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

ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2024

OF THE CONDITION AND AFFAIRS OF THE

MASSMUTUAL ASCEND LIFE INSURANCE COMPANY

NAIC Group Code 0435 (Current) 0435 (Prior) NAIC Company Code 63312 Employer's ID Number 13-1935920

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

Country of Domicile United States of America

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

Incorporated/Organized 12/29/1961 Commenced Business 08/13/1963

Statutory Home Office 191 Rosa Parks Street (Street and Number), Cincinnati, OH, US 45202 (City or Town, State, Country and Zip Code)

Main Administrative Office 191 Rosa Parks Street (Street and Number)

Cincinnati, OH, US 45202 (City or Town, State, Country and Zip Code), 513-361-9000 (Area Code) (Telephone Number)

Mail Address Post Office Box 5420 (Street and Number or P.O. Box), Cincinnati, OH, US 45201 (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 191 Rosa Parks Street (Street and Number)

Cincinnati, OH, US 45202 (City or Town, State, Country and Zip Code), 513-361-9000 (Area Code) (Telephone Number)

Internet Website Address www.massmutualascend.com

Statutory Statement Contact Robert Mayhew Earle II (Name), 513-361-9077 (Area Code) (Telephone Number)

rearle@mmascend.com (E-mail Address), 513-345-9484 (FAX Number)

OFFICERS

Mark Francis Muething	Brian Patrick Sponaugle
John Paul Gruber	Isaac Cezar Hall

OTHER

Dominic Lusean Blue	Donna Marie Carrelli	Michael Harrison Haney

DIRECTORS OR TRUSTEES

Dominic Lusean Blue	Elizabeth Ward Chicares	Susan Marie Cicco
Geoffrey James Craddock	Roger William Crandall	Vy Ho #
Paul Anthony LaPiana	Sears Andrew Merritt	Mark Francis Muething
Michael James O'Connor	Eric William Partlan	

State of Ohio
County of Hamilton 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.

Mark Francis Muething	John Paul Gruber	Brian Patrick Sponaugle
President	Secretary	Treasurer

Subscribed and sworn to before me this
_____ day of February 2025

a. Is this an original filing? ..... Yes [X] No [ ]
b. If no,
1. State the amendment number.....
2. Date filed .....
3. Number of pages attached.....

OFFICERS AND DIRECTORS WHO DID NOT OCCUPY THE INDICATED POSITION IN THE PREVIOUS ANNUAL STATEMENT

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0435 BUSINESS IN THE STATE OF Alabama DURING THE YEAR 2024 NAIC Company Code 63312

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members: 3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	Claims and Benefits Paid: 8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole	15,785						0	0	0	0		0
3. Term	162,436						0	101,000	13,900	0		114,900
4. Indexed							0					0
5. Universal	28,658						0	50,000	0	0		50,000
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other							0					0
11. Total Individual Life	206,879	0	0	0	0	0	0	151,000	13,900	0	0	164,900
Group Life												
12. Whole							0	0	0	0		0
13. Term							0	0	0	0		0
14. Universal							0	0	0	0		0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other							0					0
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed	50,829,793						0	14,731,458		49,045,495		63,776,953
21. Indexed	90,208,919						0	15,219,501		82,650,260		97,869,761
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout	0						0	294,557		0		294,557
25. Other							0					0
26. Total Individual Annuities	141,038,712	0	0	0	0	0	0	30,245,516	0	131,695,755	0	161,941,271
Group Annuities												
27. Fixed	2,359						0	33,550		250,968		284,519
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout	0						0	829,129		0		829,129
32. Other							0					0
33. Total Group Annuities	2,359	0	0	0	0	0	0	862,680	0	250,968	0	1,113,648
Accident and Health												
34. Comprehensive individual (d)							0	XXX	XXX	XXX		0
35. Comprehensive group (d)							0	XXX	XXX	XXX		0
36. Medicare Supplement (d)	17,163						0	XXX	XXX	XXX	15,190	15,190
37. Vision only (d)							0	XXX	XXX	XXX		0
38. Dental only (d)							0	XXX	XXX	XXX		0
39. Federal Employees Health Benefits Plan (d)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)	(e)						0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)							0	XXX	XXX	XXX		0
42. Credit A&H							0	XXX	XXX	XXX		0
43. Disability income (d)	0						0	XXX	XXX	XXX		0
44. Long-term care (d)	12,787						0	XXX	XXX	XXX	0	0
45. Other health (d)	0						0	XXX	XXX	XXX		0
46. Total Accident and Health	29,950	0	0	0	0	0	0	XXX	XXX	XXX	15,190	15,190
47. Total	141,277,900 (c)	0	0	0	0	0	0	31,259,196	13,900	131,946,724	15,190	163,235,010

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

NAIC Group Code 0435 BUSINESS IN THE STATE OF Alabama DURING THE YEAR 2024 NAIC Company Code 63312

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year							22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year		23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life															
1. Industrial								0	0	0					
2. Whole	1,000	0	0	0	0	0	0	0	0	1,000	0	0	0	(134)	30	253,641
3. Term	1,214,900	1	114,900	0	0	0	0	1	114,900	1,100,000	0	0	(19)	(8,473,000)	85	22,831,200
4. Indexed								0	0	0						
5. Universal	50,000	2	50,000	0	0	0	0	2	50,000	0	0	0	(1)	174,235	39	4,442,516
6. Universal with secondary guarantees								0	0	0						
7. Variable								0	0	0						
8. Variable universal								0	0	0						
9. Credit								0	0	0						
10. Other								0	0	0						
11. Total Individual Life	1,265,900	3	164,900	0	0	0	0	3	164,900	1,101,000	0	0	(20)	(8,298,899)	154	27,527,357
Group Life																
12. Whole	0	0	0	0	0	0		0	0	0	0	0	0	167	7	33,289
13. Term								0	0	0						
14. Universal								0	0	0						
15. Variable								0	0	0						
16. Variable universal								0	0	0						
17. Credit								0	0	0						(a)
18. Other								0	0	0						
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0	0	167	7	33,289
Individual Annuities																
20. Fixed	15,652,091	163	13,664,744					163	13,664,744	5,420,924	369	54,430,925	(722)	(58,345,603)	4,226	415,291,815
21. Indexed	14,579,995	119	14,921,635					119	14,921,635	2,775,865	681	92,352,096	(766)	(58,013,462)	5,250	674,246,687
22. Variable with guarantees								0	0	0						
23. Variable without guarantees								0	0	0						
24. Life contingent payout	103,928	2	103,928					2	103,928	0	8	143,873	(5)	(340,542)	49	1,494,580
25. Other								0	0	0	12	1,453,725	(13)	(838,482)	61	3,427,858
26. Total Individual Annuities	30,336,014	284	28,690,307	0	0	0	0	284	28,690,307	8,196,788	1,070	148,380,620	(1,506)	(117,538,089)	9,586	1,094,460,940
Group Annuities																
27. Fixed	26,698	1	33,550					1	33,550	0	0	0	2	146,951	86	1,765,026
28. Indexed								0	0	0						
29. Variable with guarantees								0	0	0						
30. Variable without guarantees								0	0	0						
31. Life contingent payout								0	0	0	0	0	(8)	(829,481)	187	9,322,164
32. Other								0	0	0	0	0	0	0	0	0
33. Total Group Annuities	26,698	1	33,550	0	0	0	0	1	33,550	0	0	0	(6)	(682,530)	273	11,087,190
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	159	3	17,163
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	0	0	0
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	680	6	12,787
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	0	0	0
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	839	9	29,950
47. Total	31,628,611	288	28,888,757	0	0	0	0	288	28,888,757	9,297,788	1,070	148,380,620	(1,532)	(126,518,512)	10,029	1,133,138,726

(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: $ .....0 Group: $ ..... Total: $ 0

(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 $ .....

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0435 BUSINESS IN THE STATE OF Alaska DURING THE YEAR 2024 NAIC Company Code 63312

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members 3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	Claims and Benefits Paid 8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole	0						0	0	0	0		0
3. Term	1,944						0	0	0	0		0
4. Indexed							0					0
5. Universal	3,849						0	0	0	0		0
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other							0					0
11. Total Individual Life	5,793	0	0	0	0	0	0	0	0	0	0	0
Group Life												
12. Whole							0	0	0	0		0
13. Term							0	0	0	0		0
14. Universal							0	0	0	0		0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other							0					0
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed	1,866,838						0	391,917		269,187		661,104
21. Indexed	4,313,696						0	995,193		1,345,394		2,340,587
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout	0						0	31,751		0		31,751
25. Other							0					0
26. Total Individual Annuities	6,180,534	0	0	0	0	0	0	1,418,861	0	1,614,580	0	3,033,441
Group Annuities												
27. Fixed	0						0	25,760		0		25,760
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout	0						0	29,633		0		29,633
32. Other							0					0
33. Total Group Annuities	0	0	0	0	0	0	0	55,393	0	0	0	55,393
Accident and Health												
34. Comprehensive individual (d)							0	XXX	XXX	XXX		0
35. Comprehensive group (d)							0	XXX	XXX	XXX		0
36. Medicare Supplement (d)	0						0	XXX	XXX	XXX	0	0
37. Vision only (d)							0	XXX	XXX	XXX		0
38. Dental only (d)							0	XXX	XXX	XXX		0
39. Federal Employees Health Benefits Plan (d)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)	(e)						0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)							0	XXX	XXX	XXX		0
42. Credit A&H							0	XXX	XXX	XXX		0
43. Disability income (d)	0						0	XXX	XXX	XXX		0
44. Long-term care (d)	0						0	XXX	XXX	XXX	0	0
45. Other health (d)	0						0	XXX	XXX	XXX		0
46. Total Accident and Health	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
47. Total	6,186,327 (c)	0	0	0	0	0	0	1,474,254	0	1,614,580	0	3,088,834

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

NAIC Group Code 0435 BUSINESS IN THE STATE OF Alaska DURING THE YEAR 2024 NAIC Company Code 63312

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year							22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year		23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life															
1. Industrial								0	0	0					
2. Whole	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	11,842
3. Term	0	0	0	0	0	0	0	0	0	0	0	0	(1)	(100,000)	4	800,000
4. Indexed								0	0	0						
5. Universal	0	0	0	0	0	0	0	0	0	0	0	0	2	301,700	11	946,374
6. Universal with secondary guarantees								0	0	0						
7. Variable								0	0	0						
8. Variable universal								0	0	0						
9. Credit								0	0	0						
10. Other								0	0	0						
11. Total Individual Life	0	0	0	0	0	0	0	0	0	0	0	0	1	201,700	17	1,758,216
Group Life																
12. Whole	0	0	0					0	0	0	0	0	0	0	0	0
13. Term								0	0	0						
14. Universal								0	0	0						
15. Variable								0	0	0						
16. Variable universal								0	0	0						
17. Credit								0	0	0						(a)
18. Other								0	0	0						
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities																
20. Fixed	242,761	0	242,761					0	242,761	0	5	721,122	(3)	(117,531)	56	6,283,821
21. Indexed	910,914	2	910,914					2	910,914	0	8	2,687,947	(10)	(549,344)	82	11,478,595
22. Variable with guarantees								0	0	0						
23. Variable without guarantees								0	0	0						
24. Life contingent payout	0	0	0					0	0	0	0	0	0	(12,596)	3	217,203
25. Other								0	0	0	2	162,234	(2)	(106,259)	11	524,934
26. Total Individual Annuities	1,153,676	2	1,153,676	0	0	0	0	2	1,153,676	0	15	3,571,304	(15)	(785,730)	152	18,504,554
Group Annuities																
27. Fixed	25,760	0	25,760					0	25,760	0	0	0	1	4,065	7	39,776
28. Indexed								0	0	0						
29. Variable with guarantees								0	0	0						
30. Variable without guarantees								0	0	0						
31. Life contingent payout								0	0	0	0	0	(1)	(21,720)	9	369,463
32. Other								0	0	0	0	0	0	0	0	0
33. Total Group Annuities	25,760	0	25,760	0	0	0	0	0	25,760	0	0	0	0	(17,655)	16	409,238
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	0	0	0
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	0	0	0
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	0	0	0
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	0	0	0
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
47. Total	1,179,436	2	1,179,436	0	0	0	0	2	1,179,436	0	15	3,571,304	(14)	(601,685)	185	20,672,008

(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: $ .....0 Group: $ ..... Total: $ 0

(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 $ .....

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0435 BUSINESS IN THE STATE OF Arizona DURING THE YEAR 2024 NAIC Company Code 63312

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members: 3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	Claims and Benefits Paid: 8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole	16,417						0	9,564	0	8,032		17,596
3. Term	249,569						0	121,000	105,700	0		226,700
4. Indexed							0					0
5. Universal	156,909						0	10,000	0	68,831		78,831
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other							0					0
11. Total Individual Life	422,895	0	0	0	0	0	0	140,564	105,700	76,863	0	323,127
Group Life												
12. Whole							0	0	0	0		0
13. Term							0	0	0	0		0
14. Universal							0	0	0	0		0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other							0					0
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed	46,379,642						0	12,215,438		21,529,844		33,745,282
21. Indexed	127,703,977						0	18,843,954		98,394,832		117,238,786
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout	66,241						0	649,869		108,630		758,500
25. Other							0					0
26. Total Individual Annuities	174,149,860	0	0	0	0	0	0	31,709,262	0	120,033,306	0	151,742,568
Group Annuities												
27. Fixed	29,305						0	184,103		1,523,299		1,707,402
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout	(14,131)						0	1,149,928		0		1,149,928
32. Other							0					0
33. Total Group Annuities	15,174	0	0	0	0	0	0	1,334,031	0	1,523,299	0	2,857,331
Accident and Health												
34. Comprehensive individual (d)							0	XXX	XXX	XXX		0
35. Comprehensive group (d)							0	XXX	XXX	XXX		0
36. Medicare Supplement (d)	7,426						0	XXX	XXX	XXX	13,138	13,138
37. Vision only (d)							0	XXX	XXX	XXX		0
38. Dental only (d)							0	XXX	XXX	XXX		0
39. Federal Employees Health Benefits Plan (d)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)	(e)						0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)							0	XXX	XXX	XXX		0
42. Credit A&H							0	XXX	XXX	XXX		0
43. Disability income (d)	0						0	XXX	XXX	XXX		0
44. Long-term care (d)	13,311						0	XXX	XXX	XXX	0	0
45. Other health (d)	25						0	XXX	XXX	XXX		0
46. Total Accident and Health	20,762	0	0	0	0	0	0	XXX	XXX	XXX	13,138	13,138
47. Total	174,608,691 (c)	0	0	0	0	0	0	33,183,857	105,700	121,633,468	13,138	154,936,163

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

NAIC Group Code 0435 BUSINESS IN THE STATE OF Arizona DURING THE YEAR 2024 NAIC Company Code 63312

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year							22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year		23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life															
1. Industrial								0	0	0					
2. Whole	7,098	4	9,564	0	0	0	0	4	9,564	1,421	0	0	(6)	(110,298)	63	500,953
3. Term	226,700	2	226,700	0	0	0	0	2	226,700	0	0	0	(27)	(11,182,000)	191	49,760,000
4. Indexed								0	0	0						
5. Universal	101,000	1	10,000	0	0	0	0	1	10,000	101,000	0	0	(8)	(925,364)	148	21,273,272
6. Universal with secondary guarantees								0	0	0						
7. Variable								0	0	0						
8. Variable universal								0	0	0						
9. Credit								0	0	0						
10. Other								0	0	0						
11. Total Individual Life	334,798	7	246,264	0	0	0	0	7	246,264	102,421	0	0	(41)	(12,217,662)	402	71,534,225
Group Life																
12. Whole	0	0	0					0	0	0	0	0	0	69	10	16,195
13. Term								0	0	0						
14. Universal								0	0	0						
15. Variable								0	0	0						
16. Variable universal								0	0	0						
17. Credit								0	0	0						(a)
18. Other								0	0	0						
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0	0	69	10	16,195
Individual Annuities																
20. Fixed	10,145,733	68	9,161,396					68	9,161,396	2,543,219	266	47,982,115	(255)	(30,416,326)	2,071	256,857,617
21. Indexed	17,691,726	153	18,272,395					153	18,272,395	4,842,063	795	131,709,520	(793)	(85,815,432)	4,548	625,762,637
22. Variable with guarantees								0	0	0						
23. Variable without guarantees								0	0	0						
24. Life contingent payout	0	0	0					0	0	0	5	204,291	(11)	(656,753)	107	3,929,259
25. Other								0	0	0	19	2,132,929	(40)	(2,184,881)	162	7,371,811
26. Total Individual Annuities	27,837,458	221	27,433,792	0	0	0	0	221	27,433,792	7,385,282	1,085	182,028,856	(1,099)	(119,073,391)	6,888	893,921,324
Group Annuities																
27. Fixed	170,356	4	184,103					4	184,103	0	0	0	(32)	(1,184,700)	565	12,421,275
28. Indexed								0	0	0						
29. Variable with guarantees								0	0	0						
30. Variable without guarantees								0	0	0						
31. Life contingent payout								0	0	0	0	0	(12)	(975,659)	399	15,061,414
32. Other								0	0	0	0	0	0	0	0	0
33. Total Group Annuities	170,356	4	184,103	0	0	0	0	4	184,103	0	0	0	(44)	(2,160,358)	964	27,482,689
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			1	7,426	1	7,426
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	0	0	0
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	0	6	13,311
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	0	1	25
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	1	7,426	8	20,762
47. Total	28,342,612	232	27,864,159	0	0	0	0	232	27,864,159	7,487,703	1,085	182,028,856	(1,183)	(133,443,916)	8,272	992,975,195

(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: $ 313,245 Group: $ ..... Total: $ 313,245

(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 $ .....

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0435 BUSINESS IN THE STATE OF Arkansas DURING THE YEAR 2024 NAIC Company Code 63312

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members: 3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	Claims and Benefits Paid: 8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole	7,257						0	0	0	0		0
3. Term	104,896						0	300,000	0	0		300,000
4. Indexed							0					0
5. Universal	29,185						0	0	0	2,954		2,954
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other							0					0
11. Total Individual Life	141,338	0	0	0	0	0	0	300,000	0	2,954	0	302,954
Group Life												
12. Whole							0	56,780	4,371	1,302		62,453
13. Term							0	0	0	0		0
14. Universal							0	0	0	0		0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other							0					0
19. Total Group Life	0	0	0	0	0	0	0	56,780	4,371	1,302	0	62,453
Individual Annuities												
20. Fixed	12,194,040						0	4,139,774		6,747,846		10,887,620
21. Indexed	56,080,704						0	7,115,913		25,977,162		33,093,075
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout	309,901						0	233,472		0		233,472
25. Other							0					0
26. Total Individual Annuities	68,584,645	0	0	0	0	0	0	11,489,159	0	32,725,008	0	44,214,167
Group Annuities												
27. Fixed	550						0	8,130		9,365		17,495
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout	(150,842)						0	511,870		10,721		522,591
32. Other							0					0
33. Total Group Annuities	(150,292)	0	0	0	0	0	0	520,000	0	20,086	0	540,086
Accident and Health												
34. Comprehensive individual (d)							0	XXX	XXX	XXX		0
35. Comprehensive group (d)							0	XXX	XXX	XXX		0
36. Medicare Supplement (d)	0						0	XXX	XXX	XXX	0	0
37. Vision only (d)							0	XXX	XXX	XXX		0
38. Dental only (d)							0	XXX	XXX	XXX		0
39. Federal Employees Health Benefits Plan (d)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)	(e)						0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)							0	XXX	XXX	XXX		0
42. Credit A&H							0	XXX	XXX	XXX		0
43. Disability income (d)	0						0	XXX	XXX	XXX		0
44. Long-term care (d)	1,348						0	XXX	XXX	XXX	0	0
45. Other health (d)	0						0	XXX	XXX	XXX		0
46. Total Accident and Health	1,348	0	0	0	0	0	0	XXX	XXX	XXX	0	0
47. Total	68,577,039 (c)	0	0	0	0	0	0	12,365,939	4,371	32,749,350	0	45,119,660

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

NAIC Group Code 0435 BUSINESS IN THE STATE OF Arkansas DURING THE YEAR 2024 NAIC Company Code 63312

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year							22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year		23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life															
1. Industrial								0	0	0					
2. Whole	0	0	0	0	0	0	0	0	0	0	1	35,000	(1)	(9,992)	17	174,698
3. Term	0	1	300,000	0	0	0	0	1	300,000	0	0	0	(10)	(4,275,000)	69	13,331,000
4. Indexed								0	0	0						
5. Universal	0	0	0	0	0	0	0	0	0	0	0	0	(1)	(82,065)	40	4,730,243
6. Universal with secondary guarantees								0	0	0						
7. Variable								0	0	0						
8. Variable universal								0	0	0						
9. Credit								0	0	0						
10. Other								0	0	0						
11. Total Individual Life	0	1	300,000	0	0	0	0	1	300,000	0	1	35,000	(12)	(4,367,057)	126	18,235,941
Group Life																
12. Whole	61,151	8	61,151					8	61,151	0	0	0	(9)	(58,342)	170	762,046
13. Term								0	0	0						
14. Universal								0	0	0						
15. Variable								0	0	0						
16. Variable universal								0	0	0						
17. Credit								0	0	0						(a)
18. Other								0	0	0						
19. Total Group Life	61,151	8	61,151	0	0	0	0	8	61,151	0	0	0	(9)	(58,342)	170	762,046
Individual Annuities																
20. Fixed	4,104,012	35	3,521,784					35	3,521,784	614,255	126	12,234,090	(156)	(8,577,724)	1,116	85,355,488
21. Indexed	6,709,802	59	6,963,660					59	6,963,660	1,039,334	342	54,254,256	(263)	(17,886,124)	1,890	258,160,935
22. Variable with guarantees								0	0	0						
23. Variable without guarantees								0	0	0						
24. Life contingent payout	179,908	2	179,908					2	179,908	0	4	897,235	(1)	(196,837)	11	995,451
25. Other								0	0	0	6	445,059	(4)	(386,084)	40	2,446,476
26. Total Individual Annuities	10,993,722	96	10,665,351	0	0	0	0	96	10,665,351	1,653,589	478	67,830,640	(424)	(27,046,769)	3,057	346,958,350
Group Annuities																
27. Fixed	0	0	0					0	0	0	0	0	0	15,150	45	641,924
28. Indexed								0	0	0						
29. Variable with guarantees								0	0	0						
30. Variable without guarantees								0	0	0						
31. Life contingent payout								0	0	0	0	0	(5)	(526,204)	168	5,989,676
32. Other								0	0	0	0	0	0	(7,750)	2	6,897
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0	(5)	(518,804)	215	6,638,497
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	0	0	0
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	0	0	0
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	0	4	1,348
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	0	0	0
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	4	1,348
47. Total	11,054,873	105	11,026,502	0	0	0	0	105	11,026,502	1,653,589	479	67,865,640	(450)	(31,990,972)	3,572	372,596,182

(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: $ 372,084 Group: $ ..... Total: $ 372,084

(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 $ .....

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0435 BUSINESS IN THE STATE OF California DURING THE YEAR 2024 NAIC Company Code 63312

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members: 3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	Claims and Benefits Paid: 8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole	131,318						0	68,457	0	6,752		75,209
3. Term	2,364,834						0	2,279,240	327,100	0		2,606,340
4. Indexed							0					0
5. Universal	1,600,869						0	1,419,042	0	914,914		2,333,956
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other							0					0
11. Total Individual Life	4,097,021	0	0	0	0	0	0	3,766,739	327,100	921,666	0	5,015,505
Group Life												
12. Whole							0	8,112	0	0		8,112
13. Term							0	0	0	0		0
14. Universal							0	0	0	0		0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other							0					0
19. Total Group Life	0	0	0	0	0	0	0	8,112	0	0	0	8,112
Individual Annuities												
20. Fixed	534,574,938						0	68,645,709		146,618,359		215,264,069
21. Indexed	522,638,790						0	57,584,515		374,198,098		431,782,613
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout	782,228						0	3,607,881		24,070		3,631,951
25. Other							0					0
26. Total Individual Annuities	1,057,995,956	0	0	0	0	0	0	129,838,106	0	520,840,528	0	650,678,633
Group Annuities												
27. Fixed	1,655,030						0	3,165,078		18,698,506		21,863,584
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout	(9,637)						0	3,842,232		3,194		3,845,426
32. Other							0					0
33. Total Group Annuities	1,645,393	0	0	0	0	0	0	7,007,310	0	18,701,700	0	25,709,010
Accident and Health												
34. Comprehensive individual (d)							0	XXX	XXX	XXX		0
35. Comprehensive group (d)							0	XXX	XXX	XXX		0
36. Medicare Supplement (d)	8,145						0	XXX	XXX	XXX	6	6
37. Vision only (d)							0	XXX	XXX	XXX		0
38. Dental only (d)							0	XXX	XXX	XXX		0
39. Federal Employees Health Benefits Plan (d)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)	(e)						0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)							0	XXX	XXX	XXX		0
42. Credit A&H							0	XXX	XXX	XXX		0
43. Disability income (d)	345						0	XXX	XXX	XXX	7,130	7,130
44. Long-term care (d)	10,554						0	XXX	XXX	XXX	0	0
45. Other health (d)	148						0	XXX	XXX	XXX		0
46. Total Accident and Health	19,192	0	0	0	0	0	0	XXX	XXX	XXX	7,136	7,136
47. Total	1,063,757,562 (c)	0	0	0	0	0	0	140,620,267	327,100	540,463,893	7,136	681,418,396

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

NAIC Group Code 0435 BUSINESS IN THE STATE OF California DURING THE YEAR 2024 NAIC Company Code 63312

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year							22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year		23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life															
1. Industrial								0	0	0					
2. Whole	49,162	11	68,697	0	0	0	0	11	68,697	3,020	3	60,000	(24)	(382,042)	375	7,274,514
3. Term	2,546,100	12	2,606,100	0	0	0	0	12	2,606,100	100,000	0	0	(133)	(43,823,400)	2,027	559,111,740
4. Indexed								0	0	0						
5. Universal	1,479,042	13	1,419,042	0	0	0	0	13	1,419,042	200,000	0	20,000	(83)	(12,989,922)	1,832	294,166,518
6. Universal with secondary guarantees								0	0	0						
7. Variable								0	0	0						
8. Variable universal								0	0	0						
9. Credit								0	0	0						
10. Other								0	0	0						
11. Total Individual Life	4,074,305	36	4,093,839	0	0	0	0	36	4,093,839	303,020	3	80,000	(240)	(57,195,364)	4,234	860,552,772
Group Life																
12. Whole	8,112	1	8,112					1	8,112	0	0	0	(1)	(7,933)	6	24,896
13. Term								0	0	0						
14. Universal								0	0	0						
15. Variable								0	0	0						
16. Variable universal								0	0	0						
17. Credit								0	0	0						(a)
18. Other								0	0	0						
19. Total Group Life	8,112	1	8,112	0	0	0	0	1	8,112	0	0	0	(1)	(7,933)	6	24,896
Individual Annuities																
20. Fixed	52,371,192	438	53,282,640					438	53,282,640	13,567,311	2,874	598,086,005	(1,977)	(221,714,254)	16,907	2,033,140,011
21. Indexed	55,554,205	413	55,392,935					413	55,392,935	17,285,204	3,075	565,065,457	(3,373)	(370,934,902)	17,440	2,507,397,006
22. Variable with guarantees								0	0	0						
23. Variable without guarantees								0	0	0						
24. Life contingent payout	113,623	13	113,623					13	113,623	0	54	4,191,979	(54)	(2,619,152)	614	27,384,654
25. Other								0	0	0	237	14,521,462	(275)	(14,780,905)	1,205	44,320,064
26. Total Individual Annuities	108,039,020	864	108,789,197	0	0	0	0	864	108,789,197	30,852,515	6,240	1,181,864,902	(5,679)	(610,049,212)	36,166	4,612,241,735
Group Annuities																
27. Fixed	2,081,218	89	3,163,497					89	3,163,497	713,980	0	0	(547)	(15,885,599)	7,060	197,842,520
28. Indexed								0	0	0						
29. Variable with guarantees								0	0	0						
30. Variable without guarantees								0	0	0						
31. Life contingent payout								0	0	0	0	0	(51)	(2,606,594)	1,755	55,669,422
32. Other								0	0	0	0	0	(1)	(9,479)	1	169,430
33. Total Group Annuities	2,081,218	89	3,163,497	0	0	0	0	89	3,163,497	713,980	0	0	(599)	(18,501,672)	8,816	253,681,371
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	704	1	8,145
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	0	3	345
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			1	2,817	7	10,737
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			(1)	0	2	149
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	3,521	13	19,376
47. Total	114,202,655	990	116,054,645	0	0	0	0	990	116,054,645	31,869,514	6,243	1,181,944,902	(6,519)	(685,750,660)	49,235	5,726,520,151

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

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

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: $ 1,287,352 Group: $ ..... Total: $ 1,287,352

(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 $ .....

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0435 BUSINESS IN THE STATE OF Colorado DURING THE YEAR 2024 NAIC Company Code 63312

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members: 3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	Claims and Benefits Paid: 8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole	6,382						0	30,309	(1,910)	3,629		32,028
3. Term	139,380						0	0	5,937	0		5,937
4. Indexed							0					0
5. Universal	47,351						0	0	0	46,934		46,934
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other							0					0
11. Total Individual Life	193,113	0	0	0	0	0	0	30,309	4,027	50,562	0	84,898
Group Life												
12. Whole							0	30,260	0	0		30,260
13. Term							0	0	0	0		0
14. Universal							0	0	0	0		0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other							0					0
19. Total Group Life	0	0	0	0	0	0	0	30,260	0	0	0	30,260
Individual Annuities												
20. Fixed	35,627,658						0	6,591,208		12,917,219		19,508,426
21. Indexed	81,238,822						0	9,112,192		66,614,688		75,726,879
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout	123,331						0	391,927		0		391,927
25. Other							0					0
26. Total Individual Annuities	116,989,811	0	0	0	0	0	0	16,095,327	0	79,531,906	0	95,627,233
Group Annuities												
27. Fixed	0						0	44,653		143,712		188,365
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout	0						0	430,850		38,789		469,640
32. Other							0					0
33. Total Group Annuities	0	0	0	0	0	0	0	475,503	0	182,502	0	658,005
Accident and Health												
34. Comprehensive individual (d)							0	XXX	XXX	XXX		0
35. Comprehensive group (d)							0	XXX	XXX	XXX		0
36. Medicare Supplement (d)	5,387						0	XXX	XXX	XXX	1,170	1,170
37. Vision only (d)							0	XXX	XXX	XXX		0
38. Dental only (d)							0	XXX	XXX	XXX		0
39. Federal Employees Health Benefits Plan (d)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)	(e)						0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)							0	XXX	XXX	XXX		0
42. Credit A&H							0	XXX	XXX	XXX		0
43. Disability income (d)	0						0	XXX	XXX	XXX		0
44. Long-term care (d)	72,487						0	XXX	XXX	XXX	371,892	371,892
45. Other health (d)	0						0	XXX	XXX	XXX		0
46. Total Accident and Health	77,874	0	0	0	0	0	0	XXX	XXX	XXX	373,062	373,062
47. Total	117,260,798 (c)	0	0	0	0	0	0	16,631,399	4,027	79,764,970	373,062	96,773,458

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

NAIC Group Code 0435 BUSINESS IN THE STATE OF Colorado DURING THE YEAR 2024 NAIC Company Code 63312

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year							22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year		23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life															
1. Industrial								0	0	0					
2. Whole	28,399	3	28,399	0	0	0	0	3	28,399	0	0	0	(2)	(18,221)	18	104,680
3. Term	5,937	0	5,937	0	0	0	0	0	5,937	0	0	0	(12)	(6,736,000)	99	25,711,001
4. Indexed								0	0	0						
5. Universal	0	0	0	0	0	0	0	0	0	0	0	0	0	61,547	54	7,514,673
6. Universal with secondary guarantees								0	0	0						
7. Variable								0	0	0						
8. Variable universal								0	0	0						
9. Credit								0	0	0						
10. Other								0	0	0						
11. Total Individual Life	34,336	3	34,336	0	0	0	0	3	34,336	0	0	0	(14)	(6,692,674)	171	33,330,354
Group Life																
12. Whole	30,260	5	30,260					5	30,260	0	0	0	(4)	(25,474)	126	503,200
13. Term								0	0	0						
14. Universal								0	0	0						
15. Variable								0	0	0						
16. Variable universal								0	0	0						
17. Credit								0	0	0						(a)
18. Other								0	0	0						
19. Total Group Life	30,260	5	30,260	0	0	0	0	5	30,260	0	0	0	(4)	(25,474)	126	503,200
Individual Annuities																
20. Fixed	3,216,902	16	3,515,068					16	3,515,068	78,702	191	38,601,617	(130)	(20,571,017)	920	140,514,312
21. Indexed	8,512,703	61	8,431,724					61	8,431,724	1,688,885	418	79,529,273	(464)	(54,780,655)	2,634	374,593,827
22. Variable with guarantees								0	0	0						
23. Variable without guarantees								0	0	0						
24. Life contingent payout	0	0	0					0	0	0	3	303,943	1	(168,428)	44	2,701,333
25. Other								0	0	0	22	1,853,838	(21)	(3,214,750)	142	6,994,160
26. Total Individual Annuities	11,729,605	77	11,946,792	0	0	0	0	77	11,946,792	1,767,588	634	120,288,671	(614)	(78,734,851)	3,740	524,803,633
Group Annuities																
27. Fixed	44,653	2	44,653					2	44,653	0	0	0	(4)	(62,548)	210	3,252,403
28. Indexed								0	0	0						
29. Variable with guarantees								0	0	0						
30. Variable without guarantees								0	0	0						
31. Life contingent payout								0	0	0	0	0	(4)	(227,250)	183	6,029,854
32. Other								0	0	0	0	0	0	0	0	0
33. Total Group Annuities	44,653	2	44,653	0	0	0	0	2	44,653	0	0	0	(8)	(289,798)	393	9,282,257
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	433	1	5,387
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	0	0	0
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			(4)	(4,024)	48	99,969
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	0	0	0
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	(4)	(3,591)	49	105,356
47. Total	11,838,853	87	12,056,041	0	0	0	0	87	12,056,041	1,767,588	634	120,288,671	(644)	(85,746,388)	4,479	568,024,799

(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: $ .....0 Group: $ ..... Total: $ 0

(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 $ .....

