



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.....MAYFIELD, OH, US 44143.....440-395-4460.....
 (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 RIHALSKY, ASSISTANT TREASURER.....	

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.

ARIEL NMN MENKIN
PRESIDENT

X MICHAEL ROBERT UTH
SECRETARY

X DANIEL JOSEPH WITALEC
TREASURER

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

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

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



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

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

DIRECT BUSINESS IN THE STATE OF ARIZONA DURING THE YEAR 2024

LIFE INSURANCE (STATE PAGE)^(b)

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													
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	22,343												
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)													
35. Comprehensive group (d)													
36. Medicare Supplement (d)													
37. Vision only (d)													
38. Dental only (d)													
39. Federal Employees Health Benefits Plan (d)													
40. Title XVIII Medicare (d)													
41. Title XIX Medicaid (d)													
42. Credit A&H													
43. Disability income (d)													
44. Long-term care (d)													
45. Other health (d)													
46. Total Accident and Health													
47. Total	22,343 (c)												

DIRECT BUSINESS IN THE STATE OF ARIZONA DURING THE YEAR 2024
LIFE INSURANCE (STATE PAGE) (CONTINUED)^(b)

(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) Fee-benefit business as indicated lines report. Number of plans, number of participants, and number of premium

(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 \$

24.AZ.1

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



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

DIRECT BUSINESS IN THE STATE OF GEORGIA DURING THE YEAR 2024

LIFE INSURANCE (STATE PAGE)^(b)

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													
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	6,938												
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)										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)												

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

DIRECT BUSINESS IN THE STATE OF GEORGIA DURING THE YEAR 2024
LIFE INSURANCE (STATE PAGE) (CONTINUED)^(b)

Line of Business	Incurred During Current Year	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)		
		14		15	16	17	18	19	20	21	23	24	25	26	27	28
		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. Indexed																
5. Universal																
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other																
11. Total Individual Life																
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	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
47. Total																

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

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

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

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

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

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

DIRECT BUSINESS IN THE STATE OF INDIANA DURING THE YEAR 2024

LIFE INSURANCE (STATE PAGE)^(b)


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

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													
4. Indexed													
5. Universal													
6. Universal with secondary guarantees													
7. Variable													
8. Variable universal													
9. Credit													
10. Other													
11. Total Individual Life	24,004												
Group Life													
12. Whole													
13. Term													
14. Universal													
15. Variable													
16. Variable universal													
17. Credit													
18. Other													
19. Total Group Life	24,004												
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)													
35. Comprehensive group (d)													
36. Medicare Supplement (d)													
37. Vision only (d)													
38. Dental only (d)													
39. Federal Employees Health Benefits Plan (d)													
40. Title XVIII Medicare (d)													
41. Title XIX Medicaid (d)													
42. Credit A&H													
43. Disability income (d)													
44. Long-term care (d)													
45. Other health (d)													
46. Total Accident and Health													
47. Total	24,004 (c)												

DIRECT BUSINESS IN THE STATE OF INDIANA DURING THE YEAR 2024
LIFE INSURANCE (STATE PAGE) (CONTINUED)^(b)

(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:

24.I.N.1

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

DIRECT BUSINESS IN THE STATE OF LOUISIANA DURING THE YEAR 2024



1 6 8 1 6 2 0 2 4 4 3 0 1 9 1 0 0
LIFE INSURANCE (STATE PAGE)^(b)

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													
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	18,314												
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)										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)												

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

DIRECT BUSINESS IN THE STATE OF LOUISIANA DURING THE YEAR 2024
LIFE INSURANCE (STATE PAGE) (CONTINUED)^(b)

Line of Business	Incurred During Current Year	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)		
		14		15	16	17	18	19	20	Unpaid December 31, Current Year		23	24	25	26	27	28	
		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	Number of Pols/Certs	Amount	
Individual Life																		
1. Industrial												67	18,300,050	(9)	(1,250,050)	61	17,850,000	
2. Whole																		
3. Term																		
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																		
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	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	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 \$

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



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

DIRECT BUSINESS IN THE STATE OF MARYLAND DURING THE YEAR 2024

LIFE INSURANCE (STATE PAGE)^(b)

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													
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	20,592												
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)										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)												

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

DIRECT BUSINESS IN THE STATE OF MARYLAND DURING THE YEAR 2024
LIFE INSURANCE (STATE PAGE) (CONTINUED)^(b)

(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 businesses as indicated lines recently. Number of persons insured under PPO managed care products and number of persons

(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 \$

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

24.MD.1

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



DIRECT BUSINESS IN THE STATE OF MICHIGAN DURING THE YEAR 2024

LIFE INSURANCE (STATE PAGE)^(b)

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													
4. Indexed													
5. Universal													
6. Universal with secondary guarantees													
7. Variable													
8. Variable universal													
9. Credit													
10. Other													
11. Total Individual Life	70,758												
Group Life													
12. Whole													
13. Term													
14. Universal													
15. Variable													
16. Variable universal													
17. Credit													
18. Other													
19. Total Group Life	70,758												
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)										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)^(b)

(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:

24.MI.1

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

DIRECT BUSINESS IN THE STATE OF MISSISSIPPI DURING THE YEAR 2024

LIFE INSURANCE (STATE PAGE)^(b)

