Annuities																	
Group Annuities																	
27. Fixed																	
28. Indexed																	
29. Variable with guarantees																	
30. Variable without guarantees																	
31. Life contingent payout																	
32. Other																	
33. Total Group Annuities																	
Accident and Health																	
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
35. Comprehensive group (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
36. Medicare Supplement (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
37. Vision only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
38. Dental only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
39. Federal Employees Health Benefits Plan (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
40. Title XVIII Medicare (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
41. Title XIX Medicaid (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
42. Credit A&H		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
43. Disability income (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
44. Long-term care (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
45. Other health (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
46. Total Accident and Health		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
47. Total											99	24,800,000	(27)	(6,450,000)	161	45,800,000	

(a) Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$, current year \$  
(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: 2) covering number of lives: 3) face amount: \$  
(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ Group: \$ Total: \$  
(d) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products  
(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$

DIRECT BUSINESS IN THE STATE OF PENNSYLVANIA DURING THE YEAR 2024

LIFE INSURANCE (STATE PAGE)<sup>(b)</sup>



NAIC Group Code: 0155

NAIC Company Code: 16816

Line of Business	1  Premiums and Annuities Considerations	2  Other Considerations	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3  Paid in Cash or Left on Deposit	4  Applied to Pay Renewal Premiums	5  Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6  Other	7  Total (Col. 3+4+5+6)	8  Death and Annuity Benefits	9  Matured Endowments	10  Surrender Values and Withdrawals for Life Contracts	11  All Other Benefits	12  Total (Sum Columns 8 through 11)
<b>Individual Life</b>												
1. Industrial .....												
2. Whole .....												
3. Term .....	59,875							50,487				50,487
4. Indexed .....												
5. Universal .....												
6. Universal with secondary guarantees .....												
7. Variable .....												
8. Variable universal .....												
9. Credit .....												
10. Other .....												
11. Total Individual Life .....	59,875							50,487				50,487
<b>Group Life</b>												
12. Whole .....												
13. Term .....												
14. Universal .....												
15. Variable .....												
16. Variable universal .....												
17. Credit .....												
18. Other .....												
19. Total Group Life .....												
<b>Individual Annuities</b>												
20. Fixed .....												
21. Indexed .....												
22. Variable with guarantees .....												
23. Variable without guarantees .....												
24. Life contingent payout .....												
25. Other .....												
26. Total Individual Annuities .....												
<b>Group Annuities</b>												
27. Fixed .....												
28. Indexed .....												
29. Variable with guarantees .....												
30. Variable without guarantees .....												
31. Life contingent payout .....												
32. Other .....												
33. Total Group Annuities .....												
<b>Accident and Health</b>												
34. Comprehensive individual (d) .....								XXX	XXX	XXX		
35. Comprehensive group (d) .....								XXX	XXX	XXX		
36. Medicare Supplement (d) .....								XXX	XXX	XXX		
37. Vision only (d) .....								XXX	XXX	XXX		
38. Dental only (d) .....								XXX	XXX	XXX		
39. Federal Employees Health Benefits Plan (d) .....								XXX	XXX	XXX		
40. Title XVIII Medicare (d) .....	(e)							XXX	XXX	XXX		
41. Title XIX Medicaid (d) .....								XXX	XXX	XXX		
42. Credit A&H .....								XXX	XXX	XXX		
43. Disability income (d) .....								XXX	XXX	XXX		
44. Long-term care (d) .....								XXX	XXX	XXX		
45. Other health (d) .....								XXX	XXX	XXX		
46. Total Accident and Health .....								XXX	XXX	XXX		
47. Total .....	59,875 (c)							50,487				50,487

Annual Statement for the Year 2024 of the Progressive Life Insurance Company

DIRECT BUSINESS IN THE STATE OF PENNSYLVANIA DURING THE YEAR 2024  
LIFE INSURANCE (STATE PAGE) (CONTINUED)<sup>(b)</sup>

Line of Business		Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits										Policy Exhibit					
		13	Claims Settled During Current Year								22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
			Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
			14	15	16	17	18	19	20	21							
Incurred During Current Year		Number of Pols/Certs	Amount	Number of Pols/Certs	Amount	Number of Pols/Certs	Amount	Number of Pols/Certs	Amount	Unpaid December 31, Current Year	Number of Pols/Certs	Amount	Number of Pols/Certs	Amount	Number of Pols/Certs	Amount	
Individual Life																	
1.	Industrial																
2.	Whole																
3.	Term	207,487	1	50,487				1	50,487	157,000	114	32,500,000	(22)	(5,000,000)	145	44,650,000	
4.	Indexed																
5.	Universal																
6.	Universal with secondary guarantees																
7.	Variable																
8.	Variable universal																
9.	Credit																
10.	Other																
11.	Total Individual Life	207,487	1	50,487				1	50,487	157,000	114	32,500,000	(22)	(5,000,000)	145	44,650,000	
Group Life																	
12.	Whole																
13.	Term																
14.	Universal																
15.	Variable																
16.	Variable universal																
17.	Credit															(a)	
18.	Other																
19.	Total Group Life																
Individual Annuities																	
20.	Fixed																
21.	Indexed																
22.	Variable with guarantees																
23.	Variable without guarantees																
24.	Life contingent payout																
25.	Other																
26.	Total Individual Annuities																
Group Annuities																	
27.	Fixed																
28.	Indexed																
29.	Variable with guarantees																
30.	Variable without guarantees																
31.	Life contingent payout																
32.	Other																
33.	Total Group Annuities																
Accident and Health																	
34.	Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
35.	Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
36.	Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
37.	Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
38.	Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
39.	Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
40.	Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
41.	Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
42.	Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
43.	Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
44.	Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
45.	Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
46.	Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
47.	Total	207,487	1	50,487				1	50,487	157,000	114	32,500,000	(22)	(5,000,000)	145	44,650,000	

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

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

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

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

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



DIRECT BUSINESS IN THE STATE OF TENNESSEE DURING THE YEAR 2024

LIFE INSURANCE (STATE PAGE)<sup>(b)</sup>

NAIC Group Code: 0155

NAIC Company Code: 16816

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

DIRECT BUSINESS IN THE STATE OF TENNESSEE DURING THE YEAR 2024  
LIFE INSURANCE (STATE PAGE) (CONTINUED)<sup>(b)</sup>

Line of Business		Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits										Policy Exhibit					
		13  Incurred During Current Year	Claims Settled During Current Year								22  Unpaid December 31, Current Year	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
			Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23  Number of Pols/Certs	24  Amount	25  Number of Pols/Certs	26  Amount	27  Number of Pols/Certs	28  Amount
			14  Number of Pols/Certs	15  Amount	16  Number of Pols/Certs	17  Amount	18  Number of Pols/Certs	19  Amount	20  Number of Pols/Certs	21  Amount							
Individual Life																	
1. Industrial																	
2. Whole																	
3. Term											43	12,100,000	(4)	(850,000)	39	11,250,000	
4. Indexed																	
5. Universal																	
6. Universal with secondary guarantees																	
7. Variable																	
8. Variable universal																	
9. Credit																	
10. Other																	
11. Total Individual Life											43	12,100,000	(4)	(850,000)	39	11,250,000	
Group Life																	
12. Whole																	
13. Term																	
14. Universal																	
15. Variable																	
16. Variable universal																	
17. Credit																(a)	
18. Other																	
19. Total Group Life																	
Individual Annuities																	
20. Fixed																	
21. Indexed																	
22. Variable with guarantees																	
23. Variable without guarantees																	
24. Life contingent payout																	
25. Other																	
26. Total Individual Annuities																	
Group Annuities																	
27. Fixed																	
28. Indexed																	
29. Variable with guarantees																	
30. Variable without guarantees																	
31. Life contingent payout																	
32. Other																	
33. Total Group Annuities																	
Accident and Health																	
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
35. Comprehensive group (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
36. Medicare Supplement (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
37. Vision only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
38. Dental only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
39. Federal Employees Health Benefits Plan (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
40. Title XVIII Medicare (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
41. Title XIX Medicaid (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
42. Credit A&H		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
43. Disability income (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
44. Long-term care (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
45. Other health (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
46. Total Accident and Health		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
47. Total											43	12,100,000	(4)	(850,000)	39	11,250,000	

(a) Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$, current year \$  
(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: 2) covering number of lives: 3) face amount: \$  
(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ Group: \$ Total: \$  
(d) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products  
(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$

DIRECT BUSINESS IN THE STATE OF TEXAS DURING THE YEAR 2024

LIFE INSURANCE (STATE PAGE)<sup>(b)</sup>



NAIC Group Code: 0155

NAIC Company Code: 16816

Line of Business	1  Premiums and Annuities Considerations	2  Other Considerations	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3  Paid in Cash or Left on Deposit	4  Applied to Pay Renewal Premiums	5  Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6  Other	7  Total (Col. 3+4+5+6)	8  Death and Annuity Benefits	9  Matured Endowments	10  Surrender Values and Withdrawals for Life Contracts	11  All Other Benefits	12  Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial .....												
2. Whole .....												
3. Term .....	56,255											
4. Indexed .....												
5. Universal .....												
6. Universal with secondary guarantees .....												
7. Variable .....												
8. Variable universal .....												
9. Credit .....												
10. Other .....												
11. Total Individual Life .....	56,255											
Group Life												
12. Whole .....												
13. Term .....												
14. Universal .....												
15. Variable .....												
16. Variable universal .....												
17. Credit .....												
18. Other .....												
19. Total Group Life .....												
Individual Annuities												
20. Fixed .....												
21. Indexed .....												
22. Variable with guarantees .....												
23. Variable without guarantees .....												
24. Life contingent payout .....												
25. Other .....												
26. Total Individual Annuities .....												
Group Annuities												
27. Fixed .....												
28. Indexed .....												
29. Variable with guarantees .....												
30. Variable without guarantees .....												
31. Life contingent payout .....												
32. Other .....												
33. Total Group Annuities .....												
Accident and Health												
34. Comprehensive individual (d) .....								XXX	XXX	XXX		
35. Comprehensive group (d) .....								XXX	XXX	XXX		
36. Medicare Supplement (d) .....								XXX	XXX	XXX		
37. Vision only (d) .....								XXX	XXX	XXX		
38. Dental only (d) .....								XXX	XXX	XXX		
39. Federal Employees Health Benefits Plan (d) .....								XXX	XXX	XXX		
40. Title XVIII Medicare (d) .....	(e)							XXX	XXX	XXX		
41. Title XIX Medicaid (d) .....								XXX	XXX	XXX		
42. Credit A&H .....								XXX	XXX	XXX		
43. Disability income (d) .....								XXX	XXX	XXX		
44. Long-term care (d) .....								XXX	XXX	XXX		
45. Other health (d) .....								XXX	XXX	XXX		
46. Total Accident and Health .....								XXX	XXX	XXX		
47. Total .....	56,255 (c)											



DIRECT BUSINESS IN THE STATE OF TEXAS DURING THE YEAR 2024  
LIFE INSURANCE (STATE PAGE) (CONTINUED)<sup>(b)</sup>

Line of Business		Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit						
		13  Incurred During Current Year	Claims Settled During Current Year								22  Unpaid December 31, Current Year	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
			Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23  Number of Pols/Certs	24  Amount	25  Number of Pols/Certs	26  Amount	27  Number of Pols/Certs	28  Amount
			14  Number of Pols/Certs	15  Amount	16  Number of Pols/Certs	17  Amount	18  Number of Pols/Certs	19  Amount	20  Number of Pols/Certs	21  Amount							
Individual Life																	
1. Industrial																	
2. Whole																	
3. Term											208	68,200,000	(18)	(5,750,000)	190	62,450,000	
4. Indexed																	
5. Universal																	
6. Universal with secondary guarantees																	
7. Variable																	
8. Variable universal																	
9. Credit																	
10. Other																	
11. Total Individual Life											208	68,200,000	(18)	(5,750,000)	190	62,450,000	
Group Life																	
12. Whole																	
13. Term																	
14. Universal																	
15. Variable																	
16. Variable universal																	
17. Credit																(a)	
18. Other																	
19. Total Group Life																	
Individual Annuities																	
20. Fixed																	
21. Indexed																	
22. Variable with guarantees																	
23. Variable without guarantees																	
24. Life contingent payout																	
25. Other																	
26. Total Individual Annuities																	
Group Annuities																	
27. Fixed																	
28. Indexed																	
29. Variable with guarantees																	
30. Variable without guarantees																	
31. Life contingent payout																	
32. Other																	
33. Total Group Annuities																	
Accident and Health																	
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
35. Comprehensive group (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
36. Medicare Supplement (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
37. Vision only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
38. Dental only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
39. Federal Employees Health Benefits Plan (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
40. Title XVIII Medicare (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
41. Title XIX Medicaid (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
42. Credit A&H		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
43. Disability income (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
44. Long-term care (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
45. Other health (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
46. Total Accident and Health		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
47. Total											208	68,200,000	(18)	(5,750,000)	190	62,450,000	

(a) Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$, current year \$  
(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: 2) covering number of lives: 3) face amount: \$  
(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ Group: \$ Total: \$  
(d) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products  
(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$

DIRECT BUSINESS IN THE STATE OF UTAH DURING THE YEAR 2024

LIFE INSURANCE (STATE PAGE)<sup>(b)</sup>



NAIC Group Code: 0155

NAIC Company Code: 16816

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

DIRECT BUSINESS IN THE STATE OF UTAH DURING THE YEAR 2024  
LIFE INSURANCE (STATE PAGE) (CONTINUED)<sup>(b)</sup>

Line of Business		Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits										Policy Exhibit					
		13	Claims Settled During Current Year								22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
			Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
			14	15	16	17	18	19	20	21		Unpaid December 31, Current Year	Number of Pols/Certs	Amount	Number of Pols/Certs	Amount	Number of Pols/Certs
Incurred During Current Year		Number of Pols/Certs	Amount	Number of Pols/Certs	Amount	Number of Pols/Certs	Amount	Number of Pols/Certs	Amount		Number of Pols/Certs	Amount	Number of Pols/Certs	Amount	Number of Pols/Certs	Amount	
Individual Life																	
1. Industrial																	
2. Whole																	
3. Term											4	1,600,000	-	-	4	1,600,000	
4. Indexed																	
5. Universal																	
6. Universal with secondary guarantees																	
7. Variable																	
8. Variable universal																	
9. Credit																	
10. Other																	
11. Total Individual Life											4	1,600,000	-	-	4	1,600,000	
Group Life																	
12. Whole																	
13. Term																	
14. Universal																	
15. Variable																	
16. Variable universal																	
17. Credit																(a)	
18. Other																	
19. Total Group Life																	
Individual Annuities																	
20. Fixed																	
21. Indexed																	
22. Variable with guarantees																	
23. Variable without guarantees																	
24. Life contingent payout																	
25. Other																	
26. Total Individual Annuities																	
Group Annuities																	
27. Fixed																	
28. Indexed																	
29. Variable with guarantees																	
30. Variable without guarantees																	
31. Life contingent payout																	
32. Other																	
33. Total Group Annuities																	
Accident and Health																	
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
35. Comprehensive group (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
36. Medicare Supplement (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
37. Vision only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
38. Dental only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
39. Federal Employees Health Benefits Plan (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
40. Title XVIII Medicare (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
41. Title XIX Medicaid (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
42. Credit A&H		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
43. Disability income (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
44. Long-term care (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
45. Other health (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
46. Total Accident and Health		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
47. Total											4	1,600,000	-	-	4	1,600,000	

(a) Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$, current year \$  
(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: 2) covering number of lives: 3) face amount: \$  
(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ Group: \$ Total: \$  
(d) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products  
(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$