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0435 BUSINESS IN THE STATE OF Connecticut DURING THE YEAR 2024 NAIC Company Code 63312

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members: 3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	Claims and Benefits Paid: 8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole	35,123						0	45,000	0	17,593		62,593
3. Term	208,991						0	0	0	225,226		225,226
4. Indexed							0					0
5. Universal	41,623						0	0	0	0		0
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other							0					0
11. Total Individual Life	285,737	0	0	0	0	0	0	45,000	0	242,820	0	287,820
Group Life												
12. Whole							0	199,978	9,440	2,546		211,964
13. Term							0	0	0	0		0
14. Universal							0	0	0	0		0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other							0					0
19. Total Group Life	0	0	0	0	0	0	0	199,978	9,440	2,546	0	211,964
Individual Annuities												
20. Fixed	36,368,931						0	13,311,944		14,933,044		28,244,988
21. Indexed	135,065,391						0	10,595,432		97,122,643		107,718,075
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout	140,081						0	2,394,218		1,111,289		3,505,507
25. Other							0					0
26. Total Individual Annuities	171,574,403	0	0	0	0	0	0	26,301,593	0	113,166,977	0	139,468,570
Group Annuities												
27. Fixed	13,613						0	0		72,982		72,982
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout	(117,446)						0	1,267,870		27,901		1,295,771
32. Other							0					0
33. Total Group Annuities	(103,833)	0	0	0	0	0	0	1,267,870	0	100,883	0	1,368,754
Accident and Health												
34. Comprehensive individual (d)							0	XXX	XXX	XXX		0
35. Comprehensive group (d)							0	XXX	XXX	XXX		0
36. Medicare Supplement (d)	0						0	XXX	XXX	XXX	0	0
37. Vision only (d)							0	XXX	XXX	XXX		0
38. Dental only (d)							0	XXX	XXX	XXX		0
39. Federal Employees Health Benefits Plan (d)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)	(e)						0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)							0	XXX	XXX	XXX		0
42. Credit A&H							0	XXX	XXX	XXX		0
43. Disability income (d)	61						0	XXX	XXX	XXX		0
44. Long-term care (d)	2,519						0	XXX	XXX	XXX	0	0
45. Other health (d)	180						0	XXX	XXX	XXX		0
46. Total Accident and Health	2,760	0	0	0	0	0	0	XXX	XXX	XXX	0	0
47. Total	171,759,067 (c)	0	0	0	0	0	0	27,814,442	9,440	113,513,226	0	141,337,107

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

NAIC Group Code 0435 BUSINESS IN THE STATE OF Connecticut DURING THE YEAR 2024 NAIC Company Code 63312

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year							22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year		23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life															
1. Industrial								0	0	0					
2. Whole	50,000	7	45,000	0	0	0	0	7	45,000	5,000	0	0	(33)	(1,506,753)	321	6,885,410
3. Term	0	0	0	0	0	0	0	0	0	0	0	0	(12)	(6,942,000)	94	27,757,000
4. Indexed								0	0	0						
5. Universal	0	0	0	0	0	0	0	0	0	0	0	0	0	2,714	47	6,646,351
6. Universal with secondary guarantees								0	0	0						
7. Variable								0	0	0						
8. Variable universal								0	0	0						
9. Credit								0	0	0						
10. Other								0	0	0						
11. Total Individual Life	50,000	7	45,000	0	0	0	0	7	45,000	5,000	0	0	(45)	(8,446,039)	462	41,288,761
Group Life																
12. Whole	196,831	32	209,418					32	209,418	154	0	0	(33)	(200,338)	351	1,998,441
13. Term								0	0	0						
14. Universal								0	0	0						
15. Variable								0	0	0						
16. Variable universal								0	0	0						
17. Credit								0	0	0						(a)
18. Other								0	0	0						
19. Total Group Life	196,831	32	209,418	0	0	0	0	32	209,418	154	0	0	(33)	(200,338)	351	1,998,441
Individual Annuities																
20. Fixed	8,471,320	90	8,893,557					90	8,893,557	1,246,458	187	33,880,898	(294)	(15,641,053)	3,045	303,869,184
21. Indexed	9,506,528	103	10,062,110					103	10,062,110	2,019,175	868	145,773,435	(888)	(73,929,771)	5,391	702,502,966
22. Variable with guarantees								0	0	0						
23. Variable without guarantees								0	0	0						
24. Life contingent payout	72,146	2	72,146					2	72,146	0	7	707,105	(14)	(1,727,635)	175	15,452,782
25. Other								0	0	0	56	3,416,045	(58)	(3,706,790)	289	13,224,815
26. Total Individual Annuities	18,049,994	195	19,027,813	0	0	0	0	195	19,027,813	3,265,632	1,118	183,777,483	(1,254)	(95,005,248)	8,900	1,035,049,747
Group Annuities																
27. Fixed	73,332	1	0					1	0	83,305	0	0	(3)	(244,521)	87	2,321,657
28. Indexed								0	0	0						
29. Variable with guarantees								0	0	0						
30. Variable without guarantees								0	0	0						
31. Life contingent payout								0	0	0	0	0	(12)	(949,074)	351	16,105,929
32. Other								0	0	0	0	0	0	(4,168)	1	5,701
33. Total Group Annuities	73,332	1	0	0	0	0	0	1	0	83,305	0	0	(15)	(1,197,763)	439	18,433,287
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	0	0	0
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	(21)	0	61
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	0	1	2,519
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	0	3	180
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	(21)	4	2,760
47. Total	18,370,156	235	19,282,231	0	0	0	0	235	19,282,231	3,354,091	1,118	183,777,483	(1,347)	(104,849,409)	10,156	1,096,772,995

(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: $ 624,578 Group: $ ..... Total: $ 624,578

(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 $ .....

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0435 BUSINESS IN THE STATE OF Delaware DURING THE YEAR 2024 NAIC Company Code 63312

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members: 3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	Claims and Benefits Paid: 8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole	1,488						0	0	0	0		0
3. Term	26,600						0	0	0	0		0
4. Indexed							0					0
5. Universal	11,201						0	0	0	0		0
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other							0					0
11. Total Individual Life	39,289	0	0	0	0	0	0	0	0	0	0	0
Group Life												
12. Whole							0	0	0	0		0
13. Term							0	0	0	0		0
14. Universal							0	0	0	0		0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other							0					0
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed	12,977,899						0	3,191,279		12,070,849		15,262,128
21. Indexed	13,570,131						0	2,861,921		30,695,105		33,557,025
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout	0						0	124		0		124
25. Other							0					0
26. Total Individual Annuities	26,548,030	0	0	0	0	0	0	6,053,323	0	42,765,954	0	48,819,277
Group Annuities												
27. Fixed	0						0	0		261,890		261,890
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout	0						0	173,556		0		173,556
32. Other							0					0
33. Total Group Annuities	0	0	0	0	0	0	0	173,556	0	261,890	0	435,446
Accident and Health												
34. Comprehensive individual (d)							0	XXX	XXX	XXX		0
35. Comprehensive group (d)							0	XXX	XXX	XXX		0
36. Medicare Supplement (d)	0						0	XXX	XXX	XXX	0	0
37. Vision only (d)							0	XXX	XXX	XXX		0
38. Dental only (d)							0	XXX	XXX	XXX		0
39. Federal Employees Health Benefits Plan (d)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)	(e)						0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)							0	XXX	XXX	XXX		0
42. Credit A&H							0	XXX	XXX	XXX		0
43. Disability income (d)	0						0	XXX	XXX	XXX		0
44. Long-term care (d)	0						0	XXX	XXX	XXX	0	0
45. Other health (d)	0						0	XXX	XXX	XXX		0
46. Total Accident and Health	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
47. Total	26,587,319 (c)	0	0	0	0	0	0	6,226,879	0	43,027,844	0	49,254,723

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

NAIC Group Code 0435 BUSINESS IN THE STATE OF Delaware DURING THE YEAR 2024 NAIC Company Code 63312

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year							22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year		23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life															
1. Industrial								0	0	0					
2. Whole	0	0	0	0	0	0	0	0	0	0	0	0	0	0	5	98,406
3. Term	0	0	0	0	0	0	0	0	0	0	0	0	(6)	(2,500,000)	36	7,399,300
4. Indexed								0	0	0						
5. Universal	0	0	0	0	0	0	0	0	0	0	0	0	0	(833)	12	858,430
6. Universal with secondary guarantees								0	0	0						
7. Variable								0	0	0						
8. Variable universal								0	0	0						
9. Credit								0	0	0						
10. Other								0	0	0						
11. Total Individual Life	0	0	0	0	0	0	0	0	0	0	0	0	(6)	(2,500,833)	53	8,356,136
Group Life																
12. Whole	0	0	0					0	0	0	0	0	0	0	0	0
13. Term								0	0	0						
14. Universal								0	0	0						
15. Variable								0	0	0						
16. Variable universal								0	0	0						
17. Credit								0	0	0						(a)
18. Other								0	0	0						
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities																
20. Fixed	2,329,153	23	2,825,446					23	2,825,446	107,381	94	13,899,307	(93)	(12,056,161)	729	93,935,059
21. Indexed	3,089,291	21	2,801,326					21	2,801,326	429,960	93	15,512,716	(249)	(26,470,989)	1,018	123,751,408
22. Variable with guarantees								0	0	0						
23. Variable without guarantees								0	0	0						
24. Life contingent payout	0	0	0					0	0	0	3	57,239	(2)	(7,280)	1	49,959
25. Other								0	0	0	2	286,536	(7)	(322,843)	22	967,679
26. Total Individual Annuities	5,418,444	44	5,626,771	0	0	0	0	44	5,626,771	537,342	192	29,755,798	(351)	(38,857,273)	1,770	218,704,105
Group Annuities																
27. Fixed	0	0	0					0	0	0	0	0	0	(334,689)	25	766,355
28. Indexed								0	0	0						
29. Variable with guarantees								0	0	0						
30. Variable without guarantees								0	0	0						
31. Life contingent payout								0	0	0	0	0	(1)	(128,436)	44	1,991,712
32. Other								0	0	0	0	0	0	0	0	0
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0	(1)	(463,125)	69	2,758,068
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	0	0	0
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	0	0	0
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	0	0	0
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	0	0	0
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
47. Total	5,418,444	44	5,626,771	0	0	0	0	44	5,626,771	537,342	192	29,755,798	(358)	(41,821,230)	1,892	229,818,308

(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: $ .....0 Group: $ ..... Total: $ 0

(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 $ .....

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0435 BUSINESS IN THE STATE OF District of Columbia DURING THE YEAR 2024 NAIC Company Code 63312

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members: 3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	Claims and Benefits Paid: 8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole	1,731						0	0	0	0		0
3. Term	4,487						0	0	0	0		0
4. Indexed							0					0
5. Universal	15,520						0	0	0	143		143
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other							0					0
11. Total Individual Life	21,738	0	0	0	0	0	0	0	0	143	0	143
Group Life												
12. Whole							0	0	0	0		0
13. Term							0	0	0	0		0
14. Universal							0	0	0	0		0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other							0					0
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed	1,453,649						0	444,709		1,084,100		1,528,810
21. Indexed	5,011,696						0	389,619		3,772,470		4,162,089
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout	0						0	36,433		0		36,433
25. Other							0					0
26. Total Individual Annuities	6,465,345	0	0	0	0	0	0	870,761	0	4,856,571	0	5,727,332
Group Annuities												
27. Fixed	0						0	0		0		0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout	0						0	25,362		0		25,362
32. Other							0					0
33. Total Group Annuities	0	0	0	0	0	0	0	25,362	0	0	0	25,362
Accident and Health												
34. Comprehensive individual (d)							0	XXX	XXX	XXX		0
35. Comprehensive group (d)							0	XXX	XXX	XXX		0
36. Medicare Supplement (d)	0						0	XXX	XXX	XXX	0	0
37. Vision only (d)							0	XXX	XXX	XXX		0
38. Dental only (d)							0	XXX	XXX	XXX		0
39. Federal Employees Health Benefits Plan (d)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)	(e)						0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)							0	XXX	XXX	XXX		0
42. Credit A&H							0	XXX	XXX	XXX		0
43. Disability income (d)	0						0	XXX	XXX	XXX		0
44. Long-term care (d)	0						0	XXX	XXX	XXX	0	0
45. Other health (d)	0						0	XXX	XXX	XXX		0
46. Total Accident and Health	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
47. Total	6,487,083 (c)	0	0	0	0	0	0	896,123	0	4,856,714	0	5,752,837

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

NAIC Group Code 0435 BUSINESS IN THE STATE OF District of Columbia DURING THE YEAR 2024 NAIC Company Code 63312

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year							22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year		23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life															
1. Industrial								0	0	0					
2. Whole	0	0	0	0	0	0	0	0	0	0	1	15,000	(1)	(15,000)	10	135,429
3. Term	0	0	0	0	0	0	0	0	0	0	0	0	(1)	(400,000)	5	1,550,000
4. Indexed								0	0	0						
5. Universal	0	0	0	0	0	0	0	0	0	0	0	0	(1)	(64,225)	22	2,921,377
6. Universal with secondary guarantees								0	0	0						
7. Variable								0	0	0						
8. Variable universal								0	0	0						
9. Credit								0	0	0						
10. Other								0	0	0						
11. Total Individual Life	0	0	0	0	0	0	0	0	0	0	1	15,000	(3)	(479,225)	37	4,606,806
Group Life																
12. Whole	0	0	0					0	0	0	0	0	0	0	0	0
13. Term								0	0	0						
14. Universal								0	0	0						
15. Variable								0	0	0						
16. Variable universal								0	0	0						
17. Credit								0	0	0						(a)
18. Other								0	0	0						
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities																
20. Fixed	361,794	5	439,215					5	439,215	34,474	16	1,557,607	(17)	(577,835)	136	12,260,568
21. Indexed	(37,902)	3	383,606					3	383,606	0	20	4,880,894	(16)	(2,654,981)	154	24,058,006
22. Variable with guarantees								0	0	0						
23. Variable without guarantees								0	0	0						
24. Life contingent payout	0	0	0					0	0	0	1	21,848	0	(12,702)	5	246,265
25. Other								0	0	0	0	0	0	(4,578)	2	23,113
26. Total Individual Annuities	323,892	8	822,821	0	0	0	0	8	822,821	34,474	37	6,460,349	(33)	(3,250,096)	297	36,587,953
Group Annuities																
27. Fixed	24,684	0	0					0	0	24,684	0	0	1	3,503	8	32,213
28. Indexed								0	0	0						
29. Variable with guarantees								0	0	0						
30. Variable without guarantees								0	0	0						
31. Life contingent payout								0	0	0	0	0	(1)	(128,191)	3	247,018
32. Other								0	0	0	0	0	0	0	0	0
33. Total Group Annuities	24,684	0	0	0	0	0	0	0	0	24,684	0	0	0	(124,688)	11	279,231
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	0	0	0
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	0	0	0
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	0	0	0
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	0	0	0
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
47. Total	348,577	8	822,821	0	0	0	0	8	822,821	59,158	38	6,475,349	(36)	(3,854,009)	345	41,473,990

(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: $ 0 Group: $ Total: $ 0

(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 $

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0435 BUSINESS IN THE STATE OF Florida DURING THE YEAR 2024 NAIC Company Code 63312

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members: 3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	Claims and Benefits Paid: 8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole	99,551						0	191,675	0	28,606		220,281
3. Term	824,687						0	510,000	97,300	0		607,300
4. Indexed							0					0
5. Universal	512,054						0	422,392	0	329,736		752,128
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other							0					0
11. Total Individual Life	1,436,292	0	0	0	0	0	0	1,124,067	97,300	358,341	0	1,579,708
Group Life												
12. Whole							0	0	0	0		0
13. Term							0	10,000	0	0		10,000
14. Universal							0	0	0	0		0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other							0					0
19. Total Group Life	0	0	0	0	0	0	0	10,000	0	0	0	10,000
Individual Annuities												
20. Fixed	317,640,605						0	43,378,929		150,544,180		193,923,109
21. Indexed	540,947,753						0	57,683,254		461,930,604		519,613,858
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout	29,745						0	2,540,408		0		2,540,408
25. Other							0					0
26. Total Individual Annuities	858,618,103	0	0	0	0	0	0	103,602,591	0	612,474,784	0	716,077,376
Group Annuities												
27. Fixed	442,734						0	971,218		6,305,192		7,276,410
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout	4,942						0	5,547,194		44,842		5,592,036
32. Other							0					0
33. Total Group Annuities	447,676	0	0	0	0	0	0	6,518,411	0	6,350,034	0	12,868,445
Accident and Health												
34. Comprehensive individual (d)							0	XXX	XXX	XXX		0
35. Comprehensive group (d)							0	XXX	XXX	XXX		0
36. Medicare Supplement (d)	226,551						0	XXX	XXX	XXX	224,297	224,297
37. Vision only (d)							0	XXX	XXX	XXX		0
38. Dental only (d)							0	XXX	XXX	XXX		0
39. Federal Employees Health Benefits Plan (d)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)	(e)						0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)							0	XXX	XXX	XXX		0
42. Credit A&H							0	XXX	XXX	XXX		0
43. Disability income (d)	82						0	XXX	XXX	XXX		0
44. Long-term care (d)	32,133						0	XXX	XXX	XXX	185,876	185,876
45. Other health (d)	140						0	XXX	XXX	XXX		0
46. Total Accident and Health	258,906	0	0	0	0	0	0	XXX	XXX	XXX	410,173	410,173
47. Total	860,760,977 (c)	0	0	0	0	0	0	111,255,070	97,300	619,183,160	410,173	730,945,703

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

NAIC Group Code 0435 BUSINESS IN THE STATE OF Florida DURING THE YEAR 2024 NAIC Company Code 63312

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year							22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year		23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life															
1. Industrial								0	0	0					
2. Whole	171,476	20	201,675	0	0	0	0	20	201,675	18,343	0	0	(28)	(367,329)	251	3,870,250
3. Term	557,300	5	607,300	0	0	0	0	5	607,300	0	0	20,000	(59)	(20,378,569)	658	170,345,168
4. Indexed								0	0	0						
5. Universal	547,392	4	422,392	0	0	0	0	4	422,392	125,000	0	0	(31)	(6,473,793)	569	81,589,765
6. Universal with secondary guarantees								0	0	0						
7. Variable								0	0	0						
8. Variable universal								0	0	0						
9. Credit								0	0	0						
10. Other								0	0	0						
11. Total Individual Life	1,276,168	29	1,231,367	0	0	0	0	29	1,231,367	143,343	0	20,000	(118)	(27,219,691)	1,478	255,805,183
Group Life															
12. Whole	6,475	0	0					0	0	6,475	0	0	0	853	33	153,332
13. Term								0	0	0						
14. Universal								0	0	0						
15. Variable								0	0	0						
16. Variable universal								0	0	0						
17. Credit								0	0	0						(a)
18. Other								0	0	0						
19. Total Group Life	6,475	0	0	0	0	0	0	0	0	6,475	0	0	0	853	33	153,332
Individual Annuities															
20. Fixed	30,099,170	386	32,358,101					386	32,358,101	6,782,693	1,682	339,643,088	(1,819)	(169,121,237)	11,574	1,497,363,734
21. Indexed	50,016,452	498	55,877,489					498	55,877,489	13,806,765	2,860	502,975,425	(3,653)	(345,471,023)	20,157	2,772,918,478
22. Variable with guarantees								0	0	0						
23. Variable without guarantees								0	0	0						
24. Life contingent payout	369,773	15	369,773					15	369,773	0	40	2,080,168	(38)	(1,733,161)	361	16,609,544
25. Other								0	0	0	150	10,587,451	(146)	(8,579,355)	731	32,503,350
26. Total Individual Annuities	80,485,395	899	88,605,363	0	0	0	0	899	88,605,363	20,589,458	4,732	855,286,133	(5,656)	(524,904,776)	32,823	4,319,395,106
Group Annuities															
27. Fixed	881,830	36	968,904					36	968,904	83,699	0	0	(196)	(4,358,580)	2,793	70,632,615
28. Indexed								0	0	0						
29. Variable with guarantees								0	0	0						
30. Variable without guarantees								0	0	0						
31. Life contingent payout								0	0	0	0	0	(39)	(3,426,258)	1,166	66,705,349
32. Other								0	0	0	0	0	(1)	18,205	2	296,382
33. Total Group Annuities	881,830	36	968,904	0	0	0	0	36	968,904	83,699	0	0	(236)	(7,766,634)	3,961	137,634,346
Accident and Health															
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			(6)	(10,802)	65	226,551
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			(1)	(82)	0	82
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			1	1,375	23	55,765
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	46	3	140
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	(6)	(9,463)	91	282,538
47. Total	82,649,868	964	90,805,633	0	0	0	0	964	90,805,633	20,822,975	4,732	855,306,133	(6,016)	(559,899,709)	38,386	4,713,270,505

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

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

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: $ 1,594,937 Group: $ ..... Total: $ 1,594,937

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

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

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0435 BUSINESS IN THE STATE OF Georgia DURING THE YEAR 2024 NAIC Company Code 63312

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members: 3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	Claims and Benefits Paid: 8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole	59,127						0	50,210	0	(12,260)		37,950
3. Term	324,464						0	301,000	0	0		301,000
4. Indexed							0					0
5. Universal	240,414						0	50,000	0	67,400		117,400
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other							0					0
11. Total Individual Life	624,005	0	0	0	0	0	0	401,210	0	55,140	0	456,350
Group Life												
12. Whole							0	6,695	0	0		6,695
13. Term							0	0	0	0		0
14. Universal							0	0	0	0		0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other							0					0
19. Total Group Life	0	0	0	0	0	0	0	6,695	0	0	0	6,695
Individual Annuities												
20. Fixed	54,226,377						0	13,547,127		47,350,374		60,897,501
21. Indexed	218,762,190						0	21,592,638		106,542,273		128,134,911
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout	0						0	306,871		0		306,871
25. Other							0					0
26. Total Individual Annuities	272,988,567	0	0	0	0	0	0	35,446,635	0	153,892,647	0	189,339,283
Group Annuities												
27. Fixed	0						0	232,539		264,979		497,519
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout	(61)						0	1,349,207		0		1,349,207
32. Other							0					0
33. Total Group Annuities	(61)	0	0	0	0	0	0	1,581,747	0	264,979	0	1,846,726
Accident and Health												
34. Comprehensive individual (d)							0	XXX	XXX	XXX		0
35. Comprehensive group (d)							0	XXX	XXX	XXX		0
36. Medicare Supplement (d)	14,428						0	XXX	XXX	XXX	5,916	5,916
37. Vision only (d)							0	XXX	XXX	XXX		0
38. Dental only (d)							0	XXX	XXX	XXX		0
39. Federal Employees Health Benefits Plan (d)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)	(e)						0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)							0	XXX	XXX	XXX		0
42. Credit A&H							0	XXX	XXX	XXX		0
43. Disability income (d)	0						0	XXX	XXX	XXX		0
44. Long-term care (d)	67,259						0	XXX	XXX	XXX	62,992	62,992
45. Other health (d)	215						0	XXX	XXX	XXX		0
46. Total Accident and Health	81,902	0	0	0	0	0	0	XXX	XXX	XXX	68,908	68,908
47. Total	273,694,413 (c)	0	0	0	0	0	0	37,436,287	0	154,212,767	68,908	191,717,962

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

NAIC Group Code 0435 BUSINESS IN THE STATE OF Georgia DURING THE YEAR 2024 NAIC Company Code 63312

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year							22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year		23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life															
1. Industrial								0	0	0					
2. Whole	100,210	8	100,210	0	0	0	0	8	100,210	5,000	0	0	(8)	(40,886)	120	1,394,192
3. Term	900,000	3	251,000	0	0	0	0	3	251,000	750,000	0	0	(22)	(7,173,000)	333	72,843,247
4. Indexed								0	0	0						
5. Universal	50,000	1	50,000	0	0	0	0	1	50,000	0	0	0	(12)	(968,746)	247	34,633,446
6. Universal with secondary guarantees								0	0	0						
7. Variable								0	0	0						
8. Variable universal								0	0	0						
9. Credit								0	0	0						
10. Other								0	0	0						
11. Total Individual Life	1,050,210	12	401,210	0	0	0	0	12	401,210	755,000	0	0	(42)	(8,182,632)	700	108,870,886
Group Life																
12. Whole	6,695	1	6,695					1	6,695	0	0	0	(1)	(5,890)	18	97,195
13. Term								0	0	0						
14. Universal								0	0	0						
15. Variable								0	0	0						
16. Variable universal								0	0	0						
17. Credit								0	0	0						(a)
18. Other								0	0	0						
19. Total Group Life	6,695	1	6,695	0	0	0	0	1	6,695	0	0	0	(1)	(5,890)	18	97,195
Individual Annuities																
20. Fixed	11,614,654	128	11,157,535					128	11,157,535	2,234,905	335	61,013,100	(641)	(57,645,016)	3,758	409,934,586
21. Indexed	21,405,612	144	21,135,835					144	21,135,835	5,010,980	1,316	223,575,983	(1,001)	(74,142,326)	7,332	956,749,069
22. Variable with guarantees								0	0	0						
23. Variable without guarantees								0	0	0						
24. Life contingent payout	0	0	0					0	0	0	10	566,192	(3)	(206,196)	49	2,632,037
25. Other								0	0	0	27	1,202,745	(20)	(1,633,165)	146	5,941,375
26. Total Individual Annuities	33,020,266	272	32,293,370	0	0	0	0	272	32,293,370	7,245,885	1,688	286,358,020	(1,665)	(133,626,703)	11,285	1,375,257,067
Group Annuities																
27. Fixed	231,888	1	231,888					1	231,888	0	0	0	(7)	100,904	211	4,492,877
28. Indexed								0	0	0						
29. Variable with guarantees								0	0	0						
30. Variable without guarantees								0	0	0						
31. Life contingent payout								0	0	0	0	0	(18)	(846,808)	373	16,803,455
32. Other								0	0	0	0	0	0	(2,058)	3	112,530
33. Total Group Annuities	231,888	1	231,888	0	0	0	0	1	231,888	0	0	0	(25)	(747,962)	587	21,408,862
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	881	4	14,428
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	0	0	0
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			(2)	(686)	34	78,372
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	0	1	215
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	(2)	195	39	93,015
47. Total	34,309,059	286	32,933,163	0	0	0	0	286	32,933,163	8,000,885	1,688	286,358,020	(1,735)	(142,562,992)	12,629	1,505,727,024

(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: $ 278,987 Group: $ ..... Total: $ 278,987

(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 $ .....

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0435 BUSINESS IN THE STATE OF Hawaii DURING THE YEAR 2024 NAIC Company Code 63312

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members: 3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	Claims and Benefits Paid: 8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole	2,240						0	0	0	0		0
3. Term	61,175						0	50,000	0	0		50,000
4. Indexed							0					0
5. Universal	142,200						0	30,738	0	25,983		56,722
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other							0					0
11. Total Individual Life	205,615	0	0	0	0	0	0	80,738	0	25,983	0	106,722
Group Life												
12. Whole							0	0	0	0		0
13. Term							0	0	0	0		0
14. Universal							0	0	0	0		0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other							0					0
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed	44,352,858						0	5,870,206		19,029,348		24,899,554
21. Indexed	35,400,953						0	2,692,871		32,531,409		35,224,280
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout	0						0	189,526		0		189,526
25. Other							0					0
26. Total Individual Annuities	79,753,811	0	0	0	0	0	0	8,752,603	0	51,560,757	0	60,313,360
Group Annuities												
27. Fixed	36,572						0	273,200		1,674,566		1,947,766
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout	17,144						0	950,229		0		950,229
32. Other							0					0
33. Total Group Annuities	53,716	0	0	0	0	0	0	1,223,429	0	1,674,566	0	2,897,995
Accident and Health												
34. Comprehensive individual (d)							0	XXX	XXX	XXX		0
35. Comprehensive group (d)							0	XXX	XXX	XXX		0
36. Medicare Supplement (d)	0						0	XXX	XXX	XXX	0	0
37. Vision only (d)							0	XXX	XXX	XXX		0
38. Dental only (d)							0	XXX	XXX	XXX		0
39. Federal Employees Health Benefits Plan (d)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)	(e)						0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)							0	XXX	XXX	XXX		0
42. Credit A&H							0	XXX	XXX	XXX		0
43. Disability income (d)	0						0	XXX	XXX	XXX		0
44. Long-term care (d)	0						0	XXX	XXX	XXX	0	0
45. Other health (d)	0						0	XXX	XXX	XXX		0
46. Total Accident and Health	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
47. Total	80,013,142 (c)	0	0	0	0	0	0	10,056,770	0	53,261,307	0	63,318,077

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

NAIC Group Code 0435 BUSINESS IN THE STATE OF Hawaii DURING THE YEAR 2024 NAIC Company Code 63312

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year							22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year		23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life															
1. Industrial								0	0	0					
2. Whole	0	0	0	0	0	0	0	0	0	0	0	0	(2)	(250,440)	14	798,054
3. Term	0	1	50,000	0	0	0	0	1	50,000	0	0	0	(3)	(1,161,100)	49	12,238,900
4. Indexed								0	0	0						
5. Universal	25,000	1	30,738	0	0	0	0	1	30,738	25,000	0	0	(5)	(362,015)	201	24,870,406
6. Universal with secondary guarantees								0	0	0						
7. Variable								0	0	0						
8. Variable universal								0	0	0						
9. Credit								0	0	0						
10. Other								0	0	0						
11. Total Individual Life	25,000	2	80,738	0	0	0	0	2	80,738	25,000	0	0	(10)	(1,773,555)	264	37,907,360
Group Life																
12. Whole	0	0	0					0	0	0	0	0	0	0	0	0
13. Term								0	0	0						
14. Universal								0	0	0						
15. Variable								0	0	0						
16. Variable universal								0	0	0						
17. Credit								0	0	0						(a)
18. Other								0	0	0						
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities																
20. Fixed	4,256,392	39	4,807,726					39	4,807,726	373,412	222	45,219,725	(202)	(22,759,553)	1,968	191,175,008
21. Indexed	3,546,170	15	2,668,762					15	2,668,762	1,284,188	214	34,777,421	(241)	(24,306,940)	1,802	232,232,731
22. Variable with guarantees								0	0	0						
23. Variable without guarantees								0	0	0						
24. Life contingent payout	0	0	0					0	0	0	0	0	(3)	(125,575)	37	1,418,417
25. Other								0	0	0	15	501,062	(28)	(877,738)	125	2,719,295
26. Total Individual Annuities	7,802,561	54	7,476,488	0	0	0	0	54	7,476,488	1,657,600	451	80,498,208	(474)	(48,069,806)	3,932	427,545,451
Group Annuities																
27. Fixed	276,930	9	273,200					9	273,200	55,935	0	0	(46)	(1,272,909)	719	23,379,438
28. Indexed								0	0	0						
29. Variable with guarantees								0	0	0						
30. Variable without guarantees								0	0	0						
31. Life contingent payout								0	0	0	0	0	(9)	(725,651)	430	11,649,678
32. Other								0	0	0	0	0	0	0	0	0
33. Total Group Annuities	276,930	9	273,200	0	0	0	0	9	273,200	55,935	0	0	(55)	(1,998,560)	1,149	35,029,116
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	0	0	0
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	0	0	0
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	0	0	0
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	0	0	0
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
47. Total	8,104,492	65	7,830,427	0	0	0	0	65	7,830,427	1,738,535	451	80,498,208	(539)	(51,841,921)	5,345	500,481,927

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

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

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: $ 76,086 Group: $ ..... Total: $ 76,086

(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 $ .....

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0435 BUSINESS IN THE STATE OF Idaho DURING THE YEAR 2024 NAIC Company Code 63312

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members: 3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	Claims and Benefits Paid: 8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole	520						0	4,275	0	0		4,275
3. Term	56,699						0	0	0	0		0
4. Indexed							0					0
5. Universal	13,801						0	0	0	0		0
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other							0					0
11. Total Individual Life	71,020	0	0	0	0	0	0	4,275	0	0	0	4,275
Group Life												
12. Whole							0	0	0	0		0
13. Term							0	0	0	0		0
14. Universal							0	0	0	0		0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other							0					0
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed	14,897,483						0	2,607,754		3,995,996		6,603,750
21. Indexed	31,829,249						0	5,270,534		26,475,913		31,746,447
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout	0						0	456,521		0		456,521
25. Other							0					0
26. Total Individual Annuities	46,726,732	0	0	0	0	0	0	8,334,810	0	30,471,909	0	38,806,719
Group Annuities												
27. Fixed	5,775						0	17,924		250,450		268,375
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout	0						0	2,350,194		0		2,350,194
32. Other							0					0
33. Total Group Annuities	5,775	0	0	0	0	0	0	2,368,118	0	250,450	0	2,618,568
Accident and Health												
34. Comprehensive individual (d)							0	XXX	XXX	XXX		0
35. Comprehensive group (d)							0	XXX	XXX	XXX		0
36. Medicare Supplement (d)	0						0	XXX	XXX	XXX	0	0
37. Vision only (d)							0	XXX	XXX	XXX		0
38. Dental only (d)							0	XXX	XXX	XXX		0
39. Federal Employees Health Benefits Plan (d)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)	(e)						0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)							0	XXX	XXX	XXX		0
42. Credit A&H							0	XXX	XXX	XXX		0
43. Disability income (d)	0						0	XXX	XXX	XXX		0
44. Long-term care (d)	8,483						0	XXX	XXX	XXX	0	0
45. Other health (d)	0						0	XXX	XXX	XXX		0
46. Total Accident and Health	8,483	0	0	0	0	0	0	XXX	XXX	XXX	0	0
47. Total	46,812,010 (c)	0	0	0	0	0	0	10,707,203	0	30,722,359	0	41,429,562

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

NAIC Group Code 0435 BUSINESS IN THE STATE OF Idaho DURING THE YEAR 2024 NAIC Company Code 63312

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year							22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year		23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life															
1. Industrial								0	0	0					
2. Whole	4,275	1	4,275	0	0	0	0	1	4,275	0	0	0	(1)	(4,065)	27	65,559
3. Term	0	0	0	0	0	0	0	0	0	0	0	0	(2)	(420,000)	55	15,678,800
4. Indexed								0	0	0						
5. Universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	12	2,698,000
6. Universal with secondary guarantees								0	0	0						
7. Variable								0	0	0						
8. Variable universal								0	0	0						
9. Credit								0	0	0						
10. Other								0	0	0						
11. Total Individual Life	4,275	1	4,275	0	0	0	0	1	4,275	0	0	0	(3)	(424,065)	94	18,442,359
Group Life																
12. Whole	0	0	0					0	0	0	0	0	0	0	0	0
13. Term								0	0	0						
14. Universal								0	0	0						
15. Variable								0	0	0						
16. Variable universal								0	0	0						
17. Credit								0	0	0						(a)
18. Other								0	0	0						
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities																
20. Fixed	62,833	15	1,833,067					15	1,833,067	23,665	86	15,355,775	(56)	(247,781)	666	73,053,910
21. Indexed	6,784,804	23	5,238,698					23	5,238,698	2,003,319	205	31,887,305	(256)	(22,334,843)	1,360	175,391,332
22. Variable with guarantees								0	0	0						
23. Variable without guarantees								0	0	0						
24. Life contingent payout	20,066	1	20,066					1	20,066	0	1	99,129	(1)	(24,063)	46	1,511,086
25. Other								0	0	0	7	450,987	(7)	(674,133)	81	1,915,736
26. Total Individual Annuities	6,867,703	39	7,091,830	0	0	0	0	39	7,091,830	2,026,983	299	47,793,195	(320)	(23,280,822)	2,153	251,872,064
Group Annuities																
27. Fixed	(105,848)	5	17,924					5	17,924	0	0	0	(9)	(110,727)	152	4,814,186
28. Indexed								0	0	0						
29. Variable with guarantees								0	0	0						
30. Variable without guarantees								0	0	0						
31. Life contingent payout								0	0	0	0	0	(11)	(1,746,713)	484	27,817,717
32. Other								0	0	0	0	0	0	0	0	0
33. Total Group Annuities	(105,848)	5	17,924	0	0	0	0	5	17,924	0	0	0	(20)	(1,857,441)	636	32,631,903
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	0	0	0
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	0	0	0
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	0	3	8,483
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	0	0	0
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	3	8,483
47. Total	6,766,130	45	7,114,030	0	0	0	0	45	7,114,030	2,026,983	299	47,793,195	(343)	(25,562,327)	2,886	302,954,809

(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: $ .....0 Group: $ ..... Total: $ 0

(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 $ .....