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													
4. Indexed													
5. Universal													
6. Universal with secondary guarantees													
7. Variable													
8. Variable universal													
9. Credit													
10. Other													
11. Total Individual Life	511												
Group Life													
12. Whole													
13. Term													
14. Universal													
15. Variable													
16. Variable universal													
17. Credit													
18. Other													
19. Total Group Life	511												
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)										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)												

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

DIRECT BUSINESS IN THE STATE OF MISSISSIPPI DURING THE YEAR 2024
LIFE INSURANCE (STATE PAGE) (CONTINUED)^(b)

Line of Business	Incurred During Current Year	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	14	15	16	17	18	19	20	21	23	24	25	26	27
		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. Indexed															
5. Universal															
6. Universal with secondary guarantees															
7. Variable															
8. Variable universal															
9. Credit															
10. Other															
11. Total Individual Life															
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	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
47. Total															

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

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

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

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

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

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

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

DIRECT BUSINESS IN THE STATE OF MISSOURI DURING THE YEAR 2024

LIFE INSURANCE (STATE PAGE)^(b)

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														
4. Indexed														
5. Universal														
6. Universal with secondary guarantees														
7. Variable														
8. Variable universal														
9. Credit														
10. Other														
11. Total Individual Life	15,674													
Group Life														
12. Whole														
13. Term														
14. Universal														
15. Variable														
16. Variable universal														
17. Credit														
18. Other														
19. Total Group Life	15,674													
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)										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)^(b)

(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) Fee-benefit business as indicated lines report. Number of plans, insured under PRO managed care products and number of plans

(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 \$

24.MO.-

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

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

DIRECT BUSINESS IN THE STATE OF OHIO DURING THE YEAR 2024

LIFE INSURANCE (STATE PAGE)^(b)

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												
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	78,903											
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)									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)											

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

DIRECT BUSINESS IN THE STATE OF OHIO DURING THE YEAR 2024
LIFE INSURANCE (STATE PAGE) (CONTINUED)^(b)

Line of Business	Incurred During Current Year	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	14	15	16	17	18	19	20	21	23	24	25	26	27	28
		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											99	24,800,000	(27)	(6,450,000)	161	45,800,000
3. Term																
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																
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	XXX	XXX	XXX	XXX	XXX	XXX	
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	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 \$

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

A standard 1D barcode representing the ISBN 978-1-620-24430-3.

1 6 8 1 6 2 0 2 4 4 3 0 3 9 1 0 0

DIRECT BUSINESS IN THE STATE OF PENNSYLVANIA DURING THE YEAR 2024

LIFE INSURANCE (STATE PAGE)^(b)

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													
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
Group Life													
12. Whole													
13. Term													
14. Universal													
15. Variable													
16. Variable universal													
17. Credit													
18. Other													
19. Total Group Life	59,875								50,487				50,487
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)									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				

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)^(b)

Line of Business	Incurred During Current Year	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)				
		14		15	16	17	18	19	20	21	23	24	25	26	27	28		
		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	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																		
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	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
42. Credit A&H																		
43. Disability income (d)																		
44. Long-term care (d)																		
45. Other health (d)																		
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	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 \$

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



DIRECT BUSINESS IN THE STATE OF TENNESSEE DURING THE YEAR 2024

LIFE INSURANCE (STATE PAGE)^(b)

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													
4. Indexed													
5. Universal													
6. Universal with secondary guarantees													
7. Variable													
8. Variable universal													
9. Credit													
10. Other													
11. Total Individual Life	5,098												
Group Life													
12. Whole													
13. Term													
14. Universal													
15. Variable													
16. Variable universal													
17. Credit													
18. Other													
19. Total Group Life	5,098												
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)													
35. Comprehensive group (d)													
36. Medicare Supplement (d)													
37. Vision only (d)													
38. Dental only (d)													
39. Federal Employees Health Benefits Plan (d)													
40. Title XVIII Medicare (d)													
41. Title XIX Medicaid (d)													
42. Credit A&H													
43. Disability income (d)													
44. Long-term care (d)													
45. Other health (d)													
46. Total Accident and Health													
47. Total	5,098 (c)												

DIRECT BUSINESS IN THE STATE OF TENNESSEE DURING THE YEAR 2024
LIFE INSURANCE (STATE PAGE) (CONTINUED)^(b)

(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 businesses as indicated lines recently. Number of persons insured under PPO managed care products and number of persons

(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 \$

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

24.TN.1

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

DIRECT BUSINESS IN THE STATE OF TEXAS DURING THE YEAR 2024

LIFE INSURANCE (STATE PAGE)^(b)


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

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													
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	56,255												
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)													
35. Comprehensive group (d)													
36. Medicare Supplement (d)													
37. Vision only (d)													
38. Dental only (d)													
39. Federal Employees Health Benefits Plan (d)													
40. Title XVIII Medicare (d)													
41. Title XIX Medicaid (d)													
42. Credit A&H													
43. Disability income (d)													
44. Long-term care (d)													
45. Other health (d)													
46. Total Accident and Health													
47. Total	56,255 (c)												

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

DIRECT BUSINESS IN THE STATE OF TEXAS DURING THE YEAR 2024
LIFE INSURANCE (STATE PAGE) (CONTINUED)^(b)