DIRECT BUSINESS IN THE STATE OF VIRGINIA DURING THE YEAR 2024

LIFE INSURANCE (STATE PAGE)<sup>(b)</sup>



NAIC Group Code: 0155

NAIC Company Code: 16816

Line of Business	1  Premiums and Annuities Considerations	2  Other Considerations	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3  Paid in Cash or Left on Deposit	4  Applied to Pay Renewal Premiums	5  Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6  Other	7  Total (Col. 3+4+5+6)	8  Death and Annuity Benefits	9  Matured Endowments	10  Surrender Values and Withdrawals for Life Contracts	11  All Other Benefits	12  Total (Sum Columns 8 through 11)
<b>Individual Life</b>												
1. Industrial .....												
2. Whole .....												
3. Term .....	28,710											
4. Indexed .....												
5. Universal .....												
6. Universal with secondary guarantees .....												
7. Variable .....												
8. Variable universal .....												
9. Credit .....												
10. Other .....												
11. Total Individual Life .....	28,710											
<b>Group Life</b>												
12. Whole .....												
13. Term .....												
14. Universal .....												
15. Variable .....												
16. Variable universal .....												
17. Credit .....												
18. Other .....												
19. Total Group Life .....												
<b>Individual Annuities</b>												
20. Fixed .....												
21. Indexed .....												
22. Variable with guarantees .....												
23. Variable without guarantees .....												
24. Life contingent payout .....												
25. Other .....												
26. Total Individual Annuities .....												
<b>Group Annuities</b>												
27. Fixed .....												
28. Indexed .....												
29. Variable with guarantees .....												
30. Variable without guarantees .....												
31. Life contingent payout .....												
32. Other .....												
33. Total Group Annuities .....												
<b>Accident and Health</b>												
34. Comprehensive individual (d) .....								XXX	XXX	XXX		
35. Comprehensive group (d) .....								XXX	XXX	XXX		
36. Medicare Supplement (d) .....								XXX	XXX	XXX		
37. Vision only (d) .....								XXX	XXX	XXX		
38. Dental only (d) .....								XXX	XXX	XXX		
39. Federal Employees Health Benefits Plan (d) .....								XXX	XXX	XXX		
40. Title XVIII Medicare (d) .....	(e)							XXX	XXX	XXX		
41. Title XIX Medicaid (d) .....								XXX	XXX	XXX		
42. Credit A&H .....								XXX	XXX	XXX		
43. Disability income (d) .....								XXX	XXX	XXX		
44. Long-term care (d) .....								XXX	XXX	XXX		
45. Other health (d) .....								XXX	XXX	XXX		
46. Total Accident and Health .....								XXX	XXX	XXX		
47. Total .....	28,710 (c)											

DIRECT BUSINESS IN THE STATE OF VIRGINIA DURING THE YEAR 2024  
LIFE INSURANCE (STATE PAGE) (CONTINUED)<sup>(b)</sup>

Line of Business		Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits										Policy Exhibit					
		13	Claims Settled During Current Year								22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
			Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
			14	15	16	17	18	19	20	21		Number of Pols/Certs	Amount	Number of Pols/Certs	Amount	Number of Pols/Certs	Amount
Incurred During Current Year		Number of Pols/Certs	Amount	Number of Pols/Certs	Amount	Number of Pols/Certs	Amount	Number of Pols/Certs	Amount	Unpaid December 31, Current Year	Number of Pols/Certs	Amount	Number of Pols/Certs	Amount	Number of Pols/Certs	Amount	
Individual Life																	
1. Industrial																	
2. Whole																	
3. Term											61	20,800,000	(16)	(5,750,000)	72	23,300,000	
4. Indexed																	
5. Universal																	
6. Universal with secondary guarantees																	
7. Variable																	
8. Variable universal																	
9. Credit																	
10. Other																	
11. Total Individual Life											61	20,800,000	(16)	(5,750,000)	72	23,300,000	
Group Life																	
12. Whole																	
13. Term																	
14. Universal																	
15. Variable																	
16. Variable universal																	
17. Credit																(a)	
18. Other																	
19. Total Group Life																	
Individual Annuities																	
20. Fixed																	
21. Indexed																	
22. Variable with guarantees																	
23. Variable without guarantees																	
24. Life contingent payout																	
25. Other																	
26. Total Individual Annuities																	
Group Annuities																	
27. Fixed																	
28. Indexed																	
29. Variable with guarantees																	
30. Variable without guarantees																	
31. Life contingent payout																	
32. Other																	
33. Total Group Annuities																	
Accident and Health																	
34. Comprehensive individual (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
35. Comprehensive group (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
36. Medicare Supplement (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
37. Vision only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
38. Dental only (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
39. Federal Employees Health Benefits Plan (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
40. Title XVIII Medicare (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
41. Title XIX Medicaid (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
42. Credit A&H		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
43. Disability income (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
44. Long-term care (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
45. Other health (d)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
46. Total Accident and Health		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
47. Total											61	20,800,000	(16)	(5,750,000)	72	23,300,000	

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

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

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

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

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



DIRECT BUSINESS IN THE STATE OF WISCONSIN DURING THE YEAR 2024

LIFE INSURANCE (STATE PAGE)<sup>(b)</sup>

NAIC Group Code: 0155

NAIC Company Code: 16816

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

DIRECT BUSINESS IN THE STATE OF WISCONSIN DURING THE YEAR 2024  
LIFE INSURANCE (STATE PAGE) (CONTINUED)<sup>(b)</sup>

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

(a) Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$, current year \$  
(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: 2) covering number of lives: 3) face amount: \$  
(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ Group: \$ Total: \$  
(d) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products  
(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



GRAND TOTAL DURING THE YEAR 2024

LIFE INSURANCE (STATE PAGE)<sup>(b)</sup>

NAIC Group Code: 0155

NAIC Company Code: 16816

Line of Business	1  Premiums and Annuities Considerations	2  Other Considerations	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3  Paid in Cash or Left on Deposit	4  Applied to Pay Renewal Premiums	5  Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6  Other	7  Total (Col. 3+4+5+6)	8  Death and Annuity Benefits	9  Matured Endowments	10  Surrender Values and Withdrawals for Life Contracts	11  All Other Benefits	12  Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial .....												
2. Whole .....												
3. Term .....	409,491							50,487				50,487
4. Indexed .....												
5. Universal .....												
6. Universal with secondary guarantees .....												
7. Variable .....												
8. Variable universal .....												
9. Credit .....												
10. Other .....												
11. Total Individual Life .....	409,491							50,487				50,487
Group Life												
12. Whole .....												
13. Term .....												
14. Universal .....												
15. Variable .....												
16. Variable universal .....												
17. Credit .....												
18. Other .....												
19. Total Group Life .....												
Individual Annuities												
20. Fixed .....												
21. Indexed .....												
22. Variable with guarantees .....												
23. Variable without guarantees .....												
24. Life contingent payout .....												
25. Other .....												
26. Total Individual Annuities .....												
Group Annuities												
27. Fixed .....												
28. Indexed .....												
29. Variable with guarantees .....												
30. Variable without guarantees .....												
31. Life contingent payout .....												
32. Other .....												
33. Total Group Annuities .....												
Accident and Health												
34. Comprehensive individual (d) .....								XXX	XXX	XXX		
35. Comprehensive group (d) .....								XXX	XXX	XXX		
36. Medicare Supplement (d) .....								XXX	XXX	XXX		
37. Vision only (d) .....								XXX	XXX	XXX		
38. Dental only (d) .....								XXX	XXX	XXX		
39. Federal Employees Health Benefits Plan (d) .....								XXX	XXX	XXX		
40. Title XVIII Medicare (d) .....	(e)							XXX	XXX	XXX		
41. Title XIX Medicaid (d) .....								XXX	XXX	XXX		
42. Credit A&H .....								XXX	XXX	XXX		
43. Disability income (d) .....								XXX	XXX	XXX		
44. Long-term care (d) .....								XXX	XXX	XXX		
45. Other health (d) .....								XXX	XXX	XXX		
46. Total Accident and Health .....								XXX	XXX	XXX		
47. Total .....	409,491 (c)							50,487				50,487



GRAND TOTAL DURING THE YEAR 2024  
LIFE INSURANCE (STATE PAGE) (CONTINUED)<sup>(b)</sup>

Line of Business		Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits										Policy Exhibit					
		13	Claims Settled During Current Year								22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
			Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
			14	15	16	17	18	19	20	21							
Incurred During Current Year		Number of Pols/Certs	Amount	Number of Pols/Certs	Amount	Number of Pols/Certs	Amount	Number of Pols/Certs	Amount	Unpaid December 31, Current Year	Number of Pols/Certs	Amount	Number of Pols/Certs	Amount	Number of Pols/Certs	Amount	
Individual Life																	
1.	Industrial																
2.	Whole																
3.	Term	730,487	1	50,487				1	50,487	680,000	1,003	303,800,050	(149)	(42,150,050)	1,130	353,300,000	
4.	Indexed																
5.	Universal																
6.	Universal with secondary guarantees																
7.	Variable																
8.	Variable universal																
9.	Credit																
10.	Other																
11.	Total Individual Life	730,487	1	50,487				1	50,487	680,000	1,003	303,800,050	(149)	(42,150,050)	1,130	353,300,000	
Group Life																	
12.	Whole																
13.	Term																
14.	Universal																
15.	Variable																
16.	Variable universal																
17.	Credit															(a)	
18.	Other																
19.	Total Group Life																
Individual Annuities																	
20.	Fixed																
21.	Indexed																
22.	Variable with guarantees																
23.	Variable without guarantees																
24.	Life contingent payout																
25.	Other																
26.	Total Individual Annuities																
Group Annuities																	
27.	Fixed																
28.	Indexed																
29.	Variable with guarantees																
30.	Variable without guarantees																
31.	Life contingent payout																
32.	Other																
33.	Total Group Annuities																
Accident and Health																	
34.	Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
35.	Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
36.	Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
37.	Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
38.	Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
39.	Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
40.	Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
41.	Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
42.	Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
43.	Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
44.	Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
45.	Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
46.	Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX							
47.	Total	730,487	1	50,487				1	50,487	680,000	1,003	303,800,050	(149)	(42,150,050)	1,130	353,300,000	

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

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

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

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

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

FORM FOR CALCULATING THE INTEREST MAINTENANCE RESERVE

INTEREST MAINTENANCE RESERVE

		1
		Amount
1.	Reserve as of December 31, prior year.....	
2.	Current year's realized pre-tax capital gains/(losses) of \$.....(12,399) transferred into the reserve net of taxes of \$.....(2,604).....	(9,795)
3.	Adjustment for current year's liability gains/(losses) released from the reserve.....	
4.	Balance before reduction for amount transferred to Summary of Operations (Line 1 + Line 2 + Line 3).....	(9,795)
5.	Current year's amortization released to Summary of Operations (Amortization, Line 1, Column 4).....	(4,829)
6.	Reserve as of December 31, current year (Line 4 minus Line 5).....	(4,966)

AMORTIZATION

		1	2	3	4
Year of Amortization		Reserve as of December 31, Prior Year	Current Year's Realized Capital Gains/(Losses) Transferred into the Reserve Net of Taxes	Adjustment for Current Year's Liability Gains/ (Losses) Released From the Reserve	Balance Before Reduction for Current Year's Amortization (Cols. 1+2+3)
1.	2024.....		(4,829)		(4,829)
2.	2025.....		(4,966)		(4,966)
3.	2026.....				
4.	2027.....				
5.	2028.....				
6.	2029.....				
7.	2030.....				
8.	2031.....				
9.	2032.....				
10.	2033.....				
11.	2034.....				
12.	2035.....				
13.	2036.....				
14.	2037.....				
15.	2038.....				
16.	2039.....				
17.	2040.....				
18.	2041.....				
19.	2042.....				
20.	2043.....				
21.	2044.....				
22.	2045.....				
23.	2046.....				
24.	2047.....				
25.	2048.....				
26.	2049.....				
27.	2050.....				
28.	2051.....				
29.	2052.....				
30.	2053.....				
31.	2054 and Later.....				
32.	Total (Lines 1 to 31).....		(9,795)		(9,795)

ASSET VALUATION RESERVE

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

NONE

ASSET VALUATION RESERVE

BASIC CONTRIBUTION, RESERVE OBJECTIVE AND MAXIMUM RESERVE CALCULATIONS

DEFAULT COMPONENT

Line Number	NAIC Designation	Description	1 Book / Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Cols. 1+2+3)	Basic Contribution		Reserve Objective		Maximum Reserve	
							5 Factor	6 Amount (Cols. 4x5)	7 Factor	8 Amount (Cols. 4x7)	9 Factor	10 Amount (Cols. 4x9)
1		LONG-TERM BONDS Exempt Obligations.....	4,440,157	XXX	XXX	4,440,157	—	—	—	—	—	—
2.1	1	NAIC Designation Category 1.A.....		XXX	XXX		0.0002		0.0007		0.0013	
2.2	1	NAIC Designation Category 1.B.....		XXX	XXX		0.0004		0.0011		0.0023	
2.3	1	NAIC Designation Category 1.C.....		XXX	XXX		0.0006		0.0018		0.0035	
2.4	1	NAIC Designation Category 1.D.....		XXX	XXX		0.0007		0.0022		0.0044	
2.5	1	NAIC Designation Category 1.E.....		XXX	XXX		0.0009		0.0027		0.0055	
2.6	1	NAIC Designation Category 1.F.....		XXX	XXX		0.0011		0.0034		0.0068	
2.7	1	NAIC Designation Category 1.G.....		XXX	XXX		0.0014		0.0042		0.0085	
2.8		Subtotal NAIC 1 (2.1 + 2.2 + 2.3 + 2.4 + 2.5 + 2.6 + 2.7).....		XXX	XXX		XXX		XXX		XXX	
3.1	2	NAIC Designation Category 2.A.....		XXX	XXX		0.0021		0.0063		0.0105	
3.2	2	NAIC Designation Category 2.B.....		XXX	XXX		0.0025		0.0076		0.0127	
3.3	2	NAIC Designation Category 2.C.....		XXX	XXX		0.0036		0.0108		0.0180	
3.4	2	Subtotal NAIC 2 (3.1 + 3.2 + 3.3).....		XXX	XXX		XXX		XXX		XXX	
4.1	3	NAIC Designation Category 3.A.....		XXX	XXX		0.0069		0.0183		0.0262	
4.2	3	NAIC Designation Category 3.B.....		XXX	XXX		0.0099		0.0264		0.0377	
4.3	3	NAIC Designation Category 3.C.....		XXX	XXX		0.0131		0.0350		0.0500	
4.4		Subtotal NAIC 3 (4.1 + 4.2 + 4.3).....		XXX	XXX		XXX		XXX		XXX	
5.1	4	NAIC Designation Category 4.A.....		XXX	XXX		0.0184		0.0430		0.0615	
5.2	4	NAIC Designation Category 4.B.....		XXX	XXX		0.0238		0.0555		0.0793	
5.3	4	NAIC Designation Category 4.C.....		XXX	XXX		0.0310		0.0724		0.1034	
5.4		Subtotal NAIC 4 (5.1 + 5.2 + 5.3).....		XXX	XXX		XXX		XXX		XXX	
6.1	5	NAIC Designation Category 5.A.....		XXX	XXX		0.0472		0.0846		0.1410	
6.2	5	NAIC Designation Category 5.B.....		XXX	XXX		0.0663		0.1188		0.1980	
6.3	5	NAIC Designation Category 5.C.....		XXX	XXX		0.0836		0.1498		0.2496	
6.4		Subtotal NAIC 5 (6.1 + 6.2 + 6.3).....		XXX	XXX		XXX		XXX		XXX	
7	6	NAIC 6.....		XXX	XXX		0.0000		0.2370		0.2370	
8		Total Unrated Multi-Class Securities Acquired by Conversion.....		XXX	XXX		XXX		XXX		XXX	
9		Total Long-Term Bonds (Sum of Lines 1+2.8+3.4+4.4+5.4+6.4+7+8).....	4,440,157	XXX	XXX	4,440,157	XXX	—	XXX	—	XXX	—
		PREFERRED STOCKS										
10	1	Highest Quality.....		XXX	XXX		0.0005		0.0016		0.0033	
11	2	High Quality.....		XXX	XXX		0.0021		0.0064		0.0106	
12	3	Medium Quality.....		XXX	XXX		0.0099		0.0263		0.0376	
13	4	Low Quality.....		XXX	XXX		0.0245		0.0572		0.0817	
14	5	Lower Quality.....		XXX	XXX		0.0630		0.1128		0.1880	
15	6	In or Near Default.....		XXX	XXX		0.0000		0.2370		0.2370	
16		Affiliated Life with AVR.....		XXX	XXX		0.0000		0.0000		0.0000	
17		Total Preferred Stocks (Sum of Lines 10 through 16).....		XXX	XXX		XXX		XXX		XXX	