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0435 BUSINESS IN THE STATE OF Illinois DURING THE YEAR 2024 NAIC Company Code 63312

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members: 3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	Claims and Benefits Paid: 8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole	57,390						0	19,000	0	0		19,000
3. Term	322,570						0	204,000	662,800	0		866,800
4. Indexed							0					0
5. Universal	129,830						0	175,000	0	31,764		206,764
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other							0					0
11. Total Individual Life	509,790	0	0	0	0	0	0	398,000	662,800	31,764	0	1,092,564
Group Life												
12. Whole							0	0	0	0		0
13. Term							0	0	0	0		0
14. Universal							0	0	0	0		0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other							0					0
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed	99,431,020						0	17,367,683		51,299,641		68,667,325
21. Indexed	213,615,131						0	17,334,240		130,004,746		147,338,986
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout	5,800						0	1,202,446		(32,978)		1,169,468
25. Other							0					0
26. Total Individual Annuities	313,051,951	0	0	0	0	0	0	35,904,370	0	181,271,409	0	217,175,779
Group Annuities												
27. Fixed	50,424						0	98,270		353,232		451,502
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout	10,458						0	1,980,326		198,589		2,178,915
32. Other							0					0
33. Total Group Annuities	60,882	0	0	0	0	0	0	2,078,596	0	551,821	0	2,630,417
Accident and Health												
34. Comprehensive individual (d)							0	XXX	XXX	XXX		0
35. Comprehensive group (d)							0	XXX	XXX	XXX		0
36. Medicare Supplement (d)	39,961						0	XXX	XXX	XXX	31,629	31,629
37. Vision only (d)							0	XXX	XXX	XXX		0
38. Dental only (d)							0	XXX	XXX	XXX		0
39. Federal Employees Health Benefits Plan (d)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)	(e)						0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)							0	XXX	XXX	XXX		0
42. Credit A&H							0	XXX	XXX	XXX		0
43. Disability income (d)	0						0	XXX	XXX	XXX		0
44. Long-term care (d)	84,889						0	XXX	XXX	XXX	2,572	2,572
45. Other health (d)	0						0	XXX	XXX	XXX		0
46. Total Accident and Health	124,850	0	0	0	0	0	0	XXX	XXX	XXX	34,201	34,201
47. Total	313,747,473 (c)	0	0	0	0	0	0	38,380,966	662,800	181,854,994	34,201	220,932,960

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

NAIC Group Code 0435 BUSINESS IN THE STATE OF Illinois DURING THE YEAR 2024 NAIC Company Code 63312

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year							22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year		23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life															
1. Industrial								0	0	0					
2. Whole	15,000	3	19,000	0	0	0	0	3	19,000	0	1	15,000	(4)	(23,924)	71	1,368,627
3. Term	866,800	2	866,800	0	0	0	0	2	866,800	0	0	0	(60)	(23,130,000)	276	105,226,884
4. Indexed								0	0	0						
5. Universal	75,000	2	175,000	0	0	0	0	2	175,000	190,817	0	0	(5)	(210,224)	161	21,797,518
6. Universal with secondary guarantees								0	0	0						
7. Variable								0	0	0						
8. Variable universal								0	0	0						
9. Credit								0	0	0						
10. Other								0	0	0						
11. Total Individual Life	956,800	7	1,060,800	0	0	0	0	7	1,060,800	190,817	1	15,000	(69)	(23,364,148)	508	128,393,029
Group Life																
12. Whole	0	0	0					0	0	0	0	0	0	63	5	13,969
13. Term								0	0	0						
14. Universal								0	0	0						
15. Variable								0	0	0						
16. Variable universal								0	0	0						
17. Credit								0	0	0						(a)
18. Other								0	0	0						
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0	0	63	5	13,969
Individual Annuities																
20. Fixed	10,564,709	153	13,629,727					153	13,629,727	1,642,581	726	102,518,077	(736)	(53,927,876)	5,058	522,851,791
21. Indexed	13,809,564	163	16,430,386					163	16,430,386	3,170,143	1,365	218,640,118	(1,264)	(102,101,816)	7,483	967,262,875
22. Variable with guarantees								0	0	0						
23. Variable without guarantees								0	0	0						
24. Life contingent payout	441,960	10	441,960					10	441,960	0	18	1,168,420	(14)	(918,167)	114	6,298,735
25. Other								0	0	0	41	3,196,586	(46)	(2,866,527)	236	10,948,591
26. Total Individual Annuities	24,816,233	326	30,502,074	0	0	0	0	326	30,502,074	4,812,724	2,150	325,523,201	(2,060)	(159,814,386)	12,891	1,507,361,993
Group Annuities																
27. Fixed	(44,440)	2	86,261					2	86,261	10,243	0	0	(8)	52,228	226	7,836,695
28. Indexed								0	0	0						
29. Variable with guarantees								0	0	0						
30. Variable without guarantees								0	0	0						
31. Life contingent payout								0	0	0	0	0	(26)	(1,611,748)	487	25,356,002
32. Other								0	0	0	0	0	(2)	(8,231)	3	54,712
33. Total Group Annuities	(44,440)	2	86,261	0	0	0	0	2	86,261	10,243	0	0	(36)	(1,567,750)	716	33,247,408
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			(2)	(11,280)	8	39,961
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	0	0	0
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			(2)	(2,130)	42	86,557
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	0	0	0
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	(4)	(13,410)	50	126,518
47. Total	25,728,593	335	31,649,134	0	0	0	0	335	31,649,134	5,013,784	2,151	325,538,201	(2,169)	(184,759,631)	14,170	1,669,142,916

(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: $ 587,628 Group: $ ..... Total: $ 587,628

(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 $ .....

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0435 BUSINESS IN THE STATE OF Indiana DURING THE YEAR 2024 NAIC Company Code 63312

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members: 3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	Claims and Benefits Paid: 8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole	23,488						0	42,086	0	3,259		45,345
3. Term	77,775						0	50,000	129,800	0		179,800
4. Indexed							0					0
5. Universal	38,665						0	0	0	9,797		9,797
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other							0					0
11. Total Individual Life	139,928	0	0	0	0	0	0	92,086	129,800	13,056	0	234,942
Group Life												
12. Whole							0	0	0	0		0
13. Term							0	0	0	0		0
14. Universal							0	0	0	0		0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other							0					0
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed	22,466,093						0	9,730,916		23,642,749		33,373,665
21. Indexed	182,552,270						0	21,691,990		181,154,736		202,846,726
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout	0						0	583,779		0		583,779
25. Other							0					0
26. Total Individual Annuities	205,018,363	0	0	0	0	0	0	32,006,685	0	204,797,485	0	236,804,169
Group Annuities												
27. Fixed	17,588						0	42,236		391,368		433,603
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout	(3,851)						0	1,782,783		161,502		1,944,285
32. Other							0					0
33. Total Group Annuities	13,737	0	0	0	0	0	0	1,825,018	0	552,870	0	2,377,888
Accident and Health												
34. Comprehensive individual (d)							0	XXX	XXX	XXX		0
35. Comprehensive group (d)							0	XXX	XXX	XXX		0
36. Medicare Supplement (d)	109,015						0	XXX	XXX	XXX	79,582	79,582
37. Vision only (d)							0	XXX	XXX	XXX		0
38. Dental only (d)							0	XXX	XXX	XXX		0
39. Federal Employees Health Benefits Plan (d)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)	(e)						0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)							0	XXX	XXX	XXX		0
42. Credit A&H							0	XXX	XXX	XXX		0
43. Disability income (d)	0						0	XXX	XXX	XXX		0
44. Long-term care (d)	1,693						0	XXX	XXX	XXX	0	0
45. Other health (d)	0						0	XXX	XXX	XXX		0
46. Total Accident and Health	110,708	0	0	0	0	0	0	XXX	XXX	XXX	79,582	79,582
47. Total	205,282,736 (c)	0	0	0	0	0	0	33,923,789	129,800	205,363,411	79,582	239,496,582

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

NAIC Group Code 0435 BUSINESS IN THE STATE OF Indiana DURING THE YEAR 2024 NAIC Company Code 63312

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year							22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year		23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life															
1. Industrial								0	0	0					
2. Whole	37,086	4	42,086	0	0	0	0	4	42,086	0	0	0	(5)	(57,081)	52	496,892
3. Term	179,800	1	179,800	0	0	0	0	1	179,800	0	0	0	(25)	(10,891,000)	84	17,503,000
4. Indexed								0	0	0						
5. Universal	0	0	0	0	0	0	0	0	0	0	0	0	(2)	(783,540)	49	5,867,659
6. Universal with secondary guarantees								0	0	0						
7. Variable								0	0	0						
8. Variable universal								0	0	0						
9. Credit								0	0	0						
10. Other								0	0	0						
11. Total Individual Life	216,886	5	221,886	0	0	0	0	5	221,886	0	0	0	(32)	(11,731,621)	185	23,867,551
Group Life																
12. Whole	0	0	0					0	0	0	0	0	0	0	0	0
13. Term								0	0	0						
14. Universal								0	0	0						
15. Variable								0	0	0						
16. Variable universal								0	0	0						
17. Credit								0	0	0						(a)
18. Other								0	0	0						
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities																
20. Fixed	5,919,340	86	7,199,239					86	7,199,239	460,638	194	21,639,175	(329)	(24,169,081)	2,088	192,616,771
21. Indexed	18,756,544	216	21,273,452					216	21,273,452	4,060,379	1,445	183,129,044	(1,943)	(152,855,323)	8,160	966,598,983
22. Variable with guarantees								0	0	0						
23. Variable without guarantees								0	0	0						
24. Life contingent payout	271,677	6	271,677					6	271,677	0	11	905,818	(15)	(941,532)	65	2,966,815
25. Other								0	0	0	29	1,560,067	(28)	(2,391,259)	178	7,134,134
26. Total Individual Annuities	24,947,561	308	28,744,369	0	0	0	0	308	28,744,369	4,521,017	1,679	207,234,105	(2,315)	(180,357,195)	10,491	1,169,316,704
Group Annuities																
27. Fixed	72,401	0	41,969					0	41,969	30,433	0	0	(16)	(331,020)	158	5,702,516
28. Indexed								0	0	0						
29. Variable with guarantees								0	0	0						
30. Variable without guarantees								0	0	0						
31. Life contingent payout								0	0	0	0	0	(23)	(1,573,930)	417	24,735,128
32. Other								0	0	0	0	0	0	(258)	1	799
33. Total Group Annuities	72,401	0	41,969	0	0	0	0	0	41,969	30,433	0	0	(39)	(1,905,208)	576	30,438,443
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			(6)	(24,790)	25	109,015
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	0	0	0
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	0	1	1,693
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	0	0	0
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	(6)	(24,790)	26	110,708
47. Total	25,236,848	313	29,008,223	0	0	0	0	313	29,008,223	4,551,450	1,679	207,234,105	(2,392)	(194,018,814)	11,278	1,223,733,405

(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: $ 187,869 Group: $ ..... Total: $ 187,869

(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 $ .....

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0435 BUSINESS IN THE STATE OF Iowa DURING THE YEAR 2024 NAIC Company Code 63312

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members: 3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	Claims and Benefits Paid: 8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole	29,443						0	19,134	0	9,168		28,302
3. Term	71,106						0	25,000	0	0		25,000
4. Indexed							0					0
5. Universal	19,211						0	0	0	100,870		100,870
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other							0					0
11. Total Individual Life	119,760	0	0	0	0	0	0	44,134	0	110,038	0	154,172
Group Life												
12. Whole							0	0	0	0		0
13. Term							0	0	0	0		0
14. Universal							0	0	0	0		0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other							0					0
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed	18,259,707						0	6,360,633		6,600,331		12,960,964
21. Indexed	46,465,526						0	8,084,075		58,243,450		66,327,524
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout	0						0	480,218		0		480,218
25. Other							0					0
26. Total Individual Annuities	64,725,233	0	0	0	0	0	0	14,924,926	0	64,843,780	0	79,768,706
Group Annuities												
27. Fixed	0						0	73,301		205,265		278,566
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout	0						0	539,743		0		539,743
32. Other							0					0
33. Total Group Annuities	0	0	0	0	0	0	0	613,044	0	205,265	0	818,309
Accident and Health												
34. Comprehensive individual (d)							0	XXX	XXX	XXX		0
35. Comprehensive group (d)							0	XXX	XXX	XXX		0
36. Medicare Supplement (d)	87,174						0	XXX	XXX	XXX	80,938	80,938
37. Vision only (d)							0	XXX	XXX	XXX		0
38. Dental only (d)							0	XXX	XXX	XXX		0
39. Federal Employees Health Benefits Plan (d)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)	(e)						0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)							0	XXX	XXX	XXX		0
42. Credit A&H							0	XXX	XXX	XXX		0
43. Disability income (d)	0						0	XXX	XXX	XXX		0
44. Long-term care (d)	8,113						0	XXX	XXX	XXX	0	0
45. Other health (d)	0						0	XXX	XXX	XXX		0
46. Total Accident and Health	95,287	0	0	0	0	0	0	XXX	XXX	XXX	80,938	80,938
47. Total	64,940,280 (c)	0	0	0	0	0	0	15,582,104	0	65,159,083	80,938	80,822,125

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

NAIC Group Code 0435 BUSINESS IN THE STATE OF Iowa DURING THE YEAR 2024 NAIC Company Code 63312

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year							22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year		23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life															
1. Industrial								0	0	0					
2. Whole	44,134	3	44,134	0	0	0	0	3	44,134	0	2	125,000	(9)	(189,719)	82	1,930,027
3. Term	0	0	0	0	0	0	0	0	0	0	0	0	(5)	(2,550,000)	29	8,677,000
4. Indexed								0	0	0						
5. Universal	0	0	0	0	0	0	0	0	0	0	0	0	(1)	(297,161)	16	2,602,411
6. Universal with secondary guarantees								0	0	0						
7. Variable								0	0	0						
8. Variable universal								0	0	0						
9. Credit								0	0	0						
10. Other								0	0	0						
11. Total Individual Life	44,134	3	44,134	0	0	0	0	3	44,134	0	2	125,000	(15)	(3,036,880)	127	13,209,439
Group Life																
12. Whole	0	0	0					0	0	0	0	0	0	10	1	2,040
13. Term								0	0	0						
14. Universal								0	0	0						
15. Variable								0	0	0						
16. Variable universal								0	0	0						
17. Credit								0	0	0						(a)
18. Other								0	0	0						
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0	0	10	1	2,040
Individual Annuities																
20. Fixed	2,682,495	25	2,345,379					25	2,345,379	958,861	121	18,483,156	(122)	(7,474,543)	1,240	103,703,226
21. Indexed	8,065,891	94	7,688,820					94	7,688,820	2,011,320	288	42,661,947	(543)	(42,898,516)	2,704	295,863,686
22. Variable with guarantees								0	0	0						
23. Variable without guarantees								0	0	0						
24. Life contingent payout	52,992	1	52,992					1	52,992	0	5	151,094	(6)	(372,918)	66	3,457,299
25. Other								0	0	0	32	1,630,082	(46)	(3,688,405)	245	10,065,378
26. Total Individual Annuities	10,801,378	120	10,087,191	0	0	0	0	120	10,087,191	2,970,181	446	62,926,278	(717)	(54,434,382)	4,255	413,089,588
Group Annuities																
27. Fixed	64,595	4	73,301					4	73,301	0	0	0	(8)	(244,199)	96	2,729,607
28. Indexed								0	0	0						
29. Variable with guarantees								0	0	0						
30. Variable without guarantees								0	0	0						
31. Life contingent payout								0	0	0	0	0	(5)	(328,816)	187	6,817,804
32. Other								0	0	0	0	0	0	0	0	0
33. Total Group Annuities	64,595	4	73,301	0	0	0	0	4	73,301	0	0	0	(13)	(573,015)	283	9,547,411
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			(6)	(8,402)	12	87,174
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	0	0	0
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	0	2	8,113
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	0	0	0
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	(6)	(8,402)	14	95,287
47. Total	10,910,107	127	10,204,625	0	0	0	0	127	10,204,625	2,970,181	448	63,051,278	(751)	(58,052,670)	4,680	435,943,764

(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: $ ..... 182,069 Group: $ ..... Total: $ 182,069

(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 $ .....

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0435 BUSINESS IN THE STATE OF Kansas DURING THE YEAR 2024 NAIC Company Code 63312

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members: 3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	Claims and Benefits Paid: 8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole	14,437						0	7,000	0	9,084		16,084
3. Term	38,698						0	0	0	0		0
4. Indexed							0					0
5. Universal	37,677						0	25,000	0	0		25,000
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other							0					0
11. Total Individual Life	90,812	0	0	0	0	0	0	32,000	0	9,084	0	41,084
Group Life												
12. Whole							0	0	0	0		0
13. Term							0	0	0	0		0
14. Universal							0	0	0	0		0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other							0					0
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed	5,729,179						0	1,685,791		2,205,363		3,891,154
21. Indexed	41,532,728						0	3,058,619		30,294,093		33,352,712
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout	0						0	107,927		0		107,927
25. Other							0					0
26. Total Individual Annuities	47,261,907	0	0	0	0	0	0	4,852,337	0	32,499,456	0	37,351,794
Group Annuities												
27. Fixed	0						0	0		8,207		8,207
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout	0						0	1,012,701		14,685		1,027,386
32. Other							0					0
33. Total Group Annuities	0	0	0	0	0	0	0	1,012,701	0	22,893	0	1,035,594
Accident and Health												
34. Comprehensive individual (d)							0	XXX	XXX	XXX		0
35. Comprehensive group (d)							0	XXX	XXX	XXX		0
36. Medicare Supplement (d)	59,394						0	XXX	XXX	XXX	30,094	30,094
37. Vision only (d)							0	XXX	XXX	XXX		0
38. Dental only (d)							0	XXX	XXX	XXX		0
39. Federal Employees Health Benefits Plan (d)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)	(e)						0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)							0	XXX	XXX	XXX		0
42. Credit A&H							0	XXX	XXX	XXX		0
43. Disability income (d)	0						0	XXX	XXX	XXX		0
44. Long-term care (d)	63,357						0	XXX	XXX	XXX	57,198	57,198
45. Other health (d)	0						0	XXX	XXX	XXX		0
46. Total Accident and Health	122,751	0	0	0	0	0	0	XXX	XXX	XXX	87,292	87,292
47. Total	47,475,470 (c)	0	0	0	0	0	0	5,897,038	0	32,531,432	87,292	38,515,763

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

NAIC Group Code 0435 BUSINESS IN THE STATE OF Kansas DURING THE YEAR 2024 NAIC Company Code 63312

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year							22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year		23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life															
1. Industrial								0	0	0					
2. Whole	7,000	1	7,000	0	0	0	0	1	7,000	0	0	0	(6)	(60,053)	20	189,933
3. Term	0	0	0	0	0	0	0	0	0	0	0	0	0	349,001	46	11,755,000
4. Indexed								0	0	0						
5. Universal	25,000	1	25,000	0	0	0	0	1	25,000	0	0	0	(1)	(26,146)	41	5,643,954
6. Universal with secondary guarantees								0	0	0						
7. Variable								0	0	0						
8. Variable universal								0	0	0						
9. Credit								0	0	0						
10. Other								0	0	0						
11. Total Individual Life	32,000	2	32,000	0	0	0	0	2	32,000	0	0	0	(7)	262,802	107	17,588,887
Group Life																
12. Whole	0	0	0					0	0	0	0	0	0	0	0	0
13. Term								0	0	0						
14. Universal								0	0	0						
15. Variable								0	0	0						
16. Variable universal								0	0	0						
17. Credit								0	0	0						(a)
18. Other								0	0	0						
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities																
20. Fixed	772,780	12	1,137,598					12	1,137,598	24,476	29	5,421,527	(34)	(2,242,441)	265	32,136,998
21. Indexed	2,562,975	34	2,726,608					34	2,726,608	927,442	319	43,583,636	(316)	(25,499,653)	1,390	160,641,754
22. Variable with guarantees								0	0	0						
23. Variable without guarantees								0	0	0						
24. Life contingent payout	45,850	1	45,850					1	45,850	0	3	83,314	(1)	(89,606)	19	629,272
25. Other								0	0	0	7	1,028,400	(6)	(232,465)	40	1,801,343
26. Total Individual Annuities	3,381,604	47	3,910,055	0	0	0	0	47	3,910,055	951,918	358	50,116,877	(357)	(28,064,166)	1,714	195,209,367
Group Annuities																
27. Fixed	0	0	0					0	0	0	0	0	(1)	24,402	28	250,966
28. Indexed								0	0	0						
29. Variable with guarantees								0	0	0						
30. Variable without guarantees								0	0	0						
31. Life contingent payout								0	0	0	0	0	(25)	(917,664)	584	12,757,828
32. Other								0	0	0	0	0	0	0	0	0
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0	(26)	(893,262)	612	13,008,794
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			(1)	(14,028)	8	59,393
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	0	0	0
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	265	36	68,967
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	0	0	0
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	(1)	(13,763)	44	128,360
47. Total	3,413,604	49	3,942,055	0	0	0	0	49	3,942,055	951,918	358	50,116,877	(391)	(28,708,389)	2,477	225,935,408

(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: $ .....0 Group: $ ..... Total: $ 0

(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 $ .....

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0435 BUSINESS IN THE STATE OF Kentucky DURING THE YEAR 2024 NAIC Company Code 63312

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members: 3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	Claims and Benefits Paid: 8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole	21,936						0	38,027	0	3,513		41,540
3. Term	91,066						0	226,000	0	0		226,000
4. Indexed							0					0
5. Universal	28,830						0	0	0	0		0
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other							0					0
11. Total Individual Life	141,832	0	0	0	0	0	0	264,027	0	3,513	0	267,540
Group Life												
12. Whole							0	0	0	0		0
13. Term							0	0	0	0		0
14. Universal							0	0	0	0		0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other							0					0
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed	35,479,447						0	10,811,907		29,713,947		40,525,854
21. Indexed	37,804,046						0	8,343,192		60,869,235		69,212,428
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout	0						0	183,466		0		183,466
25. Other							0					0
26. Total Individual Annuities	73,283,493	0	0	0	0	0	0	19,338,565	0	90,583,182	0	109,921,747
Group Annuities												
27. Fixed	8,825						0	234,744		598,956		833,700
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout	(78)						0	1,733,725		0		1,733,725
32. Other							0					0
33. Total Group Annuities	8,747	0	0	0	0	0	0	1,968,469	0	598,956	0	2,567,425
Accident and Health												
34. Comprehensive individual (d)							0	XXX	XXX	XXX		0
35. Comprehensive group (d)							0	XXX	XXX	XXX		0
36. Medicare Supplement (d)	122,908						0	XXX	XXX	XXX	120,180	120,180
37. Vision only (d)							0	XXX	XXX	XXX		0
38. Dental only (d)							0	XXX	XXX	XXX		0
39. Federal Employees Health Benefits Plan (d)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)	(e)						0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)							0	XXX	XXX	XXX		0
42. Credit A&H							0	XXX	XXX	XXX		0
43. Disability income (d)	0						0	XXX	XXX	XXX		0
44. Long-term care (d)	0						0	XXX	XXX	XXX	800	800
45. Other health (d)	0						0	XXX	XXX	XXX		0
46. Total Accident and Health	122,908	0	0	0	0	0	0	XXX	XXX	XXX	120,980	120,980
47. Total	73,556,980 (c)	0	0	0	0	0	0	21,571,061	0	91,185,651	120,980	112,877,692

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

NAIC Group Code 0435 BUSINESS IN THE STATE OF Kentucky DURING THE YEAR 2024 NAIC Company Code 63312

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year							22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year		23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life															
1. Industrial								0	0	0					
2. Whole	38,027	4	38,027	0	0	0	0	4	38,027	0	0	0	(6)	(162,982)	33	304,855
3. Term	226,000	3	226,000	0	0	0	0	3	226,000	0	0	0	(29)	(12,236,000)	91	18,803,000
4. Indexed								0	0	0						
5. Universal	0	0	0	0	0	0	0	0	0	0	0	0	0	288	20	3,575,264
6. Universal with secondary guarantees								0	0	0						
7. Variable								0	0	0						
8. Variable universal								0	0	0						
9. Credit								0	0	0						
10. Other								0	0	0						
11. Total Individual Life	264,027	7	264,027	0	0	0	0	7	264,027	0	0	0	(35)	(12,398,694)	144	22,683,119
Group Life																
12. Whole	0	0	0					0	0	0	0	0	0	82	2	15,933
13. Term								0	0	0						
14. Universal								0	0	0						
15. Variable								0	0	0						
16. Variable universal								0	0	0						
17. Credit								0	0	0						(a)
18. Other								0	0	0						
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0	0	82	2	15,933
Individual Annuities																
20. Fixed	7,944,339	103	9,666,868					103	9,666,868	1,163,752	275	35,700,083	(412)	(27,270,363)	2,618	263,257,551
21. Indexed	9,316,185	70	8,218,870					70	8,218,870	2,180,711	269	36,564,085	(554)	(48,003,608)	2,716	329,187,269
22. Variable with guarantees								0	0	0						
23. Variable without guarantees								0	0	0						
24. Life contingent payout	0	0	0					0	0	0	7	240,427	(2)	(222,447)	27	1,281,226
25. Other								0	0	0	8	551,655	(18)	(1,133,874)	68	3,057,828
26. Total Individual Annuities	17,260,523	173	17,885,738	0	0	0	0	173	17,885,738	3,344,462	559	73,056,251	(986)	(76,630,292)	5,429	596,783,875
Group Annuities																
27. Fixed	123,458	5	225,926					5	225,926	44,590	0	0	(19)	(624,826)	177	4,724,456
28. Indexed								0	0	0						
29. Variable with guarantees								0	0	0						
30. Variable without guarantees								0	0	0						
31. Life contingent payout								0	0	0	0	0	(15)	(1,450,243)	375	21,544,709
32. Other								0	0	0	0	0	(1)	(8,557)	1	12,271
33. Total Group Annuities	123,458	5	225,926	0	0	0	0	5	225,926	44,590	0	0	(35)	(2,083,625)	553	26,281,437
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			(11)	(40,992)	16	122,908
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	0	0	0
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	0	2	1,010
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	0	0	0
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	(11)	(40,992)	18	123,918
47. Total	17,648,008	185	18,375,691	0	0	0	0	185	18,375,691	3,389,053	559	73,056,251	(1,067)	(91,153,521)	6,146	645,888,282

(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: $ .....0 Group: $ ..... Total: $ 0

(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 $ .....

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0435 BUSINESS IN THE STATE OF Louisiana DURING THE YEAR 2024 NAIC Company Code 63312

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							0					0
2. Whole	21,384						0	53,529	0	5,232		58,761
3. Term	109,934						0	100,000	0	0		100,000
4. Indexed							0					0
5. Universal	67,278						0	0	0	32,025		32,025
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other							0					0
11. Total Individual Life	198,596	0	0	0	0	0	0	153,529	0	37,257	0	190,786
Group Life												
12. Whole							0	120,930	0	0		120,930
13. Term							0	0	0	0		0
14. Universal							0	0	0	0		0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other							0					0
19. Total Group Life	0	0	0	0	0	0	0	120,930	0	0	0	120,930
Individual Annuities												
20. Fixed	20,524,060						0	7,267,991		20,296,791		27,564,782
21. Indexed	131,549,648						0	18,345,704		131,427,119		149,772,823
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout	0						0	193,682		0		193,682
25. Other							0					0
26. Total Individual Annuities	152,073,708	0	0	0	0	0	0	25,807,376	0	151,723,910	0	177,531,286
Group Annuities												
27. Fixed	0						0	15,642		97,580		113,222
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout	0						0	189,868		0		189,868
32. Other							0					0
33. Total Group Annuities	0	0	0	0	0	0	0	205,510	0	97,580	0	303,090
Accident and Health												
34. Comprehensive individual (d)							0	XXX	XXX	XXX		0
35. Comprehensive group (d)							0	XXX	XXX	XXX		0
36. Medicare Supplement (d)	0						0	XXX	XXX	XXX	0	0
37. Vision only (d)							0	XXX	XXX	XXX		0
38. Dental only (d)							0	XXX	XXX	XXX		0
39. Federal Employees Health Benefits Plan (d)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)	(e)						0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)							0	XXX	XXX	XXX		0
42. Credit A&H							0	XXX	XXX	XXX		0
43. Disability income (d)	0						0	XXX	XXX	XXX		0
44. Long-term care (d)	4,531						0	XXX	XXX	XXX	0	0
45. Other health (d)	0						0	XXX	XXX	XXX		0
46. Total Accident and Health	4,531	0	0	0	0	0	0	XXX	XXX	XXX	0	0
47. Total	152,276,835 (c)	0	0	0	0	0	0	26,287,345	0	151,858,747	0	178,146,093

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

NAIC Group Code 0435 BUSINESS IN THE STATE OF Louisiana DURING THE YEAR 2024 NAIC Company Code 63312

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year							22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year		23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life															
1. Industrial								0	0	0					
2. Whole	53,529	3	53,529	0	0	0	0	3	53,529	0	1	25,000	(3)	(76,234)	26	343,448
3. Term	100,000	1	100,000	0	0	0	0	1	100,000	0	0	0	(7)	(1,275,999)	118	23,014,500
4. Indexed								0	0	0						
5. Universal	0	0	0	0	0	0	0	0	0	0	0	0	(2)	(343,805)	90	8,085,455
6. Universal with secondary guarantees								0	0	0						
7. Variable								0	0	0						
8. Variable universal								0	0	0						
9. Credit								0	0	0						
10. Other								0	0	0						
11. Total Individual Life	153,529	4	153,529	0	0	0	0	4	153,529	0	1	25,000	(12)	(1,696,038)	234	31,443,403
Group Life																
12. Whole	134,241	23	120,930					23	120,930	21,705	0	0	(23)	(110,481)	319	1,567,115
13. Term								0	0	0						
14. Universal								0	0	0						
15. Variable								0	0	0						
16. Variable universal								0	0	0						
17. Credit								0	0	0						(a)
18. Other								0	0	0						
19. Total Group Life	134,241	23	120,930	0	0	0	0	23	120,930	21,705	0	0	(23)	(110,481)	319	1,567,115
Individual Annuities																
20. Fixed	8,368,045	63	6,563,041					63	6,563,041	2,660,144	126	19,933,522	(314)	(25,213,949)	1,705	212,795,888
21. Indexed	19,469,382	128	18,207,699					128	18,207,699	4,662,960	782	125,139,280	(1,027)	(101,143,192)	5,561	816,186,668
22. Variable with guarantees								0	0	0						
23. Variable without guarantees								0	0	0						
24. Life contingent payout	45,533	2	45,533					2	45,533	0	10	570,232	(4)	(276,955)	34	1,839,145
25. Other								0	0	0	12	1,638,909	(4)	(493,537)	60	3,045,445
26. Total Individual Annuities	27,882,959	193	24,816,273	0	0	0	0	193	24,816,273	7,323,104	930	147,281,943	(1,349)	(127,127,633)	7,360	1,033,867,146
Group Annuities																
27. Fixed	15,642	2	15,642					2	15,642	0	0	0	(6)	(121,913)	72	858,903
28. Indexed								0	0	0						
29. Variable with guarantees								0	0	0						
30. Variable without guarantees								0	0	0						
31. Life contingent payout								0	0	0	0	0	0	(33,209)	62	3,495,724
32. Other								0	0	0	0	0	0	0	0	0
33. Total Group Annuities	15,642	2	15,642	0	0	0	0	2	15,642	0	0	0	(6)	(155,122)	134	4,354,627
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	0	0	0
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	0	0	0
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	(7,732)	0	0
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	0	0	0
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	(7,732)	0	0
47. Total	28,186,371	222	25,106,374	0	0	0	0	222	25,106,374	7,344,809	931	147,306,943	(1,390)	(129,097,006)	8,047	1,071,232,290

(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: $ .....0 Group: $ ..... Total: $ 0

(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 $ .....

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0435 BUSINESS IN THE STATE OF Maine DURING THE YEAR 2024 NAIC Company Code 63312

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members: 3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	Claims and Benefits Paid: 8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole	4,978						0	4,802	0	3,126		7,928
3. Term	57,291						0	120,000	0	0		120,000
4. Indexed							0					0
5. Universal	3,355						0	60,000	0	0		60,000
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other							0					0
11. Total Individual Life	65,624	0	0	0	0	0	0	184,802	0	3,126	0	187,928
Group Life												
12. Whole							0	0	0	0		0
13. Term							0	0	0	0		0
14. Universal							0	0	0	0		0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other							0					0
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed	6,829,361						0	1,649,770		2,069,342		3,719,112
21. Indexed	28,839,456						0	3,980,412		23,803,954		27,784,366
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout	0						0	210,798		0		210,798
25. Other							0					0
26. Total Individual Annuities	35,668,817	0	0	0	0	0	0	5,840,981	0	25,873,296	0	31,714,277
Group Annuities												
27. Fixed	190,378						0	0		3,235,121		3,235,121
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout	0						0	977,403		0		977,403
32. Other							0					0
33. Total Group Annuities	190,378	0	0	0	0	0	0	977,403	0	3,235,121	0	4,212,525
Accident and Health												
34. Comprehensive individual (d)							0	XXX	XXX	XXX		0
35. Comprehensive group (d)							0	XXX	XXX	XXX		0
36. Medicare Supplement (d)	3,532						0	XXX	XXX	XXX	692	692
37. Vision only (d)							0	XXX	XXX	XXX		0
38. Dental only (d)							0	XXX	XXX	XXX		0
39. Federal Employees Health Benefits Plan (d)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)	(e)						0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)							0	XXX	XXX	XXX		0
42. Credit A&H							0	XXX	XXX	XXX		0
43. Disability income (d)	0						0	XXX	XXX	XXX		0
44. Long-term care (d)	3,238						0	XXX	XXX	XXX	0	0
45. Other health (d)	0						0	XXX	XXX	XXX		0
46. Total Accident and Health	6,770	0	0	0	0	0	0	XXX	XXX	XXX	692	692
47. Total	35,931,589 (c)	0	0	0	0	0	0	7,003,186	0	29,111,544	692	36,115,422

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

NAIC Group Code 0435 BUSINESS IN THE STATE OF Maine DURING THE YEAR 2024 NAIC Company Code 63312

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year							22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year		23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life															
1. Industrial								0	0	0					
2. Whole	1,302	1	4,802	0	0	0	0	1	4,802	1,500	0	0	(2)	(10,000)	38	555,962
3. Term	120,000	1	120,000	0	0	0	0	1	120,000	0	0	0	(10)	(3,730,000)	69	14,988,000
4. Indexed								0	0	0						
5. Universal	60,000	1	60,000	0	0	0	0	1	60,000	0	0	0	0	39,051	7	878,453
6. Universal with secondary guarantees								0	0	0						
7. Variable								0	0	0						
8. Variable universal								0	0	0						
9. Credit								0	0	0						
10. Other								0	0	0						
11. Total Individual Life	181,302	3	184,802	0	0	0	0	3	184,802	1,500	0	0	(12)	(3,700,949)	114	16,422,415
Group Life																
12. Whole	0	0	0					0	0	0	0	0	0	147	5	34,205
13. Term								0	0	0						
14. Universal								0	0	0						
15. Variable								0	0	0						
16. Variable universal								0	0	0						
17. Credit								0	0	0						(a)
18. Other								0	0	0						
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0	0	147	5	34,205
Individual Annuities																
20. Fixed	761,030	14	916,401					14	916,401	94,446	41	6,192,644	(59)	(2,142,152)	538	44,215,907
21. Indexed	3,592,341	33	3,820,882					33	3,820,882	636,506	180	28,117,717	(203)	(11,555,475)	1,406	184,911,297
22. Variable with guarantees								0	0	0						
23. Variable without guarantees								0	0	0						
24. Life contingent payout	2,120	1	2,120					1	2,120	0	2	88,050	(11)	(177,429)	56	1,662,998
25. Other								0	0	0	9	949,589	(22)	(621,251)	50	2,090,291
26. Total Individual Annuities	4,355,491	48	4,739,403	0	0	0	0	48	4,739,403	730,951	232	35,348,000	(295)	(14,496,306)	2,050	232,880,492
Group Annuities																
27. Fixed	0	0	0					0	0	0	0	0	(44)	(2,581,929)	300	9,815,710
28. Indexed								0	0	0						
29. Variable with guarantees								0	0	0						
30. Variable without guarantees								0	0	0						
31. Life contingent payout								0	0	0	0	0	(13)	(761,145)	222	10,928,633
32. Other								0	0	0	0	0	0	0	0	0
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0	(57)	(3,343,074)	522	20,744,343
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	86	1	3,531
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	0	0	0
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			(1)	(1,608)	3	3,442
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	0	0	0
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	(1)	(1,522)	4	6,973
47. Total	4,536,793	51	4,924,205	0	0	0	0	51	4,924,205	732,451	232	35,348,000	(365)	(21,541,704)	2,695	270,088,428

(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: $ .....0 Group: $ ..... Total: $ 0

(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 $ .....