Line of Business	Incurred During Current Year	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	14	15	16	17	18	19	20	21	23	24	25	26	27	28
		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											208	68,200,000	(18)	(5,750,000)	190	62,450,000
3. Term																
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																
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	XXX	XXX	XXX	XXX	XXX	XXX	
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	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 \$

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

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

DIRECT BUSINESS IN THE STATE OF UTAH DURING THE YEAR 2024

LIFE INSURANCE (STATE PAGE)^(b)

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														
4. Indexed														
5. Universal														
6. Universal with secondary guarantees														
7. Variable														
8. Variable universal														
9. Credit														
10. Other														
11. Total Individual Life	316													
Group Life														
12. Whole														
13. Term														
14. Universal														
15. Variable														
16. Variable universal														
17. Credit														
18. Other														
19. Total Group Life	316													
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)										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)													

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

DIRECT BUSINESS IN THE STATE OF UTAH DURING THE YEAR 2024

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

Line of Business	Incurred During Current Year	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)	
		14		15	16	17	18	19	20	21	23	24	25	26	27
		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. Indexed															
5. Universal															
6. Universal with secondary guarantees															
7. Variable															
8. Variable universal															
9. Credit															
10. Other															
11. Total Individual Life															
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	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
47. Total															

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

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

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

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

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

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

DIRECT BUSINESS IN THE STATE OF VIRGINIA DURING THE YEAR 2024

LIFE INSURANCE (STATE PAGE)^(b)

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													
4. Indexed													
5. Universal													
6. Universal with secondary guarantees													
7. Variable													
8. Variable universal													
9. Credit													
10. Other													
11. Total Individual Life	28,710												
Group Life													
12. Whole													
13. Term													
14. Universal													
15. Variable													
16. Variable universal													
17. Credit													
18. Other													
19. Total Group Life	28,710												
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)										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)^(b)

(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 premium written: amount of Medicare Title XVIII exempt from state taxes or fees \$

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

24.VA.1

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

DIRECT BUSINESS IN THE STATE OF WISCONSIN DURING THE YEAR 2024

LIFE INSURANCE (STATE PAGE)^(b)


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

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													
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	1,200												
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)													
35. Comprehensive group (d)													
36. Medicare Supplement (d)													
37. Vision only (d)													
38. Dental only (d)													
39. Federal Employees Health Benefits Plan (d)													
40. Title XVIII Medicare (d)													
41. Title XIX Medicaid (d)													
42. Credit A&H													
43. Disability income (d)													
44. Long-term care (d)													
45. Other health (d)													
46. Total Accident and Health													
47. Total	1,200 (c)												

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

DIRECT BUSINESS IN THE STATE OF WISCONSIN DURING THE YEAR 2024
LIFE INSURANCE (STATE PAGE) (CONTINUED)^(b)

Line of Business	Incurred During Current Year	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Unpaid December 31, Current Year	Policy Exhibit								
		Claims Settled During Current Year										Number of Pols/Certs	Amount	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											
Individual Life																				
1. Industrial																				
2. Whole																				
3. Term																				
4. Indexed																				
5. Universal																				
6. Universal with secondary guarantees																				
7. Variable																				
8. Variable universal																				
9. Credit																				
10. Other																				
11. Total Individual Life																12	3,400,000			
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	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX									
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX									
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX									
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX									
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX									
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX									
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX									
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX									
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX									
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX									
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX									
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX									
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX									
47. Total																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 \$

24.WI.1

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

GRAND TOTAL DURING THE YEAR 2024

LIFE INSURANCE (STATE PAGE)^(b)

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												
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			
Group Life												
12. Whole												
13. Term												
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other												
19. Total Group Life	409,491								50,487			
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)									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			

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

GRAND TOTAL DURING THE YEAR 2024

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

Line of Business	Incurred During Current Year	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)				
		14		15	16	17	18	19	20	21	23	24	25	26	27	28		
		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	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																		
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	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
42. Credit A&H																		
43. Disability income (d)																		
44. Long-term care (d)																		
45. Other health (d)																		
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	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.....	(9,795)
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.....	(4,829)
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