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

Line Number	NAIC Designation	Description	1	2	3	4	Basic Contribution		Reserve Objective		Maximum Reserve	
			Book / Adjusted Carrying Value	Reclassify Related Party Encumbrances	Add Third Party Encumbrances	Balance for AVR Reserve Calculations (Cols. 1+2+3)	5	6	7	8	9	10
							Factor	Amount (Cols. 4x5)	Factor	Amount (Cols. 4x7)	Factor	Amount (Cols. 4x9)
SHORT-TERM BONDS												
18		Exempt Obligations		XXX	XXX		—		—		—	
19.1	1	NAIC Designation Category 1.A		XXX	XXX		0.0002		0.0007		0.0013	
19.2	1	NAIC Designation Category 1.B		XXX	XXX		0.0004		0.0011		0.0023	
19.3	1	NAIC Designation Category 1.C		XXX	XXX		0.0006		0.0018		0.0035	
19.4	1	NAIC Designation Category 1.D		XXX	XXX		0.0007		0.0022		0.0044	
19.5	1	NAIC Designation Category 1.E		XXX	XXX		0.0009		0.0027		0.0055	
19.6	1	NAIC Designation Category 1.F		XXX	XXX		0.0011		0.0034		0.0068	
19.7	1	NAIC Designation Category 1.G		XXX	XXX		0.0014		0.0042		0.0085	
19.8		Subtotal NAIC 1 (19.1 + 19.2 + 19.3 + 19.4 + 19.5 + 19.6 + 19.7)		XXX	XXX		XXX		XXX		XXX	
20.1	2	NAIC Designation Category 2.A		XXX	XXX		0.0021		0.0063		0.0105	
20.2	2	NAIC Designation Category 2.B		XXX	XXX		0.0025		0.0076		0.0127	
20.3	2	NAIC Designation Category 2.C		XXX	XXX		0.0036		0.0108		0.0180	
20.4		Subtotal NAIC 2 (20.1 + 20.2 + 20.3)		XXX	XXX		XXX		XXX		XXX	
21.1	3	NAIC Designation Category 3.A		XXX	XXX		0.0069		0.0183		0.0262	
21.2	3	NAIC Designation Category 3.B		XXX	XXX		0.0099		0.0264		0.0377	
21.3	3	NAIC Designation Category 3.C		XXX	XXX		0.0131		0.0350		0.0500	
21.4		Subtotal NAIC 3 (21.1 + 21.2 + 21.3)		XXX	XXX		XXX		XXX		XXX	
22.1	4	NAIC Designation Category 4.A		XXX	XXX		0.0184		0.0430		0.0615	
22.2	4	NAIC Designation Category 4.B		XXX	XXX		0.0238		0.0555		0.0793	
22.3	4	NAIC Designation Category 4.C		XXX	XXX		0.0310		0.0724		0.1034	
22.4		Subtotal NAIC 4 (22.1 + 22.2 + 22.3)		XXX	XXX		XXX		XXX		XXX	
23.1	5	NAIC Designation Category 5.A		XXX	XXX		0.0472		0.0846		0.1410	
23.2	5	NAIC Designation Category 5.B		XXX	XXX		0.0663		0.1188		0.1980	
23.3	5	NAIC Designation Category 5.C		XXX	XXX		0.0836		0.1498		0.2496	
23.4		Subtotal NAIC 5 (23.1 + 23.2 + 23.3)		XXX	XXX		XXX		XXX		XXX	
24	6	NAIC 6		XXX	XXX		—		0.2370		0.2370	
25		Total Short-Term Bonds (18 + 19.8 + 20.4 + 21.4 + 22.4 + 23.4 + 24)		XXX	XXX		XXX		XXX		XXX	
DERIVATIVE INSTRUMENTS												
26		Exchange Traded		XXX	XXX		0.0005		0.0016		0.0033	
27	1	Highest Quality		XXX	XXX		0.0005		0.0016		0.0033	
28	2	High Quality		XXX	XXX		0.0021		0.0064		0.0106	
29	3	Medium Quality		XXX	XXX		0.0099		0.0263		0.0376	
30	4	Low Quality		XXX	XXX		0.0245		0.0572		0.0817	
31	5	Lower Quality		XXX	XXX		0.0630		0.1128		0.1880	
32	6	In or Near Default		XXX	XXX		—		0.2370		0.2370	
33		Total Derivative Instruments		XXX	XXX		XXX		XXX		XXX	
34		Total (Lines 9+ 17 + 25 + 33)	4,440,157	XXX	XXX	4,440,157	XXX	—	XXX	—	XXX	—

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

Line Number	NAIC Designation	Description	1	2	3	4	Basic Contribution		Reserve Objective		Maximum Reserve	
			Book / Adjusted Carrying Value	Reclassify Related Party Encumbrances	Add Third Party Encumbrances	Balance for AVR Reserve Calculations (Cols. 1+2+3)	5	6	7	8	9	10
							Factor	Amount (Cols. 4x5)	Factor	Amount (Cols. 4x7)	Factor	Amount (Cols. 4x9)
		<b>MORTGAGE LOANS</b>										
		In Good Standing:										
35		Farm Mortgages – CM1 – Highest Quality .....			XXX		0.0011		0.0057		0.0074	
36		Farm Mortgages – CM2 – High Quality .....			XXX		0.0040		0.0114		0.0149	
37		Farm Mortgages – CM3 – Medium Quality .....			XXX		0.0069		0.0200		0.0257	
38		Farm Mortgages – CM4 – Low Medium Quality .....			XXX		0.0120		0.0343		0.0428	
39		Farm Mortgages – CM5 – Low Quality .....			XXX		0.0183		0.0486		0.0628	
40		Residential Mortgages – Insured or Guaranteed .....			XXX		0.0003		0.0007		0.0011	
41		Residential Mortgages – All Other .....			XXX		0.0015		0.0034		0.0046	
42		Commercial Mortgages – Insured or Guaranteed .....			XXX		0.0003		0.0007		0.0011	
43		Commercial Mortgages – All Other – CM1 – Highest Quality .....			XXX		0.0011		0.0057		0.0074	
44		Commercial Mortgages – All Other – CM2 – High Quality .....			XXX		0.0040		0.0114		0.0149	
45		Commercial Mortgages – All Other – CM3 – Medium Quality .....			XXX		0.0069		0.0200		0.0257	
46		Commercial Mortgages – All Other – CM4 – Low Medium Quality .....			XXX		0.0120		0.0343		0.0428	
47		Commercial Mortgages – All Other – CM5 – Low Quality .....			XXX		0.0183		0.0486		0.0628	
		Overdue, Not in Process:										
48		Farm Mortgages .....			XXX		0.0480		0.0868		0.1371	
49		Residential Mortgages – Insured or Guaranteed .....			XXX		0.0006		0.0014		0.0023	
50		Residential Mortgages - All Other .....			XXX		0.0029		0.0066		0.0103	
51		Commercial Mortgages - Insured or Guaranteed .....			XXX		0.0006		0.0014		0.0023	
52		Commercial Mortgages - All Other .....			XXX		0.0480		0.0868		0.1371	
		In Process of Foreclosure:										
53		Farm Mortgages .....			XXX		—		0.1942		0.1942	
54		Residential Mortgages - Insured or Guaranteed .....			XXX		—		0.0046		0.0046	
55		Residential Mortgages - All Other .....			XXX		—		0.0149		0.0149	
56		Commercial Mortgages - Insured or Guaranteed .....			XXX		—		0.0046		0.0046	
57		Commercial Mortgages - All Other .....			XXX		—		0.1942		0.1942	
58		Total Schedule B Mortgages (Sum of Lines 35 through 57) .....			XXX		XXX		XXX		XXX	
59		Schedule DA Mortgages .....			XXX		0.0034		0.0114		0.0149	
60		Total Mortgage Loans on Real Estate (Lines 58 + 59) .....			XXX		XXX		XXX		XXX	

ASSET VALUATION RESERVE

BASIC CONTRIBUTION, RESERVE OBJECTIVE AND MAXIMUM RESERVE CALCULATIONS

EQUITY AND OTHER INVESTED ASSET COMPONENT

Line Number	NAIC Designation	Description	1	2	3	4	Basic Contribution		Reserve Objective		Maximum Reserve	
			Book / Adjusted Carrying Value	Reclassify Related Party Encumbrances	Add Third Party Encumbrances	Balance for AVR Reserve Calculations (Cols. 1+2+3)	5  Factor	6  Amount (Cols. 4x5)	7  Factor	8  Amount (Cols. 4x7)	9  Factor	10  Amount (Cols. 4x9)
COMMON STOCK												
1		Unaffiliated Public .....		XXX	XXX		—	—	(a)		(a)	
2		Unaffiliated Private .....		XXX	XXX		—	—	0.1945		0.1945	
3		Federal Home Loan Bank .....		XXX	XXX		—	—	0.0061		0.0097	
4		Affiliated Life with AVR .....		XXX	XXX		—	—	—	—	—	—
		Affiliated Investment Subsidiary:										
5		Fixed Income Exempt Obligations .....					XXX		XXX		XXX	
6		Fixed Income Highest Quality .....					XXX		XXX		XXX	
7		Fixed Income High Quality .....					XXX		XXX		XXX	
8		Fixed Income Medium Quality .....					XXX		XXX		XXX	
9		Fixed Income Low Quality .....					XXX		XXX		XXX	
10		Fixed Income Lower Quality .....					XXX		XXX		XXX	
11		Fixed Income In or Near Default .....					XXX		XXX		XXX	
12		Unaffiliated Common Stock Public .....					—	—	(a)		(a)	
13		Unaffiliated Common Stock Private .....					—	—	0.1945		0.1945	
14		Real Estate .....					(b)		(b)		(b)	
15		Affiliated-Certain Other (See SVO Purposes & Procedures Manual) .....		XXX	XXX		—	—	0.1580		0.1580	
16		Affiliated - All Other .....		XXX	XXX		—	—	0.1945		0.1945	
17		Total Common Stock (Sum of Lines 1 through 16) .....					XXX	—	XXX	—	XXX	—
REAL ESTATE												
18		Home Office Property (General Account only) .....					—	—	0.0912		0.0912	
19		Investment Properties .....					—	—	0.0912		0.0912	
20		Properties Acquired in Satisfaction of Debt .....					—	—	0.1337		0.1337	
21		Total Real Estate (Sum of Lines 18 through 20) .....					XXX	—	XXX		XXX	
OTHER INVESTED ASSETS INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF BONDS												
22		Exempt Obligations .....		XXX	XXX		—	—	—	—	—	—
23	1	Highest Quality .....		XXX	XXX		0.0005		0.0016		0.0033	
24	2	High Quality .....		XXX	XXX		0.0021		0.0064		0.0106	
25	3	Medium Quality .....		XXX	XXX		0.0099		0.0263		0.0376	
26	4	Low Quality .....		XXX	XXX		0.0245		0.0572		0.0817	
27	5	Lower Quality .....		XXX	XXX		0.0630		0.1128		0.1880	
28	6	In or Near Default .....		XXX	XXX		—	—	0.2370		0.2370	
29		Total with Bond Characteristics (Sum of Lines 22 through 28) .....		XXX	XXX		XXX	—	XXX	—	XXX	—

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

Line Number	NAIC Designation	Description	1	2	3	4	Basic Contribution		Reserve Objective		Maximum Reserve	
			Book / Adjusted Carrying Value	Reclassify Related Party Encumbrances	Add Third Party Encumbrances	Balance for AVR Reserve Calculations (Cols. 1+2+3)	5	6	7	8	9	10
							Factor	Amount (Cols. 4x5)	Factor	Amount (Cols. 4x7)	Factor	Amount (Cols. 4x9)
INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF PREFERRED STOCKS												
30	1	Highest Quality .....		XXX	XXX		0.0005		0.0016		0.0033	
31	2	High Quality .....		XXX	XXX		0.0021		0.0064		0.0106	
32	3	Medium Quality .....		XXX	XXX		0.0099		0.0263		0.0376	
33	4	Low Quality .....		XXX	XXX		0.0245		0.0572		0.0817	
34	5	Lower Quality .....		XXX	XXX		0.0630		0.1128		0.1880	
35	6	In or Near Default .....		XXX	XXX		—	—	0.2370		0.2370	
36		Affiliated Life with AVR .....		XXX	XXX		—	—	—	—	—	—
37		Total with Preferred Stock Characteristics (Sum of Lines 30 through 36) .....		XXX	XXX		XXX	—	XXX	—	XXX	—
INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF MORTGAGE LOANS												
In Good Standing Affiliated:												
38		Mortgages - CM1 - Highest Quality .....			XXX		0.0011		0.0057		0.0074	
39		Mortgages - CM2 - High Quality .....			XXX		0.0040		0.0114		0.0149	
40		Mortgages - CM3 - Medium Quality .....			XXX		0.0069		0.0200		0.0257	
41		Mortgages - CM4 - Low Medium Quality .....			XXX		0.0120		0.0343		0.0428	
42		Mortgages - CM5 - Low Quality .....			XXX		0.0183		0.0486		0.0628	
43		Residential Mortgages - Insured or Guaranteed .....			XXX		0.0003		0.0007		0.0011	
44		Residential Mortgages - All Other .....		XXX	XXX		0.0015		0.0034		0.0046	
45		Commercial Mortgages - Insured or Guaranteed .....			XXX		0.0003		0.0007		0.0011	
Overdue, Not in Process Affiliated:												
46		Farm Mortgages .....			XXX		0.0480		0.0868		0.1371	
47		Residential Mortgages - Insured or Guaranteed .....			XXX		0.0006		0.0014		0.0023	
48		Residential Mortgages - All Other .....			XXX		0.0029		0.0066		0.0103	
49		Commercial Mortgages - Insured or Guaranteed .....			XXX		0.0006		0.0014		0.0023	
50		Commercial Mortgages -- All Other .....			XXX		0.0480		0.0868		0.1371	
In Process of Foreclosure Affiliated:												
51		Farm Mortgages .....			XXX		—	—	0.1942		0.1942	
52		Residential Mortgages - Insured or Guaranteed .....			XXX		—	—	0.0046		0.0046	
53		Residential Mortgages - All Other .....			XXX		—	—	0.0149		0.0149	
54		Commercial Mortgages - Insured or Guaranteed .....			XXX		—	—	0.0046		0.0046	
55		Commercial Mortgages - All Other .....			XXX		—	—	0.1942		0.1942	
56		Total Affiliated (Sum of Lines 38 through 55) .....			XXX		XXX	—	XXX		XXX	
57		Unaffiliated - In Good Standing With Covenants .....			XXX		(c)		(c)		(c)	
58		Unaffiliated - In Good Standing Defeased With Government Securities .....			XXX		0.0011		0.0057		0.0074	
59		Unaffiliated - In Good Standing Primarily Senior .....			XXX		0.0040		0.0114		0.0149	
60		Unaffiliated - In Good Standing All Other .....			XXX		0.0069		0.0200		0.0257	
61		Unaffiliated - Overdue, Not in Process .....			XXX		0.0480		0.0868		0.1371	
62		Unaffiliated - In Process of Foreclosure .....			XXX		—	—	0.1942		0.1942	
63		Total Unaffiliated (Sum of Lines 57 through 62) .....			XXX		XXX	—	XXX		XXX	
64		Total with Mortgage Loan Characteristics (Lines 56 + 63) .....			XXX		XXX	—	XXX		XXX	