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0435 BUSINESS IN THE STATE OF Maryland DURING THE YEAR 2024 NAIC Company Code 63312

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members: 3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	Claims and Benefits Paid: 8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole	25,956						0	16,691	871	3,578		21,140
3. Term	238,986						0	328,100	158,000	0		486,100
4. Indexed							0					0
5. Universal	162,799						0	650,470	0	170,547		821,017
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other							0					0
11. Total Individual Life	427,741	0	0	0	0	0	0	995,261	158,871	174,126	0	1,328,257
Group Life												
12. Whole							0	0	0	0		0
13. Term							0	0	0	0		0
14. Universal							0	0	0	0		0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other							0					0
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed	82,835,946						0	12,344,106		29,595,416		41,939,522
21. Indexed	146,563,118						0	11,442,840		71,550,525		82,993,365
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout	0						0	124,116		0		124,116
25. Other							0					0
26. Total Individual Annuities	229,399,064	0	0	0	0	0	0	23,911,062	0	101,145,941	0	125,057,003
Group Annuities												
27. Fixed	0						0	1,296,659		67,443		1,364,103
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout	0						0	587,494		15,358		602,852
32. Other							0					0
33. Total Group Annuities	0	0	0	0	0	0	0	1,884,154	0	82,801	0	1,966,955
Accident and Health												
34. Comprehensive individual (d)							0	XXX	XXX	XXX		0
35. Comprehensive group (d)							0	XXX	XXX	XXX		0
36. Medicare Supplement (d)	0						0	XXX	XXX	XXX	0	0
37. Vision only (d)							0	XXX	XXX	XXX		0
38. Dental only (d)							0	XXX	XXX	XXX		0
39. Federal Employees Health Benefits Plan (d)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)	(e)						0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)							0	XXX	XXX	XXX		0
42. Credit A&H							0	XXX	XXX	XXX		0
43. Disability income (d)	0						0	XXX	XXX	XXX		0
44. Long-term care (d)	(3,895)						0	XXX	XXX	XXX	123,874	123,874
45. Other health (d)	0						0	XXX	XXX	XXX		0
46. Total Accident and Health	(3,895)	0	0	0	0	0	0	XXX	XXX	XXX	123,874	123,874
47. Total	229,822,910 (c)	0	0	0	0	0	0	26,790,477	158,871	101,402,868	123,874	128,476,089

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

NAIC Group Code 0435 BUSINESS IN THE STATE OF Maryland DURING THE YEAR 2024 NAIC Company Code 63312

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year							22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year		23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life															
1. Industrial								0	0	0					
2. Whole	26,562	3	17,562	0	0	0	0	3	17,562	15,000	3	175,000	(5)	(106,201)	57	1,364,345
3. Term	422,600	2	486,100	0	0	0	0	2	486,100	100,000	0	0	(34)	(17,100,000)	256	67,206,668
4. Indexed								0	0	0						
5. Universal	600,470	7	650,470	0	0	0	0	7	650,470	250,000	0	0	(22)	(2,668,597)	212	26,391,851
6. Universal with secondary guarantees								0	0	0						
7. Variable								0	0	0						
8. Variable universal								0	0	0						
9. Credit								0	0	0						
10. Other								0	0	0						
11. Total Individual Life	1,049,632	12	1,154,132	0	0	0	0	12	1,154,132	365,000	3	175,000	(61)	(19,874,797)	525	94,962,864
Group Life																
12. Whole	0	0	0					0	0	0	0	0	0	14	1	2,884
13. Term								0	0	0						
14. Universal								0	0	0						
15. Variable								0	0	0						
16. Variable universal								0	0	0						
17. Credit								0	0	0						(a)
18. Other								0	0	0						
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0	0	14	1	2,884
Individual Annuities																
20. Fixed	10,373,979	89	10,728,078					89	10,728,078	1,011,336	581	90,381,422	(428)	(44,119,791)	2,661	327,944,607
21. Indexed	12,681,479	92	11,073,129					92	11,073,129	3,304,520	869	161,211,269	(677)	(78,400,229)	3,813	537,939,790
22. Variable with guarantees								0	0	0						
23. Variable without guarantees								0	0	0						
24. Life contingent payout	7,191	1	7,191					1	7,191	0	4	466,231	(2)	(49,603)	27	1,029,944
25. Other								0	0	0	29	2,092,240	(19)	(1,914,275)	111	4,846,889
26. Total Individual Annuities	23,062,650	182	21,808,398	0	0	0	0	182	21,808,398	4,315,856	1,483	254,151,162	(1,126)	(124,483,898)	6,612	871,761,230
Group Annuities																
27. Fixed	1,296,659	1	1,296,659					1	1,296,659	0	0	0	(6)	(81,281)	66	1,964,630
28. Indexed								0	0	0						
29. Variable with guarantees								0	0	0						
30. Variable without guarantees								0	0	0						
31. Life contingent payout								0	0	0	0	0	(6)	(423,431)	163	6,480,649
32. Other								0	0	0	0	0	0	0	0	0
33. Total Group Annuities	1,296,659	1	1,296,659	0	0	0	0	1	1,296,659	0	0	0	(12)	(504,712)	229	8,445,279
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	0	0	0
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	0	0	0
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			2	10,057	3	20,190
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	0	0	0
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	2	10,057	3	20,190
47. Total	25,408,941	195	24,259,189	0	0	0	0	195	24,259,189	4,680,856	1,486	254,326,162	(1,197)	(144,853,337)	7,370	975,192,446

(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: $ 60,690 Group: $ ..... Total: $ 60,690

(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 $ .....

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0435 BUSINESS IN THE STATE OF Massachusetts DURING THE YEAR 2024 NAIC Company Code 63312

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members: 3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	Claims and Benefits Paid: 8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole	17,675						0	28,280	0	1,681		29,961
3. Term	222,541						0	400,000	0	0		400,000
4. Indexed							0					0
5. Universal	149,249						0	352,000	0	141,216		493,216
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other							0					0
11. Total Individual Life	389,465	0	0	0	0	0	0	780,280	0	142,898	0	923,178
Group Life												
12. Whole							0	51,833	0	0		51,833
13. Term							0	945	0	0		945
14. Universal							0	0	0	0		0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other							0					0
19. Total Group Life	0	0	0	0	0	0	0	52,778	0	0	0	52,778
Individual Annuities												
20. Fixed	57,071,443						0	13,444,007		23,043,582		36,487,589
21. Indexed	122,559,157						0	12,631,052		81,614,726		94,245,778
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout	200,000						0	1,730,101		0		1,730,101
25. Other							0					0
26. Total Individual Annuities	179,830,600	0	0	0	0	0	0	27,805,160	0	104,658,309	0	132,463,469
Group Annuities												
27. Fixed	1,030,639						0	85,271		10,104,852		10,190,123
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout	28						0	3,979,466		0		3,979,466
32. Other							0					0
33. Total Group Annuities	1,030,667	0	0	0	0	0	0	4,064,737	0	10,104,852	0	14,169,589
Accident and Health												
34. Comprehensive individual (d)							0	XXX	XXX	XXX		0
35. Comprehensive group (d)							0	XXX	XXX	XXX		0
36. Medicare Supplement (d)	0						0	XXX	XXX	XXX	0	0
37. Vision only (d)							0	XXX	XXX	XXX		0
38. Dental only (d)							0	XXX	XXX	XXX		0
39. Federal Employees Health Benefits Plan (d)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)	(e)						0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)							0	XXX	XXX	XXX		0
42. Credit A&H							0	XXX	XXX	XXX		0
43. Disability income (d)	0						0	XXX	XXX	XXX		0
44. Long-term care (d)	0						0	XXX	XXX	XXX	0	0
45. Other health (d)	0						0	XXX	XXX	XXX		0
46. Total Accident and Health	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
47. Total	181,250,732 (c)	0	0	0	0	0	0	32,702,954	0	114,906,059	0	147,609,013

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

NAIC Group Code 0435 BUSINESS IN THE STATE OF Massachusetts DURING THE YEAR 2024 NAIC Company Code 63312

Line of Business	13	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits								22	Policy Exhibit					
		Claims Settled During Current Year									Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life																
1. Industrial								0	0	0						
2. Whole	18,294	5	28,280	0	0	0	0	5	28,280	5,014	0	0	(6)	(164,645)	66	1,340,570
3. Term	400,000	3	400,000	0	0	0	0	3	400,000	300,000	0	0	(8)	111,000	164	45,316,350
4. Indexed								0	0	0						
5. Universal	452,000	3	352,000	0	0	0	0	3	352,000	100,000	0	0	(7)	(1,060,672)	135	26,608,030
6. Universal with secondary guarantees								0	0	0						
7. Variable								0	0	0						
8. Variable universal								0	0	0						
9. Credit								0	0	0						
10. Other								0	0	0						
11. Total Individual Life	870,294	11	780,280	0	0	0	0	11	780,280	405,014	0	0	(21)	(1,114,317)	365	73,264,950
Group Life																
12. Whole	51,768	8	51,833					8	51,833	0	0	0	(7)	(41,105)	46	289,297
13. Term								0	0	0						
14. Universal								0	0	0						
15. Variable								0	0	0						
16. Variable universal								0	0	0						
17. Credit								0	0	0						(a)
18. Other								0	0	0						
19. Total Group Life	51,768	8	51,833	0	0	0	0	8	51,833	0	0	0	(7)	(41,105)	46	289,297
Individual Annuities																
20. Fixed	6,923,596	103	6,515,263					103	6,515,263	2,484,543	336	59,057,437	(409)	(27,325,658)	4,232	451,806,803
21. Indexed	12,466,683	82	12,174,754					82	12,174,754	1,937,837	792	133,135,640	(744)	(47,267,054)	4,484	671,709,000
22. Variable with guarantees								0	0	0						
23. Variable without guarantees								0	0	0						
24. Life contingent payout	0	0	0					0	0	0	18	1,505,498	(18)	(1,135,070)	238	11,848,684
25. Other								0	0	0	78	5,118,179	(84)	(5,920,563)	470	21,234,810
26. Total Individual Annuities	19,390,279	185	18,690,017	0	0	0	0	185	18,690,017	4,422,380	1,224	198,816,753	(1,255)	(81,648,345)	9,424	1,156,599,298
Group Annuities																
27. Fixed	314,883	7	85,271					7	85,271	303,603	0	0	(127)	(5,999,458)	2,018	106,905,830
28. Indexed								0	0	0						
29. Variable with guarantees								0	0	0						
30. Variable without guarantees								0	0	0						
31. Life contingent payout								0	0	0	0	0	(39)	(3,195,995)	844	53,725,813
32. Other								0	0	0	0	0	(1)	(47,886)	0	0
33. Total Group Annuities	314,883	7	85,271	0	0	0	0	7	85,271	303,603	0	0	(167)	(9,243,339)	2,862	160,631,644
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	0	0	0
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	0	0	0
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	0	0	0
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	0	0	0
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
47. Total	20,627,224	211	19,607,401	0	0	0	0	211	19,607,401	5,130,997	1,224	198,816,753	(1,450)	(92,047,106)	12,697	1,390,785,189

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

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

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: $ 1,660,278 Group: $ ..... Total: $ 1,660,278

(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 $ .....

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0435 BUSINESS IN THE STATE OF Michigan DURING THE YEAR 2024 NAIC Company Code 63312

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members: 3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	Claims and Benefits Paid: 8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole	11,345						0	12,008	0	7,704		19,712
3. Term	138,471						0	0	0	0		0
4. Indexed							0					0
5. Universal	69,545						0	0	0	10,000		10,000
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other							0					0
11. Total Individual Life	219,361	0	0	0	0	0	0	12,008	0	17,704	0	29,712
Group Life												
12. Whole							0	0	0	0		0
13. Term							0	0	0	0		0
14. Universal							0	0	0	0		0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other							0					0
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed	86,087,461						0	28,039,166		48,895,347		76,934,512
21. Indexed	244,064,800						0	30,475,628		215,711,166		246,186,794
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout	0						0	890,213		10,597		900,810
25. Other							0					0
26. Total Individual Annuities	330,152,261	0	0	0	0	0	0	59,405,007	0	264,617,109	0	324,022,116
Group Annuities												
27. Fixed	22,012						0	37,331		1,585,151		1,622,481
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout	(108,651)						0	2,058,407		150,128		2,208,535
32. Other							0					0
33. Total Group Annuities	(86,639)	0	0	0	0	0	0	2,095,738	0	1,735,279	0	3,831,017
Accident and Health												
34. Comprehensive individual (d)							0	XXX	XXX	XXX		0
35. Comprehensive group (d)							0	XXX	XXX	XXX		0
36. Medicare Supplement (d)	3,258						0	XXX	XXX	XXX	9,812	9,812
37. Vision only (d)							0	XXX	XXX	XXX		0
38. Dental only (d)							0	XXX	XXX	XXX		0
39. Federal Employees Health Benefits Plan (d)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)	(e)						0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)							0	XXX	XXX	XXX		0
42. Credit A&H							0	XXX	XXX	XXX		0
43. Disability income (d)	0						0	XXX	XXX	XXX		0
44. Long-term care (d)	0						0	XXX	XXX	XXX	0	0
45. Other health (d)	0						0	XXX	XXX	XXX		0
46. Total Accident and Health	3,258	0	0	0	0	0	0	XXX	XXX	XXX	9,812	9,812
47. Total	330,288,241 (c)	0	0	0	0	0	0	61,512,752	0	266,370,092	9,812	327,892,657

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

NAIC Group Code 0435 BUSINESS IN THE STATE OF Michigan DURING THE YEAR 2024 NAIC Company Code 63312

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year							22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year		23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life															
1. Industrial								0	0	0					
2. Whole	10,008	4	12,008	0	0	0	0	4	12,008	0	0	0	(5)	(66,964)	88	961,993
3. Term	0	0	0	0	0	0	0	0	0	0	0	0	(24)	(10,645,000)	106	28,933,921
4. Indexed								0	0	0						
5. Universal	0	0	0	0	0	0	0	0	0	0	0	0	0	(135,109)	53	9,615,674
6. Universal with secondary guarantees								0	0	0						
7. Variable								0	0	0						
8. Variable universal								0	0	0						
9. Credit								0	0	0						
10. Other								0	0	0						
11. Total Individual Life	10,008	4	12,008	0	0	0	0	4	12,008	0	0	0	(29)	(10,847,073)	247	39,511,589
Group Life																
12. Whole	0	0	0					0	0	0	0	0	0	72	3	12,887
13. Term								0	0	0						
14. Universal								0	0	0						
15. Variable								0	0	0						
16. Variable universal								0	0	0						
17. Credit								0	0	0						(a)
18. Other								0	0	0						
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0	0	72	3	12,887
Individual Annuities																
20. Fixed	17,328,562	237	18,385,516					237	18,385,516	3,718,715	555	89,935,033	(785)	(59,102,555)	6,504	602,030,597
21. Indexed	28,714,928	299	29,791,719					299	29,791,719	6,085,839	1,677	245,323,370	(2,166)	(187,375,880)	11,535	1,330,248,474
22. Variable with guarantees								0	0	0						
23. Variable without guarantees								0	0	0						
24. Life contingent payout	41,441	3	41,441					3	41,441	0	15	1,002,581	(19)	(1,312,386)	136	5,999,774
25. Other								0	0	0	111	9,779,428	(121)	(8,048,064)	554	32,871,841
26. Total Individual Annuities	46,084,930	539	48,218,676	0	0	0	0	539	48,218,676	9,804,554	2,358	346,040,413	(3,091)	(255,838,886)	18,729	1,971,150,686
Group Annuities																
27. Fixed	(38,896)	6	33,523					6	33,523	1,206	0	0	(42)	(1,251,179)	429	13,557,447
28. Indexed								0	0	0						
29. Variable with guarantees								0	0	0						
30. Variable without guarantees								0	0	0						
31. Life contingent payout								0	0	0	0	0	(16)	(1,583,143)	454	28,538,598
32. Other								0	0	0	0	0	0	(3,561)	1	5,259
33. Total Group Annuities	(38,896)	6	33,523	0	0	0	0	6	33,523	1,206	0	0	(58)	(2,837,883)	884	42,101,303
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	79	1	3,258
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	0	0	0
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	0	0	0
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	0	0	0
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	79	1	3,258
47. Total	46,056,042	549	48,264,206	0	0	0	0	549	48,264,206	9,805,760	2,358	346,040,413	(3,178)	(269,523,691)	19,864	2,052,779,723

(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: $ 692,458 Group: $ ..... Total: $ 692,458

(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 $ .....

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0435 BUSINESS IN THE STATE OF Minnesota DURING THE YEAR 2024 NAIC Company Code 63312

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							0					0
2. Whole	20,466						0	146,969	0	2,688		149,657
3. Term	133,090						0	0	16,400	0		16,400
4. Indexed							0					0
5. Universal	232,585						0	350,000	0	5,788		355,788
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other							0					0
11. Total Individual Life	386,141	0	0	0	0	0	0	496,969	16,400	8,476	0	521,845
Group Life												
12. Whole							0	0	0	0		0
13. Term							0	0	0	0		0
14. Universal							0	0	0	0		0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other							0					0
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed	33,011,240						0	8,294,429		16,722,954		25,017,383
21. Indexed	108,291,712						0	12,372,298		120,580,283		132,952,581
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout	0						0	392,458		0		392,458
25. Other							0					0
26. Total Individual Annuities	141,302,952	0	0	0	0	0	0	21,059,186	0	137,303,236	0	158,362,423
Group Annuities												
27. Fixed	7,213						0	119,180		348,418		467,598
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout	0						0	1,210,458		0		1,210,458
32. Other							0					0
33. Total Group Annuities	7,213	0	0	0	0	0	0	1,329,638	0	348,418	0	1,678,056
Accident and Health												
34. Comprehensive individual (d)							0	XXX	XXX	XXX		0
35. Comprehensive group (d)							0	XXX	XXX	XXX		0
36. Medicare Supplement (d)	0						0	XXX	XXX	XXX	0	0
37. Vision only (d)							0	XXX	XXX	XXX		0
38. Dental only (d)							0	XXX	XXX	XXX		0
39. Federal Employees Health Benefits Plan (d)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)	(e)						0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)							0	XXX	XXX	XXX		0
42. Credit A&H							0	XXX	XXX	XXX		0
43. Disability income (d)	0						0	XXX	XXX	XXX		0
44. Long-term care (d)	5,252						0	XXX	XXX	XXX	0	0
45. Other health (d)	0						0	XXX	XXX	XXX		0
46. Total Accident and Health	5,252	0	0	0	0	0	0	XXX	XXX	XXX	0	0
47. Total	141,701,558 (c)	0	0	0	0	0	0	22,885,793	16,400	137,660,131	0	160,562,324

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

NAIC Group Code 0435 BUSINESS IN THE STATE OF Minnesota DURING THE YEAR 2024 NAIC Company Code 63312

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year							22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year		23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life															
1. Industrial								0	0	0					
2. Whole	111,610	17	146,969	0	0	0	0	17	146,969	1,500	0	0	(19)	(160,905)	107	730,036
3. Term	16,400	0	16,400	0	0	0	0	0	16,400	0	0	20,000	(10)	(3,105,000)	119	32,258,400
4. Indexed								0	0	0						
5. Universal	600,000	1	350,000	0	0	0	0	1	350,000	250,000	0	10,000	(1)	(379,835)	58	7,935,311
6. Universal with secondary guarantees								0	0	0						
7. Variable								0	0	0						
8. Variable universal								0	0	0						
9. Credit								0	0	0						
10. Other								0	0	0						
11. Total Individual Life	728,010	18	513,369	0	0	0	0	18	513,369	251,500	0	30,000	(30)	(3,645,740)	284	40,923,747
Group Life															
12. Whole	0	0	0					0	0	0	0	0	0	0	0	0
13. Term								0	0	0						
14. Universal								0	0	0						
15. Variable								0	0	0						
16. Variable universal								0	0	0						
17. Credit								0	0	0						(a)
18. Other								0	0	0						
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities															
20. Fixed	5,315,491	57	5,078,472					57	5,078,472	1,437,448	257	38,794,248	(237)	(25,370,317)	1,699	161,784,384
21. Indexed	10,372,097	115	11,911,382					115	11,911,382	4,513,787	716	109,514,406	(1,167)	(100,415,387)	5,318	643,913,162
22. Variable with guarantees								0	0	0						
23. Variable without guarantees								0	0	0						
24. Life contingent payout	65,155	1	65,155					1	65,155	0	16	3,353,184	(14)	(3,086,617)	58	2,140,418
25. Other								0	0	0	40	1,616,894	(55)	(2,785,001)	218	7,737,708
26. Total Individual Annuities	15,752,744	173	17,055,010	0	0	0	0	173	17,055,010	5,951,235	1,029	153,278,731	(1,473)	(131,657,322)	7,293	815,575,672
Group Annuities															
27. Fixed	109,832	2	109,832					2	109,832	0	0	0	(13)	(213,772)	216	5,070,476
28. Indexed								0	0	0						
29. Variable with guarantees								0	0	0						
30. Variable without guarantees								0	0	0						
31. Life contingent payout								0	0	0	0	0	(16)	(938,394)	237	15,165,426
32. Other								0	0	0	0	0	0	(8,664)	3	29,908
33. Total Group Annuities	109,832	2	109,832	0	0	0	0	2	109,832	0	0	0	(29)	(1,160,830)	456	20,265,810
Accident and Health															
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	0	0	0
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	0	0	0
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	0	2	5,252
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	0	0	0
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	2	5,252
47. Total	16,590,586	193	17,678,211	0	0	0	0	193	17,678,211	6,202,735	1,029	153,308,731	(1,532)	(136,463,892)	8,035	876,770,481

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

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

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: $ 45,578 Group: $ ..... Total: $ 45,578

(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 $ .....

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0435 BUSINESS IN THE STATE OF Mississippi DURING THE YEAR 2024 NAIC Company Code 63312

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members: 3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	Claims and Benefits Paid: 8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole	3,949						0	0	0	0		0
3. Term	66,603						0	0	25,100	0		25,100
4. Indexed							0					0
5. Universal	32,998						0	150,000	0	0		150,000
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other							0					0
11. Total Individual Life	103,550	0	0	0	0	0	0	150,000	25,100	0	0	175,100
Group Life												
12. Whole							0	2,861	0	0		2,861
13. Term							0	0	0	0		0
14. Universal							0	0	0	0		0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other							0					0
19. Total Group Life	0	0	0	0	0	0	0	2,861	0	0	0	2,861
Individual Annuities												
20. Fixed	14,231,155						0	6,845,219		15,567,650		22,412,869
21. Indexed	28,329,627						0	4,350,813		32,356,694		36,707,506
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout	27,852						0	102,194		0		102,194
25. Other							0					0
26. Total Individual Annuities	42,588,634	0	0	0	0	0	0	11,298,226	0	47,924,343	0	59,222,569
Group Annuities												
27. Fixed	2,845						0	0		11,528		11,528
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout	15,078						0	607,267		0		607,267
32. Other							0					0
33. Total Group Annuities	17,923	0	0	0	0	0	0	607,267	0	11,528	0	618,795
Accident and Health												
34. Comprehensive individual (d)							0	XXX	XXX	XXX		0
35. Comprehensive group (d)							0	XXX	XXX	XXX		0
36. Medicare Supplement (d)	0						0	XXX	XXX	XXX	0	0
37. Vision only (d)							0	XXX	XXX	XXX		0
38. Dental only (d)							0	XXX	XXX	XXX		0
39. Federal Employees Health Benefits Plan (d)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)	(e)						0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)							0	XXX	XXX	XXX		0
42. Credit A&H							0	XXX	XXX	XXX		0
43. Disability income (d)	0						0	XXX	XXX	XXX		0
44. Long-term care (d)	2,932						0	XXX	XXX	XXX	0	0
45. Other health (d)	0						0	XXX	XXX	XXX		0
46. Total Accident and Health	2,932	0	0	0	0	0	0	XXX	XXX	XXX	0	0
47. Total	42,713,039 (c)	0	0	0	0	0	0	12,058,354	25,100	47,935,871	0	60,019,325

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

NAIC Group Code 0435 BUSINESS IN THE STATE OF Mississippi DURING THE YEAR 2024 NAIC Company Code 63312

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year							22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year		23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life															
1. Industrial								0	0	0					
2. Whole	0	0	0	0	0	0	0	0	0	0	0	0	1	4,156	15	70,261
3. Term	25,100	0	25,100	0	0	0	0	0	25,100	0	0	0	(14)	(7,020,000)	62	17,641,600
4. Indexed								0	0	0						
5. Universal	150,000	1	150,000	0	0	0	0	1	150,000	0	0	0	(3)	(429,764)	50	5,134,103
6. Universal with secondary guarantees								0	0	0						
7. Variable								0	0	0						
8. Variable universal								0	0	0						
9. Credit								0	0	0						
10. Other								0	0	0						
11. Total Individual Life	175,100	1	175,100	0	0	0	0	1	175,100	0	0	0	(16)	(7,445,608)	127	22,845,964
Group Life																
12. Whole	2,861	1	2,861					1	2,861	0	0	0	(1)	(2,677)	4	34,245
13. Term								0	0	0						
14. Universal								0	0	0						
15. Variable								0	0	0						
16. Variable universal								0	0	0						
17. Credit								0	0	0						(a)
18. Other								0	0	0						
19. Total Group Life	2,861	1	2,861	0	0	0	0	1	2,861	0	0	0	(1)	(2,677)	4	34,245
Individual Annuities																
20. Fixed	5,225,204	63	6,217,639					63	6,217,639	466,166	91	14,316,355	(263)	(17,122,311)	1,594	130,532,781
21. Indexed	4,082,144	37	4,273,684					37	4,273,684	332,238	180	28,178,076	(221)	(23,685,309)	1,489	209,601,388
22. Variable with guarantees								0	0	0						
23. Variable without guarantees								0	0	0						
24. Life contingent payout	25,178	2	25,178					2	25,178	0	2	44,452	(10)	(316,849)	16	629,688
25. Other								0	0	0	5	468,665	(9)	(643,513)	29	1,804,784
26. Total Individual Annuities	9,332,525	102	10,516,502	0	0	0	0	102	10,516,502	798,405	278	43,007,548	(503)	(41,767,983)	3,128	342,568,640
Group Annuities																
27. Fixed	8,014	1	0					1	0	8,014	0	0	(4)	13,356	67	1,066,381
28. Indexed								0	0	0						
29. Variable with guarantees								0	0	0						
30. Variable without guarantees								0	0	0						
31. Life contingent payout								0	0	0	0	0	(7)	(583,795)	175	7,561,127
32. Other								0	0	0	0	0	0	0	0	0
33. Total Group Annuities	8,014	1	0	0	0	0	0	1	0	8,014	0	0	(11)	(570,439)	242	8,627,508
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	0	0	0
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	0	0	0
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	0	1	2,932
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	0	0	0
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	1	2,932
47. Total	9,518,501	105	10,694,463	0	0	0	0	105	10,694,463	806,419	278	43,007,548	(531)	(49,786,707)	3,502	374,079,289

(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: $ .....0 Group: $ ..... Total: $ 0

(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 $ .....

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0435 BUSINESS IN THE STATE OF Missouri DURING THE YEAR 2024 NAIC Company Code 63312

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members: 3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	Claims and Benefits Paid: 8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole	43,712						0	21,646	0	9,241		30,886
3. Term	168,956						0	200,000	38,100	0		238,100
4. Indexed							0					0
5. Universal	50,059						0	0	0	39,755		39,755
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other							0					0
11. Total Individual Life	262,727	0	0	0	0	0	0	221,646	38,100	48,995	0	308,741
Group Life												
12. Whole							0	0	0	0		0
13. Term							0	0	0	0		0
14. Universal							0	0	0	0		0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other							0					0
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed	210,759,273						0	14,119,627		95,052,728		109,172,356
21. Indexed	252,880,669						0	22,182,020		274,873,881		297,055,901
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout	0						0	290,592		0		290,592
25. Other							0					0
26. Total Individual Annuities	463,639,942	0	0	0	0	0	0	36,592,239	0	369,926,609	0	406,518,848
Group Annuities												
27. Fixed	2,300						0	55,323		160,764		216,087
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout	(115,960)						0	1,058,957		0		1,058,957
32. Other							0					0
33. Total Group Annuities	(113,660)	0	0	0	0	0	0	1,114,280	0	160,764	0	1,275,045
Accident and Health												
34. Comprehensive individual (d)							0	XXX	XXX	XXX		0
35. Comprehensive group (d)							0	XXX	XXX	XXX		0
36. Medicare Supplement (d)	50,212						0	XXX	XXX	XXX	49,975	49,975
37. Vision only (d)							0	XXX	XXX	XXX		0
38. Dental only (d)							0	XXX	XXX	XXX		0
39. Federal Employees Health Benefits Plan (d)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)	(e)						0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)							0	XXX	XXX	XXX		0
42. Credit A&H							0	XXX	XXX	XXX		0
43. Disability income (d)	0						0	XXX	XXX	XXX		0
44. Long-term care (d)	108,402						0	XXX	XXX	XXX	113,583	113,583
45. Other health (d)	41						0	XXX	XXX	XXX		0
46. Total Accident and Health	158,655	0	0	0	0	0	0	XXX	XXX	XXX	163,558	163,558
47. Total	463,947,664 (c)	0	0	0	0	0	0	37,928,165	38,100	370,136,369	163,558	408,266,192

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

NAIC Group Code 0435 BUSINESS IN THE STATE OF Missouri DURING THE YEAR 2024 NAIC Company Code 63312

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year							22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year		23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life															
1. Industrial								0	0	0					
2. Whole	21,646	4	21,646	0	0	0	0	4	21,646	0	0	0	(6)	(52,384)	42	695,842
3. Term	238,100	2	238,100	0	0	0	0	2	238,100	0	0	0	(6)	(2,689,001)	153	35,752,999
4. Indexed								0	0	0						
5. Universal	0	0	0	0	0	0	0	0	0	0	0	0	(1)	(107,676)	58	7,693,820
6. Universal with secondary guarantees								0	0	0						
7. Variable								0	0	0						
8. Variable universal								0	0	0						
9. Credit								0	0	0						
10. Other								0	0	0						
11. Total Individual Life	259,746	6	259,746	0	0	0	0	6	259,746	0	0	0	(13)	(2,849,061)	253	44,142,660
Group Life																
12. Whole	0	0	0					0	0	0	0	0	0	504	24	97,629
13. Term								0	0	0						
14. Universal								0	0	0						
15. Variable								0	0	0						
16. Variable universal								0	0	0						
17. Credit								0	0	0						(a)
18. Other								0	0	0						
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0	0	504	24	97,629
Individual Annuities																
20. Fixed	12,887,386	113	12,239,646					113	12,239,646	1,977,299	158	23,676,254	422	97,568,678	5,897	791,077,373
21. Indexed	19,096,581	209	21,289,460					209	21,289,460	3,122,631	603	95,198,206	(1,497)	(80,244,497)	10,350	1,383,975,112
22. Variable with guarantees								0	0	0						
23. Variable without guarantees								0	0	0						
24. Life contingent payout	49,241	3	49,241					3	49,241	0	3	8,766	(5)	(176,868)	50	1,927,098
25. Other								0	0	0	19	2,598,360	(19)	(1,343,484)	98	6,139,960
26. Total Individual Annuities	32,033,208	325	33,578,347	0	0	0	0	325	33,578,347	5,099,931	783	121,481,586	(1,099)	15,803,829	16,395	2,183,119,544
Group Annuities																
27. Fixed	(1,189,231)	1	51,178					1	51,178	2,554	0	0	(3)	(7,185)	100	2,177,074
28. Indexed								0	0	0						
29. Variable with guarantees								0	0	0						
30. Variable without guarantees								0	0	0						
31. Life contingent payout								0	0	0	0	0	(14)	(923,573)	283	10,715,328
32. Other								0	0	0	0	0	(1)	(4,081)	1	1,015
33. Total Group Annuities	(1,189,231)	1	51,178	0	0	0	0	1	51,178	2,554	0	0	(18)	(934,839)	384	12,893,417
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			(4)	(12,872)	12	50,213
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	0	0	0
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			(4)	13,689	69	137,143
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	0	1	41
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	(8)	817	82	187,397
47. Total	31,103,723	332	33,889,271	0	0	0	0	332	33,889,271	5,102,485	783	121,481,586	(1,138)	12,021,250	17,138	2,240,440,647

(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: $ 773,519 Group: $ ..... Total: $ 773,519

(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 $ .....