Year of Amortization	1 Reserve as of December 31, Prior Year	2 Current Year's Realized Capital Gains/(Losses) Transferred into the Reserve Net of Taxes	3 Adjustment for Current Year's Liability Gains/ (Losses) Released From the Reserve	4 Balance Before Reduction for Current Year's Amortization (Cols. 1+2+3)
1. 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 Total Amount (Cols. 3 + 6)
	1 Other Than Mortgage Loans	2 Mortgage Loans	3 Total (Cols. 1 + 2)	4 Common Stock	5 Real Estate and Other Invested Assets	6 Total (Cols. 4 + 5)	
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)
LONG-TERM BONDS												
1		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		0.0021		0.0063		0.0105	
3.2	2	NAIC Designation Category 2.B			XXX		0.0025		0.0076		0.0127	
3.3	2	NAIC Designation Category 2.C			XXX		0.0036		0.0108		0.0180	
3.4	2	Subtotal NAIC 2 (3.1 + 3.2 + 3.3)			XXX		XXX		XXX		XXX	
4.1	3	NAIC Designation Category 3.A			XXX		0.0069		0.0183		0.0262	
4.2	3	NAIC Designation Category 3.B			XXX		0.0099		0.0264		0.0377	
4.3	3	NAIC Designation Category 3.C			XXX		0.0131		0.0350		0.0500	
4.4		Subtotal NAIC 3 (4.1 + 4.2 + 4.3)			XXX		XXX		XXX		XXX	
5.1	4	NAIC Designation Category 4.A			XXX		0.0184		0.0430		0.0615	
5.2	4	NAIC Designation Category 4.B			XXX		0.0238		0.0555		0.0793	
5.3	4	NAIC Designation Category 4.C			XXX		0.0310		0.0724		0.1034	
5.4		Subtotal NAIC 4 (5.1 + 5.2 + 5.3)			XXX		XXX		XXX		XXX	
6.1	5	NAIC Designation Category 5.A			XXX		0.0472		0.0846		0.1410	
6.2	5	NAIC Designation Category 5.B			XXX		0.0663		0.1188		0.1980	
6.3	5	NAIC Designation Category 5.C			XXX		0.0836		0.1498		0.2496	
6.4		Subtotal NAIC 5 (6.1 + 6.2 + 6.3)			XXX		XXX		XXX		XXX	
7	6	NAIC 6			XXX		0.0000		0.2370		0.2370	
8		Total Unrated Multi-Class Securities Acquired by Conversion			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 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)
SHORT-TERM BONDS												
18		Exempt Obligations		XXX	XXX		—	—	—	—	—	
19.1	1	NAIC Designation Category 1.A		XXX	XXX		0.0002	0.0007	0.0007	0.0013		
19.2	1	NAIC Designation Category 1.B		XXX	XXX		0.0004	0.0011	0.0011	0.0023		
19.3	1	NAIC Designation Category 1.C		XXX	XXX		0.0006	0.0018	0.0018	0.0035		
19.4	1	NAIC Designation Category 1.D		XXX	XXX		0.0007	0.0022	0.0022	0.0044		
19.5	1	NAIC Designation Category 1.E		XXX	XXX		0.0009	0.0027	0.0027	0.0055		
19.6	1	NAIC Designation Category 1.F		XXX	XXX		0.0011	0.0034	0.0034	0.0068		
19.7	1	NAIC Designation Category 1.G		XXX	XXX		0.0014	0.0042	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	XXX		
20.1	2	NAIC Designation Category 2.A		XXX	XXX		0.0021	0.0063	0.0063	0.0105		
20.2	2	NAIC Designation Category 2.B		XXX	XXX		0.0025	0.0076	0.0076	0.0127		
20.3	2	NAIC Designation Category 2.C		XXX	XXX		0.0036	0.0108	0.0108	0.0180		
20.4		Subtotal NAIC 2 (20.1 + 20.2 + 20.3)		XXX	XXX		XXX	XXX	XXX	XXX		
21.1	3	NAIC Designation Category 3.A		XXX	XXX		0.0069	0.0183	0.0183	0.0262		
21.2	3	NAIC Designation Category 3.B		XXX	XXX		0.0099	0.0264	0.0264	0.0377		
21.3	3	NAIC Designation Category 3.C		XXX	XXX		0.0131	0.0350	0.0350	0.0500		
21.4		Subtotal NAIC 3 (21.1 + 21.2 + 21.3)		XXX	XXX		XXX	XXX	XXX	XXX		
22.1	4	NAIC Designation Category 4.A		XXX	XXX		0.0184	0.0430	0.0430	0.0615		
22.2	4	NAIC Designation Category 4.B		XXX	XXX		0.0238	0.0555	0.0555	0.0793		
22.3	4	NAIC Designation Category 4.C		XXX	XXX		0.0310	0.0724	0.0724	0.1034		
22.4		Subtotal NAIC 4 (22.1 + 22.2 + 22.3)		XXX	XXX		XXX	XXX	XXX	XXX		
23.1	5	NAIC Designation Category 5.A		XXX	XXX		0.0472	0.0846	0.0846	0.1410		
23.2	5	NAIC Designation Category 5.B		XXX	XXX		0.0663	0.1188	0.1188	0.1980		
23.3	5	NAIC Designation Category 5.C		XXX	XXX		0.0836	0.1498	0.1498	0.2496		
23.4		Subtotal NAIC 5 (23.1 + 23.2 + 23.3)		XXX	XXX		XXX	XXX	XXX	XXX		
24	6	NAIC 6		XXX	XXX		—	0.2370	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	XXX		
DERIVATIVE INSTRUMENTS												
26		Exchange Traded		XXX	XXX		0.0005	0.0016	0.0016	0.0033		
27	1	Highest Quality		XXX	XXX		0.0005	0.0016	0.0016	0.0033		
28	2	High Quality		XXX	XXX		0.0021	0.0064	0.0064	0.0106		
29	3	Medium Quality		XXX	XXX		0.0099	0.0263	0.0263	0.0376		
30	4	Low Quality		XXX	XXX		0.0245	0.0572	0.0572	0.0817		
31	5	Lower Quality		XXX	XXX		0.0630	0.1128	0.1128	0.1880		
32	6	In or Near Default		XXX	XXX		—	0.2370	0.2370	0.2370		
33		Total Derivative Instruments		XXX	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 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)
		MORTGAGE LOANS										
		In Good Standing:										
35		Farm Mortgages – CM1 – Highest Quality			XXX		0.0011		0.0057		0.0074	
36		Farm Mortgages – CM2 – High Quality			XXX		0.0040		0.0114		0.0149	
37		Farm Mortgages – CM3 – Medium Quality			XXX		0.0069		0.0200		0.0257	
38		Farm Mortgages – CM4 – Low Medium Quality			XXX		0.0120		0.0343		0.0428	
39		Farm Mortgages – CM5 – Low Quality			XXX		0.0183		0.0486		0.0628	
40		Residential Mortgages – Insured or Guaranteed			XXX		0.0003		0.0007		0.0011	
41		Residential Mortgages – All Other			XXX		0.0015		0.0034		0.0046	
42		Commercial Mortgages – Insured or Guaranteed			XXX		0.0003		0.0007		0.0011	
43		Commercial Mortgages – All Other – CM1 – Highest Quality			XXX		0.0011		0.0057		0.0074	
44		Commercial Mortgages – All Other – CM2 – High Quality			XXX		0.0040		0.0114		0.0149	
45		Commercial Mortgages – All Other – CM3 – Medium Quality			XXX		0.0069		0.0200		0.0257	
46		Commercial Mortgages – All Other – CM4 – Low Medium Quality			XXX		0.0120		0.0343		0.0428	
47		Commercial Mortgages – All Other – CM5 – Low Quality			XXX		0.0183		0.0486		0.0628	
		Overdue, Not in Process:										
48		Farm Mortgages			XXX		0.0480		0.0868		0.1371	
49		Residential Mortgages – Insured or Guaranteed			XXX		0.0006		0.0014		0.0023	
50		Residential Mortgages – All Other			XXX		0.0029		0.0066		0.0103	
51		Commercial Mortgages - Insured or Guaranteed			XXX		0.0006		0.0014		0.0023	
52		Commercial Mortgages - All Other			XXX		0.0480		0.0868		0.1371	
		In Process of Foreclosure:										
53		Farm Mortgages			XXX		–		0.1942		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)			XXXXXX		XXX		XXX	
59		Schedule DA Mortgages			XXX		0.0034		0.0114		0.0149	
60		Total Mortgage Loans on Real Estate (Lines 58 + 59)			XXXXXX		XXX		XXX	