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

Line Number	NAIC Designation	Description	1	2	3	4	Basic Contribution		Reserve Objective		Maximum Reserve	
			Book / Adjusted Carrying Value	Reclassify Related Party Encumbrances	Add Third Party Encumbrances	Balance for AVR Reserve Calculations (Cols. 1+2+3)	5	6	7	8	9	10
							Factor	Amount (Cols. 4x5)	Factor	Amount (Cols. 4x7)	Factor	Amount (Cols. 4x9)
INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF COMMON STOCK												
65		Unaffiliated Public		XXX	XXX		—	—	(a)	(a)		
66		Unaffiliated Private		XXX	XXX		—	—	0.1945		0.1945	
67		Affiliated Life with AVR		XXX	XXX		—	—	—		—	
68		Affiliated Certain Other (See SVO Purposes & Procedures Manual)		XXX	XXX		—	—	0.1580		0.1580	
69		Affiliated Other - All Other		XXX	XXX		—	—	0.1945		0.1945	
70		Total with Common Stock Characteristics (Sum of Lines 65 through 69)		XXX	XXX		XXX	—	XXX		XXX	
INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF REAL ESTATE												
71		Home Office Property (General Account only)					—	—	0.0912		0.0912	
72		Investment Properties					—	—	0.0912		0.0912	
73		Properties Acquired in Satisfaction of Debt					—	—	0.1337		0.1337	
74		Total with Real Estate Characteristics (Sum of Lines 71 through 73)					XXX	—	XXX		XXX	
LOW INCOME HOUSING TAX CREDIT INVESTMENTS												
75		Guaranteed Federal Low Income Housing Tax Credit					0.0003		0.0006		0.0010	
76		Non-guaranteed Federal Low Income Housing Tax Credit					0.0063		0.0120		0.0190	
77		Guaranteed State Low Income Housing Tax Credit					0.0003		0.0006		0.0010	
78		Non-guaranteed State Low Income Housing Tax Credit					0.0063		0.0120		0.0190	
79		All Other Low Income Housing Tax Credit					0.0273		0.0600		0.0975	
80		Total LIHTC (Sum of Lines 75 through 79)					XXX		XXX		XXX	
RESIDUAL TRANCHES OR INTERESTS												
81		Fixed Income Instruments – Unaffiliated		XXX			—	—	0.1580		0.1580	
82		Fixed Income Instruments – Affiliated		XXX	XXX		—	—	0.1580		0.1580	
83		Common Stock – Unaffiliated		XXX	XXX		—	—	0.1580		0.1580	
84		Common Stock – Affiliated		XXX	XXX		—	—	0.1580		0.1580	
85		Preferred Stock – Unaffiliated		XXX	XXX		—	—	0.1580		0.1580	
86		Preferred Stock – Affiliated		XXX	XXX		—	—	0.1580		0.1580	
87		Real Estate – Unaffiliated					—	—	0.1580		0.1580	
88		Real Estate – Affiliated					—	—	0.1580		0.1580	
89		Mortgage Loans – Unaffiliated		XXX	XXX		—	—	0.1580		0.1580	
90		Mortgage Loans – Affiliated		XXX	XXX		—	—	0.1580		0.1580	
91		Other – Unaffiliated		XXX	XXX		—	—	0.1580		0.1580	
92		Other – Affiliated		XXX	XXX		—	—	0.1580		0.1580	
93		Total Residual Tranches or Interests (Sum of Lines 81 through 92)					XXX	—	XXX		XXX	
ALL OTHER INVESTMENTS												
94		NAIC 1 Working Capital Finance Investments		XXX			—	—	0.0042		0.0042	
95		NAIC 2 Working Capital Finance Investments		XXX			—	—	0.0137		0.0137	
96		Other Invested Assets - Schedule BA		XXX			—	—	0.1580		0.1580	
97		Other Short-Term Invested Assets - Schedule DA		XXX			—	—	0.1580		0.1580	
98		Total All Other (Sum of Lines 94, 95, 96 and 97)		XXX			XXX	—	XXX		XXX	
99		Total Other Invested Assets - Schedules BA & DA (Sum of Lines 29, 37, 64, 70, 74, 80, 93 and 98)		XXX	XXX		XXX	—	XXX	—	XXX	—

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

ASSET VALUATION RESERVE  
BASIC CONTRIBUTION, RESERVE OBJECTIVE AND MAXIMUM RESERVE CALCULATIONS  
REPLICATIONS (SYNTHETIC) ASSETS

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

NONE

SCHEDULE F

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

1	2	3	4	5	6	7	8
Contract Numbers	Claim Numbers	State of Residence of Claimant	Year of Claim for Death or Disability	Amount Claimed	Amount Paid During the Year	Amount Resisted Dec. 31 of Current Year	Why Compromised or Resisted
Claims Resisted During Current Year, Death Claims, Ordinary							
PST-00000000876.....	PAAIthouse61124.....	PA.....	2024.....			100,000	Material misrepresentation.....
2799999 – Claims Resisted During Current Year, Death Claims, Ordinary						100,000	XXX.....
3199999 – Subtotals - Resisted - Death Claims						100,000	XXX.....
5299999 – Subtotals - Claims Resisted During Current Year.....						100,000	XXX.....
5399999 – Totals.....						100,000	XXX.....

(38) Schedule H - Part 1

**NONE**

(38) Write-Ins for Line 11

**NONE**

(39) Schedule H - Part 2 - Reserves and Liabilities

**NONE**

(39) Schedule H - Part 3 - Test of Prior Year's Claim Reserves and Liabilities

**NONE**

(39) Schedule H - Part 4 - Reinsurance

**NONE**

(40) Schedule H - Part 5

**NONE**

(41) Schedule S - Part 1 - Section 1

**NONE**

(42) Schedule S - Part 1 - Section 2

**NONE**

SCHEDULE S - PART 2

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

1	2	3	4	5	6	7
NAIC Company Code	ID Number	Effective Date	Name of Company	Domiciliary Jurisdiction	Paid Losses	Unpaid Losses
Life and Annuity, Non-Affiliates, U.S. Non-Affiliates						
..... 93572 .....	.. 43-1235868 ..	.. 01/01/2022 ..	RGA Reinsurance Company .....	..... MO .....	..... 40,390 .....	..... 544,000 .....
0899999 – Life and Annuity, Non-Affiliates, U.S. Non-Affiliates .....					..... 40,390 .....	..... 544,000 .....
1099999 – Life and Annuity, Total Non-Affiliates .....					..... 40,390 .....	..... 544,000 .....
1199999 – Total Life and Annuity .....					..... 40,390 .....	..... 544,000 .....
2399999 – Total U.S. (Sum of 0399999, 0899999, 1499999 and 1999999) .....					..... 40,390 .....	..... 544,000 .....
9999999 – Total (Sum of 1199999 and 2299999) .....					..... 40,390 .....	..... 544,000 .....

SCHEDULE S - PART 3 - SECTION 1

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Amount in Force at End of Year	Reserve Credit Taken		11 Premiums	Outstanding Surplus Relief		14 Modified Coinsurance Reserve	15 Funds Withheld Under Coinsurance
								9 Current Year	10 Prior Year		12 Current Year	13 Prior Year		
General Account, Authorized, Non-Affiliates, U.S. Non-Affiliates														
93572	43-1235868	01/01/2022	RGA Reinsurance Company	MO	YRT/I	XXXL	282,640,000	188,718	45,024	263,806				
0899999 – General Account, Authorized, Non-Affiliates, U.S. Non-Affiliates							282,640,000	188,718	45,024	263,806				
1099999 – General Account, Authorized, Total Authorized Non-Affiliates							282,640,000	188,718	45,024	263,806				
1199999 – Total General Account Authorized							282,640,000	188,718	45,024	263,806				
4599999 – Total General Account Authorized, Unauthorized, Reciprocal Jurisdiction and Certified							282,640,000	188,718	45,024	263,806				
9199999 – Total U.S.							282,640,000	188,718	45,024	263,806				
9999999 – Total (Sum of 4599999 and 9099999)							282,640,000	188,718	45,024	263,806				

(45) Schedule S - Part 3 - Section 2

NONE

(46) Schedule S - Part 4

NONE

(46) Schedule S - Part 4 - Bank Information

NONE

(47) Schedule S - Part 5

NONE

(47) Schedule S - Part 5 - Bank Information

NONE



SCHEDULE S - PART 6

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

		1	2	3	4	5
		2024	2023	2022	2021	2020
A.	OPERATIONS ITEMS					
1.	Premiums and annuity considerations for life and accident and health contracts.....	264	89	10		
2.	Commissions and reinsurance expense allowances.....					
3.	Contract claims.....	584				
4.	Surrender benefits and withdrawals for life contracts.....					
5.	Dividends to policyholders and refunds to members.....					
6.	Reserve adjustments on reinsurance ceded.....					
7.	Increase in aggregate reserves for life and accident and health contracts.....	144	216	4		
B.	BALANCE SHEET ITEMS					
8.	Premiums and annuity considerations for life and accident and health contracts deferred and uncollected.....	262	78	8		
9.	Aggregate reserves for life and accident and health contracts.....	189	45	4		
10.	Liability for deposit-type contracts.....					
11.	Contract claims unpaid.....	544				
12.	Amounts recoverable on reinsurance.....	40				
13.	Experience rating refunds due or unpaid.....					
14.	Policyholders' dividends and refunds to members (not included in Line 10).....					
15.	Commissions and reinsurance expense allowances due.....					
16.	Unauthorized reinsurance offset.....					
17.	Offset for reinsurance with Certified Reinsurers.....					
C.	UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
18.	Funds deposited by and withheld from (F).....					
19.	Letters of credit (L).....					
20.	Trust agreements (T).....					
21.	Other (O).....					
D.	REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
22.	Multiple Beneficiary Trust.....					
23.	Funds deposited by and withheld from (F).....					
24.	Letters of credit (L).....					
25.	Trust agreements (T).....					
26.	Other (O).....					

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit for Ceded Reinsurance

	1	2	3
	As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
<b>ASSETS (Page 2, Col. 3)</b>			
1. Cash and invested assets (Line 12)	46,392,208		46,392,208
2. Reinsurance (Line 16)	40,390	(40,390)	—
3. Premiums and considerations (Line 15)	121,719	172,303	294,022
4. Net credit for ceded reinsurance	XXX	600,805	600,805
5. All other admitted assets (balance)	87,043		87,043
6. Total assets excluding Separate Accounts (Line 26)	46,641,360	732,718	47,374,078
7. Separate Account assets (Line 27)			
8. Total assets (Line 28)	46,641,360	732,718	47,374,078
<b>LIABILITIES, CAPITAL AND SURPLUS (Page 3)</b>			
9. Contract reserves (Lines 1 and 2)	221,201	188,718	409,919
10. Liability for deposit-type contracts (Line 3)			
11. Claim reserves (Line 4)	136,000	544,000	680,000
12. Policyholder dividends/member refunds/reserves (Lines 5 through 7)			
13. Premium & annuity considerations received in advance (Line 8)			
14. Other contract liabilities (Line 9)	11,190		11,190
15. Reinsurance in unauthorized companies (Line 24.02 minus inset amount)			
16. Funds held under reinsurance treaties with unauthorized reinsurers (Line 24.03 minus inset amount)			
17. Reinsurance with Certified Reinsurers (Line 24.02 inset amount)			
18. Funds held under reinsurance treaties with Certified Reinsurers (Line 24.03 inset amount)			
19. All other liabilities (balance)	2,430,171		2,430,171
20. Total liabilities excluding Separate Accounts (Line 26)	2,798,562	732,718	3,531,280
21. Separate Account liabilities (Line 27)			
22. Total liabilities (Line 28)	2,798,562	732,718	3,531,280
23. Capital & surplus (Line 38)	43,842,798	XXX	43,842,798
24. Total liabilities, capital & surplus (Line 39)	46,641,360	732,718	47,374,078
<b>NET CREDIT FOR CEDED REINSURANCE</b>			
25. Contract reserves	188,718	XXX	XXX
26. Claim reserves	544,000	XXX	XXX
27. Policyholder dividends/reserves		XXX	XXX
28. Premium & annuity considerations received in advance		XXX	XXX
29. Liability for deposit-type contracts		XXX	XXX
30. Other contract liabilities		XXX	XXX
31. Reinsurance ceded assets	40,390	XXX	XXX
32. Other ceded reinsurance recoverables		XXX	XXX
33. Total ceded reinsurance recoverables	773,108	XXX	XXX
34. Premiums and considerations	172,303	XXX	XXX
35. Reinsurance in unauthorized companies		XXX	XXX
36. Funds held under reinsurance treaties with unauthorized reinsurers		XXX	XXX
37. Reinsurance with Certified Reinsurers		XXX	XXX
38. Funds held under reinsurance treaties with Certified Reinsurers		XXX	XXX
39. Other ceded reinsurance payables/offsets		XXX	XXX
40. Total ceded reinsurance payable/offsets	172,303	XXX	XXX
41. Total net credit for ceded reinsurance	600,805	XXX	XXX

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

			Direct Business Only				
			1	2	3	4	6
States, Etc.			Life (Group and Individual)	Annuities (Group and Individual)	Disability Income (Group and Individual)	Long-Term Care (Group and Individual)	Totals
1.	Alabama .....	AL					
2.	Alaska .....	AK					
3.	Arizona .....	AZ	22,343				22,343
4.	Arkansas .....	AR					
5.	California .....	CA					
6.	Colorado .....	CO					
7.	Connecticut .....	CT					
8.	Delaware .....	DE					
9.	District of Columbia .....	DC					
10.	Florida .....	FL					
11.	Georgia .....	GA	6,938				6,938
12.	Hawaii .....	HI					
13.	Idaho .....	ID					
14.	Illinois .....	IL					
15.	Indiana .....	IN	24,004				24,004
16.	Iowa .....	IA					
17.	Kansas .....	KS					
18.	Kentucky .....	KY					
19.	Louisiana .....	LA	18,314				18,314
20.	Maine .....	ME					
21.	Maryland .....	MD	20,592				20,592
22.	Massachusetts .....	MA					
23.	Michigan .....	MI	70,758				70,758
24.	Minnesota .....	MN					
25.	Mississippi .....	MS	511				511
26.	Missouri .....	MO	15,674				15,674
27.	Montana .....	MT					
28.	Nebraska .....	NE					
29.	Nevada .....	NV					
30.	New Hampshire .....	NH					
31.	New Jersey .....	NJ					
32.	New Mexico .....	NM					
33.	New York .....	NY					
34.	North Carolina .....	NC					
35.	North Dakota .....	ND					
36.	Ohio .....	OH	78,903				78,903
37.	Oklahoma .....	OK					
38.	Oregon .....	OR					
39.	Pennsylvania .....	PA	59,875				59,875
40.	Rhode Island .....	RI					
41.	South Carolina .....	SC					
42.	South Dakota .....	SD					
43.	Tennessee .....	TN	5,098				5,098
44.	Texas .....	TX	56,255				56,255
45.	Utah .....	UT	316				316
46.	Vermont .....	VT					
47.	Virginia .....	VA	28,710				28,710
48.	Washington .....	WA					
49.	West Virginia .....	WV					
50.	Wisconsin .....	WI	1,200				1,200
51.	Wyoming .....	WY					
52.	American Samoa .....	AS					
53.	Guam .....	GU					
54.	Puerto Rico .....	PR					
55.	U.S. Virgin Islands .....	VI					
56.	Northern Mariana Islands .....	MP					
57.	Canada .....	CAN					
58.	Aggregate Other Alien .....	OT					
59.	Totals .....		409,491				409,491