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0435 BUSINESS IN THE STATE OF Montana DURING THE YEAR 2024 NAIC Company Code 63312

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members: 3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	Claims and Benefits Paid: 8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole	1,269						0	0	0	0		0
3. Term	4,730						0	0	0	0		0
4. Indexed							0					0
5. Universal	445						0	0	0	0		0
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other							0					0
11. Total Individual Life	6,444	0	0	0	0	0	0	0	0	0	0	0
Group Life												
12. Whole							0	0	0	0		0
13. Term							0	0	0	0		0
14. Universal							0	0	0	0		0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other							0					0
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed	4,607,128						0	847,164		1,093,425		1,940,588
21. Indexed	2,062,868						0	1,645,842		10,842,585		12,488,427
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout	0						0	54,692		0		54,692
25. Other							0					0
26. Total Individual Annuities	6,669,996	0	0	0	0	0	0	2,547,698	0	11,936,009	0	14,483,707
Group Annuities												
27. Fixed	0						0	0		32,763		32,763
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout	0						0	103,558		0		103,558
32. Other							0					0
33. Total Group Annuities	0	0	0	0	0	0	0	103,558	0	32,763	0	136,320
Accident and Health												
34. Comprehensive individual (d)							0	XXX	XXX	XXX		0
35. Comprehensive group (d)							0	XXX	XXX	XXX		0
36. Medicare Supplement (d)	0						0	XXX	XXX	XXX	0	0
37. Vision only (d)							0	XXX	XXX	XXX		0
38. Dental only (d)							0	XXX	XXX	XXX		0
39. Federal Employees Health Benefits Plan (d)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)	(e)						0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)							0	XXX	XXX	XXX		0
42. Credit A&H							0	XXX	XXX	XXX		0
43. Disability income (d)	0						0	XXX	XXX	XXX		0
44. Long-term care (d)	0						0	XXX	XXX	XXX	0	0
45. Other health (d)	0						0	XXX	XXX	XXX		0
46. Total Accident and Health	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
47. Total	6,676,440 (c)	0	0	0	0	0	0	2,651,256	0	11,968,772	0	14,620,028

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

NAIC Group Code 0435 BUSINESS IN THE STATE OF Montana DURING THE YEAR 2024 NAIC Company Code 63312

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year							22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year		23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life															
1. Industrial								0	0	0					
2. Whole	0	0	0	0	0	0	0	0	0	0	0	0	(482)	10	69,424
3. Term	0	0	0	0	0	0	0	0	0	0	0	(4)	(1,410,000)	6	1,589,000
4. Indexed								0	0	0					
5. Universal	0	0	0	0	0	0	0	0	0	0	0	0	241	1	108,212
6. Universal with secondary guarantees								0	0	0					
7. Variable								0	0	0					
8. Variable universal								0	0	0					
9. Credit								0	0	0					
10. Other								0	0	0					
11. Total Individual Life	0	0	0	0	0	0	0	0	0	0	0	0	(4)	(1,410,241)	17	1,766,636
Group Life															
12. Whole	0	0	0					0	0	0	0	0	0	10	1	1,942
13. Term								0	0	0						
14. Universal								0	0	0						
15. Variable								0	0	0						
16. Variable universal								0	0	0						
17. Credit								0	0	0						(a)
18. Other								0	0	0						
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0	0	10	1	1,942
Individual Annuities															
20. Fixed	350,466	2	435,482					2	435,482	46,403	21	4,338,979	(7)	(359,858)	159	12,766,420
21. Indexed	1,561,279	8	1,611,793					8	1,611,793	113,607	27	2,156,003	(55)	(7,847,733)	308	31,082,316
22. Variable with guarantees								0	0	0						
23. Variable without guarantees								0	0	0						
24. Life contingent payout	6,939	1	6,939					1	6,939	0	0	0	(2)	(66,139)	12	252,326
25. Other								0	0	0	5	135,608	(2)	(237,790)	31	1,716,536
26. Total Individual Annuities	1,918,684	11	2,054,214	0	0	0	0	11	2,054,214	160,011	53	6,630,590	(66)	(8,511,521)	510	45,817,599
Group Annuities															
27. Fixed	0	0	0					0	0	0	0	0	(2)	(6,272)	39	1,361,914
28. Indexed								0	0	0						
29. Variable with guarantees								0	0	0						
30. Variable without guarantees								0	0	0						
31. Life contingent payout								0	0	0	0	0	(1)	(190,835)	24	1,216,783
32. Other								0	0	0	0	0	0	0	0	0
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0	(3)	(197,107)	63	2,578,697
Accident and Health															
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	0	0	0
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	0	0	0
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	(6,987)	1	0
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	0	0	0
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	(6,987)	1	0
47. Total	1,918,684	11	2,054,214	0	0	0	0	11	2,054,214	160,011	53	6,630,590	(73)	(10,125,846)	592	50,164,874

(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: $ .....0 Group: $ ..... Total: $ 0

(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 $ .....

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0435 BUSINESS IN THE STATE OF Nebraska DURING THE YEAR 2024 NAIC Company Code 63312

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members: 3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	Claims and Benefits Paid: 8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole	5,189						0	0	0	52		52
3. Term	98,103						0	0	0	0		0
4. Indexed							0					0
5. Universal	7,914						0	200,000	0	0		200,000
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other							0					0
11. Total Individual Life	111,206	0	0	0	0	0	0	200,000	0	52	0	200,052
Group Life												
12. Whole							0	0	0	0		0
13. Term							0	0	0	0		0
14. Universal							0	0	0	0		0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other							0					0
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed	7,488,297						0	1,160,496		3,033,768		4,194,263
21. Indexed	27,333,557						0	4,423,405		16,538,206		20,961,612
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout	0						0	45,866		0		45,866
25. Other							0					0
26. Total Individual Annuities	34,821,854	0	0	0	0	0	0	5,629,767	0	19,571,974	0	25,201,741
Group Annuities												
27. Fixed	0						0	3,714		83,617		87,331
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout	18,291						0	328,824		0		328,824
32. Other							0					0
33. Total Group Annuities	18,291	0	0	0	0	0	0	332,538	0	83,617	0	416,156
Accident and Health												
34. Comprehensive individual (d)							0	XXX	XXX	XXX		0
35. Comprehensive group (d)							0	XXX	XXX	XXX		0
36. Medicare Supplement (d)	11,639						0	XXX	XXX	XXX	3,413	3,413
37. Vision only (d)							0	XXX	XXX	XXX		0
38. Dental only (d)							0	XXX	XXX	XXX		0
39. Federal Employees Health Benefits Plan (d)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)	(e)						0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)							0	XXX	XXX	XXX		0
42. Credit A&H							0	XXX	XXX	XXX		0
43. Disability income (d)	0						0	XXX	XXX	XXX		0
44. Long-term care (d)	60,030						0	XXX	XXX	XXX	1,130	1,130
45. Other health (d)	0						0	XXX	XXX	XXX		0
46. Total Accident and Health	71,669	0	0	0	0	0	0	XXX	XXX	XXX	4,543	4,543
47. Total	35,023,020 (c)	0	0	0	0	0	0	6,162,306	0	19,655,644	4,543	25,822,492

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

NAIC Group Code 0435 BUSINESS IN THE STATE OF Nebraska DURING THE YEAR 2024 NAIC Company Code 63312

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year							22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year		23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life															
1. Industrial								0	0	0					
2. Whole	0	0	0	0	0	0	0	0	0	0	0	0	(1)	(25,500)	8	164,792
3. Term	0	0	0	0	0	0	0	0	0	0	0	0	(8)	(2,666,000)	55	15,184,000
4. Indexed								0	0	0						
5. Universal	200,000	1	200,000	0	0	0	0	1	200,000	0	0	0	(1)	(197,512)	14	1,290,265
6. Universal with secondary guarantees								0	0	0						
7. Variable								0	0	0						
8. Variable universal								0	0	0						
9. Credit								0	0	0						
10. Other								0	0	0						
11. Total Individual Life	200,000	1	200,000	0	0	0	0	1	200,000	0	0	0	(10)	(2,889,012)	77	16,639,057
Group Life																
12. Whole	0	0	0					0	0	0	0	0	0	0	0	0
13. Term								0	0	0						
14. Universal								0	0	0						
15. Variable								0	0	0						
16. Variable universal								0	0	0						
17. Credit								0	0	0						(a)
18. Other								0	0	0						
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities																
20. Fixed	551,209	7	522,493					7	522,493	34,097	47	6,577,357	(39)	(2,134,497)	416	44,086,603
21. Indexed	3,233,747	31	3,983,959					31	3,983,959	236,555	233	29,612,202	(176)	(15,357,438)	1,083	145,244,843
22. Variable with guarantees								0	0	0						
23. Variable without guarantees								0	0	0						
24. Life contingent payout	0	0	0					0	0	0	2	97,038	(1)	(30,485)	10	398,745
25. Other								0	0	0	9	971,163	(11)	(491,780)	46	1,739,566
26. Total Individual Annuities	3,784,956	38	4,506,453	0	0	0	0	38	4,506,453	270,651	291	37,257,760	(227)	(18,014,200)	1,555	191,469,757
Group Annuities																
27. Fixed	1,417	0	1,417					0	1,417	0	0	0	(2)	(48,397)	48	968,519
28. Indexed								0	0	0						
29. Variable with guarantees								0	0	0						
30. Variable without guarantees								0	0	0						
31. Life contingent payout								0	0	0	0	0	(2)	(212,405)	109	3,954,814
32. Other								0	0	0	0	0	0	(2,130)	2	3,718
33. Total Group Annuities	1,417	0	1,417	0	0	0	0	0	1,417	0	0	0	(4)	(262,932)	159	4,927,050
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			(2)	(7,049)	2	11,639
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	0	0	0
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			(1)	3,817	24	61,554
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	0	0	0
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	(3)	(3,232)	26	73,193
47. Total	3,986,372	39	4,707,869	0	0	0	0	39	4,707,869	270,651	291	37,257,760	(244)	(21,169,376)	1,817	213,109,058

(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: $ .....0 Group: $ ..... Total: $ 0

(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 $ .....

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0435 BUSINESS IN THE STATE OF Nevada DURING THE YEAR 2024 NAIC Company Code 63312

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members: 3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	Claims and Benefits Paid: 8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole	16,609						0	5,547	0	0		5,547
3. Term	114,876						0	320,000	45,900	0		365,900
4. Indexed							0					0
5. Universal	114,261						0	100,000	0	189,203		289,203
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other							0					0
11. Total Individual Life	245,746	0	0	0	0	0	0	425,547	45,900	189,203	0	660,650
Group Life												
12. Whole							0	0	0	0		0
13. Term							0	0	0	0		0
14. Universal							0	0	0	0		0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other							0					0
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed	39,079,145						0	3,408,781		10,368,401		13,777,183
21. Indexed	30,583,256						0	6,800,553		38,044,136		44,844,689
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout	0						0	216,055		0		216,055
25. Other							0					0
26. Total Individual Annuities	69,662,401	0	0	0	0	0	0	10,425,390	0	48,412,537	0	58,837,927
Group Annuities												
27. Fixed	5,400						0	525,607		311,009		836,617
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout	0						0	527,171		0		527,171
32. Other							0					0
33. Total Group Annuities	5,400	0	0	0	0	0	0	1,052,779	0	311,009	0	1,363,788
Accident and Health												
34. Comprehensive individual (d)							0	XXX	XXX	XXX		0
35. Comprehensive group (d)							0	XXX	XXX	XXX		0
36. Medicare Supplement (d)	14,452						0	XXX	XXX	XXX	4,925	4,925
37. Vision only (d)							0	XXX	XXX	XXX		0
38. Dental only (d)							0	XXX	XXX	XXX		0
39. Federal Employees Health Benefits Plan (d)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)	(e)						0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)							0	XXX	XXX	XXX		0
42. Credit A&H							0	XXX	XXX	XXX		0
43. Disability income (d)	357						0	XXX	XXX	XXX		0
44. Long-term care (d)	0						0	XXX	XXX	XXX	0	0
45. Other health (d)	0						0	XXX	XXX	XXX		0
46. Total Accident and Health	14,809	0	0	0	0	0	0	XXX	XXX	XXX	4,925	4,925
47. Total	69,928,356 (c)	0	0	0	0	0	0	11,903,716	45,900	48,912,749	4,925	60,867,290

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

NAIC Group Code 0435 BUSINESS IN THE STATE OF Nevada DURING THE YEAR 2024 NAIC Company Code 63312

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year							22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year		23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life															
1. Industrial								0	0	0					
2. Whole	5,547	3	5,547	0	0	0	0	3	5,547	0	0	0	(3)	(5,393)	33	321,246
3. Term	245,900	2	365,900	0	0	0	0	2	365,900	0	0	10,000	(9)	(1,674,000)	126	30,235,810
4. Indexed								0	0	0						
5. Universal	0	1	100,000	0	0	0	0	1	100,000	0	0	0	0	(929,577)	114	20,325,672
6. Universal with secondary guarantees								0	0	0						
7. Variable								0	0	0						
8. Variable universal								0	0	0						
9. Credit								0	0	0						
10. Other								0	0	0						
11. Total Individual Life	251,447	6	471,447	0	0	0	0	6	471,447	0	0	10,000	(12)	(2,608,970)	273	50,882,729
Group Life																
12. Whole	0	0	0					0	0	0	0	0	0	0	1	234
13. Term								0	0	0						
14. Universal								0	0	0						
15. Variable								0	0	0						
16. Variable universal								0	0	0						
17. Credit								0	0	0						(a)
18. Other								0	0	0						
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	234
Individual Annuities																
20. Fixed	2,280,444	25	1,906,210					25	1,906,210	692,011	187	37,508,414	(126)	(7,349,970)	778	124,510,951
21. Indexed	6,478,687	32	6,549,840					32	6,549,840	901,194	167	29,918,764	(265)	(32,554,245)	1,331	189,023,350
22. Variable with guarantees								0	0	0						
23. Variable without guarantees								0	0	0						
24. Life contingent payout	63,750	2	63,750					2	63,750	0	1	89,501	(5)	(211,601)	25	1,097,926
25. Other								0	0	0	9	1,175,642	(23)	(1,343,040)	66	2,766,243
26. Total Individual Annuities	8,822,881	59	8,519,800	0	0	0	0	59	8,519,800	1,593,205	364	68,692,321	(419)	(41,458,856)	2,200	317,398,470
Group Annuities																
27. Fixed	35,156	2	525,607					2	525,607	1,390	0	0	(1)	(325,552)	130	2,729,461
28. Indexed								0	0	0						
29. Variable with guarantees								0	0	0						
30. Variable without guarantees								0	0	0						
31. Life contingent payout								0	0	0	0	0	(6)	(444,580)	151	8,554,578
32. Other								0	0	0	0	0	0	0	0	0
33. Total Group Annuities	35,156	2	525,607	0	0	0	0	2	525,607	1,390	0	0	(7)	(770,132)	281	11,284,039
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	948	2	14,452
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	0	2	357
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	0	0	0
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	0	0	0
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	948	4	14,809
47. Total	9,109,483	67	9,516,854	0	0	0	0	67	9,516,854	1,594,595	364	68,702,321	(438)	(44,837,009)	2,759	379,580,281

(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: $ .....0 Group: $ ..... Total: $ 0

(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 $ .....

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0435 BUSINESS IN THE STATE OF New Hampshire DURING THE YEAR 2024 NAIC Company Code 63312

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members: 3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	Claims and Benefits Paid: 8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole	7,555						0	0	0	6,054		6,054
3. Term	25,232						0	0	7,000	0		7,000
4. Indexed							0					0
5. Universal	19,521						0	0	0	3,458		3,458
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other							0					0
11. Total Individual Life	52,308	0	0	0	0	0	0	0	7,000	9,512	0	16,512
Group Life												
12. Whole							0	0	0	0		0
13. Term							0	0	0	0		0
14. Universal							0	0	0	0		0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other							0					0
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed	8,225,692						0	4,399,141		3,842,696		8,241,837
21. Indexed	35,491,431						0	3,174,003		30,085,436		33,259,439
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout	0						0	407,828		0		407,828
25. Other							0					0
26. Total Individual Annuities	43,717,123	0	0	0	0	0	0	7,980,972	0	33,928,132	0	41,909,104
Group Annuities												
27. Fixed	29,497						0	34,565		724,228		758,793
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout	0						0	653,203		0		653,203
32. Other							0					0
33. Total Group Annuities	29,497	0	0	0	0	0	0	687,769	0	724,228	0	1,411,997
Accident and Health												
34. Comprehensive individual (d)							0	XXX	XXX	XXX		0
35. Comprehensive group (d)							0	XXX	XXX	XXX		0
36. Medicare Supplement (d)	15,482						0	XXX	XXX	XXX	7,945	7,945
37. Vision only (d)							0	XXX	XXX	XXX		0
38. Dental only (d)							0	XXX	XXX	XXX		0
39. Federal Employees Health Benefits Plan (d)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)	(e)						0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)							0	XXX	XXX	XXX		0
42. Credit A&H							0	XXX	XXX	XXX		0
43. Disability income (d)	0						0	XXX	XXX	XXX		0
44. Long-term care (d)	44,352						0	XXX	XXX	XXX	305,691	305,691
45. Other health (d)	83						0	XXX	XXX	XXX		0
46. Total Accident and Health	59,917	0	0	0	0	0	0	XXX	XXX	XXX	313,636	313,636
47. Total	43,858,845 (c)	0	0	0	0	0	0	8,668,741	7,000	34,661,872	313,636	43,651,249

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

NAIC Group Code 0435 BUSINESS IN THE STATE OF New Hampshire DURING THE YEAR 2024 NAIC Company Code 63312

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year							22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year		23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life															
1. Industrial								0	0	0					
2. Whole	0	0	0	0	0	0	0	0	0	0	0	0	(1)	(3,176)	41	403,095
3. Term	7,000	0	7,000	0	0	0	0	0	7,000	0	0	0	(2)	(650,000)	26	7,915,000
4. Indexed								0	0	0						
5. Universal	0	0	0	0	0	0	0	0	0	0	0	0	(1)	(391,304)	14	3,464,251
6. Universal with secondary guarantees								0	0	0						
7. Variable								0	0	0						
8. Variable universal								0	0	0						
9. Credit								0	0	0						
10. Other								0	0	0						
11. Total Individual Life	7,000	0	7,000	0	0	0	0	0	7,000	0	0	0	(4)	(1,044,480)	81	11,782,346
Group Life																
12. Whole	0	0	0					0	0	0	0	0	0	60	2	11,495
13. Term								0	0	0						
14. Universal								0	0	0						
15. Variable								0	0	0						
16. Variable universal								0	0	0						
17. Credit								0	0	0						(a)
18. Other								0	0	0						
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0	0	60	2	11,495
Individual Annuities																
20. Fixed	2,216,893	30	2,135,958					30	2,135,958	440,911	42	7,638,232	(75)	(2,463,019)	939	77,314,058
21. Indexed	2,759,939	32	3,078,012					32	3,078,012	162,993	235	35,313,357	(221)	(17,646,138)	1,699	221,203,728
22. Variable with guarantees								0	0	0						
23. Variable without guarantees								0	0	0						
24. Life contingent payout	0	0	0					0	0	0	1	26,432	(12)	(495,443)	85	2,980,198
25. Other								0	0	0	24	1,651,931	(29)	(1,900,731)	144	7,417,238
26. Total Individual Annuities	4,976,832	62	5,213,971	0	0	0	0	62	5,213,971	603,904	302	44,629,952	(337)	(22,505,331)	2,867	308,915,223
Group Annuities																
27. Fixed	34,565	0	34,565					0	34,565	0	0	0	(7)	(532,995)	145	5,142,761
28. Indexed								0	0	0						
29. Variable with guarantees								0	0	0						
30. Variable without guarantees								0	0	0						
31. Life contingent payout								0	0	0	0	0	1	(333,381)	136	11,197,386
32. Other								0	0	0	0	0	0	0	0	0
33. Total Group Annuities	34,565	0	34,565	0	0	0	0	0	34,565	0	0	0	(6)	(866,377)	281	16,340,146
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	1,057	3	15,481
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	0	0	0
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			(3)	2,499	30	53,582
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	17	2	83
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	(3)	3,573	35	69,146
47. Total	5,018,397	62	5,255,536	0	0	0	0	62	5,255,536	603,904	302	44,629,952	(350)	(24,412,555)	3,266	337,118,357

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

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

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: $ 1,358,044 Group: $ ..... Total: $ 1,358,044

(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 $ .....

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0435 BUSINESS IN THE STATE OF New Jersey DURING THE YEAR 2024 NAIC Company Code 63312

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members: 3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	Claims and Benefits Paid: 8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole	20,143						0	57,830	0	0		57,830
3. Term	305,435						0	560,000	0	0		560,000
4. Indexed							0					0
5. Universal	141,880						0	50,000	0	35,880		85,880
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other							0					0
11. Total Individual Life	467,458	0	0	0	0	0	0	667,830	0	35,880	0	703,710
Group Life												
12. Whole							0	0	0	0		0
13. Term							0	0	0	0		0
14. Universal							0	0	0	0		0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other							0					0
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed	161,617,675						0	24,408,908		88,121,394		112,530,303
21. Indexed	227,464,581						0	21,727,723		156,356,760		178,084,483
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout	246,288						0	560,986		0		560,986
25. Other							0					0
26. Total Individual Annuities	389,328,544	0	0	0	0	0	0	46,697,617	0	244,478,155	0	291,175,772
Group Annuities												
27. Fixed	155,822						0	344,633		2,012,803		2,357,436
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout	7,922						0	2,635,630		159,277		2,794,907
32. Other							0					0
33. Total Group Annuities	163,744	0	0	0	0	0	0	2,980,262	0	2,172,080	0	5,152,343
Accident and Health												
34. Comprehensive individual (d)							0	XXX	XXX	XXX		0
35. Comprehensive group (d)							0	XXX	XXX	XXX		0
36. Medicare Supplement (d)	2,792						0	XXX	XXX	XXX	112	112
37. Vision only (d)							0	XXX	XXX	XXX		0
38. Dental only (d)							0	XXX	XXX	XXX		0
39. Federal Employees Health Benefits Plan (d)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)	(e)						0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)							0	XXX	XXX	XXX		0
42. Credit A&H							0	XXX	XXX	XXX		0
43. Disability income (d)	144						0	XXX	XXX	XXX		0
44. Long-term care (d)	3,303						0	XXX	XXX	XXX	1,844	1,844
45. Other health (d)	221						0	XXX	XXX	XXX		0
46. Total Accident and Health	6,460	0	0	0	0	0	0	XXX	XXX	XXX	1,956	1,956
47. Total	389,966,206 (c)	0	0	0	0	0	0	50,345,710	0	246,686,114	1,956	297,033,781

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

NAIC Group Code 0435 BUSINESS IN THE STATE OF New Jersey DURING THE YEAR 2024 NAIC Company Code 63312

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year							22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year		23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life															
1. Industrial								0	0	0					
2. Whole	70,375	14	67,523	0	0	0	0	14	67,523	5,177	1	10,000	(11)	(122,821)	152	2,195,812
3. Term	400,000	4	560,000	0	0	0	0	4	560,000	0	0	0	(20)	(6,403,000)	280	69,814,140
4. Indexed								0	0	0						
5. Universal	50,000	1	50,000	0	0	0	0	1	50,000	0	0	10,000	(7)	(606,229)	174	24,786,671
6. Universal with secondary guarantees								0	0	0						
7. Variable								0	0	0						
8. Variable universal								0	0	0						
9. Credit								0	0	0						
10. Other								0	0	0						
11. Total Individual Life	520,375	19	677,523	0	0	0	0	19	677,523	5,177	1	20,000	(38)	(7,132,050)	606	96,796,623
Group Life															
12. Whole	0	0	0					0	0	0	0	0	(6)	(12,529)	27	52,657
13. Term								0	0	0						
14. Universal								0	0	0						
15. Variable								0	0	0						
16. Variable universal								0	0	0						
17. Credit								0	0	0						(a)
18. Other								0	0	0						
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0	(6)	(12,529)	27	52,657
Individual Annuities															
20. Fixed	18,757,101	201	20,674,500					201	20,674,500	4,898,987	1,051	175,336,221	(1,079)	(102,091,227)	7,389	907,256,913
21. Indexed	21,026,382	173	21,410,470					173	21,410,470	5,511,908	1,557	253,361,480	(1,605)	(166,938,333)	8,045	1,085,827,594
22. Variable with guarantees								0	0	0						
23. Variable without guarantees								0	0	0						
24. Life contingent payout	176,118	6	176,118					6	176,118	0	11	750,384	(13)	(520,012)	73	3,270,554
25. Other								0	0	0	36	4,169,880	(40)	(3,070,907)	203	10,568,422
26. Total Individual Annuities	39,959,602	380	42,261,089	0	0	0	0	380	42,261,089	10,410,895	2,655	433,617,965	(2,737)	(272,620,479)	15,710	2,006,923,483
Group Annuities															
27. Fixed	702,131	6	343,805					6	343,805	427,402	0	0	(40)	(1,408,065)	664	23,585,351
28. Indexed								0	0	0						
29. Variable with guarantees								0	0	0						
30. Variable without guarantees								0	0	0						
31. Life contingent payout								0	0	0	0	0	(26)	(2,051,780)	530	34,161,823
32. Other								0	0	0	0	0	0	0	0	0
33. Total Group Annuities	702,131	6	343,805	0	0	0	0	6	343,805	427,402	0	0	(66)	(3,459,845)	1,194	57,747,174
Accident and Health															
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	68	1	2,792
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	0	1	144
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	229	4	5,242
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	0	1	221
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	297	7	8,399
47. Total	41,182,108	405	43,282,417	0	0	0	0	405	43,282,417	10,843,475	2,656	433,637,965	(2,847)	(283,224,606)	17,544	2,161,528,336

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

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

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: $ 2,519,990 Group: $ ..... Total: $ 2,519,990

(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 $ .....

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0435 BUSINESS IN THE STATE OF New Mexico DURING THE YEAR 2024 NAIC Company Code 63312

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members: 3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	Claims and Benefits Paid: 8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole	149,583						0	0	0	21,549		21,549
3. Term	100,170						0	100,000	0	0		100,000
4. Indexed							0					0
5. Universal	48,972						0	0	0	47,098		47,098
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other							0					0
11. Total Individual Life	298,725	0	0	0	0	0	0	100,000	0	68,647	0	168,647
Group Life												
12. Whole							0	0	0	0		0
13. Term							0	0	0	0		0
14. Universal							0	0	0	0		0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other							0					0
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed	10,542,394						0	1,811,408		3,202,519		5,013,926
21. Indexed	15,344,646						0	2,477,519		19,673,432		22,150,951
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout	0						0	175,169		0		175,169
25. Other							0					0
26. Total Individual Annuities	25,887,040	0	0	0	0	0	0	4,464,096	0	22,875,950	0	27,340,046
Group Annuities												
27. Fixed	7,060						0	3,846		44,801		48,648
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout	0						0	126,728		0		126,728
32. Other							0					0
33. Total Group Annuities	7,060	0	0	0	0	0	0	130,574	0	44,801	0	175,375
Accident and Health												
34. Comprehensive individual (d)							0	XXX	XXX	XXX		0
35. Comprehensive group (d)							0	XXX	XXX	XXX		0
36. Medicare Supplement (d)	0						0	XXX	XXX	XXX	0	0
37. Vision only (d)							0	XXX	XXX	XXX		0
38. Dental only (d)							0	XXX	XXX	XXX		0
39. Federal Employees Health Benefits Plan (d)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)	(e)						0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)							0	XXX	XXX	XXX		0
42. Credit A&H							0	XXX	XXX	XXX		0
43. Disability income (d)	0						0	XXX	XXX	XXX		0
44. Long-term care (d)	0						0	XXX	XXX	XXX	0	0
45. Other health (d)	0						0	XXX	XXX	XXX		0
46. Total Accident and Health	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
47. Total	26,192,825 (c)	0	0	0	0	0	0	4,694,670	0	22,989,399	0	27,684,068

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

NAIC Group Code 0435 BUSINESS IN THE STATE OF New Mexico DURING THE YEAR 2024 NAIC Company Code 63312

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year							22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year		23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life															
1. Industrial								0	0	0					
2. Whole	0	0	0	0	0	0	0	0	0	0	0	0	1	1,948,723	11	2,183,856
3. Term	250,000	1	100,000	0	0	0	0	1	100,000	150,000	0	0	(5)	(4,710,000)	63	13,692,450
4. Indexed								0	0	0						
5. Universal	0	0	0	0	0	0	0	0	0	0	0	0	(3)	(252,010)	47	6,578,489
6. Universal with secondary guarantees								0	0	0						
7. Variable								0	0	0						
8. Variable universal								0	0	0						
9. Credit								0	0	0						
10. Other								0	0	0						
11. Total Individual Life	250,000	1	100,000	0	0	0	0	1	100,000	150,000	0	0	(7)	(3,013,286)	121	22,454,795
Group Life																
12. Whole	0	0	0					0	0	0	0	0	0	62	3	12,466
13. Term								0	0	0						
14. Universal								0	0	0						
15. Variable								0	0	0						
16. Variable universal								0	0	0						
17. Credit								0	0	0						(a)
18. Other								0	0	0						
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0	0	62	3	12,466
Individual Annuities																
20. Fixed	902,527	5	832,588					5	832,588	78,163	47	10,373,925	(25)	(2,642,860)	294	34,974,855
21. Indexed	2,503,456	16	2,418,022					16	2,418,022	596,018	104	15,453,823	(153)	(16,511,320)	727	85,656,787
22. Variable with guarantees								0	0	0						
23. Variable without guarantees								0	0	0						
24. Life contingent payout	0	0	0					0	0	0	0	0	(1)	(110,306)	16	1,250,165
25. Other								0	0	0	4	239,125	(9)	(874,853)	43	2,589,412
26. Total Individual Annuities	3,405,983	21	3,250,610	0	0	0	0	21	3,250,610	674,181	155	26,066,873	(188)	(20,139,339)	1,080	124,471,220
Group Annuities																
27. Fixed	(7,327)	1	3,636					1	3,636	0	0	0	(2)	97,388	72	1,764,342
28. Indexed								0	0	0						
29. Variable with guarantees								0	0	0						
30. Variable without guarantees								0	0	0						
31. Life contingent payout								0	0	0	0	0	(1)	(116,956)	39	1,733,808
32. Other								0	0	0	0	0	(1)	(699)	0	0
33. Total Group Annuities	(7,327)	1	3,636	0	0	0	0	1	3,636	0	0	0	(4)	(20,267)	111	3,498,150
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	0	0	0
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	0	0	0
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	0	0	0
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	0	0	0
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
47. Total	3,648,656	23	3,354,245	0	0	0	0	23	3,354,245	824,181	155	26,066,873	(199)	(23,172,830)	1,315	150,436,631

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

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

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: $ ..... 11,035 Group: $ ..... Total: $ 11,035

(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 $ .....

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0435 BUSINESS IN THE STATE OF New York DURING THE YEAR 2024 NAIC Company Code 63312

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members 3 Paid in Cash or Left on Deposit	 4 Applied to Pay Renewal Premiums	 5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	 6 Other	 7 Total (Col. 3+4+5+6)	Claims and Benefits Paid 8 Death and Annuity Benefits	 9 Matured Endowments	 10 Surrender Values and Withdrawals for Life Contracts	 11 All Other Benefits	 12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole	4,086						0	11,347	0	0		11,347
3. Term	35,849						0	100,300	0	0		100,300
4. Indexed							0					0
5. Universal	59,213						0	0	0	20,739		20,739
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other							0					0
11. Total Individual Life	99,148	0	0	0	0	0	0	111,647	0	20,739	0	132,386
Group Life												
12. Whole							0	0	0	0		0
13. Term							0	1,240	0	0		1,240
14. Universal							0	0	0	0		0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other							0					0
19. Total Group Life	0	0	0	0	0	0	0	1,240	0	0	0	1,240
Individual Annuities												
20. Fixed	5,844,871						0	5,384,695		4,130,084		9,514,779
21. Indexed	30,536,450						0	5,247,273		29,341,960		34,589,233
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout	0						0	285,608		0		285,608
25. Other							0					0
26. Total Individual Annuities	36,381,321	0	0	0	0	0	0	10,917,575	0	33,472,044	0	44,389,620
Group Annuities												
27. Fixed	2,000						0	20,185		168,339		188,524
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout	0						0	891,305		0		891,305
32. Other							0					0
33. Total Group Annuities	2,000	0	0	0	0	0	0	911,490	0	168,339	0	1,079,829
Accident and Health												
34. Comprehensive individual (d)							0	XXX	XXX	XXX		0
35. Comprehensive group (d)							0	XXX	XXX	XXX		0
36. Medicare Supplement (d)	0						0	XXX	XXX	XXX	0	0
37. Vision only (d)							0	XXX	XXX	XXX		0
38. Dental only (d)							0	XXX	XXX	XXX		0
39. Federal Employees Health Benefits Plan (d)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)	(e)						0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)							0	XXX	XXX	XXX		0
42. Credit A&H							0	XXX	XXX	XXX		0
43. Disability income (d)	0						0	XXX	XXX	XXX		0
44. Long-term care (d)	12,163						0	XXX	XXX	XXX	0	0
45. Other health (d)	433						0	XXX	XXX	XXX		0
46. Total Accident and Health	12,596	0	0	0	0	0	0	XXX	XXX	XXX	0	0
47. Total	36,495,065 (c)	0	0	0	0	0	0	11,941,953	0	33,661,122	0	45,603,075

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

NAIC Group Code 0435 BUSINESS IN THE STATE OF New York DURING THE YEAR 2024 NAIC Company Code 63312

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year							22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year		23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life															
1. Industrial								0	0	0					
2. Whole	11,347	2	11,347	0	0	0	0	2	11,347	0	0	0	(1)	(6,280)	9	76,999
3. Term	100,000	2	100,300	0	0	0	0	2	100,300	0	0	0	(4)	40,000	34	12,847,000
4. Indexed								0	0	0						
5. Universal	0	0	0	0	0	0	0	0	0	0	0	0	(6)	(794,323)	51	10,765,747
6. Universal with secondary guarantees								0	0	0						
7. Variable								0	0	0						
8. Variable universal								0	0	0						
9. Credit								0	0	0						
10. Other								0	0	0						
11. Total Individual Life	111,347	4	111,647	0	0	0	0	4	111,647	0	0	0	(11)	(760,603)	94	23,689,746
Group Life																
12. Whole	0	0	0					0	0	3,543	0	0	0	301	8	62,546
13. Term								0	0	0						
14. Universal								0	0	0						
15. Variable								0	0	0						
16. Variable universal								0	0	0						
17. Credit								0	0	0						(a)
18. Other								0	0	0						
19. Total Group Life	0	0	0	0	0	0	0	0	0	3,543	0	0	0	301	8	62,546
Individual Annuities																
20. Fixed	3,060,690	19	3,934,666					19	3,934,666	268,279	0	0	13	4,822,217	385	34,079,146
21. Indexed	5,940,938	27	5,139,795					27	5,139,795	1,675,974	0	0	(14)	24,483,712	1,295	208,980,993
22. Variable with guarantees								0	0	0						
23. Variable without guarantees								0	0	0						
24. Life contingent payout	0	0	0					0	0	0	1	31,008	(1)	(128,500)	25	2,323,589
25. Other								0	0	0	4	203,571	(9)	(742,425)	81	2,985,810
26. Total Individual Annuities	9,001,628	46	9,074,461	0	0	0	0	46	9,074,461	1,944,253	5	234,579	(11)	28,435,004	1,786	248,369,538
Group Annuities																
27. Fixed	21,772	1	19,389					1	19,389	2,384	0	0	(6)	(437,758)	138	1,995,306
28. Indexed								0	0	0						
29. Variable with guarantees								0	0	0						
30. Variable without guarantees								0	0	0						
31. Life contingent payout								0	0	0	0	0	(12)	(722,263)	290	11,591,820
32. Other								0	0	0	0	0	0	(630)	1	4,177
33. Total Group Annuities	21,772	1	19,389	0	0	0	0	1	19,389	2,384	0	0	(18)	(1,160,651)	429	13,591,303
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	0	0	0
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	0	0	0
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	2,224	4	13,113
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	42	3	434
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	2,266	7	13,547
47. Total	9,134,748	51	9,205,497	0	0	0	0	51	9,205,497	1,950,179	5	234,579	(40)	26,516,317	2,324	285,726,681

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

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

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: $ .....0 Group: $ ..... Total: $ 0

(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 $ .....