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

Line Number	NAIC Designation	Description	1 Book / Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Cols. 1+2+3)	Basic Contribution		Reserve Objective		Maximum Reserve	
							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.....		—	—	—	—	—	
5		Affiliated Investment Subsidiary:										
6		Fixed Income Exempt Obligations.....					XXX.....		XXX.....		XXX.....	
7		Fixed Income Highest Quality.....					XXX.....		XXX.....		XXX.....	
8		Fixed Income High Quality.....					XXX.....		XXX.....		XXX.....	
9		Fixed Income Medium Quality.....					XXX.....		XXX.....		XXX.....	
10		Fixed Income Low Quality.....					XXX.....		XXX.....		XXX.....	
11		Fixed Income Lower Quality.....					XXX.....		XXX.....		XXX.....	
12		Fixed Income In or Near Default.....					XXX.....		XXX.....		XXX.....	
13		Unaffiliated Common Stock Public.....					—	—	(a)	—	(a)	
14		Unaffiliated Common Stock Private.....					—	—	0.1945	—	0.1945	
15		Real Estate.....					—	—	(b)	—	(b)	
16		Affiliated-Certain Other (See SVO Purposes & Procedures Manual).....		XXX.....	XXX.....		—	—	0.1580	—	0.1580	
17		Affiliated - All Other.....		XXX.....	XXX.....		—	—	0.1945	—	0.1945	
		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		Highest Quality.....		XXX.....	XXX.....		0.0005		0.0016	—	0.0033	
24		High Quality.....		XXX.....	XXX.....		0.0021		0.0064	—	0.0106	
25		Medium Quality.....		XXX.....	XXX.....		0.0099		0.0263	—	0.0376	
26		Low Quality.....		XXX.....	XXX.....		0.0245		0.0572	—	0.0817	
27		Lower Quality.....		XXX.....	XXX.....		0.0630		0.1128	—	0.1880	
28		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 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)
30	1	INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF PREFERRED STOCKS		XXX	XXX		0.0005		0.0016		0.0033	
31	2	Highest Quality		XXX	XXX		0.0021		0.0064		0.0106	
32	3	High Quality		XXX	XXX		0.0099		0.0263		0.0376	
33	4	Medium Quality		XXX	XXX		0.0245		0.0572		0.0817	
34	5	Low Quality		XXX	XXX		0.0630		0.1128		0.1880	
35	6	Lower Quality		XXX	XXX		—	—	0.2370		0.2370	
36		In or Near Default		XXX	XXX		—	—	—	—	—	
37		Affiliated Life with AVR		XXX	XXX		—	—	—	—	—	
		Total with Preferred Stock Characteristics (Sum of Lines 30 through 36)		XXX	XXX		XXX	—	XXX	—	XXX	
34		INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF MORTGAGE LOANS										
		In Good Standing Affiliated:										
		Mortgages - CM1 - Highest Quality			XXX		0.0011		0.0057		0.0074	
		Mortgages - CM2 - High Quality			XXX		0.0040		0.0114		0.0149	
		Mortgages - CM3 - Medium Quality			XXX		0.0069		0.0200		0.0257	
		Mortgages - CM4 - Low Medium Quality			XXX		0.0120		0.0343		0.0428	
		Mortgages - CM5 - Low Quality			XXX		0.0183		0.0486		0.0628	
		Residential Mortgages - Insured or Guaranteed			XXX		0.0003		0.0007		0.0011	
		Residential Mortgages - All Other			XXX		0.0015		0.0034		0.0046	
		Commercial Mortgages - Insured or Guaranteed			XXX		0.0003		0.0007		0.0011	
		Overdue, Not in Process Affiliated:										
		Farm Mortgages			XXX		0.0480		0.0868		0.1371	
		Residential Mortgages - Insured or Guaranteed			XXX		0.0006		0.0014		0.0023	
		Residential Mortgages - All Other			XXX		0.0029		0.0066		0.0103	
		Commercial Mortgages - Insured or Guaranteed			XXX		0.0006		0.0014		0.0023	
		Commercial Mortgages -- All Other			XXX		0.0480		0.0868		0.1371	
		In Process of Foreclosure Affiliated:										
		Farm Mortgages			XXX		—	—	0.1942		0.1942	
		Residential Mortgages - Insured or Guaranteed			XXX		—	—	0.0046		0.0046	
		Residential Mortgages - All Other			XXX		—	—	0.0149		0.0149	
		Commercial Mortgages - Insured or Guaranteed			XXX		—	—	0.0046		0.0046	
		Commercial Mortgages - All Other			XXX		—	—	0.1942		0.1942	
		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 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)
65		INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF COMMON STOCK		XXX	XXX		—	—	(a)		(a)	
66		Unaffiliated Public		XXX	XXX		—	—	0.1945		0.1945	
67		Unaffiliated Private		XXX	XXX		—	—	—		—	
68		Affiliated Life with AVR		XXX	XXX		—	—	0.1580		0.1580	
69		Affiliated Certain Other (See SVO Purposes & Procedures Manual)		XXX	XXX		—	—	0.1945		0.1945	
70		Affiliated Other - All Other		XXX	XXX		—	—	XXX		XXX	