Annual Statement for the Year 2024 of the Progressive Life Insurance Company

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership, Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	Is an SCA Filing Required? (Yes/No)	*
		00000	34-0963169		0000080661	NYSE	The Progressive Corporation	OH	UDP	Board, Management	Board of Directors		The Progressive Corporation	NO	10
0155	Progressive Insurance Group	27804	95-2676519				Drive Insurance Company	OH	IA	The Progressive Corporation	Ownership	100.000	The Progressive Corporation	NO	13
		00000	83-0371533				Progressive Agency Holdings, Inc.	DE	NIA	The Progressive Corporation	OWNERSHIP	100.000	The Progressive Corporation	NO	10
0155	Progressive Insurance Group	11410	68-0004572				Drive New Jersey Insurance Company	NJ	IA	Progressive Agency Holdings, Inc.	OWNERSHIP	100.000	The Progressive Corporation	NO	10
0155	Progressive Insurance Group	12879	20-4093467				Progressive Commercial Casualty Company	OH	IA	Progressive Agency Holdings, Inc.	OWNERSHIP	100.000	The Progressive Corporation	NO	10
0155	Progressive Insurance Group	24252	34-1094197				Progressive American Insurance Company	OH	IA	Progressive Agency Holdings, Inc.	OWNERSHIP	100.000	The Progressive Corporation	NO	10
0155	Progressive Insurance Group	17350	31-1193845				Progressive Bayside Insurance Company	OH	IA	Progressive Agency Holdings, Inc.	OWNERSHIP	100.000	The Progressive Corporation	NO	10
0155	Progressive Insurance Group	24260	34-6513736				Progressive Casualty Insurance Company	OH	IA	Progressive Agency Holdings, Inc.	OWNERSHIP	100.000	The Progressive Corporation	NO	10
		00000	34-1576555				PC Investment Company	DE	NIA	Progressive Casualty Insurance Company	OWNERSHIP	100.000	The Progressive Corporation	YES	10
0155	Progressive Insurance Group	29203	74-1082840				Progressive County Mutual Insurance Company	TX	IA	Progressive Casualty Insurance Company	MANAGEMENT		The Progressive Corporation	NO	11
0155	Progressive Insurance Group	42412	34-1374634				Progressive Gulf Insurance Company	OH	IA	Progressive Casualty Insurance Company	OWNERSHIP	100.000	The Progressive Corporation	YES	10
0155	Progressive Insurance Group	32786	34-1172685				Progressive Specialty Insurance Company	OH	IA	Progressive Casualty Insurance Company	OWNERSHIP	100.000	The Progressive Corporation	YES	10
		00000					Trussville/Cahaba, AL , LLC	OH	NIA	Progressive Specialty Insurance Company	OWNERSHIP	100.000	The Progressive Corporation	NO	10
0155	Progressive Insurance Group	42994	39-1453002				Progressive Classic Insurance Company	WI	IA	Progressive Agency Holdings, Inc.	OWNERSHIP	100.000	The Progressive Corporation	NO	10
0155	Progressive Insurance Group	10067	99-0311930				Progressive Hawaii Insurance Corp.	OH	IA	Progressive Agency Holdings, Inc.	OWNERSHIP	100.000	The Progressive Corporation	NO	10
0155	Progressive Insurance Group	10187	34-1787734				Progressive Michigan Insurance Company	MI	IA	Progressive Agency Holdings, Inc.	OWNERSHIP	100.000	The Progressive Corporation	NO	10
0155	Progressive Insurance Group	35190	93-0935623				Progressive Mountain Insurance Company	OH	IA	Progressive Agency Holdings, Inc.	OWNERSHIP	100.000	The Progressive Corporation	NO	10
0155	Progressive Insurance Group	38628	34-1318335				Progressive Northern Insurance Company	WI	IA	Progressive Agency Holdings, Inc.	OWNERSHIP	100.000	The Progressive Corporation	NO	10
0155	Progressive Insurance Group	42919	91-1187829				Progressive Northwestern Insurance Company	OH	IA	Progressive Agency Holdings, Inc.	OWNERSHIP	100.000	The Progressive Corporation	NO	10
0155	Progressive Insurance Group	37834	34-1287020				Progressive Preferred Insurance Company	OH	IA	Progressive Agency Holdings, Inc.	OWNERSHIP	100.000	The Progressive Corporation	NO	10
0155	Progressive Insurance Group	10050	72-1269745				Progressive Security Insurance Company	LA	IA	Progressive Agency Holdings, Inc.	OWNERSHIP	100.000	The Progressive Corporation	NO	10
0155	Progressive Insurance Group	38784	59-1951700				Progressive Southeastern Insurance Company	IN	IA	Progressive Agency Holdings, Inc.	OWNERSHIP	100.000	The Progressive Corporation	NO	10
0155	Progressive Insurance Group	12302	20-3187886				Progressive Freedom Insurance Company	OH	IA	Progressive Agency Holdings, Inc.	OWNERSHIP	100.000	The Progressive Corporation	NO	10
		00000	27-2393886				Progressive Commercial Advantage Agency, Inc.	OH	NIA	Progressive Agency Holdings, Inc.	OWNERSHIP	100.000	The Progressive Corporation	NO	10

Annual Statement for the Year 2024 of the Progressive Life Insurance Company

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership, Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	Is an SCA Filing Required? (Yes/No)	*
		00000	20-1583033				Progressive Commercial Holdings, Inc.	DE	NIA	The Progressive Corporation	OWNERSHIP	100.000	The Progressive Corporation	NO	10
0155	Progressive Insurance Group	10194	59-3213819				Artisan and Truckers Casualty Company	WI	IA	Progressive Commercial Holdings, Inc.	OWNERSHIP	100.000	The Progressive Corporation	NO	10
0155	Progressive Insurance Group	10243	06-0281045				National Continental Insurance Company	NY	IA	Progressive Commercial Holdings, Inc.	OWNERSHIP	100.000	The Progressive Corporation	NO	10
0155	Progressive Insurance Group	10193	59-3213719				Progressive Express Insurance Company	OH	IA	Progressive Commercial Holdings, Inc.	OWNERSHIP	100.000	The Progressive Corporation	NO	10
0155	Progressive Insurance Group	11770	36-3298008				United Financial Casualty Company	OH	IA	Progressive Commercial Holdings, Inc.	OWNERSHIP	100.000	The Progressive Corporation	NO	10
0155	Progressive Insurance Group	15643	47-1849658				Blue Hill Specialty Insurance Company Inc.	IL	IA	Progressive Commercial Holdings, Inc.	OWNERSHIP	100.000	The Progressive Corporation	NO	10
		00000	35-0160330				Protective Insurance Corporation	IN	NIA	Progressive Commercial Holdings, Inc.	OWNERSHIP	100.000	The Progressive Corporation	NO	10
0155	Progressive Insurance Group	12416	35-6021485				Protective Insurance Company	IN	IA	Protective Insurance Corporation	OWNERSHIP	100.000	The Progressive Corporation	NO	10
0155	Progressive Insurance Group	40460	35-1524574				Sagamore Insurance Company	IN	IA	Protective Insurance Company	OWNERSHIP	100.000	The Progressive Corporation	NO	10
0155	Progressive Insurance Group	13149	26-1865258				Protective Specialty Insurance Company	IN	IA	Protective Insurance Company	OWNERSHIP	100.000	The Progressive Corporation	NO	10
		00000	26-0327941				B&L Brokerage Services, Inc.	IN	NIA	Protective Insurance Corporation	OWNERSHIP	100.000	The Progressive Corporation	NO	10
		00000	45-3337116				B&L Management, Inc.	DE	NIA	Protective Insurance Corporation	OWNERSHIP	100.000	The Progressive Corporation	NO	10
		00000	35-1864904				B&L Insurance Ltd.	BMU	IA	Protective Insurance Corporation	OWNERSHIP	100.000	The Progressive Corporation	NO	10
		00000	38-3564766				Transport Specialty Insurance Agency, Inc.	MI	NIA	B&L Brokerage Services, Inc.	OWNERSHIP	100.000	The Progressive Corporation	NO	10
		00000	83-0371538				Progressive Direct Holdings, Inc.	DE	NIA	The Progressive Corporation	OWNERSHIP	100.000	The Progressive Corporation	NO	10
0155	Progressive Insurance Group	44180	23-2599971				Mountain Laurel Assurance Company	OH	IA	Progressive Direct Holdings, Inc.	OWNERSHIP	100.000	The Progressive Corporation	NO	10
0155	Progressive Insurance Group	11851	62-0484104				Progressive Advanced Insurance Company	OH	IA	Progressive Direct Holdings, Inc.	OWNERSHIP	100.000	The Progressive Corporation	NO	10
		00000	58-1772717				Progressive Auto Pro Insurance Agency, Inc.	FL	NIA	Progressive Direct Holdings, Inc.	OWNERSHIP	100.000	The Progressive Corporation	NO	10
0155	Progressive Insurance Group	44288	62-1444848				Progressive Choice Insurance Company	OH	IA	Progressive Direct Holdings, Inc.	OWNERSHIP	100.000	The Progressive Corporation	NO	10
0155	Progressive Insurance Group	16322	34-1524319				Progressive Direct Insurance Company	OH	IA	Progressive Direct Holdings, Inc.	OWNERSHIP	100.000	The Progressive Corporation	NO	10
		00000					Gadsden, AL, LLC	OH	NIA	Progressive Direct Insurance Company	OWNERSHIP	100.000	The Progressive Corporation	NO	10
0155	Progressive Insurance Group	14800	22-2404709				Progressive Garden State Insurance Company	NJ	IA	Progressive Direct Holdings, Inc.	OWNERSHIP	100.000	The Progressive Corporation	NO	10
0155	Progressive Insurance Group	37605	33-0350911				Progressive Marathon Insurance Company	MI	IA	Progressive Direct Holdings, Inc.	OWNERSHIP	100.000	The Progressive Corporation	NO	10
0155	Progressive Insurance Group	24279	34-0472535				Progressive Max Insurance Company	OH	IA	Progressive Direct Holdings, Inc.	OWNERSHIP	100.000	The Progressive Corporation	NO	10
0155	Progressive Insurance Group	44695	86-0686869				Progressive Paloverde Insurance Company	IN	IA	Progressive Direct Holdings, Inc.	OWNERSHIP	100.000	The Progressive Corporation	NO	10

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership, Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	Is an SCA Filing Required? (Yes/No)	*
0155	Progressive Insurance Group	21735	36-3789786				Progressive Premier Insurance Company of Illinois	OH	IA	Progressive Direct Holdings, Inc.	OWNERSHIP	100.000	The Progressive Corporation	NO	10
0155	Progressive Insurance Group	10192	59-3213815				Progressive Select Insurance Company	OH	IA	Progressive Direct Holdings, Inc.	OWNERSHIP	100.000	The Progressive Corporation	NO	10
		00000	34-1804869				Progressive Advantage Agency, Inc.	OH	NIA	Progressive Direct Holdings, Inc.	OWNERSHIP	100.000	The Progressive Corporation	NO	10
0155	Progressive Insurance Group	21727	36-3789787				Progressive Universal Insurance Company	WI	IA	Progressive Direct Holdings, Inc.	OWNERSHIP	100.000	The Progressive Corporation	NO	10
0155	Progressive Insurance Group	16816	84-4920049				Progressive Life Insurance Company	OH	RE	The Progressive Corporation	OWNERSHIP	100.000	The Progressive Corporation	NO	10
		00000	99-0311966				Garden Sun Insurance Services, Inc.	HI	NIA	The Progressive Corporation	OWNERSHIP	100.000	The Progressive Corporation	NO	10
		00000	95-2706008				Pacific Motor Club	CA	NIA	The Progressive Corporation	OWNERSHIP	100.000	The Progressive Corporation	NO	10
		00000	11-3203413				PROGNY Agency, Inc.	NY	NIA	The Progressive Corporation	OWNERSHIP	100.000	The Progressive Corporation	NO	10
		00000	34-1574447				Progressive Adjusting Company, Inc.	OH	NIA	The Progressive Corporation	OWNERSHIP	100.000	The Progressive Corporation	NO	10
		00000	13-3673368				Progressive Capital Management Corp.	NY	NIA	The Progressive Corporation	OWNERSHIP	100.000	The Progressive Corporation	NO	10
		00000	34-1378861				Progressive Investment Company, Inc.	DE	NIA	The Progressive Corporation	OWNERSHIP	100.000	The Progressive Corporation	NO	10
		00000	34-6530101				Progressive Premium Budget, Inc.	OH	NIA	The Progressive Corporation	OWNERSHIP	100.000	The Progressive Corporation	NO	10
		00000	34-1574448				Progressive RSC, Inc.	OH	NIA	The Progressive Corporation	OWNERSHIP	100.000	The Progressive Corporation	NO	10
		00000	84-3633213				358 Ventures, Inc.	OH	NIA	The Progressive Corporation	OWNERSHIP	100.000	The Progressive Corporation	NO	10
		00000	20-2702408				Progressive Vehicle Service Company	OH	NIA	The Progressive Corporation	OWNERSHIP	100.000	The Progressive Corporation	NO	10
		00000	51-0295493				Village Transport Corp.	DE	NIA	The Progressive Corporation	OWNERSHIP	100.000	The Progressive Corporation	NO	10
		00000	34-1324270				Wilson Mills Land Co.	OH	NIA	The Progressive Corporation	OWNERSHIP	100.000	The Progressive Corporation	NO	10
		00000	87-4036792				Progressive Next Inc.	DE	NIA	The Progressive Corporation	OWNERSHIP	100.000	The Progressive Corporation	NO	10
		00000	59-3491541				ARX Holding Corp.	DE	NIA	The Progressive Corporation	OWNERSHIP	100.000	The Progressive Corporation	NO	14
0155	Progressive Insurance Group	11072	56-2512990				ASI Home Insurance Corp.	FL	IA	ARX Holding Corp.	OWNERSHIP	100.000	The Progressive Corporation	NO	10
0155	Progressive Insurance Group	13142	26-1996532				ASI Preferred Insurance Corp.	FL	IA	ARX Holding Corp.	OWNERSHIP	100.000	The Progressive Corporation	NO	10
0155	Progressive Insurance Group	10872	59-3459912				American Strategic Insurance Corp.	IN	IA	ARX Holding Corp.	OWNERSHIP	100.000	The Progressive Corporation	NO	10
0155	Progressive Insurance Group	11059	75-2904629				ASI Lloyds	TX	IA	ASI Lloyds, Inc.	MANAGEMENT		The Progressive Corporation	NO	12
0155	Progressive Insurance Group	12196	20-1284676				ASI Assurance Corp.	FL	IA	ARX Holding Corp.	OWNERSHIP	100.000	The Progressive Corporation	NO	10
0155	Progressive Insurance Group	14042	27-3421622				ASI Select Insurance Corp.	IN	IA	ARX Holding Corp.	OWNERSHIP	100.000	The Progressive Corporation	NO	10
		00000	59-3621835				ASI Lloyds, Inc.	TX	NIA	ARX Holding Corp.	OWNERSHIP	100.000	The Progressive Corporation	NO	10
		00000	11-3644072				Sunshine Security Insurance Agency, Inc.	FL	NIA	ARX Holding Corp.	OWNERSHIP	100.000	The Progressive Corporation	NO	10
		00000	59-3602626				ASI Underwriters Corp.	FL	NIA	ARX Holding Corp.	OWNERSHIP	100.000	The Progressive Corporation	NO	10
0155	Progressive Insurance Group	13038	26-1142659				Progressive Property Insurance Company	LA	IA	ARX Holding Corp.	OWNERSHIP	100.000	The Progressive Corporation	NO	10
		00000	81-1112584				ASI Select Auto Insurance Corp.	CA	NIA	ARX Holding Corp.	OWNERSHIP	100.000	The Progressive Corporation	NO	10

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership, Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	Is an SCA Filing Required? (Yes/No)	*
		00000	47-4504370				PropertyPlus Insurance Agency, Inc.	DE	NIA	ARX Holding Corp.	OWNERSHIP	100.000	The Progressive Corporation	NO	10