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0435 BUSINESS IN THE STATE OF North Carolina DURING THE YEAR 2024 NAIC Company Code 63312

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members: 3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	Claims and Benefits Paid: 8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole	146,156						0	439,943	33	21,063		461,039
3. Term	532,134						0	750,000	0	0		750,000
4. Indexed							0					0
5. Universal	232,454						0	833,021	0	104,772		937,793
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other							0					0
11. Total Individual Life	910,744	0	0	0	0	0	0	2,022,964	33	125,835	0	2,148,832
Group Life												
12. Whole							0	0	0	0		0
13. Term							0	0	0	0		0
14. Universal							0	0	0	0		0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other							0					0
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed	120,327,830						0	26,744,366		72,243,753		98,988,119
21. Indexed	252,536,846						0	44,344,187		216,826,566		261,170,754
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout	514,090						0	1,162,939		(14,416)		1,148,523
25. Other							0					0
26. Total Individual Annuities	373,378,766	0	0	0	0	0	0	72,251,493	0	289,055,903	0	361,307,396
Group Annuities												
27. Fixed	58,853						0	168,231		1,822,232		1,990,463
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout	0						0	1,386,411		0		1,386,411
32. Other							0					0
33. Total Group Annuities	58,853	0	0	0	0	0	0	1,554,641	0	1,822,232	0	3,376,874
Accident and Health												
34. Comprehensive individual (d)							0	XXX	XXX	XXX		0
35. Comprehensive group (d)							0	XXX	XXX	XXX		0
36. Medicare Supplement (d)	157,398						0	XXX	XXX	XXX	96,877	96,877
37. Vision only (d)							0	XXX	XXX	XXX		0
38. Dental only (d)							0	XXX	XXX	XXX		0
39. Federal Employees Health Benefits Plan (d)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)	(e)						0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)							0	XXX	XXX	XXX		0
42. Credit A&H							0	XXX	XXX	XXX		0
43. Disability income (d)	0						0	XXX	XXX	XXX		0
44. Long-term care (d)	1,094,349						0	XXX	XXX	XXX	1,099,641	1,099,641
45. Other health (d)	170						0	XXX	XXX	XXX		0
46. Total Accident and Health	1,251,917	0	0	0	0	0	0	XXX	XXX	XXX	1,196,518	1,196,518
47. Total	375,600,280 (c)	0	0	0	0	0	0	75,829,098	33	291,003,970	1,196,518	368,029,620

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

NAIC Group Code 0435 BUSINESS IN THE STATE OF North Carolina DURING THE YEAR 2024 NAIC Company Code 63312

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year							22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year		23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life															
1. Industrial								0	0	0					
2. Whole	409,999	66	439,976	0	0	0	0	66	439,976	1,931	0	0	(65)	(428,869)	806	5,705,338
3. Term	750,000	6	750,000	0	0	0	0	6	750,000	0	0	40,000	(34)	(13,685,000)	483	116,492,672
4. Indexed								0	0	0						
5. Universal	788,021	12	833,021	0	0	0	0	12	833,021	30,000	0	0	(26)	(2,305,897)	292	34,972,853
6. Universal with secondary guarantees								0	0	0						
7. Variable								0	0	0						
8. Variable universal								0	0	0						
9. Credit								0	0	0						
10. Other								0	0	0						
11. Total Individual Life	1,948,020	84	2,022,997	0	0	0	0	84	2,022,997	31,931	0	40,000	(125)	(16,419,767)	1,581	157,170,863
Group Life																
12. Whole	0	0	0					0	0	0	0	0	0	212	7	38,644
13. Term								0	0	0						
14. Universal								0	0	0						
15. Variable								0	0	0						
16. Variable universal								0	0	0						
17. Credit								0	0	0						(a)
18. Other								0	0	0						
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0	0	212	7	38,644
Individual Annuities																
20. Fixed	21,269,169	235	22,506,291					235	22,506,291	4,408,043	740	132,520,802	(802)	(83,845,709)	5,962	608,850,060
21. Indexed	39,498,135	331	43,297,906					331	43,297,906	6,909,783	1,556	260,960,905	(2,013)	(181,186,315)	11,299	1,481,738,400
22. Variable with guarantees								0	0	0						
23. Variable without guarantees								0	0	0						
24. Life contingent payout	308,868	6	308,868					6	308,868	0	12	1,518,714	(16)	(1,407,458)	145	7,264,669
25. Other								0	0	0	65	4,766,486	(72)	(3,982,487)	298	13,086,754
26. Total Individual Annuities	61,076,172	572	66,113,065	0	0	0	0	572	66,113,065	11,317,826	2,373	399,766,908	(2,903)	(270,421,969)	17,704	2,110,939,883
Group Annuities																
27. Fixed	174,018	10	166,462					10	166,462	111,848	0	0	(70)	(1,384,394)	904	16,147,708
28. Indexed								0	0	0						
29. Variable with guarantees								0	0	0						
30. Variable without guarantees								0	0	0						
31. Life contingent payout								0	0	0	0	0	(25)	(1,062,988)	408	16,276,804
32. Other								0	0	0	0	0	0	(1,727)	1	1,614
33. Total Group Annuities	174,018	10	166,462	0	0	0	0	10	166,462	111,848	0	0	(95)	(2,449,109)	1,313	32,426,125
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			(10)	(56,218)	23	157,398
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	0	0	0
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			(12)	(29,224)	438	1,216,198
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	(22)	2	170
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	(22)	(85,464)	463	1,373,766
47. Total	63,198,209	666	68,302,524	0	0	0	0	666	68,302,524	11,461,605	2,373	399,806,908	(3,145)	(289,376,097)	21,068	2,301,949,281

(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: $ 551,725 Group: $ ..... Total: $ 551,725

(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 $ .....

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0435 BUSINESS IN THE STATE OF North Dakota DURING THE YEAR 2024 NAIC Company Code 63312

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members: 3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	Claims and Benefits Paid: 8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole	2,091						0	0	0	0		0
3. Term	30,003						0	0	0	0		0
4. Indexed							0					0
5. Universal	13,270						0	0	0	0		0
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other							0					0
11. Total Individual Life	45,364	0	0	0	0	0	0	0	0	0	0	0
Group Life												
12. Whole							0	0	0	0		0
13. Term							0	0	0	0		0
14. Universal							0	0	0	0		0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other							0					0
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed	7,307,169						0	466,023		331,187		797,210
21. Indexed	12,546,786						0	1,586,454		19,474,692		21,061,145
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout	0						0	4,321		28,542		32,863
25. Other							0					0
26. Total Individual Annuities	19,853,955	0	0	0	0	0	0	2,056,797	0	19,834,421	0	21,891,218
Group Annuities												
27. Fixed	0						0	0		5,299		5,299
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout	20,692						0	20,459		0		20,459
32. Other							0					0
33. Total Group Annuities	20,692	0	0	0	0	0	0	20,459	0	5,299	0	25,757
Accident and Health												
34. Comprehensive individual (d)							0	XXX	XXX	XXX		0
35. Comprehensive group (d)							0	XXX	XXX	XXX		0
36. Medicare Supplement (d)	0						0	XXX	XXX	XXX	0	0
37. Vision only (d)							0	XXX	XXX	XXX		0
38. Dental only (d)							0	XXX	XXX	XXX		0
39. Federal Employees Health Benefits Plan (d)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)	(e)						0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)							0	XXX	XXX	XXX		0
42. Credit A&H							0	XXX	XXX	XXX		0
43. Disability income (d)	0						0	XXX	XXX	XXX		0
44. Long-term care (d)	0						0	XXX	XXX	XXX	0	0
45. Other health (d)	0						0	XXX	XXX	XXX		0
46. Total Accident and Health	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
47. Total	19,920,011 (c)	0	0	0	0	0	0	2,077,256	0	19,839,719	0	21,916,975

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

NAIC Group Code 0435 BUSINESS IN THE STATE OF North Dakota DURING THE YEAR 2024 NAIC Company Code 63312

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year							22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year		23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life															
1. Industrial								0	0	0					
2. Whole	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3	25,171
3. Term	0	0	0	0	0	0	0	0	0	0	0	0	(1)	(250,000)	6	1,473,000
4. Indexed								0	0	0						
5. Universal	0	0	0	0	0	0	0	0	0	0	0	0	0	(871)	4	963,539
6. Universal with secondary guarantees								0	0	0						
7. Variable								0	0	0						
8. Variable universal								0	0	0						
9. Credit								0	0	0						
10. Other								0	0	0						
11. Total Individual Life	0	0	0	0	0	0	0	0	0	0	0	0	(1)	(250,871)	13	2,461,710
Group Life																
12. Whole	0	0	0					0	0	0	0	0	0	0	0	0
13. Term								0	0	0						
14. Universal								0	0	0						
15. Variable								0	0	0						
16. Variable universal								0	0	0						
17. Credit								0	0	0						(a)
18. Other								0	0	0						
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities																
20. Fixed	305,465	3	273,773					3	273,773	31,693	46	7,308,414	(6)	333,422	229	29,351,196
21. Indexed	17,967	16	1,537,411					16	1,537,411	0	74	12,260,168	(157)	(15,968,483)	457	71,242,604
22. Variable with guarantees								0	0	0						
23. Variable without guarantees								0	0	0						
24. Life contingent payout	0	0	0					0	0	0	1	338,635	(1)	(46,647)	3	463,513
25. Other								0	0	0	4	72,323	(2)	(152,340)	17	639,601
26. Total Individual Annuities	323,433	19	1,811,183	0	0	0	0	19	1,811,183	31,693	125	19,979,540	(166)	(15,834,048)	706	101,696,913
Group Annuities																
27. Fixed	0	0	0					0	0	0	0	0	0	3,616	13	239,732
28. Indexed								0	0	0						
29. Variable with guarantees								0	0	0						
30. Variable without guarantees								0	0	0						
31. Life contingent payout								0	0	0	0	0	(1)	(87,177)	10	303,680
32. Other								0	0	0	0	0	0	0	0	0
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0	(1)	(83,561)	23	543,413
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	0	0	0
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	0	0	0
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	0	0	0
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	0	0	0
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
47. Total	323,433	19	1,811,183	0	0	0	0	19	1,811,183	31,693	125	19,979,540	(168)	(16,168,480)	742	104,702,036

(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: $ .....0 Group: $ ..... Total: $ 0

(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 $ .....

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0435 BUSINESS IN THE STATE OF Ohio DURING THE YEAR 2024 NAIC Company Code 63312

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members: 3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	Claims and Benefits Paid: 8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole	38,852						0	40,000	0	13,399		53,399
3. Term	202,440						0	365,000	89,400	0		454,400
4. Indexed							0					0
5. Universal	82,624						0	266,090	0	53,100		319,189
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other							0					0
11. Total Individual Life	323,916	0	0	0	0	0	0	671,090	89,400	66,499	0	826,988
Group Life												
12. Whole							0	0	0	0		0
13. Term							0	0	0	0		0
14. Universal							0	0	0	0		0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other							0					0
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed	120,434,757						0	28,428,544		66,348,091		94,776,635
21. Indexed	263,988,325						0	32,897,130		227,148,739		260,045,869
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout	202,525						0	1,222,613		51,823		1,274,436
25. Other							0					0
26. Total Individual Annuities	384,625,607	0	0	0	0	0	0	62,548,287	0	293,548,653	0	356,096,940
Group Annuities												
27. Fixed	440,255						0	603,458		5,229,305		5,832,763
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout	196,594						0	5,516,776		60,152		5,576,928
32. Other							0					0
33. Total Group Annuities	636,849	0	0	0	0	0	0	6,120,234	0	5,289,457	0	11,409,691
Accident and Health												
34. Comprehensive individual (d)							0	XXX	XXX	XXX		0
35. Comprehensive group (d)							0	XXX	XXX	XXX		0
36. Medicare Supplement (d)	45,142						0	XXX	XXX	XXX	16,035	16,035
37. Vision only (d)							0	XXX	XXX	XXX		0
38. Dental only (d)							0	XXX	XXX	XXX		0
39. Federal Employees Health Benefits Plan (d)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)	(e)						0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)							0	XXX	XXX	XXX		0
42. Credit A&H							0	XXX	XXX	XXX		0
43. Disability income (d)	0						0	XXX	XXX	XXX		0
44. Long-term care (d)	767						0	XXX	XXX	XXX	4,258	4,258
45. Other health (d)	133						0	XXX	XXX	XXX		0
46. Total Accident and Health	46,042	0	0	0	0	0	0	XXX	XXX	XXX	20,293	20,293
47. Total	385,632,414 (c)	0	0	0	0	0	0	69,339,611	89,400	298,904,609	20,293	368,353,913

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

NAIC Group Code 0435 BUSINESS IN THE STATE OF Ohio DURING THE YEAR 2024 NAIC Company Code 63312

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year							22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year		23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life															
1. Industrial								0	0	0					
2. Whole	18,000	5	40,000	0	0	0	0	5	40,000	0	2	100,000	(7)	(67,982)	138	1,206,912
3. Term	454,400	3	454,400	0	0	0	0	3	454,400	0	0	5,000	(26)	(12,680,000)	219	55,232,278
4. Indexed								0	0	0						
5. Universal	516,090	4	266,090	0	0	0	0	4	266,090	250,000	0	0	(9)	(1,771,800)	102	13,876,075
6. Universal with secondary guarantees								0	0	0						
7. Variable								0	0	0						
8. Variable universal								0	0	0						
9. Credit								0	0	0						
10. Other								0	0	0						
11. Total Individual Life	988,490	12	760,490	0	0	0	0	12	760,490	250,000	2	105,000	(42)	(14,519,782)	459	70,315,265
Group Life																
12. Whole	0	0	0					0	0	258	0	0	0	0	2	287
13. Term								0	0	0						
14. Universal								0	0	0						
15. Variable								0	0	0						
16. Variable universal								0	0	0						
17. Credit								0	0	0						(a)
18. Other								0	0	0						
19. Total Group Life	0	0	0	0	0	0	0	0	0	258	0	0	0	0	2	287
Individual Annuities																
20. Fixed	19,585,886	290	21,472,882					290	21,472,882	4,195,583	882	118,917,949	(1,123)	(70,882,374)	8,151	695,200,726
21. Indexed	34,289,082	358	31,113,016					358	31,113,016	10,062,078	1,760	266,507,209	(2,386)	(195,451,807)	13,171	1,542,728,000
22. Variable with guarantees								0	0	0						
23. Variable without guarantees								0	0	0						
24. Life contingent payout	363,937	7	363,937					7	363,937	0	17	653,546	(25)	(1,313,126)	153	5,699,964
25. Other								0	0	0	81	5,723,245	(112)	(6,589,878)	456	19,010,949
26. Total Individual Annuities	54,238,905	655	52,949,835	0	0	0	0	655	52,949,835	14,257,661	2,740	391,801,949	(3,646)	(274,237,186)	21,931	2,262,639,638
Group Annuities																
27. Fixed	293,286	19	398,948					19	398,948	154,664	0	0	(160)	(3,237,183)	2,232	67,933,535
28. Indexed								0	0	0						
29. Variable with guarantees								0	0	0						
30. Variable without guarantees								0	0	0						
31. Life contingent payout								0	0	0	1	47,192	(66)	(4,646,076)	1,371	75,131,395
32. Other								0	0	0	0	0	(1)	(15,219)	6	29,665
33. Total Group Annuities	293,286	19	398,948	0	0	0	0	19	398,948	154,664	1	47,192	(227)	(7,898,478)	3,609	143,094,595
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			(1)	(11,838)	7	45,143
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	0	0	0
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	272	2	767
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	0	1	133
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	(1)	(11,566)	10	46,043
47. Total	55,520,681	686	54,109,273	0	0	0	0	686	54,109,273	14,662,583	2,743	391,954,141	(3,916)	(296,667,012)	26,011	2,476,095,828

(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: $ 887,090 Group: $ ..... Total: $ 887,090

(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 $ .....

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0435 BUSINESS IN THE STATE OF Oklahoma DURING THE YEAR 2024 NAIC Company Code 63312

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members: 3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	Claims and Benefits Paid: 8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole	19,902						0	21,000	0	0		21,000
3. Term	430,556						0	250,000	0	0		250,000
4. Indexed							0					0
5. Universal	22,193						0	1,318,339	0	60,132		1,378,471
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other							0					0
11. Total Individual Life	472,651	0	0	0	0	0	0	1,589,339	0	60,132	0	1,649,471
Group Life												
12. Whole							0	7,514	0	0		7,514
13. Term							0	0	0	0		0
14. Universal							0	0	0	0		0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other							0					0
19. Total Group Life	0	0	0	0	0	0	0	7,514	0	0	0	7,514
Individual Annuities												
20. Fixed	6,884,852						0	1,272,342		3,285,860		4,558,202
21. Indexed	36,657,075						0	3,850,108		17,427,356		21,277,464
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout	0						0	120,367		0		120,367
25. Other							0					0
26. Total Individual Annuities	43,541,927	0	0	0	0	0	0	5,242,816	0	20,713,216	0	25,956,033
Group Annuities												
27. Fixed	1,200						0	34,488		378,949		413,437
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout	0						0	368,018		0		368,018
32. Other							0					0
33. Total Group Annuities	1,200	0	0	0	0	0	0	402,506	0	378,949	0	781,454
Accident and Health												
34. Comprehensive individual (d)							0	XXX	XXX	XXX		0
35. Comprehensive group (d)							0	XXX	XXX	XXX		0
36. Medicare Supplement (d)	80,891						0	XXX	XXX	XXX	53,509	53,509
37. Vision only (d)							0	XXX	XXX	XXX		0
38. Dental only (d)							0	XXX	XXX	XXX		0
39. Federal Employees Health Benefits Plan (d)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)	(e)						0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)							0	XXX	XXX	XXX		0
42. Credit A&H							0	XXX	XXX	XXX		0
43. Disability income (d)	0						0	XXX	XXX	XXX		0
44. Long-term care (d)	3,073						0	XXX	XXX	XXX	0	0
45. Other health (d)	0						0	XXX	XXX	XXX		0
46. Total Accident and Health	83,964	0	0	0	0	0	0	XXX	XXX	XXX	53,509	53,509
47. Total	44,099,742 (c)	0	0	0	0	0	0	7,242,175	0	21,152,297	53,509	28,447,982

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

NAIC Group Code 0435 BUSINESS IN THE STATE OF Oklahoma DURING THE YEAR 2024 NAIC Company Code 63312

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year							22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year		23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life															
1. Industrial								0	0	0					
2. Whole	11,000	4	121,000	0	0	0	0	4	121,000	0	2	50,000	(5)	(221,776)	56	1,632,466
3. Term	250,000	1	250,000	0	0	0	0	1	250,000	0	0	0	(27)	(6,681,972)	298	52,332,028
4. Indexed								0	0	0						
5. Universal	1,218,339	2	1,218,339	0	0	0	0	2	1,218,339	0	0	0	(5)	(1,468,239)	20	2,523,358
6. Universal with secondary guarantees								0	0	0						
7. Variable								0	0	0						
8. Variable universal								0	0	0						
9. Credit								0	0	0						
10. Other								0	0	0						
11. Total Individual Life	1,479,339	7	1,589,339	0	0	0	0	7	1,589,339	0	2	50,000	(37)	(8,371,987)	374	56,487,853
Group Life																
12. Whole	7,514	3	7,514					3	7,514	0	0	0	(3)	(7,056)	28	92,805
13. Term								0	0	0						
14. Universal								0	0	0						
15. Variable								0	0	0						
16. Variable universal								0	0	0						
17. Credit								0	0	0						(a)
18. Other								0	0	0						
19. Total Group Life	7,514	3	7,514	0	0	0	0	3	7,514	0	0	0	(3)	(7,056)	28	92,805
Individual Annuities																
20. Fixed	1,058,935	17	877,532					17	877,532	251,104	48	6,550,229	(49)	(3,626,005)	736	54,921,645
21. Indexed	4,894,199	16	3,763,163					16	3,763,163	1,508,753	196	35,665,313	(168)	(13,056,922)	1,050	152,398,213
22. Variable with guarantees								0	0	0						
23. Variable without guarantees								0	0	0						
24. Life contingent payout	0	0	0					0	0	0	6	321,171	(5)	(153,445)	23	940,797
25. Other								0	0	0	7	802,482	(16)	(632,390)	39	1,443,980
26. Total Individual Annuities	5,953,134	33	4,640,695	0	0	0	0	33	4,640,695	1,759,856	257	43,339,195	(238)	(17,468,762)	1,848	209,704,635
Group Annuities																
27. Fixed	30,311	5	34,488					5	34,488	1,970	0	0	(13)	(265,694)	302	4,223,568
28. Indexed								0	0	0						
29. Variable with guarantees								0	0	0						
30. Variable without guarantees								0	0	0						
31. Life contingent payout								0	0	0	0	0	(1)	(126,526)	133	4,477,401
32. Other								0	0	0	0	0	0	0	0	0
33. Total Group Annuities	30,311	5	34,488	0	0	0	0	5	34,488	1,970	0	0	(14)	(392,220)	435	8,700,969
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			(2)	6,688	12	80,890
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	0	0	0
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	0	3	3,073
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	0	0	0
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	(2)	6,688	15	83,963
47. Total	7,470,298	48	6,272,036	0	0	0	0	48	6,272,036	1,761,826	259	43,389,195	(294)	(26,233,337)	2,700	275,070,225

(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: $ ..... 51,969 Group: $ ..... Total: $ 51,969

(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 $ .....

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0435 BUSINESS IN THE STATE OF Oregon DURING THE YEAR 2024 NAIC Company Code 63312

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members: 3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	Claims and Benefits Paid: 8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole	2,801						0	450,427	19,871	4,330		474,628
3. Term	38,290						0	0	0	0		0
4. Indexed							0					0
5. Universal	45,416						0	50,000	0	26,131		76,131
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other							0					0
11. Total Individual Life	86,507	0	0	0	0	0	0	500,427	19,871	30,461	0	550,759
Group Life												
12. Whole							0	0	0	0		0
13. Term							0	0	0	0		0
14. Universal							0	0	0	0		0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other							0					0
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed	37,349,261						0	3,744,721		8,583,764		12,328,485
21. Indexed	43,290,923						0	11,045,196		59,919,189		70,964,385
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout	145,338						0	578,884		0		578,884
25. Other							0					0
26. Total Individual Annuities	80,785,522	0	0	0	0	0	0	15,368,801	0	68,502,953	0	83,871,754
Group Annuities												
27. Fixed	0						0	231,534		555,428		786,962
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout	0						0	450,519		0		450,519
32. Other							0					0
33. Total Group Annuities	0	0	0	0	0	0	0	682,053	0	555,428	0	1,237,482
Accident and Health												
34. Comprehensive individual (d)							0	XXX	XXX	XXX		0
35. Comprehensive group (d)							0	XXX	XXX	XXX		0
36. Medicare Supplement (d)	13,280						0	XXX	XXX	XXX	6,564	6,564
37. Vision only (d)							0	XXX	XXX	XXX		0
38. Dental only (d)							0	XXX	XXX	XXX		0
39. Federal Employees Health Benefits Plan (d)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)	(e)						0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)							0	XXX	XXX	XXX		0
42. Credit A&H							0	XXX	XXX	XXX		0
43. Disability income (d)	0						0	XXX	XXX	XXX		0
44. Long-term care (d)	64,247						0	XXX	XXX	XXX	1,453	1,453
45. Other health (d)	0						0	XXX	XXX	XXX		0
46. Total Accident and Health	77,527	0	0	0	0	0	0	XXX	XXX	XXX	8,017	8,017
47. Total	80,949,556 (c)	0	0	0	0	0	0	16,551,281	19,871	69,088,843	8,017	85,668,013

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

NAIC Group Code 0435 BUSINESS IN THE STATE OF Oregon DURING THE YEAR 2024 NAIC Company Code 63312

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year							22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year		23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life															
1. Industrial								0	0	0					
2. Whole	477,051	158	490,298	0	0	0	0	158	490,298	40,035	1	5,000	(170)	(481,472)	2,242	5,477,675
3. Term	0	0	0	0	0	0	0	0	0	0	0	0	(6)	(1,839,000)	46	7,085,000
4. Indexed								0	0	0						
5. Universal	50,000	1	50,000	0	0	0	0	1	50,000	0	0	0	(3)	(147,205)	49	6,580,558
6. Universal with secondary guarantees								0	0	0						
7. Variable								0	0	0						
8. Variable universal								0	0	0						
9. Credit								0	0	0						
10. Other								0	0	0						
11. Total Individual Life	527,051	159	540,298	0	0	0	0	159	540,298	40,035	1	5,000	(179)	(2,467,677)	2,337	19,143,233
Group Life																
12. Whole	0	0	0					0	0	0	0	0	0	82	2	15,071
13. Term								0	0	0						
14. Universal								0	0	0						
15. Variable								0	0	0						
16. Variable universal								0	0	0						
17. Credit								0	0	0						(a)
18. Other								0	0	0						
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0	0	82	2	15,071
Individual Annuities																
20. Fixed	2,177,469	14	2,056,093					14	2,056,093	407,482	224	42,527,869	(103)	(13,480,534)	1,103	125,347,031
21. Indexed	7,853,714	78	10,715,681					78	10,715,681	706,841	225	43,832,381	(518)	(54,930,818)	2,081	252,914,614
22. Variable with guarantees								0	0	0						
23. Variable without guarantees								0	0	0						
24. Life contingent payout	208,017	3	208,017					3	208,017	0	7	660,963	(2)	(279,136)	79	2,970,085
25. Other								0	0	0	19	1,943,515	(29)	(972,324)	126	5,484,681
26. Total Individual Annuities	10,239,200	95	12,979,791	0	0	0	0	95	12,979,791	1,114,324	475	88,964,727	(652)	(69,662,813)	3,389	386,716,410
Group Annuities																
27. Fixed	220,266	7	231,534					7	231,534	0	0	0	(15)	(414,898)	280	7,471,212
28. Indexed								0	0	0						
29. Variable with guarantees								0	0	0						
30. Variable without guarantees								0	0	0						
31. Life contingent payout								0	0	0	0	0	(1)	(242,815)	137	5,092,504
32. Other								0	0	0	0	0	0	0	0	0
33. Total Group Annuities	220,266	7	231,534	0	0	0	0	7	231,534	0	0	0	(16)	(657,713)	417	12,563,716
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	(1,307)	2	13,280
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	0	0	0
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	4,094	31	68,443
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	63	0	0
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	2,850	33	81,723
47. Total	10,986,516	261	13,751,623	0	0	0	0	261	13,751,623	1,154,358	476	88,969,727	(847)	(72,785,271)	6,178	418,520,153

(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: $ 216,207 Group: $ ..... Total: $ 216,207

(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 $ .....

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0435 BUSINESS IN THE STATE OF Pennsylvania DURING THE YEAR 2024 NAIC Company Code 63312

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members: 3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	Claims and Benefits Paid: 8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole	74,596						0	38,076	2,069	2,640		42,785
3. Term	489,216						0	274,000	133,100	0		407,100
4. Indexed							0					0
5. Universal	455,795						0	500,358	0	261,584		761,942
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other							0					0
11. Total Individual Life	1,019,607	0	0	0	0	0	0	812,434	135,169	264,224	0	1,211,827
Group Life												
12. Whole							0	7,163	0	0		7,163
13. Term							0	6,757	0	0		6,757
14. Universal							0	0	0	0		0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other							0					0
19. Total Group Life	0	0	0	0	0	0	0	13,920	0	0	0	13,920
Individual Annuities												
20. Fixed	232,668,364						0	28,880,190		102,736,563		131,616,753
21. Indexed	284,997,257						0	36,410,520		259,699,734		296,110,255
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout	20,000						0	862,166		0		862,166
25. Other							0					0
26. Total Individual Annuities	517,685,621	0	0	0	0	0	0	66,152,877	0	362,436,297	0	428,589,173
Group Annuities												
27. Fixed	4,121						0	(2,536)		348,017		345,481
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout	31,659						0	3,660,270		53,613		3,713,884
32. Other							0					0
33. Total Group Annuities	35,780	0	0	0	0	0	0	3,657,734	0	401,630	0	4,059,365
Accident and Health												
34. Comprehensive individual (d)							0	XXX	XXX	XXX		0
35. Comprehensive group (d)							0	XXX	XXX	XXX		0
36. Medicare Supplement (d)	10,071						0	XXX	XXX	XXX	14,372	14,372
37. Vision only (d)							0	XXX	XXX	XXX		0
38. Dental only (d)							0	XXX	XXX	XXX		0
39. Federal Employees Health Benefits Plan (d)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)	(e)						0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)							0	XXX	XXX	XXX		0
42. Credit A&H							0	XXX	XXX	XXX		0
43. Disability income (d)	0						0	XXX	XXX	XXX		0
44. Long-term care (d)	6,300						0	XXX	XXX	XXX	0	0
45. Other health (d)	0						0	XXX	XXX	XXX		0
46. Total Accident and Health	16,371	0	0	0	0	0	0	XXX	XXX	XXX	14,372	14,372
47. Total	518,757,379 (c)	0	0	0	0	0	0	70,636,964	135,169	363,102,152	14,372	433,888,658

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

NAIC Group Code 0435 BUSINESS IN THE STATE OF Pennsylvania DURING THE YEAR 2024 NAIC Company Code 63312

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year							22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year		23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life															
1. Industrial								0	0	0					
2. Whole	63,214	7	40,145	0	0	0	0	7	40,145	23,069	2	50,000	(6)	(31,160)	154	1,944,748
3. Term	607,100	3	407,100	0	0	0	0	3	407,100	200,000	0	0	(50)	(19,526,000)	457	112,104,999
4. Indexed								0	0	0						
5. Universal	525,358	5	500,358	0	0	0	0	5	500,358	225,000	0	0	(16)	(2,945,100)	314	42,858,048
6. Universal with secondary guarantees								0	0	0						
7. Variable								0	0	0						
8. Variable universal								0	0	0						
9. Credit								0	0	0						
10. Other								0	0	0						
11. Total Individual Life	1,195,672	15	947,603	0	0	0	0	15	947,603	448,069	2	50,000	(72)	(22,502,260)	925	156,907,795
Group Life															
12. Whole	7,163	1	7,163					1	7,163	0	0	0	(1)	(7,057)	4	22,932
13. Term								0	0	0						
14. Universal								0	0	0						
15. Variable								0	0	0						
16. Variable universal								0	0	0						
17. Credit								0	0	0						(a)
18. Other								0	0	0						
19. Total Group Life	7,163	1	7,163	0	0	0	0	1	7,163	0	0	0	(1)	(7,057)	4	22,932
Individual Annuities															
20. Fixed	22,364,024	255	23,533,046					255	23,533,046	4,898,256	1,660	238,519,843	(1,376)	(108,778,016)	10,013	1,101,037,164
21. Indexed	32,318,193	313	34,414,361					313	34,414,361	6,159,066	2,072	290,609,254	(2,617)	(211,396,171)	13,295	1,565,636,594
22. Variable with guarantees								0	0	0						
23. Variable without guarantees								0	0	0						
24. Life contingent payout	40,271	2	40,271					2	40,271	0	12	556,554	(11)	(933,682)	98	4,762,176
25. Other								0	0	0	68	6,006,007	(76)	(5,047,888)	338	16,146,556
26. Total Individual Annuities	54,722,488	570	57,987,678	0	0	0	0	570	57,987,678	11,057,323	3,812	535,691,659	(4,080)	(326,155,758)	23,744	2,687,582,490
Group Annuities															
27. Fixed	(5,362)	0	(5,362)					0	(5,362)	0	0	0	(6)	(184,681)	159	5,513,496
28. Indexed								0	0	0						
29. Variable with guarantees								0	0	0						
30. Variable without guarantees								0	0	0						
31. Life contingent payout								0	0	0	0	0	(42)	(2,112,506)	1,088	45,829,423
32. Other								0	0	0	0	0	0	(2,525)	1	7,409
33. Total Group Annuities	(5,362)	0	(5,362)	0	0	0	0	0	(5,362)	0	0	0	(48)	(2,299,712)	1,248	51,350,328
Accident and Health															
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	155	3	10,070
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	0	0	0
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	0	2	6,300
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	0	0	0
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	155	5	16,370
47. Total	55,919,960	586	58,937,081	0	0	0	0	586	58,937,081	11,505,392	3,814	535,741,659	(4,201)	(350,964,633)	25,926	2,895,879,914

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

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

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: $ 2,306,380 Group: $ ..... Total: $ 2,306,380

(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 MASSMUTUAL ASCEND LIFE INSURANCE COMPANY

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0435 BUSINESS IN THE STATE OF Rhode Island DURING THE YEAR 2024 NAIC Company Code 63312

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members: 3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	Claims and Benefits Paid: 8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole	3,715						0	10,000	0	0		10,000
3. Term	28,588						0	0	0	0		0
4. Indexed							0					0
5. Universal	11,216						0	0	0	39,309		39,309
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other							0					0
11. Total Individual Life	43,519	0	0	0	0	0	0	10,000	0	39,309	0	49,309
Group Life												
12. Whole							0	267	0	0		267
13. Term							0	0	0	0		0
14. Universal							0	0	0	0		0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other							0					0
19. Total Group Life	0	0	0	0	0	0	0	267	0	0	0	267
Individual Annuities												
20. Fixed	17,336,277						0	4,036,015		6,479,498		10,515,513
21. Indexed	46,773,604						0	4,823,909		32,936,054		37,759,964
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout	2,631,998						0	233,056		0		233,056
25. Other							0					0
26. Total Individual Annuities	66,741,879	0	0	0	0	0	0	9,092,980	0	39,415,552	0	48,508,532
Group Annuities												
27. Fixed	154,842						0	0		1,248,472		1,248,472
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout	0						0	487,512		0		487,512
32. Other							0					0
33. Total Group Annuities	154,842	0	0	0	0	0	0	487,512	0	1,248,472	0	1,735,985
Accident and Health												
34. Comprehensive individual (d)							0	XXX	XXX	XXX		0
35. Comprehensive group (d)							0	XXX	XXX	XXX		0
36. Medicare Supplement (d)	0						0	XXX	XXX	XXX	0	0
37. Vision only (d)							0	XXX	XXX	XXX		0
38. Dental only (d)							0	XXX	XXX	XXX		0
39. Federal Employees Health Benefits Plan (d)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)	(e)						0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)							0	XXX	XXX	XXX		0
42. Credit A&H							0	XXX	XXX	XXX		0
43. Disability income (d)	0						0	XXX	XXX	XXX		0
44. Long-term care (d)	4,040						0	XXX	XXX	XXX	74,042	74,042
45. Other health (d)	0						0	XXX	XXX	XXX		0
46. Total Accident and Health	4,040	0	0	0	0	0	0	XXX	XXX	XXX	74,042	74,042
47. Total	66,944,280 (c)	0	0	0	0	0	0	9,590,760	0	40,703,334	74,042	50,368,136

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

NAIC Group Code 0435 BUSINESS IN THE STATE OF Rhode Island DURING THE YEAR 2024 NAIC Company Code 63312

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year							22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year		23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life															
1. Industrial								0	0	0					
2. Whole	30,500	2	10,000	0	0	0	0	2	10,000	25,500	0	0	(1)	(5,175)	22	546,079
3. Term	0	0	0	0	0	0	0	0	0	0	0	0	(3)	(1,250,000)	18	3,910,000
4. Indexed								0	0	0						
5. Universal	0	0	0	0	0	0	0	0	0	0	0	0	(2)	(348,748)	10	1,513,841
6. Universal with secondary guarantees								0	0	0						
7. Variable								0	0	0						
8. Variable universal								0	0	0						
9. Credit								0	0	0						
10. Other								0	0	0						
11. Total Individual Life	30,500	2	10,000	0	0	0	0	2	10,000	25,500	0	0	(6)	(1,603,923)	50	5,969,920
Group Life																
12. Whole	267	1	267					1	267	0	0	0	(2)	(9,225)	4	29,390
13. Term								0	0	0						
14. Universal								0	0	0						
15. Variable								0	0	0						
16. Variable universal								0	0	0						
17. Credit								0	0	0						(a)
18. Other								0	0	0						
19. Total Group Life	267	1	267	0	0	0	0	1	267	0	0	0	(2)	(9,225)	4	29,390
Individual Annuities																
20. Fixed	2,870,972	26	3,084,964					26	3,084,964	895,106	97	16,629,079	(79)	(4,998,557)	1,248	132,644,702
21. Indexed	3,817,232	35	4,562,114					35	4,562,114	887,122	273	45,778,658	(284)	(23,317,341)	1,523	188,759,269
22. Variable with guarantees								0	0	0						
23. Variable without guarantees								0	0	0						
24. Life contingent payout	47,496	2	47,496					2	47,496	0	1	34,322	(1)	2,474,134	43	4,245,473
25. Other								0	0	0	15	562,497	(19)	(803,608)	83	2,300,501
26. Total Individual Annuities	6,735,700	63	7,694,574	0	0	0	0	63	7,694,574	1,782,228	386	63,004,556	(383)	(26,645,372)	2,897	327,949,946
Group Annuities																
27. Fixed	0	0	0					0	0	0	0	0	(21)	(712,161)	355	22,418,548
28. Indexed								0	0	0						
29. Variable with guarantees								0	0	0						
30. Variable without guarantees								0	0	0						
31. Life contingent payout								0	0	0	0	0	(2)	(310,491)	123	7,371,595
32. Other								0	0	0	0	0	0	0	0	0
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0	(23)	(1,022,652)	478	29,790,144
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	0	0	0
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	0	0	0
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			(1)	(1,624)	2	10,193
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	0	0	0
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	(1)	(1,624)	2	10,193
47. Total	6,766,467	66	7,704,841	0	0	0	0	66	7,704,841	1,807,728	386	63,004,556	(415)	(29,282,796)	3,431	363,749,593

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

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

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: $ .....0 Group: $ ..... Total: $ 0

(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 $ .....