Total with Common Stock Characteristics (Sum of Lines 65 through 69)				XXX	XXX		XXX	—	XXX		XXX	
71		INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF REAL ESTATE					—	—	0.0912		0.0912	
72		Home Office Property (General Account only)					—	—	0.0912		0.0912	
73		Investment Properties					—	—	0.0912		0.0912	
74		Properties Acquired in Satisfaction of Debt					—	—	0.1337		0.1337	
Total with Real Estate Characteristics (Sum of Lines 71 through 73)							XXX	—	XXX		XXX	
75		LOW INCOME HOUSING TAX CREDIT INVESTMENTS					0.0003		0.0006		0.0010	
76		Guaranteed Federal Low Income Housing Tax Credit					0.0063		0.0120		0.0190	
77		Non-guaranteed Federal Low Income Housing Tax Credit					0.0003		0.0006		0.0010	
78		Guaranteed State Low Income Housing Tax Credit					0.0063		0.0120		0.0190	
79		Non-guaranteed State Low Income Housing Tax Credit					0.0273		0.0600		0.0975	
80		All Other Low Income Housing Tax Credit					XXX		XXX		XXX	
Total LIHTC (Sum of Lines 75 through 79)							XXX	—	XXX		XXX	
81		RESIDUAL TRANCES OR INTERESTS		XXX	XXX		—	—	0.1580		0.1580	
82		Fixed Income Instruments – Unaffiliated		XXX	XXX		—	—	0.1580		0.1580	
83		Fixed Income Instruments – Affiliated		XXX	XXX		—	—	0.1580		0.1580	
84		Common Stock – Unaffiliated		XXX	XXX		—	—	0.1580		0.1580	
85		Common Stock – Affiliated		XXX	XXX		—	—	0.1580		0.1580	
86		Preferred Stock – Unaffiliated		XXX	XXX		—	—	0.1580		0.1580	
87		Preferred Stock – Affiliated		XXX	XXX		—	—	0.1580		0.1580	
88		Real Estate – Unaffiliated					—	—	0.1580		0.1580	
89		Real Estate – Affiliated					—	—	0.1580		0.1580	
90		Mortgage Loans – Unaffiliated		XXX	XXX		—	—	0.1580		0.1580	
91		Mortgage Loans – Affiliated		XXX	XXX		—	—	0.1580		0.1580	
92		Other – Unaffiliated		XXX	XXX		—	—	0.1580		0.1580	
93		Other – Affiliated		XXX	XXX		—	—	0.1580		0.1580	
Total Residual Trances or Interests (Sum of Lines 81 through 92)							XXX	—	XXX		XXX	
94		ALL OTHER INVESTMENTS		XXX	XXX		—	—	0.0042		0.0042	
95		NAIC 1 Working Capital Finance Investments		XXX	XXX		—	—	0.0137		0.0137	
96		NAIC 2 Working Capital Finance Investments		XXX	XXX		—	—	0.1580		0.1580	
97		Other Invested Assets - Schedule BA		XXX	XXX		—	—	0.1580		0.1580	
98		Other Short-Term Invested Assets - Schedule DA		XXX	XXX		—	—	0.1580		0.1580	
99		Total All Other (Sum of Lines 94, 95, 96 and 97)		XXX	XXX		XXX	—	XXX		XXX	
Total Other Invested Assets - Schedules BA & DA (Sum of Lines 29, 37, 64, 70, 74, 80, 93 and 98)				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 RSAT Number	2 Type	3 CUSIP	4 Description of Asset(s)	5 NAIC Designation or Other Description of Asset	6 Value of Asset	7 AVR Basic Contribution	8 AVR Reserve Objective	9 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 Contract Numbers	2 Claim Numbers	3 State of Residence of Claimant	4 Year of Claim for Death or Disability	5 Amount Claimed	6 Amount Paid During the Year	7 Amount Resisted Dec. 31 of Current Year	8 Why Compromised or Resisted
Claims Resisted During Current Year, Death Claims, Ordinary							
PST-00000000876	PAAlthouse61124	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 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Paid Losses	7 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				
08999999	- General Account, Authorized, Non-Affiliates, U.S. Non-Affiliates						282,640,000	188,718	45,024	263,806				
10999999	- General Account, Authorized, Total Authorized Non-Affiliates						282,640,000	188,718	45,024	263,806				
11999999	- Total General Account Authorized						282,640,000	188,718	45,024	263,806				
45999999	- Total General Account Authorized, Unauthorized, Reciprocal Jurisdiction and Certified						282,640,000	188,718	45,024	263,806				
91999999	- Total U.S.						282,640,000	188,718	45,024	263,806				
99999999	- Total (Sum of 45999999 and 90999999)						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 2024	2 2023	3 2022	4 2021	5 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	584				
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 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12).....	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
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
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
NET CREDIT FOR CEDED REINSURANCE			
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