Asterisk	Explanation
1	Schedule Y Part 1A is a common schedule for all companies of The Progressive Corporation, however column 10 requires specific relationship information relative to the reporting entity.
2	Progressive County Mutual Insurance Company is a Texas county mutual insurance company that is managed, but not owned by Progressive Casualty Insurance Company.
3	None of the companies that are part of The Progressive Corporation are Federally chartered or insured institutions and therefore, do not have Federal RSSD numbers.
4	ASI Lloyds is a Texas Lloyds insurance company that is managed, but not owned by ASI Lloyds, Inc.
5	Effective July 18, 2023, Progressive West Insurance Company changed its name to Drive Insurance Company.
6	Effective November 19, 2024 ARK Royal Underwriters, LLC was administratively dissolved.
7	Effective October 17, 2022, Drive Insurance Holdings, Inc. changed its name to Progressive Agency Holdings, Inc.
8	Effective December 14, 2022, all outstanding shares of common stock of Progressive West Insurance Company were transferred from Progressive Agency Holdings, Inc. to The Progressive Corporation.
9	Effective July 18, 2023, Progressive West Insurance Company changed its name to Drive Insurance Company.
10	See explanations 1 and 3 above
11	See explanations 1, 2, and 3 above
12	See explanations 1, 3, and 4 above
13	See explanations 1, 3, 4 and 5 above
14	See explanations 1, 3, and 6 above
15	See explanations 1, 3, and 7 above
16	See explanations 1, 3, and 8 above
17	See explanations 1, 3, 8 and 9 above

SCHEDULE Y

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
	34-0963169	The Progressive Corporation		(26,000,000)			2,285,230,621				2,259,230,621	
	83-0371533	Progressive Agency Holdings, Inc.	2,126,000,000	(5,000,000)							2,121,000,000	
24260	34-6513736	Progressive Casualty Insurance Company	(1,014,000,000)		(553,791,488)		8,272,658,587	1,875,036,089	*		8,579,903,188	(9,099,696,429)
24252	34-1094197	Progressive American Insurance Company					(23,186,676)		*		(23,186,676)	
32786	34-1172685	Progressive Specialty Insurance Company	(182,000,000)		180,303,068		(79,361,608)		*		(81,058,540)	
38784	59-1951700	Progressive Southeastern Insurance Co.	(7,000,000)		6,869,309		(11,408,290)		*		(11,538,981)	
38628	34-1318335	Progressive Northern Insurance Company	(291,000,000)		288,386,940		(135,584,060)		*		(138,197,120)	
37834	34-1287020	Progressive Preferred Insurance Company	(120,000,000)		118,929,174		(68,514,568)		*		(69,585,394)	
42412	34-1374634	Progressive Gulf Insurance Company	(42,000,000)		41,466,080		(21,682,755)		*		(22,216,675)	
42919	91-1187829	Progressive Northwestern Insurance Co.	(273,000,000)		270,624,954		(133,215,080)		*		(135,590,126)	
42994	39-1453002	Progressive Classic Insurance Company	(62,000,000)		61,134,900		(34,232,024)		*		(35,097,124)	
17350	31-1193845	Progressive Bayside Insurance Company	(5,000,000)		4,921,296		(5,638,221)		*		(5,716,925)	
35190	93-0935623	Progressive Mountain Insurance Company		5,000,000			(10,164,162)		*		(5,164,162)	
10187	34-1787734	Progressive Michigan Insurance Company	(70,000,000)		69,324,391		(45,196,548)		*		(45,872,157)	
29203	74-1082840	Progressive County Mutual Insurance Co.					(81,098,679)	(1,725,261,437)			(1,806,360,116)	6,763,373,485
10050	72-1269745	Progressive Security Insurance Company	(4,000,000)		3,887,394		(91,590,507)	(133,688,496)			(225,391,609)	502,554,868
11410	68-0004572	Drive New Jersey Insurance Company					(125,753,424)	22,986,215			(102,767,209)	1,247,625,439
10067	99-0311930	Progressive Hawaii Insurance Corp.	(56,000,000)		55,099,845		(88,173,816)				(89,073,971)	
12302	20-3187886	Progressive Freedom Insurance Company					(4,477,706)		*		(4,477,706)	
12879	20-4093467	Progressive Commercial Casualty Company					(102,686)				(102,686)	
	83-0371538	Progressive Direct Holdings, Inc.	1,061,000,000	(30,000,000)							1,031,000,000	
16322	34-1524319	Progressive Direct Insurance Company	(903,000,000)		897,368,031		(5,374,172,910)	815,660,706	*		(4,564,144,173)	(5,361,983,160)
24279	34-0472535	Progressive Max Insurance Company	(61,000,000)		60,149,053		(51,568,720)	616	*		(52,419,051)	11,036
44695	86-0686869	Progressive Paloverde Insurance Company		10,000,000			(6,632,381)		*		3,367,619	
21735	36-3789786	Progressive Premier Ins. Co. of Illinois		5,000,000			(16,771,841)		*		(11,771,841)	
21727	36-3789787	Progressive Universal Insurance Company	(20,000,000)		19,649,652		(39,100,254)		*		(39,450,602)	
37605	33-0350911	Progressive Marathon Insurance Company	(40,000,000)		39,668,940		(51,570,712)		*		(51,901,772)	
10192	59-3213815	Progressive Select Insurance Company		3,000,000			(1,350,217,606)	(791,157,607)			(2,138,375,213)	4,274,660,070
44288	62-1444848	Progressive Choice Insurance Company					(3,443,470)		*		(3,443,470)	
11851	62-0484104	Progressive Advanced Insurance Company	(15,000,000)		14,751,512		(38,636,727)		*		(38,885,215)	
14800	22-2404709	Progressive Garden State Insurance Co.		12,000,000			(272,822,819)	(24,503,099)			(285,325,918)	1,087,323,090
44180	23-2599971	Mountain Laurel Assurance Company	(22,000,000)		21,560,903		(177,936,872)				(178,375,969)	
	20-1583033	Progressive Commercial Holdings, Inc.	480,000,000								480,000,000	
11770	36-3298008	United Financial Casualty Company	(445,000,000)		440,731,328		(917,973,570)	552,019,861			(370,222,381)	(4,532,535,720)
10243	06-0281045	National Continental Insurance Company					(9,591,499)	(703,717)			(10,295,216)	5,133,754
10194	59-3213819	Artisan and Truckers Casualty Company					(223,174,201)	(176,671,034)			(399,845,235)	1,573,872,198
10193	59-3213719	Progressive Express Insurance Company	(35,000,000)		34,434,236		(202,799,649)	(338,193,374)			(541,558,787)	2,044,102,103



SCHEDULE Y

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
15643	47-1849658	Blue Hill Specialty Insurance Co. Inc.					(52,264,615)	(37,155,453)			(89,420,068)	914,561,419
	34-1576555	PC Investment Company					438,766				438,766	
	34-1378861	Progressive Investment Company, Inc.			(2,075,469,518)		367,955				(2,075,101,563)	
	13-3673368	Progressive Capital Management Corp.					15,125,023				15,125,023	
	34-1804869	Progressive Advantage Agency, Inc.					(413,348,047)				(413,348,047)	
	27-2393886	Progressive Commercial Advntge Agncy Inc					(1,783,881)				(1,783,881)	
	34-1574447	Progressive Adjusting Company, Inc.					(119,586)				(119,586)	
	51-0295493	Village Transport Corp.					1,117,700				1,117,700	
16816	84-4920049	Progressive Life Insurance Company		21,000,000			(7,239,561)				13,760,439	
27804	95-2676519	Drive Insurance Company		5,000,000			(96,875,486)	(38,369,270)			(130,244,756)	580,997,847
	84-3633213	358 Ventures, Inc.					(3,184,578)				(3,184,578)	
	87-4036792	Progressive Next Inc.					(14,399,845)				(14,399,845)	
	59-3491541	ARX Holding Corp		(87,000,000)			(1,156)				(87,001,156)	
10872	59-3459912	American Strategic Insurance Corp		95,000,000			(234,561,689)	29,071,792	*		(110,489,897)	(340,073,090)
11059	75-2904629	ASI Lloyds		20,000,000			(14,852,866)	(1,704,428)	*		3,442,706	
13038	26-1142659	Progressive Property Insurance Company					(1,849,136)	(1,078,881)	*		(2,928,017)	
12196	20-1284676	ASI Assurance Corp		3,000,000			(737,430)	(67,011)	*		2,195,559	
11072	56-2512990	ASI Home Insurance Corp		2,000,000			(7,253,058)	(190,603)	*		(5,443,661)	
13142	26-1996532	ASI Preferred Insurance Corp		(35,000,000)			(11,333,682)	(35,128,656)			(81,462,338)	340,073,090
14042	27-3421622	ASI Select Insurance Corp		2,000,000			(11,678,042)	(508,968)	*		(10,187,010)	
	11-3644072	Sunshine Security Insurance Agency Inc.					19,185				19,185	
	35-0160330	Protective Insurance Corporation		(60,000,000)			(212,838)				(60,212,838)	
12416	35-6021485	Protective Insurance Company		60,000,000			(4,456,374)	(11,325,541)			44,218,085	(36,414)
40460	35-1524574	Sagamore Insurance Company					(6,945,489)	5,941,168			(1,004,321)	294,027
13149	26-1865258	Protective Specialty Insurance Company					(2,213,652)	5,740,403			3,526,751	(954,435)
	35-1864904	B&L Insurance Ltd.						9,250,725			9,250,725	696,822
	26-0327941	B&L Brokerage Services, Inc.					6,148,355				6,148,355	
	45-3337116	B&L Management, Inc.					(1,140)				(1,140)	
9999999 – Control Totals			–	–	–		–	–	XXX		–	–

SCHEDULE Y

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

1	2	3	4	5	6	7	8
Insurers in Holding Company	Owners with Greater than 10% Ownership	Ownership Percentage Column 2 of Column 1	Granted Disclaimer of Control / Affiliation of Column 2 Over Column 1 (Yes/No)	Ultimate Controlling Party	U.S. Insurance Groups or Entities Controlled by Column 5	Ownership Percentage (Column 5 of Column 6)	Granted Disclaimer of Control / Affiliation of Column 5 Over Column 6 (Yes/No)
Progressive Casualty Insurance Company	Progressive Agency Holdings, Inc.	100.000 %	NO	The Progressive Corporation	Progressive Insurance Group	100.000 %	NO
Progressive American Insurance Company	Progressive Agency Holdings, Inc.	100.000 %	NO	The Progressive Corporation	Progressive Insurance Group	100.000 %	NO
Progressive Specialty Insurance Company	Progressive Casualty Insurance Company	100.000 %	NO	The Progressive Corporation	Progressive Insurance Group	100.000 %	NO
Progressive Southeastern Insurance Company	Progressive Agency Holdings, Inc.	100.000 %	NO	The Progressive Corporation	Progressive Insurance Group	100.000 %	NO
Progressive Northern Insurance Company	Progressive Agency Holdings, Inc.	100.000 %	NO	The Progressive Corporation	Progressive Insurance Group	100.000 %	NO
Progressive Preferred Insurance Company	Progressive Agency Holdings, Inc.	100.000 %	NO	The Progressive Corporation	Progressive Insurance Group	100.000 %	NO
Progressive Gulf Insurance Company	Progressive Casualty Insurance Company	100.000 %	NO	The Progressive Corporation	Progressive Insurance Group	100.000 %	NO
Progressive Northwestern Insurance Company	Progressive Agency Holdings, Inc.	100.000 %	NO	The Progressive Corporation	Progressive Insurance Group	100.000 %	NO
Progressive Classic Insurance Company	Progressive Agency Holdings, Inc.	100.000 %	NO	The Progressive Corporation	Progressive Insurance Group	100.000 %	NO
Progressive Bayside Insurance Company	Progressive Agency Holdings, Inc.	100.000 %	NO	The Progressive Corporation	Progressive Insurance Group	100.000 %	NO
Progressive Mountain Insurance Company	Progressive Agency Holdings, Inc.	100.000 %	NO	The Progressive Corporation	Progressive Insurance Group	100.000 %	NO
Progressive Michigan Insurance Company	Progressive Agency Holdings, Inc.	100.000 %	NO	The Progressive Corporation	Progressive Insurance Group	100.000 %	NO
Progressive County Mutual Insurance Company		%	NO	The Progressive Corporation	Progressive Insurance Group	100.000 %	NO
Drive Insurance Company	The Progressive Corporation	100.000 %	NO	The Progressive Corporation	Progressive Insurance Group	100.000 %	NO
Progressive Security Insurance Company	Progressive Agency Holdings, Inc.	100.000 %	NO	The Progressive Corporation	Progressive Insurance Group	100.000 %	NO
Drive New Jersey Insurance Company	Progressive Agency Holdings, Inc.	100.000 %	NO	The Progressive Corporation	Progressive Insurance Group	100.000 %	NO
Progressive Hawaii Insurance Corp.	Progressive Agency Holdings, Inc.	100.000 %	NO	The Progressive Corporation	Progressive Insurance Group	100.000 %	NO
Progressive Freedom Insurance Company	Progressive Agency Holdings, Inc.	100.000 %	NO	The Progressive Corporation	Progressive Insurance Group	100.000 %	NO
Progressive Commercial Casualty Company	Progressive Agency Holdings, Inc.	100.000 %	NO	The Progressive Corporation	Progressive Insurance Group	100.000 %	NO
Progressive Direct Insurance Company	Progressive Direct Holdings, Inc.	100.000 %	NO	The Progressive Corporation	Progressive Insurance Group	100.000 %	NO
Progressive Max Insurance Company	Progressive Direct Holdings, Inc.	100.000 %	NO	The Progressive Corporation	Progressive Insurance Group	100.000 %	NO
Progressive Paloverde Insurance Company	Progressive Direct Holdings, Inc.	100.000 %	NO	The Progressive Corporation	Progressive Insurance Group	100.000 %	NO
Progressive Premier Insurance Company of Illinois	Progressive Direct Holdings, Inc.	100.000 %	NO	The Progressive Corporation	Progressive Insurance Group	100.000 %	NO
Progressive Universal Insurance Company	Progressive Direct Holdings, Inc.	100.000 %	NO	The Progressive Corporation	Progressive Insurance Group	100.000 %	NO
Progressive Marathon Insurance Company	Progressive Direct Holdings, Inc.	100.000 %	NO	The Progressive Corporation	Progressive Insurance Group	100.000 %	NO
Progressive Select Insurance Company	Progressive Direct Holdings, Inc.	100.000 %	NO	The Progressive Corporation	Progressive Insurance Group	100.000 %	NO
Progressive Choice Insurance Company	Progressive Direct Holdings, Inc.	100.000 %	NO	The Progressive Corporation	Progressive Insurance Group	100.000 %	NO
Progressive Advanced Insurance Company	Progressive Direct Holdings, Inc.	100.000 %	NO	The Progressive Corporation	Progressive Insurance Group	100.000 %	NO
Progressive Garden State Insurance Company	Progressive Direct Holdings, Inc.	100.000 %	NO	The Progressive Corporation	Progressive Insurance Group	100.000 %	NO
Mountain Laurel Assurance Company	Progressive Direct Holdings, Inc.	100.000 %	NO	The Progressive Corporation	Progressive Insurance Group	100.000 %	NO
United Financial Casualty Company	Progressive Commercial Holdings, Inc.	100.000 %	NO	The Progressive Corporation	Progressive Insurance Group	100.000 %	NO
National Continental Insurance Company	Progressive Commercial Holdings, Inc.	100.000 %	NO	The Progressive Corporation	Progressive Insurance Group	100.000 %	NO
Artisan and Truckers Casualty Company	Progressive Commercial Holdings, Inc.	100.000 %	NO	The Progressive Corporation	Progressive Insurance Group	100.000 %	NO
Progressive Express Insurance Company	Progressive Commercial Holdings, Inc.	100.000 %	NO	The Progressive Corporation	Progressive Insurance Group	100.000 %	NO