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0435 BUSINESS IN THE STATE OF South Carolina DURING THE YEAR 2024 NAIC Company Code 63312

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members: 3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	Claims and Benefits Paid: 8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole	51,231						0	23,108	0	0		23,108
3. Term	183,701						0	204,187	61,800	0		265,987
4. Indexed							0					0
5. Universal	85,409						0	80,000	0	85,098		165,098
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other							0					0
11. Total Individual Life	320,341	0	0	0	0	0	0	307,295	61,800	85,098	0	454,193
Group Life												
12. Whole							0	0	0	0		0
13. Term							0	0	0	0		0
14. Universal							0	0	0	0		0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other							0					0
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed	55,563,368						0	13,316,528		31,393,246		44,709,773
21. Indexed	196,407,935						0	22,742,420		127,457,726		150,200,145
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout	0						0	781,200		0		781,200
25. Other							0					0
26. Total Individual Annuities	251,971,303	0	0	0	0	0	0	36,840,148	0	158,850,971	0	195,691,119
Group Annuities												
27. Fixed	5,315						0	49,925		350,251		400,176
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout	0						0	931,712		0		931,712
32. Other							0					0
33. Total Group Annuities	5,315	0	0	0	0	0	0	981,637	0	350,251	0	1,331,888
Accident and Health												
34. Comprehensive individual (d)							0	XXX	XXX	XXX		0
35. Comprehensive group (d)							0	XXX	XXX	XXX		0
36. Medicare Supplement (d)	187,781						0	XXX	XXX	XXX	112,075	112,075
37. Vision only (d)							0	XXX	XXX	XXX		0
38. Dental only (d)							0	XXX	XXX	XXX		0
39. Federal Employees Health Benefits Plan (d)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)	(e)						0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)							0	XXX	XXX	XXX		0
42. Credit A&H							0	XXX	XXX	XXX		0
43. Disability income (d)	0						0	XXX	XXX	XXX		0
44. Long-term care (d)	16,747						0	XXX	XXX	XXX	146,938	146,938
45. Other health (d)	65						0	XXX	XXX	XXX		0
46. Total Accident and Health	204,593	0	0	0	0	0	0	XXX	XXX	XXX	259,013	259,013
47. Total	252,501,552 (c)	0	0	0	0	0	0	38,129,080	61,800	159,286,320	259,013	197,736,213

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

NAIC Group Code 0435 BUSINESS IN THE STATE OF South Carolina DURING THE YEAR 2024 NAIC Company Code 63312

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year							22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year		23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life															
1. Industrial								0	0	0					
2. Whole	30,608	3	23,108	0	0	0	0	3	23,108	7,500	0	0	(5)	(37,801)	110	1,147,944
3. Term	164,987	3	265,987	0	0	0	0	3	265,987	0	0	0	(15)	(5,291,750)	175	39,101,249
4. Indexed								0	0	0						
5. Universal	80,000	1	80,000	0	0	0	0	1	80,000	0	0	0	(5)	(589,987)	86	11,102,126
6. Universal with secondary guarantees								0	0	0						
7. Variable								0	0	0						
8. Variable universal								0	0	0						
9. Credit								0	0	0						
10. Other								0	0	0						
11. Total Individual Life	275,595	7	369,095	0	0	0	0	7	369,095	7,500	0	0	(25)	(5,919,538)	371	51,351,320
Group Life																
12. Whole	0	0	0					0	0	0	0	0	0	178	4	18,911
13. Term								0	0	0						
14. Universal								0	0	0						
15. Variable								0	0	0						
16. Variable universal								0	0	0						
17. Credit								0	0	0						(a)
18. Other								0	0	0						
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0	0	178	4	18,911
Individual Annuities																
20. Fixed	8,601,462	86	10,072,680					86	10,072,680	1,163,745	307	55,707,105	(325)	(29,905,410)	2,423	315,479,483
21. Indexed	20,865,463	175	22,414,184					175	22,414,184	3,046,311	1,201	199,777,348	(1,075)	(100,248,958)	6,609	936,495,286
22. Variable with guarantees								0	0	0						
23. Variable without guarantees								0	0	0						
24. Life contingent payout	139,267	4	139,267					4	139,267	0	2	168,670	(7)	(613,710)	44	1,960,459
25. Other								0	0	0	36	3,043,686	(32)	(2,920,422)	199	10,367,250
26. Total Individual Annuities	29,606,192	265	32,626,131	0	0	0	0	265	32,626,131	4,210,056	1,546	258,696,809	(1,439)	(133,688,500)	9,275	1,264,302,479
Group Annuities																
27. Fixed	50,528	1	49,925					1	49,925	602	0	0	(7)	(21,930)	189	4,064,189
28. Indexed								0	0	0						
29. Variable with guarantees								0	0	0						
30. Variable without guarantees								0	0	0						
31. Life contingent payout								0	0	0	0	0	(9)	(555,358)	191	13,679,060
32. Other								0	0	0	0	0	0	0	0	0
33. Total Group Annuities	50,528	1	49,925	0	0	0	0	1	49,925	602	0	0	(16)	(577,288)	380	17,743,249
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			(16)	(40,971)	26	187,782
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	0	0	0
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	1,576	13	26,458
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			(2)	(78)	1	65
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	(18)	(39,473)	40	214,305
47. Total	29,932,314	273	33,045,151	0	0	0	0	273	33,045,151	4,218,158	1,546	258,696,809	(1,498)	(140,224,620)	10,070	1,333,630,263

(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: $ 784,286 Group: $ ..... Total: $ 784,286

(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 $ .....

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0435 BUSINESS IN THE STATE OF South Dakota DURING THE YEAR 2024 NAIC Company Code 63312

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members: 3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	Claims and Benefits Paid: 8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole	1,200						0	0	0	0		0
3. Term	45,717						0	0	30,900	0		30,900
4. Indexed							0					0
5. Universal	6,261						0	0	0	0		0
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other							0					0
11. Total Individual Life	53,178	0	0	0	0	0	0	0	30,900	0	0	30,900
Group Life												
12. Whole							0	0	0	0		0
13. Term							0	0	0	0		0
14. Universal							0	0	0	0		0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other							0					0
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed	5,587,137						0	1,061,662		1,973,271		3,034,933
21. Indexed	12,351,709						0	1,753,010		12,847,535		14,600,545
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout	0						0	44,993		0		44,993
25. Other							0					0
26. Total Individual Annuities	17,938,846	0	0	0	0	0	0	2,859,665	0	14,820,806	0	17,680,471
Group Annuities												
27. Fixed	2,400						0	13,136		68,392		81,527
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout	86,409						0	617,699		0		617,699
32. Other							0					0
33. Total Group Annuities	88,809	0	0	0	0	0	0	630,835	0	68,392	0	699,227
Accident and Health												
34. Comprehensive individual (d)							0	XXX	XXX	XXX		0
35. Comprehensive group (d)							0	XXX	XXX	XXX		0
36. Medicare Supplement (d)	0						0	XXX	XXX	XXX	0	0
37. Vision only (d)							0	XXX	XXX	XXX		0
38. Dental only (d)							0	XXX	XXX	XXX		0
39. Federal Employees Health Benefits Plan (d)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)	(e)						0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)							0	XXX	XXX	XXX		0
42. Credit A&H							0	XXX	XXX	XXX		0
43. Disability income (d)	0						0	XXX	XXX	XXX		0
44. Long-term care (d)	0						0	XXX	XXX	XXX	0	0
45. Other health (d)	25						0	XXX	XXX	XXX		0
46. Total Accident and Health	25	0	0	0	0	0	0	XXX	XXX	XXX	0	0
47. Total	18,080,858 (c)	0	0	0	0	0	0	3,490,500	30,900	14,889,198	0	18,410,598

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

NAIC Group Code 0435 BUSINESS IN THE STATE OF South Dakota DURING THE YEAR 2024 NAIC Company Code 63312

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year							22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year		23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life															
1. Industrial								0	0	0					
2. Whole	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3	14,244
3. Term	30,900	0	30,900	0	0	0	0	0	30,900	0	0	0	(3)	(1,025,000)	17	5,701,000
4. Indexed								0	0	0						
5. Universal	0	0	0	0	0	0	0	0	0	0	0	0	(1)	(100,000)	8	1,080,925
6. Universal with secondary guarantees								0	0	0						
7. Variable								0	0	0						
8. Variable universal								0	0	0						
9. Credit								0	0	0						
10. Other								0	0	0						
11. Total Individual Life	30,900	0	30,900	0	0	0	0	0	30,900	0	0	0	(4)	(1,125,000)	28	6,796,169
Group Life																
12. Whole	0	0	0					0	0	0	0	0	0	0	0	0
13. Term								0	0	0						
14. Universal								0	0	0						
15. Variable								0	0	0						
16. Variable universal								0	0	0						
17. Credit								0	0	0						(a)
18. Other								0	0	0						
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities																
20. Fixed	561,988	4	398,634					4	398,634	189,441	31	6,536,841	(28)	(2,742,776)	254	31,902,692
21. Indexed	1,046,047	20	1,745,968					20	1,745,968	120,803	88	11,736,165	(111)	(10,915,548)	528	66,915,332
22. Variable with guarantees								0	0	0						
23. Variable without guarantees								0	0	0						
24. Life contingent payout	0	0	0					0	0	0	0	0	0	(14,350)	7	412,417
25. Other								0	0	0	3	307,315	(2)	(363,063)	34	1,280,346
26. Total Individual Annuities	1,608,035	24	2,144,602	0	0	0	0	24	2,144,602	310,244	122	18,580,321	(141)	(14,035,737)	823	100,510,787
Group Annuities																
27. Fixed	590	3	7,376					3	7,376	0	0	0	(7)	(53,456)	107	1,605,787
28. Indexed								0	0	0						
29. Variable with guarantees								0	0	0						
30. Variable without guarantees								0	0	0						
31. Life contingent payout								0	0	0	0	0	(11)	(1,071,858)	158	8,028,507
32. Other								0	0	0	0	0	0	(2,669)	1	8,247
33. Total Group Annuities	590	3	7,376	0	0	0	0	3	7,376	0	0	0	(18)	(1,127,983)	266	9,642,541
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	0	0	0
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	0	0	0
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	0	0	0
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	0	1	25
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	1	25
47. Total	1,639,525	27	2,182,878	0	0	0	0	27	2,182,878	310,244	122	18,580,321	(163)	(16,288,720)	1,118	116,949,522

(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: $ .....0 Group: $ ..... Total: $ 0

(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 $ .....

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0435 BUSINESS IN THE STATE OF Tennessee DURING THE YEAR 2024 NAIC Company Code 63312

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members: 3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	Claims and Benefits Paid: 8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole	23,991						0	21,787	0	0		21,787
3. Term	252,626						0	500,000	9,500	0		509,500
4. Indexed							0					0
5. Universal	66,040						0	101,000	0	0		101,000
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other							0					0
11. Total Individual Life	342,657	0	0	0	0	0	0	622,787	9,500	0	0	632,287
Group Life												
12. Whole							0	281,757	76	216		282,049
13. Term							0	0	0	0		0
14. Universal							0	0	0	0		0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other							0					0
19. Total Group Life	0	0	0	0	0	0	0	281,757	76	216	0	282,049
Individual Annuities												
20. Fixed	41,758,427						0	22,288,365		48,064,617		70,352,982
21. Indexed	195,957,987						0	32,778,001		170,756,521		203,534,523
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout	200,707						0	655,698		0		655,698
25. Other							0					0
26. Total Individual Annuities	237,917,121	0	0	0	0	0	0	55,722,065	0	218,821,139	0	274,543,203
Group Annuities												
27. Fixed	33,240						0	418,888		602,173		1,021,060
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout	45,983						0	1,796,524		0		1,796,524
32. Other							0					0
33. Total Group Annuities	79,223	0	0	0	0	0	0	2,215,412	0	602,173	0	2,817,585
Accident and Health												
34. Comprehensive individual (d)							0	XXX	XXX	XXX		0
35. Comprehensive group (d)							0	XXX	XXX	XXX		0
36. Medicare Supplement (d)	69,750						0	XXX	XXX	XXX	35,590	35,590
37. Vision only (d)							0	XXX	XXX	XXX		0
38. Dental only (d)							0	XXX	XXX	XXX		0
39. Federal Employees Health Benefits Plan (d)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)	(e)						0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)							0	XXX	XXX	XXX		0
42. Credit A&H							0	XXX	XXX	XXX		0
43. Disability income (d)	0						0	XXX	XXX	XXX		0
44. Long-term care (d)	105,940						0	XXX	XXX	XXX	132,287	132,287
45. Other health (d)	0						0	XXX	XXX	XXX		0
46. Total Accident and Health	175,690	0	0	0	0	0	0	XXX	XXX	XXX	167,877	167,877
47. Total	238,514,691 (c)	0	0	0	0	0	0	58,842,021	9,576	219,423,527	167,877	278,443,001

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

NAIC Group Code 0435 BUSINESS IN THE STATE OF Tennessee DURING THE YEAR 2024 NAIC Company Code 63312

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year							22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year		23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life															
1. Industrial								0	0	0					
2. Whole	21,787	5	21,787	0	0	0	0	5	21,787	0	1	2,000,000	(5)	(21,679)	79	2,607,290
3. Term	509,500	1	509,500	0	0	0	0	1	509,500	0	0	0	(64)	(33,282,803)	190	60,772,900
4. Indexed								0	0	0						
5. Universal	101,000	1	101,000	0	0	0	0	1	101,000	0	0	0	(2)	(200,587)	65	8,155,529
6. Universal with secondary guarantees								0	0	0						
7. Variable								0	0	0						
8. Variable universal								0	0	0						
9. Credit								0	0	0						
10. Other								0	0	0						
11. Total Individual Life	632,287	7	632,287	0	0	0	0	7	632,287	0	1	2,000,000	(71)	(33,505,069)	334	71,535,719
Group Life																
12. Whole	286,935	50	281,833					50	281,833	9,889	0	0	(53)	(256,264)	728	3,941,678
13. Term								0	0	0						
14. Universal								0	0	0						
15. Variable								0	0	0						
16. Variable universal								0	0	0						
17. Credit								0	0	0						(a)
18. Other								0	0	0						
19. Total Group Life	286,935	50	281,833	0	0	0	0	50	281,833	9,889	0	0	(53)	(256,264)	728	3,941,678
Individual Annuities																
20. Fixed	20,529,803	216	20,509,228					216	20,509,228	2,178,756	258	42,101,726	(790)	(57,026,406)	4,035	423,780,470
21. Indexed	31,843,647	248	32,430,806					248	32,430,806	6,077,223	1,207	198,450,346	(1,527)	(130,796,013)	8,412	1,187,319,133
22. Variable with guarantees								0	0	0						
23. Variable without guarantees								0	0	0						
24. Life contingent payout	236,230	5	236,230					5	236,230	0	21	1,167,355	(8)	(375,581)	82	4,286,070
25. Other								0	0	0	12	836,093	(16)	(1,871,726)	125	5,117,049
26. Total Individual Annuities	52,609,680	469	53,176,264	0	0	0	0	469	53,176,264	8,255,979	1,498	242,555,519	(2,341)	(190,069,726)	12,654	1,620,502,722
Group Annuities																
27. Fixed	(510,754)	10	335,340					10	335,340	4,078	0	0	(35)	(393,110)	725	9,961,074
28. Indexed								0	0	0						
29. Variable with guarantees								0	0	0						
30. Variable without guarantees								0	0	0						
31. Life contingent payout								0	0	0	0	0	(20)	(1,565,056)	487	21,767,630
32. Other								0	0	0	0	0	(1)	(4,067)	1	5,666
33. Total Group Annuities	(510,754)	10	335,340	0	0	0	0	10	335,340	4,078	0	0	(56)	(1,962,233)	1,213	31,734,370
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			(3)	(20,863)	11	69,750
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	0	0	0
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			(2)	21,272	43	142,912
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	0	0	0
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	(5)	409	54	212,662
47. Total	53,018,148	536	54,425,724	0	0	0	0	536	54,425,724	8,269,946	1,499	244,555,519	(2,526)	(225,792,883)	14,983	1,727,927,151

(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: $ ..... 71,724 Group: $ ..... Total: $ 71,724

(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 $ .....

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0435 BUSINESS IN THE STATE OF Texas DURING THE YEAR 2024 NAIC Company Code 63312

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members: 3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	Claims and Benefits Paid: 8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole	110,305						0	57,158	0	44,737		101,895
3. Term	1,352,261						0	1,401,000	372,900	0		1,773,900
4. Indexed							0					0
5. Universal	497,261						0	895,000	0	237,656		1,132,656
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other							0					0
11. Total Individual Life	1,959,827	0	0	0	0	0	0	2,353,158	372,900	282,393	0	3,008,451
Group Life												
12. Whole							0	14,855	0	0		14,855
13. Term							0	2,425	0	0		2,425
14. Universal							0	0	0	0		0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other							0					0
19. Total Group Life	0	0	0	0	0	0	0	17,280	0	0	0	17,280
Individual Annuities												
20. Fixed	165,777,928						0	32,770,960		73,069,638		105,840,598
21. Indexed	263,343,389						0	33,554,452		204,220,100		237,774,552
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout	0						0	1,983,199		(67,201)		1,915,998
25. Other							0					0
26. Total Individual Annuities	429,121,317	0	0	0	0	0	0	68,308,611	0	277,222,537	0	345,531,148
Group Annuities												
27. Fixed	334,092						0	564,065		4,997,491		5,561,555
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout	(618)						0	2,374,920		31,268		2,406,188
32. Other							0					0
33. Total Group Annuities	333,474	0	0	0	0	0	0	2,938,985	0	5,028,759	0	7,967,743
Accident and Health												
34. Comprehensive individual (d)							0	XXX	XXX	XXX		0
35. Comprehensive group (d)							0	XXX	XXX	XXX		0
36. Medicare Supplement (d)	93,609						0	XXX	XXX	XXX	42,187	42,187
37. Vision only (d)							0	XXX	XXX	XXX		0
38. Dental only (d)							0	XXX	XXX	XXX		0
39. Federal Employees Health Benefits Plan (d)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)	(e)						0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)							0	XXX	XXX	XXX		0
42. Credit A&H							0	XXX	XXX	XXX		0
43. Disability income (d)	0						0	XXX	XXX	XXX		0
44. Long-term care (d)	7,417						0	XXX	XXX	XXX	0	0
45. Other health (d)	47						0	XXX	XXX	XXX		0
46. Total Accident and Health	101,073	0	0	0	0	0	0	XXX	XXX	XXX	42,187	42,187
47. Total	431,515,691 (c)	0	0	0	0	0	0	73,618,034	372,900	282,533,688	42,187	356,566,809

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

NAIC Group Code 0435 BUSINESS IN THE STATE OF Texas DURING THE YEAR 2024 NAIC Company Code 63312

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year							22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year		23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life															
1. Industrial								0	0	0					
2. Whole	42,996	7	59,583	0	0	0	0	7	59,583	0	3	2,100,000	(14)	(2,201,236)	209	2,313,051
3. Term	2,273,900	7	1,773,900	0	0	0	0	7	1,773,900	1,000,000	0	10,000	(118)	(47,388,028)	1,001	232,708,054
4. Indexed								0	0	0						
5. Universal	945,000	12	895,000	0	0	0	0	12	895,000	75,000	0	0	(33)	(2,997,477)	576	83,201,710
6. Universal with secondary guarantees								0	0	0						
7. Variable								0	0	0						
8. Variable universal								0	0	0						
9. Credit								0	0	0						
10. Other								0	0	0						
11. Total Individual Life	3,261,896	26	2,728,483	0	0	0	0	26	2,728,483	1,075,000	3	2,110,000	(165)	(52,586,742)	1,786	318,222,815
Group Life															
12. Whole	14,855	2	14,855					2	14,855	0	0	0	(2)	(14,012)	25	124,295
13. Term								0	0	0						
14. Universal								0	0	0						
15. Variable								0	0	0						
16. Variable universal								0	0	0						
17. Credit								0	0	0						(a)
18. Other								0	0	0						
19. Total Group Life	14,855	2	14,855	0	0	0	0	2	14,855	0	0	0	(2)	(14,012)	25	124,295
Individual Annuities															
20. Fixed	29,055,650	246	25,929,980					246	25,929,980	8,824,874	919	173,000,887	(847)	(86,584,830)	7,012	910,669,154
21. Indexed	35,431,240	219	31,439,855					219	31,439,855	9,425,346	1,561	263,549,141	(1,655)	(153,611,484)	9,599	1,333,052,761
22. Variable with guarantees								0	0	0						
23. Variable without guarantees								0	0	0						
24. Life contingent payout	430,754	7	430,754					7	430,754	0	20	1,176,657	(25)	(1,623,315)	204	10,421,749
25. Other								0	0	0	59	5,265,736	(107)	(5,855,815)	387	18,842,300
26. Total Individual Annuities	64,917,644	472	57,800,590	0	0	0	0	472	57,800,590	18,250,220	2,559	442,992,421	(2,634)	(247,675,445)	17,202	2,272,985,963
Group Annuities															
27. Fixed	(3,010)	30	558,046					30	558,046	261,784	0	0	(229)	(3,631,534)	3,505	57,405,001
28. Indexed								0	0	0						
29. Variable with guarantees								0	0	0						
30. Variable without guarantees								0	0	0						
31. Life contingent payout								0	0	0	0	0	(22)	(1,816,415)	635	35,139,320
32. Other								0	0	0	0	0	0	(11,113)	1	56,109
33. Total Group Annuities	(3,010)	30	558,046	0	0	0	0	30	558,046	261,784	0	0	(251)	(5,459,061)	4,141	92,600,429
Accident and Health															
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			(1)	(18,709)	16	93,607
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	0	0	0
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	0	6	7,417
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	24	1	47
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	(1)	(18,685)	23	101,071
47. Total	68,191,386	530	61,101,974	0	0	0	0	530	61,101,974	19,587,004	2,562	445,102,421	(3,053)	(305,753,945)	23,177	2,684,034,573

(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: $ 110,345 Group: $ ..... Total: $ 110,345

(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 $ .....

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0435 BUSINESS IN THE STATE OF Utah DURING THE YEAR 2024 NAIC Company Code 63312

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members: 3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	Claims and Benefits Paid: 8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole	26,431						0	29,895	0	1,707		31,602
3. Term	44,437						0	250,000	0	0		250,000
4. Indexed							0					0
5. Universal	16,274						0	0	0	0		0
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other							0					0
11. Total Individual Life	87,142	0	0	0	0	0	0	279,895	0	1,707	0	281,602
Group Life												
12. Whole							0	0	0	0		0
13. Term							0	0	0	0		0
14. Universal							0	0	0	0		0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other							0					0
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed	14,879,685						0	5,647,765		7,309,248		12,957,013
21. Indexed	44,798,734						0	15,055,031		71,809,689		86,864,720
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout	1,915,000						0	2,962,402		0		2,962,402
25. Other							0					0
26. Total Individual Annuities	61,593,419	0	0	0	0	0	0	23,665,199	0	79,118,937	0	102,784,135
Group Annuities												
27. Fixed	0						0	45,919		71,638		117,557
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout	0						0	152,112		0		152,112
32. Other							0					0
33. Total Group Annuities	0	0	0	0	0	0	0	198,031	0	71,638	0	269,668
Accident and Health												
34. Comprehensive individual (d)							0	XXX	XXX	XXX		0
35. Comprehensive group (d)							0	XXX	XXX	XXX		0
36. Medicare Supplement (d)	38,571						0	XXX	XXX	XXX	13,622	13,622
37. Vision only (d)							0	XXX	XXX	XXX		0
38. Dental only (d)							0	XXX	XXX	XXX		0
39. Federal Employees Health Benefits Plan (d)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)	(e)						0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)							0	XXX	XXX	XXX		0
42. Credit A&H							0	XXX	XXX	XXX		0
43. Disability income (d)	0						0	XXX	XXX	XXX		0
44. Long-term care (d)	0						0	XXX	XXX	XXX	0	0
45. Other health (d)	0						0	XXX	XXX	XXX		0
46. Total Accident and Health	38,571	0	0	0	0	0	0	XXX	XXX	XXX	13,622	13,622
47. Total	61,719,132 (c)	0	0	0	0	0	0	24,143,124	0	79,192,281	13,622	103,349,028

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

NAIC Group Code 0435 BUSINESS IN THE STATE OF Utah DURING THE YEAR 2024 NAIC Company Code 63312

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year							22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year		23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life															
1. Industrial								0	0	0					
2. Whole	29,895	3	29,895	0	0	0	0	3	29,895	0	0	0	(4)	(39,828)	22	642,377
3. Term	250,000	1	250,000	0	0	0	0	1	250,000	0	0	0	(6)	(3,240,000)	57	16,776,000
4. Indexed								0	0	0						
5. Universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	10	1,221,961
6. Universal with secondary guarantees								0	0	0						
7. Variable								0	0	0						
8. Variable universal								0	0	0						
9. Credit								0	0	0						
10. Other								0	0	0						
11. Total Individual Life	279,895	4	279,895	0	0	0	0	4	279,895	0	0	0	(10)	(3,279,828)	89	18,640,338
Group Life																
12. Whole	0	0	0					0	0	0	0	0	0	15	1	2,550
13. Term								0	0	0						
14. Universal								0	0	0						
15. Variable								0	0	0						
16. Variable universal								0	0	0						
17. Credit								0	0	0						(a)
18. Other								0	0	0						
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0	0	15	1	2,550
Individual Annuities																
20. Fixed	3,126,673	39	2,925,959					39	2,925,959	517,549	82	16,504,768	(123)	(8,035,527)	838	83,541,469
21. Indexed	11,795,619	137	14,444,053					137	14,444,053	847,801	320	47,597,473	(734)	(68,925,556)	2,718	325,985,151
22. Variable with guarantees								0	0	0						
23. Variable without guarantees								0	0	0						
24. Life contingent payout	43,352	2	43,352					2	43,352	0	12	2,309,607	(9)	(1,855,933)	99	18,160,432
25. Other								0	0	0	17	827,405	(45)	(2,449,537)	132	4,816,869
26. Total Individual Annuities	14,965,644	178	17,413,364	0	0	0	0	178	17,413,364	1,365,349	431	67,239,253	(911)	(81,266,553)	3,787	432,503,922
Group Annuities																
27. Fixed	125,118	9	125,118					9	125,118	0	0	0	(6)	(92,315)	46	721,794
28. Indexed								0	0	0						
29. Variable with guarantees								0	0	0						
30. Variable without guarantees								0	0	0						
31. Life contingent payout								0	0	0	0	0	(1)	10,348	53	2,657,921
32. Other								0	0	0	0	0	0	0	0	0
33. Total Group Annuities	125,118	9	125,118	0	0	0	0	9	125,118	0	0	0	(7)	(81,967)	99	3,379,715
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			(1)	(1,541)	7	38,571
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	0	0	0
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	0	0	0
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	0	0	0
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	(1)	(1,541)	7	38,571
47. Total	15,370,658	191	17,818,378	0	0	0	0	191	17,818,378	1,365,349	431	67,239,253	(929)	(84,629,873)	3,983	454,565,096

(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: $ .....0 Group: $ ..... Total: $ 0

(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 $ .....

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0435 BUSINESS IN THE STATE OF Vermont DURING THE YEAR 2024 NAIC Company Code 63312

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members: 3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	Claims and Benefits Paid: 8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole	1,469						0	8,224	0	0		8,224
3. Term	21,296						0	0	0	0		0
4. Indexed							0					0
5. Universal	10,371						0	0	0	0		0
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other							0					0
11. Total Individual Life	33,136	0	0	0	0	0	0	8,224	0	0	0	8,224
Group Life												
12. Whole							0	0	0	0		0
13. Term							0	0	0	0		0
14. Universal							0	0	0	0		0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other							0					0
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed	3,440,552						0	1,240,328		1,863,025		3,103,353
21. Indexed	11,599,803						0	1,502,329		10,429,602		11,931,931
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout	0						0	166,371		0		166,371
25. Other							0					0
26. Total Individual Annuities	15,040,355	0	0	0	0	0	0	2,909,027	0	12,292,627	0	15,201,654
Group Annuities												
27. Fixed	11,076						0	0		167,685		167,685
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout	0						0	197,488		0		197,488
32. Other							0					0
33. Total Group Annuities	11,076	0	0	0	0	0	0	197,488	0	167,685	0	365,173
Accident and Health												
34. Comprehensive individual (d)							0	XXX	XXX	XXX		0
35. Comprehensive group (d)							0	XXX	XXX	XXX		0
36. Medicare Supplement (d)	0						0	XXX	XXX	XXX	0	0
37. Vision only (d)							0	XXX	XXX	XXX		0
38. Dental only (d)							0	XXX	XXX	XXX		0
39. Federal Employees Health Benefits Plan (d)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)	(e)						0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)							0	XXX	XXX	XXX		0
42. Credit A&H							0	XXX	XXX	XXX		0
43. Disability income (d)	0						0	XXX	XXX	XXX		0
44. Long-term care (d)	20,367						0	XXX	XXX	XXX	0	0
45. Other health (d)	0						0	XXX	XXX	XXX		0
46. Total Accident and Health	20,367	0	0	0	0	0	0	XXX	XXX	XXX	0	0
47. Total	15,104,934 (c)	0	0	0	0	0	0	3,114,739	0	12,460,312	0	15,575,052

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

NAIC Group Code 0435 BUSINESS IN THE STATE OF Vermont DURING THE YEAR 2024 NAIC Company Code 63312

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year							22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year		23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life															
1. Industrial								0	0	0					
2. Whole	8,224	1	8,224	0	0	0	0	1	8,224	0	0	0	(1)	(8,035)	17	114,091
3. Term	0	0	0	0	0	0	0	0	0	0	0	0	(3)	(1,350,000)	11	2,203,000
4. Indexed								0	0	0						
5. Universal	0	0	0	0	0	0	0	0	0	0	0	0	0	11,363	4	1,665,866
6. Universal with secondary guarantees								0	0	0						
7. Variable								0	0	0						
8. Variable universal								0	0	0						
9. Credit								0	0	0						
10. Other								0	0	0						
11. Total Individual Life	8,224	1	8,224	0	0	0	0	1	8,224	0	0	0	(4)	(1,346,672)	32	3,982,957
Group Life																
12. Whole	0	0	0					0	0	0	0	0	0	21	1	4,149
13. Term								0	0	0						
14. Universal								0	0	0						
15. Variable								0	0	0						
16. Variable universal								0	0	0						
17. Credit								0	0	0						(a)
18. Other								0	0	0						
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0	0	21	1	4,149
Individual Annuities																
20. Fixed	23,745	11	596,216					11	596,216	127,186	21	2,954,557	(40)	(1,977,180)	403	31,082,590
21. Indexed	1,176,744	12	1,451,291					12	1,451,291	89,113	79	12,332,667	(117)	(8,031,811)	685	79,807,407
22. Variable with guarantees								0	0	0						
23. Variable without guarantees								0	0	0						
24. Life contingent payout	0	0	0					0	0	0	0	0	(1)	(72,466)	31	1,307,467
25. Other								0	0	0	8	255,479	(14)	(553,447)	47	1,839,480
26. Total Individual Annuities	1,200,489	23	2,047,507	0	0	0	0	23	2,047,507	216,299	108	15,542,703	(172)	(10,634,904)	1,166	114,036,943
Group Annuities																
27. Fixed	0	0	0					0	0	0	0	0	(12)	(166,518)	93	2,399,266
28. Indexed								0	0	0						
29. Variable with guarantees								0	0	0						
30. Variable without guarantees								0	0	0						
31. Life contingent payout								0	0	0	0	0	(3)	(254,987)	56	1,953,078
32. Other								0	0	0	0	0	0	0	0	0
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0	(15)	(421,505)	149	4,352,343
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	0	0	0
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	0	0	0
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	0	13	20,367
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	0	0	0
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	13	20,367
47. Total	1,208,713	24	2,055,731	0	0	0	0	24	2,055,731	216,299	108	15,542,703	(191)	(12,403,060)	1,361	122,396,759

(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: $ .....0 Group: $ ..... Total: $ 0

(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 $ .....