States, Etc.	Direct Business Only					
	1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	6 Totals
1. Alabama.....	AL					
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

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	Drive Insurance Company	OH	IA	The Progressive Corporation	Ownership	100.000	The Progressive Corporation	NO	13
		00000	83-0371533			Progressive Agency Holdings, Inc.	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	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	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	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	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	Progressive Casualty Insurance Company	OH	IA	Progressive Agency Holdings, Inc.	OWNERSHIP	100.000	The Progressive Corporation	NO	10
		00000	34-1576555			PC Investment Company	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	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	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	Progressive Specialty Insurance Company	OH	IA	Progressive Casualty Insurance Company	OWNERSHIP	100.000	The Progressive Corporation	YES	10
		00000				Trussville/Cahaba, AL , LLC	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	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.	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	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	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	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	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	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	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	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	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.	Progressive Commercial Advantage Agency, Inc.	OH	NIA	Progressive Agency 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) *	
		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
0155	Progressive Insurance Group	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

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

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1 Group Code	2 Group Name	3 NAIC Company Code	4 ID Number	5 Federal RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries or Affiliates	9 Domiciliary Location	10 Relationship to Reporting Entity	11 Directly Controlled by (Name of Entity/Person)	12 Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	13 If Control is Ownership, Provide Percentage	14 Ultimate Controlling Entity(ies) / Person(s)	15 Is an SCA Filing Required? (Yes/No)	16 *
		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 NAIC Company Code	2 ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred Under Reinsurance Agreements	10 *	11 Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	12 Totals	13 Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
	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)	897,368,031		(5,374,172,910)	815,660,706	*		1,031,000,000	
16322	34-1524319	Progressive Direct Insurance Company	(903,000,000)		60,149,053		(51,568,720)	616	*		(4,564,144,173)	(5,361,983,160)
24279	34-0472535	Progressive Max Insurance Company	(61,000,000)		10,000,000		(6,632,381)		*		(52,419,051)	11,036
44695	86-0686869	Progressive Paloverde Insurance Company			5,000,000		(16,771,841)		*		3,367,619	
21735	36-3789786	Progressive Premier Ins. Co. of Illinois	(20,000,000)		19,649,652		(39,100,254)		*		(11,771,841)	
21727	36-3789787	Progressive Universal Insurance Company					(38,636,727)		*		(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		(272,822,819)	(24,503,099)			(38,885,215)	
14800	22-2404709	Progressive Garden State Insurance Co.		12,000,000	21,560,903		(177,936,872)				(285,325,918)	1,087,323,090
44180	23-2599971	Mountain Laurel Assurance Company	(22,000,000)		480,000,000		(917,973,570)	552,019,861			(178,375,969)	
	20-1583033	Progressive Commercial Holdings, Inc.					(9,591,499)	(703,717)			(399,845,235)	1,573,872,198
	36-3298008	United Financial Casualty Company	(445,000,000)		440,731,328		(223,174,201)	(176,671,034)			(541,558,787)	2,044,102,103
	10243	National Continental Insurance Company	(35,000,000)		34,434,236		(202,799,649)	(338,193,374)			(10,295,216)	5,133,754
	10194	Artisan and Truckers Casualty Company										
	10193	Progressive Express Insurance Company										