SCHEDULE Y

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

1	2	3	4	5	6	7	8
Insurers in Holding Company	Owners with Greater than 10% Ownership	Ownership Percentage Column 2 of Column 1	Granted Disclaimer of Control / Affiliation of Column 2 Over Column 1 (Yes/No)	Ultimate Controlling Party	U.S. Insurance Groups or Entities Controlled by Column 5	Ownership Percentage (Column 5 of Column 6)	Granted Disclaimer of Control / Affiliation of Column 5 Over Column 6 (Yes/No)
Blue Hill Specialty Insurance Company Inc.....	Progressive Commercial Holdings, Inc. ....	100.000 %	NO	The Progressive Corporation.....	Progressive Insurance Group.....	100.000 %	NO
American Strategic Insurance Corp.....	ARX Holding Corp. ....	100.000 %	NO	The Progressive Corporation.....	Progressive Insurance Group.....	100.000 %	NO
ASI Lloyds.....		%	NO	The Progressive Corporation.....	Progressive Insurance Group.....	100.000 %	NO
Progressive Property Insurance Company.....	ARX Holding Corp. ....	100.000 %	NO	The Progressive Corporation.....	Progressive Insurance Group.....	100.000 %	NO
ASI Assurance Corp.....	ARX Holding Corp. ....	100.000 %	NO	The Progressive Corporation.....	Progressive Insurance Group.....	100.000 %	NO
ASI Home Insurance Corp.....	ARX Holding Corp. ....	100.000 %	NO	The Progressive Corporation.....	Progressive Insurance Group.....	100.000 %	NO
ASI Preferred Insurance Corp.....	ARX Holding Corp. ....	100.000 %	NO	The Progressive Corporation.....	Progressive Insurance Group.....	100.000 %	NO
ASI Select Insurance Corp.....	ARX Holding Corp. ....	100.000 %	NO	The Progressive Corporation.....	Progressive Insurance Group.....	100.000 %	NO
Protective Insurance Company.....	Protective Insurance Corporation.....	100.000 %	NO	The Progressive Corporation.....	Progressive Insurance Group.....	100.000 %	NO
	Progressive Commercial Holdings, Inc. ....	100.000 %	NO	The Progressive Corporation.....	Progressive Insurance Group.....	100.000 %	NO
Sagamore Insurance Company.....	Protective Insurance Company.....	100.000 %	NO	The Progressive Corporation.....	Progressive Insurance Group.....	100.000 %	NO
Protective Specialty Insurance Company.....	Protective Insurance Company.....	100.000 %	NO	The Progressive Corporation.....	Progressive Insurance Group.....	100.000 %	NO
Progressive Life Insurance Company.....	The Progressive Corporation.....	100.000 %	NO	The Progressive Corporation.....	Progressive Insurance Group.....	100.000 %	NO

SUPPLEMENTAL EXHIBIT AND SCHEDULE INTERROGATORIES

REQUIRED FILINGS

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

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

SUPPLEMENTAL FILINGS

The following supplemental reports are required to be filed as part of your statement filing **if your company is engaged in the type of business covered by the supplement. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below.** If the supplement is required of your company but is not being filed for whatever reason, enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.




























<b>March Filing</b>	
10. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1? (Not applicable to fraternal benefit societies).....	NO .....
11. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?.....	NO .....
12. Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC by March 1?.....	NO .....
13. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 to Exhibit 5 be filed with the state of domicile and electronically with the NAIC by March 1?.....	NO .....
14. Will the actuarial opinion on non-guaranteed elements as required in interrogatory #3 to Exhibit 5 be filed with the state of domicile and electronically with the NAIC by March 1?.....	NO .....
15. Will the actuarial opinion on X-Factors be filed with the state of domicile and electronically with the NAIC by March 1?.....	YES .....
16. Will the actuarial opinion on Separate Accounts Funding Guaranteed Minimum Benefit be filed with the state of domicile and electronically with the NAIC by March 1?.....	NO .....
17. Will the actuarial opinion on Synthetic Guaranteed Investment Contracts be filed with the state of domicile and electronically with the NAIC by March 1?.....	NO .....
18. Will the Reasonableness of Assumptions Certification required by Actuarial Guideline XXXV be filed with the state of domicile and electronically with the NAIC by March 1?.....	NO .....
19. Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXV be filed with the state of domicile and electronically with the NAIC by March 1?.....	NO .....
20. Will the Reasonableness of Assumptions Certification for Implied Guaranteed Rate Method required by Actuarial Guideline XXXVI be filed with the state of domicile and electronically with the NAIC by March 1?.....	NO .....
21. Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Average Market Value) be filed with the state of domicile and electronically with the NAIC by March 1?.....	NO .....
22. Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Market Value) be filed with the state of domicile and electronically with the NAIC by March 1?.....	NO .....
23. Will the C-3 RBC Certifications required under C-3 Phase I be filed with the state of domicile and electronically with the NAIC by March 1?.....	NO .....
24. Will the C-3 RBC Certifications required under C-3 Phase II be filed with the state of domicile and electronically with the NAIC by March 1?.....	NO .....
25. Will the Actuarial Certifications Related to Annuity Nonforfeiture Ongoing Compliance for Equity Indexed Annuities be filed with the state of domicile and electronically with the NAIC by March 1?.....	NO .....
26. Will the actuarial opinion required by the Modified Guaranteed Annuity Model Regulation be filed with the state of domicile and electronically with the NAIC by March 1?.....	NO .....
27. Will the Actuarial Certification regarding the use of 2001 Preferred Class Tables required by the Model Regulation Permitting the Recognition of Preferred Mortality Tables for Use in Determining Minimum Reserve Liabilities be filed with the state of domicile and electronically with the NAIC by March 1?.....	NO .....
28. Will the Workers' Compensation Carve-Out Supplement be filed by March 1? (Not applicable to fraternal benefit societies).....	NO .....
29. Will Supplemental Schedule O be filed with the state of domicile and the NAIC by March 1?.....	YES .....
30. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?.....	NO .....
31. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?.....	NO .....
32. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?.....	NO .....
33. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?.....	NO .....
34. Will the VM-20 Reserves Supplement be filed with the state of domicile and the NAIC by March 1?.....	YES .....
35. Will the Health Supplement be filed with the state of domicile and the NAIC by March 1?.....	NO .....
36. Will the Market Conduct Annual Statement (MCAS) Premium exhibit for the Year be filed with appropriate jurisdictions and with the NAIC by March 1?.....	YES .....
<b>April Filing</b>	
37. Will the confidential Regulatory Asset Adequacy Issues Summary (RAAIS) required by the Valuation Manual be filed with the state of domicile by April 1?.....	YES .....
38. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?.....	NO .....
39. Will the Credit Insurance Experience Exhibit be filed with the state of domicile and the NAIC by April 1? (Not applicable to fraternal benefit societies).....	NO .....

SUPPLEMENTAL EXHIBIT AND SCHEDULE INTERROGATORIES



		Response
40.	Will the Accident and Health Policy Experience Exhibit be filed by April 1? .....	NO .....
41.	Will the Supplemental Health Care Exhibit (Parts 1 and 2) be filed with the state of domicile and the NAIC by April 1?.....	NO .....
42.	Will the confidential Actuarial Memorandum required by Actuarial Guideline XXXVIII 8D be filed with the state of domicile by April 30? .....	NO .....
43.	Will the Supplemental Term and Universal Life Insurance Reinsurance Exhibit be filed with the state of domicile and the NAIC by April 1?.....	NO .....
44.	Will the Variable Annuities Supplement be filed with the state of domicile and the NAIC by April 1?.....	NO .....
45.	Will the confidential Executive Summary of the PBR Actuarial Report be filed with the state of domicile by April 1?.....	NO .....
46.	Will the confidential Life Summary of the PBR Actuarial Report be filed with the state of domicile by April 1?.....	NO .....
47.	Will the confidential Variable Annuities Summary of the PBR Actuarial Report be filed with the state of domicile by April 1?.....	NO .....

August Filing

48.	Will Management’s Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?.....	NO .....
-----	---	----------

Explanation	Barcode
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	 1 6 8 1 6 2 0 2 4 4 2 0 0 0 0 0 0
11.	 1 6 8 1 6 2 0 2 4 3 6 0 0 0 0 0 0
12.	 1 6 8 1 6 2 0 2 4 4 9 0 0 0 0 0 0
13.	 1 6 8 1 6 2 0 2 4 3 7 1 0 0 0 0 0
14.	 1 6 8 1 6 2 0 2 4 3 7 0 0 0 0 0 0
15.	
16.	 1 6 8 1 6 2 0 2 4 4 4 3 0 0 0 0 0
17.	 1 6 8 1 6 2 0 2 4 4 4 4 0 0 0 0 0
18.	 1 6 8 1 6 2 0 2 4 4 4 5 0 0 0 0 0
19.	 1 6 8 1 6 2 0 2 4 4 4 6 0 0 0 0 0
20.	 1 6 8 1 6 2 0 2 4 4 4 7 0 0 0 0 0
21.	 1 6 8 1 6 2 0 2 4 4 4 8 0 0 0 0 0
22.	 1 6 8 1 6 2 0 2 4 4 4 9 0 0 0 0 0
23.	 1 6 8 1 6 2 0 2 4 4 5 0 0 0 0 0 0
24.	 1 6 8 1 6 2 0 2 4 4 5 1 0 0 0 0 0
25.	 1 6 8 1 6 2 0 2 4 4 5 2 0 0 0 0 0
26.	 1 6 8 1 6 2 0 2 4 4 5 3 0 0 0 0 0
27.	 1 6 8 1 6 2 0 2 4 4 5 4 0 0 0 0 0
28.	 1 6 8 1 6 2 0 2 4 4 9 5 0 0 0 0 0
29.	
30.	 1 6 8 1 6 2 0 2 4 3 6 5 0 0 0 0 0
31.	 1 6 8 1 6 2 0 2 4 2 2 4 0 0 0 0 0
32.	 1 6 8 1 6 2 0 2 4 2 2 5 0 0 0 0 0
33.	 1 6 8 1 6 2 0 2 4 2 2 6 0 0 0 0 0
34.	
35.	 1 6 8 1 6 2 0 2 4 4 7 5 0 0 0 0 0
36.	
37.	
38.	 1 6 8 1 6 2 0 2 4 3 0 6 0 0 0 0 0
39.	 1 6 8 1 6 2 0 2 4 2 3 0 0 0 0 0 0
40.	 1 6 8 1 6 2 0 2 4 2 1 6 0 0 0 0 0
41.	 1 6 8 1 6 2 0 2 4 2 1 6 0 0 0 0 0

SUPPLEMENTAL EXHIBIT AND SCHEDULE INTERROGATORIES

Explanation	Barcode
42.	 1 6 8 1 6 2 0 2 4 4 3 5 0 0 0 0 0
43.	 1 6 8 1 6 2 0 2 4 3 4 5 0 0 0 0 0
44.	 1 6 8 1 6 2 0 2 4 2 8 6 0 0 0 0 0
45.	 1 6 8 1 6 2 0 2 4 4 5 7 0 0 0 0 0
46.	 1 6 8 1 6 2 0 2 4 4 5 8 0 0 0 0 0
47.	 1 6 8 1 6 2 0 2 4 4 5 9 0 0 0 0 0
48.	 1 6 8 1 6 2 0 2 4 2 2 3 0 0 0 0 0

**OVERFLOW PAGE FOR WRITE-INS**

**OVERFLOW PAGE FOR WRITE-INS**





VM-20 RESERVES SUPPLEMENT – PART 1A

Life Insurance Reserves Valued According to VM-20 by Product Type  
For The Year Ended December 31, 2024  
(To Be Filed by March 1)

NAIC Group Code: 0155

NAIC Company Code: 16816

		Prior Year	Current Year	
		1	2	3
		Reported Reserve	Reported Reserve	Due and Deferred Premium Asset
1.	Post-Reinsurance-Ceded Reserve			
1.1.	Term Life Insurance.....			
1.2.	Universal Life With Secondary Guarantee.....			
1.3.	Non-Participating Whole Life.....			
1.4.	Participating Whole Life.....			
1.5.	Universal Life Without Secondary Guarantee.....			
1.6.	Variable Universal Life.....			
1.7.	Variable Life.....			
1.8.	Indexed Life.....			
1.9.	Aggregate Write-Ins for Other Products.....			
2.	Total Post-Reinsurance-Ceded Reserve (Sum of Lines 1.1 through 1.9).....			XXX.....
3.	Pre-Reinsurance-Ceded Reserve			
3.1.	Term Life Insurance.....			
3.2.	Universal Life With Secondary Guarantee.....			
3.3.	Non-Participating Whole Life.....			
3.4.	Participating Whole Life.....			
3.5.	Universal Life Without Secondary Guarantee.....			
3.6.	Variable Universal Life.....			
3.7.	Variable Life.....			
3.8.	Indexed Life.....			
3.9.	Aggregate Write-Ins for Other Products.....			
4.	Total Pre-Reinsurance-Ceded Reserve (Sum of Lines 3.1 through 3.9).....			XXX.....
5.	Total Reserves Ceded (Line 4 minus Line 2).....			XXX.....
Details of Write-Ins				
01.901.	.....			
01.902.	.....			
01.903.	.....			
01.998.	Summary of remaining write-ins for Line 1.9 from overflow page.....			
01.999.	Totals (Lines 01.901 through 01.903 plus 01.998) (Line 1.9 above).....			
03.901.	.....			
03.902.	.....			
03.903.	.....			
03.998.	Summary of remaining write-ins for Line 3.9 from overflow page.....			
03.999.	Totals (Lines 03.901 through 03.903 plus 03.998) (Line 3.9 above).....			

NONE

Supp456.1

VM-20 RESERVES SUPPLEMENT – PART 1B

Life Insurance Reserves Valued According to VM-20 by Product Type  
For The Year Ended December 31, 2024  
(To Be Filed by March 1)  
(\$000 Omitted for Face Amounts)

		Current Year											
		SECTION A					SECTION B				SECTION C		
		1	2	3	4	5	6	7	8	9	10	11	12
		Net Premium Reserve	Deterministic Reserve	Stochastic Reserve	Number of Policies	Face Amount	Net Premium Reserve	Deterministic Reserve	Number of Policies	Face Amount	Net Premium Reserve	Number of Policies	Face Amount
1.	Post-Reinsurance-Ceded Reserve												
1.1.	Term Life Insurance				XXX	XXX			XXX	XXX	XXX	XXX	XXX
1.2.	Universal Life With Secondary Guarantee				XXX	XXX			XXX	XXX		XXX	XXX
1.3.	Non-Participating Whole Life				XXX	XXX			XXX	XXX		XXX	XXX
1.4.	Participating Whole Life				XXX	XXX			XXX	XXX		XXX	XXX
1.5.	Universal Life Without Secondary Guarantee				XXX	XXX			XXX	XXX		XXX	XXX
1.6.	Variable Universal Life				XXX	XXX			XXX	XXX		XXX	XXX
1.7.	Variable Life				XXX	XXX			XXX	XXX		XXX	XXX
1.8.	Indexed Life				XXX	XXX			XXX	XXX		XXX	XXX
1.9.	Aggregate Write-Ins for Other Products				XXX	XXX			XXX	XXX		XXX	XXX
2.	Total Post-Reinsurance-Ceded Reserve (Sum of Lines 1.1 through 1.9)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
3.	Pre-Reinsurance-Ceded Reserve										XXX		
3.1.	Term Life Insurance												
3.2.	Universal Life With Secondary Guarantee												
3.3.	Non-Participating Whole Life												
3.4.	Participating Whole Life												
3.5.	Universal Life Without Secondary Guarantee												
3.6.	Variable Universal Life												
3.7.	Variable Life												
3.8.	Indexed Life												
3.9.	Aggregate Write-Ins for Other Products												
4.	Total Pre-Reinsurance-Ceded Reserve (Sum of Lines 3.1 through 3.9)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
5.	Total Reserves Ceded (Line 4 minus Line 2)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
Details of Write-Ins													
01.901					XXX	XXX			XXX	XXX		XXX	XXX
01.902					XXX	XXX			XXX	XXX		XXX	XXX
01.903					XXX	XXX			XXX	XXX		XXX	XXX
01.998 Summary of remaining write-ins for Line 1.9 from overflow page					XXX	XXX			XXX	XXX		XXX	XXX
01.999 Totals (Lines 01.901 through 01.903 plus 01.998) (Line 1.9 above)					XXX	XXX			XXX	XXX		XXX	XXX
03.901													
03.902													
03.903													
03.998 Summary of remaining write-ins for Line 3.9 from overflow page													
03.999 Totals (Lines 03.901 through 03.903 plus 03.998) (Line 3.9 above)													