SCHEDULE Y

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

1 NAIC Company Code	2 ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred Under Reinsurance Agreements	10 * Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	11	12	13 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 Insurers in Holding Company	2 Owners with Greater than 10% Ownership	3 Ownership Percentage Column 2 of Column 1	4 Granted Disclaimer of Control / Affiliation of Column 2 Over Column 1 (Yes/No)	5 Ultimate Controlling Party	6 U.S. Insurance Groups or Entities Controlled by Column 5	7 Ownership Percentage (Column 5 of Column 6) (Yes/No)	8 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 Insurers in Holding Company	2 Owners with Greater than 10% Ownership	3 Ownership Percentage Column 2 of Column 1	4 Granted Disclaimer of Control / Affiliation of Column 2 Over Column 1 (Yes/No)	5 Ultimate Controlling Party	6 U.S. Insurance Groups or Entities Controlled by Column 5	7 Ownership Percentage (Column 5 of Column 6) (Yes/No)	8 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
March Filing		
1.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
2.	Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	YES
3.	Will the confidential Risk-based Capital Report be filed with the state of domicile, if required, by March 1?	YES
4.	Will an actuarial opinion be filed by March 1?	YES
April Filing		
5.	Will Management's Discussion and Analysis be filed by April 1?	YES
6.	Will the Life, Health & Annuity Guaranty Association Assessable Premium Exhibit – Parts 1 and 2 be filed with the state of domicile and the NAIC by April 1? (Not applicable to fraternal benefit societies)	YES
7.	Will the Supplemental Investment Risks Interrogatories be filed by April 1?	YES
June Filing		
8.	Will an audited financial report be filed by June 1?	YES
9.	Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	YES
SUPPLEMENTAL FILINGS		
<p>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.</p>		
March Filing		
10.	Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1? (Not applicable to fraternal benefit societies)	NO
11.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	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
April Filing		
37.	Will the confidential Regulatory Asset Adequacy Issues Summary (RAAIS) required by the Valuation Manual be filed with the state of domicile by April 1?	YES
38.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	NO
39.	Will the Credit Insurance Experience Exhibit be filed with the state of domicile and the NAIC by April 1? (Not applicable to fraternal benefit societies)	NO

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



NAIC Group Code: 0155

NAIC Company Code: 16816

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)

		Prior Year	Current Year	
		1 Reported Reserve	2 Reported Reserve	3 Due and Deferred Premium Asset
1.	Post-Reinsurance-Ceded Reserve			
1.1.	Term Life Insurance.....			
1.2.	Universal Life With Secondary Guarantee.....			
1.3.	Non-Participating Whole Life.....			
1.4.	Participating Whole Life.....			
1.5.	Universal Life Without Secondary Guarantee.....			
1.6.	Variable Universal Life.....			
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

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 Net Premium Reserve	2 Deterministic Reserve	3 Stochastic Reserve	4 Number of Policies	5 Face Amount	6 Net Premium Reserve	7 Deterministic Reserve	8 Number of Policies	9 Face Amount	10 Net Premium Reserve	11 Number of Policies	12 Face Amount
1. Post-Reinsurance-Ceded Reserve					XXX	XXX			XXX	XXX	XXX	XXX
1.1. Term Life Insurance					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)												

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 2020	2 2021	3 2022	4 2023	5 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 2020	2 2021	3 2022	4 2023	5 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 2020	2 2021	3 2022	4 2023	5 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 1Development 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 2020	2 2021	3 2022	4 2023	5 2024 (a)
1. Prior.....					
2. 2020.....					
3. 2021.....	XXX				
4. 2022.....	XXX	XXX			
5. 2023.....	XXX	XXX	XXX		
6. 2024.....	XXX	XXX	XXX	XXX	XXX

SECTION E – OTHER COVERAGES USING THE DEVELOPMENT METHOD

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

SECTION F – OTHER COVERAGES USING THE DEVELOPMENT METHOD

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

SECTION G – OTHER COVERAGES USING THE DEVELOPMENT METHOD

Years in Which Losses Were Incurred	Cumulative Net Amounts Paid Policyholders				
	1 2020	2 2021	3 2022	4 2023	5 2024 (a)
1. Prior.....					
2. 2020.....					
3. 2021.....	XXX				
4. 2022.....	XXX	XXX			
5. 2023.....	XXX	XXX	XXX		
6. 2024.....	XXX	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 4Development of Incurred Losses
(\$000 Omitted)**SECTION A – GROUP ACCIDENT AND HEALTH**

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

SECTION B – OTHER ACCIDENT AND HEALTH

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

SECTION C – CREDIT ACCIDENT AND HEALTH

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

SUPPLEMENTAL SCHEDULE O – PART 4Development of Incurred Losses
(\$000 Omitted)**SECTION D – OTHER COVERAGES USING THE DEVELOPMENT METHOD**

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

SECTION E – OTHER COVERAGES USING THE DEVELOPMENT METHOD

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

SECTION F – OTHER COVERAGES USING THE DEVELOPMENT METHOD

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

SECTION G – OTHER COVERAGES USING THE DEVELOPMENT METHOD

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

SUPPLEMENTAL SCHEDULE O – PART 5

(\$000 Omitted)

RESERVE AND LIABILITY METHODOLOGY - EXHIBITS 6 AND 8

Line of Business	Methodology	1	2
			Amount
1. Industrial life.....			
2. Ordinary life.....	Standard Factor.....		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

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

**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

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

**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

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


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

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

**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

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

**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

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

**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

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


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

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


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

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

**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

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


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

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


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

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

**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

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

**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

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


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

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

**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

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

**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

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