Supp456.2

NONE

VM-20 RESERVES SUPPLEMENT – PART 2

Life PBR Exemption  
For The Year Ended December 31, 2024  
(To Be Filed by March 1)

Life PBR Exemption as defined in the NAIC adopted Valuation Manual (VM)	
1.	Has the company been allowed a Life PBR Exemption from the reserve requirements of VM-20 of the Valuation Manual by their state of domicile?.....YES
2.	If the response to Question 1 is "Yes", then check the source of the "Life PBR Exemption" definition? (Check either 2.1, 2.2 or 2.3)
2.1	NAIC Adopted VM.....YES
2.2	State Statute (SVL) (Complete items "a" and "b", as appropriate.).....NO
2.2.a	Is the criteria in the State Statute (SVL) different from the NAIC adopted VM?.....NO
2.2.b	If the answer to "a" above is "Yes", provide the criteria the state has used to allow the Life PBR Exemption (e.g., Group/Legal Entity criteria) and the minimum reserve requirements that are required by the state of domicile (if the minimum reserve requirements are the same as the Adopted VM, write SAME AS NAIC VM):
2.3	State Regulation (Complete items "a" and "b", as appropriate.).....NO
2.3.a	Is the criteria in the State Regulation different from the NAIC adopted VM?.....NO
2.3.b	If the answer to "a" above is "Yes", provide the criteria of the state's Life PBR Exemption that the company has met the and the minimum reserve requirements that are required by the state of domicile (if the minimum reserve requirements are the same as the Adopted VM, write SAME AS NAIC VM):
3.	If the criteria for the "Life PBR Exemption" is the same as or substantially similar to the NAIC adopted VM (i.e., Question 2.1 is checked or Question 2.2.a is "No" or Question 2.3.a is "No"), then provide the most recent year that the company filed a statement of exemption that was allowed. If such calendar year is not the current calendar year for this statement, also provide confirmation that the company meets the criteria for utilizing an ongoing statement of exemption, meaning that none of the following apply: 1) the company fails to meet either of the conditions in VM Section II, Subsection 1.G.2, 2) the policies exempted contain those in VM Section II, Subsection 1.G.3, or 3) the domiciliary commissioner contacted the company prior to Sept. 1 and notified them that the statement of exemption was not allowed: The Life PBR exemption was filed with the NAIC and the Ohio DOI during the Q22024 filing and was for the year ended 12/31/2024.

VM-20 RESERVES SUPPLEMENT – PART 3

Other Exclusions from Life PBR  
For The Year Ended December 31, 2024  
(To Be Filed by March 1)

1A.	Has the company filed and been granted a Single State Exemption from the reserve requirements of VM-20 of the Valuation Manual by their state of domicile?.....NO
1B.	If the answer to question 1A is "Yes" please discuss any business not covered under the Single State Exemption.
2A.	If the answer to question 1A is "Yes", does the company have risks for policies issued outside its state of domicile?.....NO
2B.	If the answer to question 2A is "Yes" please discuss the risks for policies issued outside the state of domicile, how those risks came to be a responsibility of the company, and why the company would still be considered a Single State Company with such risks.
3.	Is all of the company's individual ordinary life insurance business excluded from the requirements of VM-20 pursuant to Section II.B of the Valuation Manual?.....YES

OVERFLOW PAGE FOR WRITE-INS



SCHEDULE O SUPPLEMENT  
For The Year Ended December 31, 2024  
(To Be Filed by March 1)

Of The: Progressive Life Insurance Company

Address (City, State and Zip Code): CLEVELAND, OH, US 44113

NAIC Group Code: 0155

NAIC Company Code: 16816

Employer's ID Number: 84-4920049

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

SECTION A – GROUP ACCIDENT AND HEALTH

Years in Which Losses Were Incurred	Cumulative Net Amounts Paid Policyholders				
	1	2	3	4	5
	2020	2021	2022	2023	2024 (a)
1. Prior.....					
2. 2020.....					
3. 2021.....	XXX				
4. 2022.....	XXX	XXX			
5. 2023.....	XXX	XXX	XXX		
6. 2024.....	XXX	XXX	XXX	XXX	

SECTION B – OTHER ACCIDENT AND HEALTH

Years in Which Losses Were Incurred	Cumulative Net Amounts Paid Policyholders				
	1	2	3	4	5
	2020	2021	2022	2023	2024 (a)
1. Prior.....					
2. 2020.....					
3. 2021.....	XXX				
4. 2022.....	XXX	XXX			
5. 2023.....	XXX	XXX	XXX		
6. 2024.....	XXX	XXX	XXX	XXX	

SECTION C – CREDIT ACCIDENT AND HEALTH

Years in Which Losses Were Incurred	Cumulative Net Amounts Paid Policyholders				
	1	2	3	4	5
	2020	2021	2022	2023	2024 (a)
1. Prior.....					
2. 2020.....					
3. 2021.....	XXX				
4. 2022.....	XXX	XXX			
5. 2023.....	XXX	XXX	XXX		
6. 2024.....	XXX	XXX	XXX	XXX	

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

SUPPLEMENTAL SCHEDULE O – PART 1

Development of Incurred Losses  
(\$000 Omitted)

SECTION D – OTHER COVERAGES USING THE DEVELOPMENT METHOD

	Years in Which Losses Were Incurred	Cumulative Net Amounts Paid Policyholders				
		1	2	3	4	5
		2020	2021	2022	2023	2024 (a)
1.	Prior.....					
2.	2020.....					
3.	2021.....	XXX				
4.	2022.....	XXX	XXX			
5.	2023.....	XXX	XXX	XXX		
6.	2024.....	XXX	XXX	XXX	XXX	

SECTION E – OTHER COVERAGES USING THE DEVELOPMENT METHOD

	Years in Which Losses Were Incurred	Cumulative Net Amounts Paid Policyholders				
		1	2	3	4	5
		2020	2021	2022	2023	2024 (a)
1.	Prior.....					
2.	2020.....					
3.	2021.....	XXX				
4.	2022.....	XXX	XXX			
5.	2023.....	XXX	XXX	XXX		
6.	2024.....	XXX	XXX	XXX	XXX	

SECTION F – OTHER COVERAGES USING THE DEVELOPMENT METHOD

	Years in Which Losses Were Incurred	Cumulative Net Amounts Paid Policyholders				
		1	2	3	4	5
		2020	2021	2022	2023	2024 (a)
1.	Prior.....					
2.	2020.....					
3.	2021.....	XXX				
4.	2022.....	XXX	XXX			
5.	2023.....	XXX	XXX	XXX		
6.	2024.....	XXX	XXX	XXX	XXX	

SECTION G – OTHER COVERAGES USING THE DEVELOPMENT METHOD

	Years in Which Losses Were Incurred	Cumulative Net Amounts Paid Policyholders				
		1	2	3	4	5
		2020	2021	2022	2023	2024 (a)
1.	Prior.....					
2.	2020.....					
3.	2021.....	XXX				
4.	2022.....	XXX	XXX			
5.	2023.....	XXX	XXX	XXX		
6.	2024.....	XXX	XXX	XXX	XXX	

(Supp-465.2) Part 2 - Section A - Group Accident and Health (\$000's Omitted)  
**NONE**

(Supp-465.2) Part 2 - Section B - Other Accident and Health (\$000's Omitted)  
**NONE**

(Supp-465.2) Part 2 - Section C - Credit Accident and Health (\$000's Omitted)  
**NONE**

(Supp-465.2) Part 2 - Section D (\$000's Omitted)  
**NONE**

(Supp-465.2) Part 2 - Section E (\$000's Omitted)  
**NONE**

(Supp-465.2) Part 2 - Section F (\$000's Omitted)  
**NONE**

(Supp-465.2) Part 2 - Section G (\$000's Omitted)  
**NONE**

(Supp-465.3) Part 3 - Section A - Group Accident and Health (\$000's Omitted)  
**NONE**

(Supp-465.3) Part 3 - Section B - Other Accident and Health (\$000's Omitted)  
**NONE**

(Supp-465.3) Part 3 - Section C - Credit Accident and Health (\$000's Omitted)  
**NONE**

(Supp-465.3) Part 3 - Section D (\$000's Omitted)  
**NONE**

(Supp-465.3) Part 3 - Section E (\$000's Omitted)  
**NONE**

(Supp-465.3) Part 3 - Section F (\$000's Omitted)  
**NONE**

(Supp-465.3) Part 3 - Section G (\$000's Omitted)  
**NONE**

SUPPLEMENTAL SCHEDULE O – PART 4

Development of Incurred Losses  
(\$000 Omitted)

SECTION A – GROUP ACCIDENT AND HEALTH

		Sum of Net Cumulative Amount Paid Policyholders, Cost Containment Expenses, and Claim and Cost Containment Liability and Reserve Outstanding at End of Year				
		1	2	3	4	5
Years in Which Losses Were Incurred		2020	2021	2022	2023	2024
1.	2020 .....					
2.	2021 .....	XXX				
3.	2022 .....	XXX				
4.	2023 .....	XXX	XXX	XXX		
5.	2024 .....	XXX	XXX	XXX	XXX	

SECTION B – OTHER ACCIDENT AND HEALTH

		Sum of Net Cumulative Amount Paid Policyholders, Cost Containment Expenses, and Claim and Cost Containment Liability and Reserve Outstanding at End of Year				
		1	2	3	4	5
Years in Which Losses Were Incurred		2020	2021	2022	2023	2024
1.	2020 .....					
2.	2021 .....	XXX				
3.	2022 .....	XXX				
4.	2023 .....	XXX	XXX	XXX		
5.	2024 .....	XXX	XXX	XXX	XXX	

SECTION C – CREDIT ACCIDENT AND HEALTH

		Sum of Net Cumulative Amount Paid Policyholders, Cost Containment Expenses, and Claim and Cost Containment Liability and Reserve Outstanding at End of Year				
		1	2	3	4	5
Years in Which Losses Were Incurred		2020	2021	2022	2023	2024
1.	2020 .....					
2.	2021 .....	XXX				
3.	2022 .....	XXX				
4.	2023 .....	XXX	XXX	XXX		
5.	2024 .....	XXX	XXX	XXX	XXX	



SUPPLEMENTAL SCHEDULE O – PART 4

Development of Incurred Losses  
(\$000 Omitted)

SECTION D – OTHER COVERAGES USING THE DEVELOPMENT METHOD

		Sum of Net Cumulative Amount Paid Policyholders, Cost Containment Expenses, and Claim and Cost Containment Liability and Reserve Outstanding at End of Year				
		1	2	3	4	5
Years in Which Losses Were Incurred		2020	2021	2022	2023	2024
1.	2020	NONE				
2.	2021		XXX			
3.	2022		XXX	XXX		
4.	2023		XXX	XXX	XXX	
5.	2024		XXX	XXX	XXX	

SECTION E – OTHER COVERAGES USING THE DEVELOPMENT METHOD

		Sum of Net Cumulative Amount Paid Policyholders, Cost Containment Expenses, and Claim and Cost Containment Liability and Reserve Outstanding at End of Year				
		1	2	3	4	5
Years in Which Losses Were Incurred		2020	2021	2022	2023	2024
1.	2020	NONE				
2.	2021		XXX			
3.	2022		XXX	XXX		
4.	2023		XXX	XXX	XXX	
5.	2024		XXX	XXX	XXX	

SECTION F – OTHER COVERAGES USING THE DEVELOPMENT METHOD

		Sum of Net Cumulative Amount Paid Policyholders, Cost Containment Expenses, and Claim and Cost Containment Liability and Reserve Outstanding at End of Year				
		1	2	3	4	5
Years in Which Losses Were Incurred		2020	2021	2022	2023	2024
1.	2020	NONE				
2.	2021		XXX			
3.	2022		XXX	XXX		
4.	2023		XXX	XXX	XXX	
5.	2024		XXX	XXX	XXX	

SECTION G – OTHER COVERAGES USING THE DEVELOPMENT METHOD

		Sum of Net Cumulative Amount Paid Policyholders, Cost Containment Expenses, and Claim and Cost Containment Liability and Reserve Outstanding at End of Year				
		1	2	3	4	5
Years in Which Losses Were Incurred		2020	2021	2022	2023	2024
1.	2020	NONE				
2.	2021		XXX			
3.	2022		XXX	XXX		
4.	2023		XXX	XXX	XXX	
5.	2024		XXX	XXX	XXX	

SUPPLEMENTAL SCHEDULE O – PART 5

(\$000 Omitted)

RESERVE AND LIABILITY METHODOLOGY - EXHIBITS 6 AND 8

		1	2
Line of Business		Methodology	Amount
1.	Industrial life	Standard Factor	
2.	Ordinary life		136
3.	Individual annuity		
4.	Supplementary contracts		
5.	Credit life		
6.	Group life		
7.	Group annuities		
8.	Group accident and health		
9.	Credit accident and health		
10.	Other accident and health		
11.	Total	XXX	136



MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2024  
(To Be Filed By March 1)  
FOR THE STATE OF Alabama

NAIC Group Code: 0155

NAIC Company Code: 16816

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



MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2024  
(To Be Filed By March 1)  
FOR THE STATE OF Arizona

NAIC Group Code: 0155

NAIC Company Code: 16816

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



MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2024  
(To Be Filed By March 1)  
FOR THE STATE OF Georgia

NAIC Group Code: 0155

NAIC Company Code: 16816

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



MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2024  
(To Be Filed By March 1)  
FOR THE STATE OF Indiana

NAIC Group Code: 0155

NAIC Company Code: 16816

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



MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2024  
(To Be Filed By March 1)  
FOR THE STATE OF Louisiana

NAIC Group Code: 0155

NAIC Company Code: 16816

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



MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2024  
(To Be Filed By March 1)  
FOR THE STATE OF Maryland

NAIC Group Code: 0155

NAIC Company Code: 16816

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



MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2024  
(To Be Filed By March 1)  
FOR THE STATE OF Michigan

NAIC Group Code: 0155

NAIC Company Code: 16816

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





MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2024  
(To Be Filed By March 1)  
FOR THE STATE OF Mississippi

NAIC Group Code: 0155

NAIC Company Code: 16816

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



MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2024  
(To Be Filed By March 1)  
FOR THE STATE OF Missouri

NAIC Group Code: 0155

NAIC Company Code: 16816

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



MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2024  
(To Be Filed By March 1)  
FOR THE STATE OF North Carolina

NAIC Group Code: 0155

NAIC Company Code: 16816

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



MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2024  
(To Be Filed By March 1)  
FOR THE STATE OF Ohio

NAIC Group Code: 0155

NAIC Company Code: 16816

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



MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2024  
(To Be Filed By March 1)  
FOR THE STATE OF Pennsylvania

NAIC Group Code: 0155

NAIC Company Code: 16816

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



MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2024  
(To Be Filed By March 1)  
FOR THE STATE OF Tennessee

NAIC Group Code: 0155

NAIC Company Code: 16816

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



MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2024  
(To Be Filed By March 1)  
FOR THE STATE OF Texas

NAIC Group Code: 0155

NAIC Company Code: 16816

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



MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2024  
(To Be Filed By March 1)  
FOR THE STATE OF Utah

NAIC Group Code: 0155

NAIC Company Code: 16816

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





MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2024  
(To Be Filed By March 1)  
FOR THE STATE OF Virginia

NAIC Group Code: 0155

NAIC Company Code: 16816

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



MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2024  
(To Be Filed By March 1)  
FOR THE STATE OF Wisconsin

NAIC Group Code: 0155

NAIC Company Code: 16816

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