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0435 BUSINESS IN THE STATE OF Virginia DURING THE YEAR 2024 NAIC Company Code 63312

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members: 3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	Claims and Benefits Paid: 8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole	61,452						0	8,000	0	1,234		9,234
3. Term	394,361						0	900,000	43,500	0		943,500
4. Indexed							0					0
5. Universal	232,875						0	340,000	0	70,126		410,126
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other							0					0
11. Total Individual Life	688,688	0	0	0	0	0	0	1,248,000	43,500	71,360	0	1,362,860
Group Life												
12. Whole							0	12,766	0	0		12,766
13. Term							0	0	0	0		0
14. Universal							0	0	0	0		0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other							0					0
19. Total Group Life	0	0	0	0	0	0	0	12,766	0	0	0	12,766
Individual Annuities												
20. Fixed	81,353,051						0	13,459,810		16,754,628		30,214,438
21. Indexed	159,224,493						0	16,030,436		106,236,305		122,266,741
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout	45,374						0	366,620		0		366,620
25. Other							0					0
26. Total Individual Annuities	240,622,918	0	0	0	0	0	0	29,856,866	0	122,990,933	0	152,847,799
Group Annuities												
27. Fixed	11,059						0	113,016		409,610		522,626
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout	0						0	728,365		26,359		754,723
32. Other							0					0
33. Total Group Annuities	11,059	0	0	0	0	0	0	841,380	0	435,969	0	1,277,349
Accident and Health												
34. Comprehensive individual (d)							0	XXX	XXX	XXX		0
35. Comprehensive group (d)							0	XXX	XXX	XXX		0
36. Medicare Supplement (d)	33,670						0	XXX	XXX	XXX	14,692	14,692
37. Vision only (d)							0	XXX	XXX	XXX		0
38. Dental only (d)							0	XXX	XXX	XXX		0
39. Federal Employees Health Benefits Plan (d)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)	(e)						0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)							0	XXX	XXX	XXX		0
42. Credit A&H							0	XXX	XXX	XXX		0
43. Disability income (d)	0						0	XXX	XXX	XXX		0
44. Long-term care (d)	178,847						0	XXX	XXX	XXX	195,066	195,066
45. Other health (d)	0						0	XXX	XXX	XXX		0
46. Total Accident and Health	212,517	0	0	0	0	0	0	XXX	XXX	XXX	209,758	209,758
47. Total	241,535,182 (c)	0	0	0	0	0	0	31,959,012	43,500	123,498,262	209,758	155,710,532

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

NAIC Group Code 0435 BUSINESS IN THE STATE OF Virginia DURING THE YEAR 2024 NAIC Company Code 63312

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year							22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year		23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life															
1. Industrial								0	0	0					
2. Whole	11,000	2	8,000	0	0	0	0	2	8,000	6,000	1	10,000	(2)	(7,585)	136	2,033,015
3. Term	193,500	3	943,500	0	0	0	0	3	943,500	0	0	0	(35)	(14,333,000)	408	103,554,762
4. Indexed								0	0	0						
5. Universal	340,000	5	340,000	0	0	0	0	5	340,000	150,000	0	0	(10)	(1,328,779)	269	44,080,624
6. Universal with secondary guarantees								0	0	0						
7. Variable								0	0	0						
8. Variable universal								0	0	0						
9. Credit								0	0	0						
10. Other								0	0	0						
11. Total Individual Life	544,500	10	1,291,500	0	0	0	0	10	1,291,500	156,000	1	10,000	(47)	(15,669,364)	813	149,668,400
Group Life																
12. Whole	12,766	1	12,766					1	12,766	0	0	0	(1)	(12,072)	11	59,901
13. Term								0	0	0						
14. Universal								0	0	0						
15. Variable								0	0	0						
16. Variable universal								0	0	0						
17. Credit								0	0	0						(a)
18. Other								0	0	0						
19. Total Group Life	12,766	1	12,766	0	0	0	0	1	12,766	0	0	0	(1)	(12,072)	11	59,901
Individual Annuities																
20. Fixed	9,338,011	63	9,690,859					63	9,690,859	1,098,204	463	82,013,133	(240)	(17,833,117)	2,101	249,898,353
21. Indexed	15,424,835	136	15,508,158					136	15,508,158	2,686,907	987	163,527,329	(1,026)	(92,337,581)	6,122	773,936,364
22. Variable with guarantees								0	0	0						
23. Variable without guarantees								0	0	0						
24. Life contingent payout	90,691	2	90,691					2	90,691	0	8	317,081	(4)	(204,626)	47	1,978,290
25. Other								0	0	0	27	1,918,851	(50)	(3,327,541)	170	8,144,997
26. Total Individual Annuities	24,853,536	201	25,289,708	0	0	0	0	201	25,289,708	3,785,111	1,485	247,776,394	(1,320)	(113,702,864)	8,440	1,033,958,003
Group Annuities																
27. Fixed	128,475	7	113,016					7	113,016	38,342	0	0	(16)	(160,526)	381	6,015,136
28. Indexed								0	0	0						
29. Variable with guarantees								0	0	0						
30. Variable without guarantees								0	0	0						
31. Life contingent payout								0	0	0	0	0	(7)	(820,368)	206	7,343,639
32. Other								0	0	0	0	0	0	0	0	0
33. Total Group Annuities	128,475	7	113,016	0	0	0	0	7	113,016	38,342	0	0	(23)	(980,894)	587	13,358,775
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			1	2,037	6	33,669
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	0	0	0
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			(3)	(9,710)	91	204,196
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	0	0	0
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	(2)	(7,673)	97	237,865
47. Total	25,539,277	219	26,706,990	0	0	0	0	219	26,706,990	3,979,453	1,486	247,786,394	(1,393)	(130,372,868)	9,948	1,197,282,944

(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: $ .....0 Group: $ ..... Total: $ 0

(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 $ .....

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0435 BUSINESS IN THE STATE OF Washington DURING THE YEAR 2024 NAIC Company Code 63312

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members: 3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	Claims and Benefits Paid: 8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole	10,968						0	41,040	0	1,086		42,126
3. Term	226,212						0	200,000	0	0		200,000
4. Indexed							0					0
5. Universal	62,352						0	0	0	14,771		14,771
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other							0					0
11. Total Individual Life	299,532	0	0	0	0	0	0	241,040	0	15,856	0	256,896
Group Life												
12. Whole							0	861	0	0		861
13. Term							0	0	0	0		0
14. Universal							0	0	0	0		0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other							0					0
19. Total Group Life	0	0	0	0	0	0	0	861	0	0	0	861
Individual Annuities												
20. Fixed	47,965,028						0	10,085,168		22,112,137		32,197,305
21. Indexed	123,711,064						0	18,711,588		146,106,149		164,817,737
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout	14,027,715						0	19,624,962		0		19,624,962
25. Other							0					0
26. Total Individual Annuities	185,703,807	0	0	0	0	0	0	48,421,719	0	168,218,286	0	216,640,004
Group Annuities												
27. Fixed	56,392						0	250,193		2,255,099		2,505,292
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout	(43,170)						0	865,817		104,318		970,135
32. Other							0					0
33. Total Group Annuities	13,222	0	0	0	0	0	0	1,116,010	0	2,359,417	0	3,475,427
Accident and Health												
34. Comprehensive individual (d)							0	XXX	XXX	XXX		0
35. Comprehensive group (d)							0	XXX	XXX	XXX		0
36. Medicare Supplement (d)	0						0	XXX	XXX	XXX	0	0
37. Vision only (d)							0	XXX	XXX	XXX		0
38. Dental only (d)							0	XXX	XXX	XXX		0
39. Federal Employees Health Benefits Plan (d)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)	(e)						0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)							0	XXX	XXX	XXX		0
42. Credit A&H							0	XXX	XXX	XXX		0
43. Disability income (d)	(7)						0	XXX	XXX	XXX		0
44. Long-term care (d)	167,847						0	XXX	XXX	XXX	321,642	321,642
45. Other health (d)	0						0	XXX	XXX	XXX		0
46. Total Accident and Health	167,840	0	0	0	0	0	0	XXX	XXX	XXX	321,642	321,642
47. Total	186,184,401 (c)	0	0	0	0	0	0	49,779,630	0	170,593,559	321,642	220,694,830

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

NAIC Group Code 0435 BUSINESS IN THE STATE OF Washington DURING THE YEAR 2024 NAIC Company Code 63312

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year							22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year		23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life															
1. Industrial								0	0	0					
2. Whole	42,074	13	41,040	0	0	0	0	13	41,040	1,034	0	0	(11)	(25,826)	159	1,102,641
3. Term	200,000	2	200,000	0	0	0	0	2	200,000	0	0	0	(9)	(1,624,000)	128	31,198,500
4. Indexed								0	0	0						
5. Universal	0	0	0	0	0	0	0	0	0	0	0	0	(4)	(864,478)	70	12,321,578
6. Universal with secondary guarantees								0	0	0						
7. Variable								0	0	0						
8. Variable universal								0	0	0						
9. Credit								0	0	0						
10. Other								0	0	0						
11. Total Individual Life	242,074	15	241,040	0	0	0	0	15	241,040	1,034	0	0	(24)	(2,514,304)	357	44,622,719
Group Life																
12. Whole	861	1	861					1	861	0	0	0	(1)	(812)	2	9,341
13. Term								0	0	0						
14. Universal								0	0	0						
15. Variable								0	0	0						
16. Variable universal								0	0	0						
17. Credit								0	0	0						(a)
18. Other								0	0	0						
19. Total Group Life	861	1	861	0	0	0	0	1	861	0	0	0	(1)	(812)	2	9,341
Individual Annuities																
20. Fixed	5,857,153	68	5,455,920					68	5,455,920	1,773,708	227	46,117,113	(240)	(23,802,243)	2,261	228,134,891
21. Indexed	14,156,927	176	17,760,107					176	17,760,107	3,688,513	655	127,545,170	(1,197)	(131,565,318)	5,040	693,174,493
22. Variable with guarantees								0	0	0						
23. Variable without guarantees								0	0	0						
24. Life contingent payout	173,780	5	173,780					5	173,780	0	30	15,456,307	(27)	(11,069,892)	341	128,080,789
25. Other								0	0	0	52	4,154,247	(68)	(4,132,238)	295	13,170,826
26. Total Individual Annuities	20,187,860	249	23,389,807	0	0	0	0	249	23,389,807	5,462,222	964	193,272,836	(1,532)	(170,569,692)	7,937	1,062,560,999
Group Annuities																
27. Fixed	53,370	14	250,193					14	250,193	26,579	0	0	(68)	(1,620,304)	1,107	23,517,499
28. Indexed								0	0	0						
29. Variable with guarantees								0	0	0						
30. Variable without guarantees								0	0	0						
31. Life contingent payout								0	0	0	0	0	(11)	(1,006,481)	262	11,342,662
32. Other								0	0	0	0	0	0	0	0	0
33. Total Group Annuities	53,370	14	250,193	0	0	0	0	14	250,193	26,579	0	0	(79)	(2,626,785)	1,369	34,860,161
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	0	0	0
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			(1)	(111)	0	(7)
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			(1)	24,258	60	212,431
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	0	0	0
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	(2)	24,147	60	212,424
47. Total	20,484,165	279	23,881,900	0	0	0	0	279	23,881,900	5,489,835	964	193,272,836	(1,638)	(175,687,446)	9,725	1,142,265,644

(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: $ 400,334 Group: $ ..... Total: $ 400,334

(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 $ .....

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0435 BUSINESS IN THE STATE OF West Virginia DURING THE YEAR 2024 NAIC Company Code 63312

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members: 3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	Claims and Benefits Paid: 8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole	8,691						0	0	0	5,145		5,145
3. Term	34,258						0	101,000	12,900	0		113,900
4. Indexed							0					0
5. Universal	63,999						0	0	0	43,941		43,941
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other							0					0
11. Total Individual Life	106,948	0	0	0	0	0	0	101,000	12,900	49,086	0	162,986
Group Life												
12. Whole							0	0	0	0		0
13. Term							0	0	0	0		0
14. Universal							0	0	0	0		0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other							0					0
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed	10,246,677						0	3,302,982		6,368,444		9,671,426
21. Indexed	29,548,419						0	5,851,667		34,269,064		40,120,731
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout	0						0	27,075		0		27,075
25. Other							0					0
26. Total Individual Annuities	39,795,096	0	0	0	0	0	0	9,181,724	0	40,637,508	0	49,819,232
Group Annuities												
27. Fixed	0						0	67,936		2,358		70,294
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout	0						0	185,940		0		185,940
32. Other							0					0
33. Total Group Annuities	0	0	0	0	0	0	0	253,876	0	2,358	0	256,234
Accident and Health												
34. Comprehensive individual (d)							0	XXX	XXX	XXX		0
35. Comprehensive group (d)							0	XXX	XXX	XXX		0
36. Medicare Supplement (d)	6,134						0	XXX	XXX	XXX	376	376
37. Vision only (d)							0	XXX	XXX	XXX		0
38. Dental only (d)							0	XXX	XXX	XXX		0
39. Federal Employees Health Benefits Plan (d)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)	(e)						0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)							0	XXX	XXX	XXX		0
42. Credit A&H							0	XXX	XXX	XXX		0
43. Disability income (d)	0						0	XXX	XXX	XXX		0
44. Long-term care (d)	0						0	XXX	XXX	XXX	0	0
45. Other health (d)	42						0	XXX	XXX	XXX		0
46. Total Accident and Health	6,176	0	0	0	0	0	0	XXX	XXX	XXX	376	376
47. Total	39,908,220 (c)	0	0	0	0	0	0	9,536,600	12,900	40,688,952	376	50,238,828

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

NAIC Group Code 0435 BUSINESS IN THE STATE OF West Virginia DURING THE YEAR 2024 NAIC Company Code 63312

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year							22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year		23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life															
1. Industrial								0	0	0					
2. Whole	0	0	0	0	0	0	0	0	0	0	0	0	(2)	(19,990)	15	199,647
3. Term	113,900	1	113,900	0	0	0	0	1	113,900	0	0	0	(4)	(1,651,000)	18	4,376,000
4. Indexed								0	0	0						
5. Universal	0	0	0	0	0	0	0	0	0	0	0	0	(3)	(271,776)	16	3,805,541
6. Universal with secondary guarantees								0	0	0						
7. Variable								0	0	0						
8. Variable universal								0	0	0						
9. Credit								0	0	0						
10. Other								0	0	0						
11. Total Individual Life	113,900	1	113,900	0	0	0	0	1	113,900	0	0	0	(9)	(1,942,766)	49	8,381,188
Group Life																
12. Whole	0	0	0					0	0	0	0	0	0	0	0	0
13. Term								0	0	0						
14. Universal								0	0	0						
15. Variable								0	0	0						
16. Variable universal								0	0	0						
17. Credit								0	0	0						(a)
18. Other								0	0	0						
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities																
20. Fixed	2,731,873	26	3,050,523					26	3,050,523	204,757	88	11,194,651	(87)	(7,185,855)	617	78,701,341
21. Indexed	6,270,106	51	5,846,320					51	5,846,320	662,651	210	30,782,264	(367)	(33,260,973)	1,623	185,566,605
22. Variable with guarantees								0	0	0						
23. Variable without guarantees								0	0	0						
24. Life contingent payout	0	0	0					0	0	0	1	14,472	1	64,751	8	138,971
25. Other								0	0	0	3	250,976	(2)	(123,660)	18	902,426
26. Total Individual Annuities	9,001,980	77	8,896,842	0	0	0	0	77	8,896,842	867,408	302	42,242,365	(455)	(40,505,736)	2,266	265,309,342
Group Annuities																
27. Fixed	66,283	1	66,283					1	66,283	0	0	0	0	(53,216)	18	413,265
28. Indexed								0	0	0						
29. Variable with guarantees								0	0	0						
30. Variable without guarantees								0	0	0						
31. Life contingent payout								0	0	0	0	0	(4)	(233,095)	46	2,013,220
32. Other								0	0	0	0	0	(1)	(1,647)	0	0
33. Total Group Annuities	66,283	1	66,283	0	0	0	0	1	66,283	0	0	0	(5)	(287,958)	64	2,426,485
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	153	1	6,134
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	0	0	0
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	0	0	0
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	0	1	42
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	153	2	6,176
47. Total	9,182,163	79	9,077,025	0	0	0	0	79	9,077,025	867,408	302	42,242,365	(469)	(42,736,306)	2,381	276,123,191

(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: $ 93,248 Group: $ ..... Total: $ 93,248

(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 $ .....

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0435 BUSINESS IN THE STATE OF Wisconsin DURING THE YEAR 2024 NAIC Company Code 63312

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members: 3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	Claims and Benefits Paid: 8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole	45,433						0	83,855	0	19,575		103,431
3. Term	123,531						0	0	29,700	0		29,700
4. Indexed							0					0
5. Universal	40,929						0	100,000	0	16		100,016
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other							0					0
11. Total Individual Life	209,893	0	0	0	0	0	0	183,855	29,700	19,592	0	233,147
Group Life												
12. Whole							0	0	0	0		0
13. Term							0	752	0	0		752
14. Universal							0	0	0	0		0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other							0					0
19. Total Group Life	0	0	0	0	0	0	0	752	0	0	0	752
Individual Annuities												
20. Fixed	75,109,378						0	9,114,272		14,356,537		23,470,810
21. Indexed	104,423,248						0	13,298,360		103,358,978		116,657,338
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout	0						0	276,921		0		276,921
25. Other							0					0
26. Total Individual Annuities	179,532,626	0	0	0	0	0	0	22,689,554	0	117,715,515	0	140,405,069
Group Annuities												
27. Fixed	0						0	17,717		122,924		140,642
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout	509						0	3,856,157		0		3,856,157
32. Other							0					0
33. Total Group Annuities	509	0	0	0	0	0	0	3,873,875	0	122,924	0	3,996,799
Accident and Health												
34. Comprehensive individual (d)							0	XXX	XXX	XXX		0
35. Comprehensive group (d)							0	XXX	XXX	XXX		0
36. Medicare Supplement (d)	45,669						0	XXX	XXX	XXX	54,813	54,813
37. Vision only (d)							0	XXX	XXX	XXX		0
38. Dental only (d)							0	XXX	XXX	XXX		0
39. Federal Employees Health Benefits Plan (d)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)	(e)						0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)							0	XXX	XXX	XXX		0
42. Credit A&H							0	XXX	XXX	XXX		0
43. Disability income (d)	0						0	XXX	XXX	XXX		0
44. Long-term care (d)	197,513						0	XXX	XXX	XXX	132,340	132,340
45. Other health (d)	68						0	XXX	XXX	XXX		0
46. Total Accident and Health	243,250	0	0	0	0	0	0	XXX	XXX	XXX	187,153	187,153
47. Total	179,986,278 (c)	0	0	0	0	0	0	26,748,036	29,700	117,858,031	187,153	144,822,920

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

NAIC Group Code 0435 BUSINESS IN THE STATE OF Wisconsin DURING THE YEAR 2024 NAIC Company Code 63312

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year							22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year		23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life															
1. Industrial								0	0	0					
2. Whole	66,855	12	83,855	0	0	0	0	12	83,855	0	0	0	(17)	(119,846)	66	973,242
3. Term	129,700	0	29,700	0	0	0	0	0	29,700	100,000	0	0	(9)	(3,605,000)	127	31,135,000
4. Indexed								0	0	0						
5. Universal	0	1	100,000	0	0	0	0	1	100,000	0	0	0	(2)	104,721	25	3,456,673
6. Universal with secondary guarantees								0	0	0						
7. Variable								0	0	0						
8. Variable universal								0	0	0						
9. Credit								0	0	0						
10. Other								0	0	0						
11. Total Individual Life	196,555	13	213,555	0	0	0	0	13	213,555	100,000	0	0	(28)	(3,620,125)	218	35,564,915
Group Life																
12. Whole	0	0	0					0	0	0	0	0	0	0	0	0
13. Term								0	0	0						
14. Universal								0	0	0						
15. Variable								0	0	0						
16. Variable universal								0	0	0						
17. Credit								0	0	0						(a)
18. Other								0	0	0						
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities																
20. Fixed	4,705,000	51	5,758,596					51	5,758,596	610,243	536	78,141,266	(203)	(16,982,500)	2,250	284,204,059
21. Indexed	10,626,369	139	12,828,456					139	12,828,456	1,276,204	728	103,600,635	(981)	(83,942,189)	4,916	592,239,049
22. Variable with guarantees								0	0	0						
23. Variable without guarantees								0	0	0						
24. Life contingent payout	14,829	1	14,829					1	14,829	0	2	69,366	(13)	(1,029,415)	52	1,730,259
25. Other								0	0	0	32	2,007,062	(26)	(2,875,973)	137	7,120,694
26. Total Individual Annuities	15,346,198	191	18,601,882	0	0	0	0	191	18,601,882	1,886,447	1,298	183,818,329	(1,223)	(104,830,077)	7,355	885,294,061
Group Annuities																
27. Fixed	11,095	1	11,095					1	11,095	0	0	0	(7)	(66,072)	54	1,409,830
28. Indexed								0	0	0						
29. Variable with guarantees								0	0	0						
30. Variable without guarantees								0	0	0						
31. Life contingent payout								0	0	0	0	0	(24)	(2,847,206)	808	47,955,582
32. Other								0	0	0	0	0	(1)	(5,543)	2	19,699
33. Total Group Annuities	11,095	1	11,095	0	0	0	0	1	11,095	0	0	0	(32)	(2,918,822)	864	49,385,112
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			(2)	(1,581)	7	45,668
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	0	0	0
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			(5)	(19,818)	159	218,027
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	0	1	68
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	(7)	(21,399)	167	263,763
47. Total	15,553,848	205	18,826,532	0	0	0	0	205	18,826,532	1,986,447	1,298	183,818,329	(1,290)	(111,390,422)	8,604	970,507,852

(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: $ 287,822 Group: $ ..... Total: $ 287,822

(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 $ .....

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0435 BUSINESS IN THE STATE OF Wyoming DURING THE YEAR 2024 NAIC Company Code 63312

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members 3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	Claims and Benefits Paid 8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole	42						0	0	0	0		0
3. Term	15,674						0	0	0	0		0
4. Indexed							0					0
5. Universal	5,012						0	0	0	0		0
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other							0					0
11. Total Individual Life	20,728	0	0	0	0	0	0	0	0	0	0	0
Group Life												
12. Whole							0	0	0	0		0
13. Term							0	0	0	0		0
14. Universal							0	0	0	0		0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other							0					0
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed	1,624,661						0	330,231		712,573		1,042,804
21. Indexed	5,587,481						0	1,732,474		6,399,598		8,132,072
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout	0						0	42,995		0		42,995
25. Other							0					0
26. Total Individual Annuities	7,212,142	0	0	0	0	0	0	2,105,699	0	7,112,171	0	9,217,871
Group Annuities												
27. Fixed	0						0	0		0		0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout	0						0	15,613		0		15,613
32. Other							0					0
33. Total Group Annuities	0	0	0	0	0	0	0	15,613	0	0	0	15,613
Accident and Health												
34. Comprehensive individual (d)							0	XXX	XXX	XXX		0
35. Comprehensive group (d)							0	XXX	XXX	XXX		0
36. Medicare Supplement (d)	0						0	XXX	XXX	XXX	0	0
37. Vision only (d)							0	XXX	XXX	XXX		0
38. Dental only (d)							0	XXX	XXX	XXX		0
39. Federal Employees Health Benefits Plan (d)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)	(e)						0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)							0	XXX	XXX	XXX		0
42. Credit A&H							0	XXX	XXX	XXX		0
43. Disability income (d)	0						0	XXX	XXX	XXX		0
44. Long-term care (d)	0						0	XXX	XXX	XXX	0	0
45. Other health (d)	0						0	XXX	XXX	XXX		0
46. Total Accident and Health	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
47. Total	7,232,870 (c)	0	0	0	0	0	0	2,121,313	0	7,112,171	0	9,233,484

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

NAIC Group Code 0435 BUSINESS IN THE STATE OF Wyoming DURING THE YEAR 2024 NAIC Company Code 63312

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year							22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year		23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life															
1. Industrial								0	0	0						
2. Whole	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3. Term	0	0	0	0	0	0	0	0	0	0	0	0	(2)	(450,000)	15	2,546,000
4. Indexed								0	0	0						
5. Universal	0	0	0	0	0	0	0	0	0	0	0	0	0	436	4	491,107
6. Universal with secondary guarantees								0	0	0						
7. Variable								0	0	0						
8. Variable universal								0	0	0						
9. Credit								0	0	0						
10. Other								0	0	0						
11. Total Individual Life	0	0	0	0	0	0	0	0	0	0	0	0	(2)	(449,564)	19	3,037,107
Group Life																
12. Whole	0	0	0					0	0	0	0	0	0	16	1	3,055
13. Term								0	0	0						
14. Universal								0	0	0						
15. Variable								0	0	0						
16. Variable universal								0	0	0						
17. Credit								0	0	0						(a)
18. Other								0	0	0						
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0	0	16	1	3,055
Individual Annuities																
20. Fixed	19,320	4	256,347					4	256,347	0	6	1,656,422	(7)	10,818	107	9,111,958
21. Indexed	1,387,330	12	1,732,474					12	1,732,474	0	25	5,210,655	(35)	(4,690,526)	228	31,200,560
22. Variable with guarantees								0	0	0						
23. Variable without guarantees								0	0	0						
24. Life contingent payout	0	0	0					0	0	0	0	0	0	(15,146)	11	380,424
25. Other								0	0	0	0	0	(1)	(68,668)	9	110,738
26. Total Individual Annuities	1,406,650	16	1,988,821	0	0	0	0	16	1,988,821	0	31	6,867,077	(43)	(4,763,522)	355	40,803,680
Group Annuities																
27. Fixed	0	0	0					0	0	0	0	0	2	40,288	8	95,030
28. Indexed								0	0	0						
29. Variable with guarantees								0	0	0						
30. Variable without guarantees								0	0	0						
31. Life contingent payout								0	0	0	0	0	0	(5,740)	5	148,876
32. Other								0	0	0	0	0	0	0	0	0
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0	2	34,548	13	243,906
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	0	0	0
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	0	0	0
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	0	0	0
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	0	0	0
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
47. Total	1,406,650	16	1,988,821	0	0	0	0	16	1,988,821	0	31	6,867,077	(43)	(5,178,522)	388	44,087,747

(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: $ .....0 Group: $ ..... Total: $ 0

(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 $ .....

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0435 BUSINESS IN THE STATE OF American Samoa DURING THE YEAR 2024 NAIC Company Code 63312

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members: 3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	Claims and Benefits Paid: 8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole	0						0	0	0	0		0
3. Term	0						0	0	0	0		0
4. Indexed							0					0
5. Universal	0						0	0	0	0		0
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other							0					0
11. Total Individual Life	0	0	0	0	0	0	0	0	0	0	0	0
Group Life												
12. Whole							0	0	0	0		0
13. Term							0	0	0	0		0
14. Universal							0	0	0	0		0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other							0					0
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed	0						0	0		0		0
21. Indexed	0						0	0		0		0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout	0						0	0		0		0
25. Other							0					0
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities												
27. Fixed	0						0	0		0		0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout	0						0	0		0		0
32. Other							0					0
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d)							0	XXX	XXX	XXX		0
35. Comprehensive group (d)							0	XXX	XXX	XXX		0
36. Medicare Supplement (d)	0						0	XXX	XXX	XXX	0	0
37. Vision only (d)							0	XXX	XXX	XXX		0
38. Dental only (d)							0	XXX	XXX	XXX		0
39. Federal Employees Health Benefits Plan (d)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)	(e)						0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)							0	XXX	XXX	XXX		0
42. Credit A&H							0	XXX	XXX	XXX		0
43. Disability income (d)	0						0	XXX	XXX	XXX		0
44. Long-term care (d)	0						0	XXX	XXX	XXX	0	0
45. Other health (d)	0						0	XXX	XXX	XXX		0
46. Total Accident and Health	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
47. Total	0 (c)	0	0	0	0	0	0	0	0	0	0	0

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

NAIC Group Code 0435 BUSINESS IN THE STATE OF American Samoa DURING THE YEAR 2024 NAIC Company Code 63312

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year							22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year		23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life															
1. Industrial								0	0	0						
2. Whole	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3. Term	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4. Indexed								0	0	0						
5. Universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6. Universal with secondary guarantees								0	0	0						
7. Variable								0	0	0						
8. Variable universal								0	0	0						
9. Credit								0	0	0						
10. Other								0	0	0						
11. Total Individual Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Life															
12. Whole	0	0	0					0	0	0	0	0	0	0	0	0
13. Term								0	0	0						
14. Universal								0	0	0						
15. Variable								0	0	0						
16. Variable universal								0	0	0						
17. Credit								0	0	0						(a)
18. Other								0	0	0						
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities															
20. Fixed	0	0	0					0	0	0	0	0	0	0	0	0
21. Indexed	0	0	0					0	0	0	0	0	0	0	0	0
22. Variable with guarantees								0	0	0						
23. Variable without guarantees								0	0	0						
24. Life contingent payout	0	0	0					0	0	0	0	0	0	0	0	0
25. Other								0	0	0	0	0	0	0	0	0
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities															
27. Fixed	0	0	0					0	0	0	0	0	0	0	0	0
28. Indexed								0	0	0						
29. Variable with guarantees								0	0	0						
30. Variable without guarantees								0	0	0						
31. Life contingent payout								0	0	0	0	0	0	0	0	0
32. Other								0	0	0	0	0	0	0	0	0
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health															
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	0	0	0
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	0	0	0
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	0	0	0
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	0	0	0
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
47. Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

(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: $ .....0 Group: $ ..... Total: $ 0

(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 $ .....

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0435 BUSINESS IN THE STATE OF Guam DURING THE YEAR 2024 NAIC Company Code 63312

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members: 3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	Claims and Benefits Paid: 8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole	683						0	25,000	0	0		25,000
3. Term	20,599						0	0	0	0		0
4. Indexed							0					0
5. Universal	50,774						0	200,000	0	3,821		203,821
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other							0					0
11. Total Individual Life	72,056	0	0	0	0	0	0	225,000	0	3,821	0	228,821
Group Life												
12. Whole							0	0	0	0		0
13. Term							0	0	0	0		0
14. Universal							0	0	0	0		0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other							0					0
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed	0						0	0		0		0
21. Indexed	0						0	0		0		0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout	0						0	0		0		0
25. Other							0					0
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities												
27. Fixed	0						0	0		0		0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout	0						0	1,369		0		1,369
32. Other							0					0
33. Total Group Annuities	0	0	0	0	0	0	0	1,369	0	0	0	1,369
Accident and Health												
34. Comprehensive individual (d)							0	XXX	XXX	XXX		0
35. Comprehensive group (d)							0	XXX	XXX	XXX		0
36. Medicare Supplement (d)	0						0	XXX	XXX	XXX	0	0
37. Vision only (d)							0	XXX	XXX	XXX		0
38. Dental only (d)							0	XXX	XXX	XXX		0
39. Federal Employees Health Benefits Plan (d)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)	(e)						0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)							0	XXX	XXX	XXX		0
42. Credit A&H							0	XXX	XXX	XXX		0
43. Disability income (d)	0						0	XXX	XXX	XXX		0
44. Long-term care (d)	0						0	XXX	XXX	XXX	0	0
45. Other health (d)	0						0	XXX	XXX	XXX		0
46. Total Accident and Health	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
47. Total	72,056 (c)	0	0	0	0	0	0	226,369	0	3,821	0	230,190

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

NAIC Group Code 0435 BUSINESS IN THE STATE OF Guam DURING THE YEAR 2024 NAIC Company Code 63312

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year							22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year		23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life															
1. Industrial								0	0	0					
2. Whole	25,000	1	25,000	0	0	0	0	1	25,000	0	0	0	(1)	(25,000)	1	100,000
3. Term	0	0	0	0	0	0	0	0	0	0	0	0	(1)	(130,000)	15	4,540,000
4. Indexed								0	0	0						
5. Universal	200,000	1	200,000	0	0	0	0	1	200,000	0	0	0	(4)	(1,316,469)	68	11,256,490
6. Universal with secondary guarantees								0	0	0						
7. Variable								0	0	0						
8. Variable universal								0	0	0						
9. Credit								0	0	0						
10. Other								0	0	0						
11. Total Individual Life	225,000	2	225,000	0	0	0	0	2	225,000	0	0	0	(6)	(1,471,469)	84	15,896,490
Group Life																
12. Whole	0	0	0					0	0	0	0	0	0	0	0	0
13. Term								0	0	0						
14. Universal								0	0	0						
15. Variable								0	0	0						
16. Variable universal								0	0	0						
17. Credit								0	0	0						(a)
18. Other								0	0	0						
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities																
20. Fixed	0	0	0					0	0	0	0	0	0	24,901	2	62,658
21. Indexed	0	0	0					0	0	0	0	0	0	0	0	0
22. Variable with guarantees								0	0	0						
23. Variable without guarantees								0	0	0						
24. Life contingent payout	0	0	0					0	0	0	0	0	0	0	0	0
25. Other								0	0	0	0	0	0	0	0	0
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	24,901	2	62,658
Group Annuities																
27. Fixed	0	0	0					0	0	0	0	0	0	1,041	1	27,059
28. Indexed								0	0	0						
29. Variable with guarantees								0	0	0						
30. Variable without guarantees								0	0	0						
31. Life contingent payout								0	0	0	0	0	0	(708)	1	12,760
32. Other								0	0	0	0	0	0	0	0	0
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	333	2	39,819
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	0	0	0
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	0	0	0
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	0	0	0
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	0	0	0
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
47. Total	225,000	2	225,000	0	0	0	0	2	225,000	0	0	0	(6)	(1,446,235)	88	15,998,968

(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: $ .....0 Group: $ ..... Total: $ 0

(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 $ .....

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0435 BUSINESS IN THE STATE OF Puerto Rico DURING THE YEAR 2024 NAIC Company Code 63312

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members: 3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	Claims and Benefits Paid: 8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole	478						0	0	0	0		0
3. Term	0						0	0	0	0		0
4. Indexed							0					0
5. Universal	0						0	0	0	0		0
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other							0					0
11. Total Individual Life	478	0	0	0	0	0	0	0	0	0	0	0
Group Life												
12. Whole							0	0	0	0		0
13. Term							0	0	0	0		0
14. Universal							0	0	0	0		0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other							0					0
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed	0						0	0		250,978		250,978
21. Indexed	36,000						0	0		236,648		236,648
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout	0						0	0		0		0
25. Other							0					0
26. Total Individual Annuities	36,000	0	0	0	0	0	0	0	0	487,626	0	487,626
Group Annuities												
27. Fixed	0						0	0		0		0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout	0						0	147,437		0		147,437
32. Other							0					0
33. Total Group Annuities	0	0	0	0	0	0	0	147,437	0	0	0	147,437
Accident and Health												
34. Comprehensive individual (d)							0	XXX	XXX	XXX		0
35. Comprehensive group (d)							0	XXX	XXX	XXX		0
36. Medicare Supplement (d)	0						0	XXX	XXX	XXX	0	0
37. Vision only (d)							0	XXX	XXX	XXX		0
38. Dental only (d)							0	XXX	XXX	XXX		0
39. Federal Employees Health Benefits Plan (d)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)	(e)						0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)							0	XXX	XXX	XXX		0
42. Credit A&H							0	XXX	XXX	XXX		0
43. Disability income (d)	0						0	XXX	XXX	XXX		0
44. Long-term care (d)	0						0	XXX	XXX	XXX	0	0
45. Other health (d)	0						0	XXX	XXX	XXX		0
46. Total Accident and Health	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
47. Total	36,478 (c)	0	0	0	0	0	0	147,437	0	487,626	0	635,063

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

NAIC Group Code 0435 BUSINESS IN THE STATE OF Puerto Rico DURING THE YEAR 2024 NAIC Company Code 63312

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year							22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year		23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life															
1. Industrial								0	0	0					
2. Whole	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3	18,000
3. Term	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4. Indexed								0	0	0						
5. Universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6. Universal with secondary guarantees								0	0	0						
7. Variable								0	0	0						
8. Variable universal								0	0	0						
9. Credit								0	0	0						
10. Other								0	0	0						
11. Total Individual Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3	18,000
Group Life															
12. Whole	0	0	0					0	0	0	0	0	0	0	0	0
13. Term								0	0	0						
14. Universal								0	0	0						
15. Variable								0	0	0						
16. Variable universal								0	0	0						
17. Credit								0	0	0						(a)
18. Other								0	0	0						
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities															
20. Fixed	0	0	0					0	0	0	0	0	2	1,268,473	10	1,675,032
21. Indexed	0	0	0					0	0	0	1	36,003	1	(45,582)	12	1,032,959
22. Variable with guarantees								0	0	0						
23. Variable without guarantees								0	0	0						
24. Life contingent payout	0	0	0					0	0	0	0	0	0	0	0	0
25. Other								0	0	0	0	0	0	0	0	0
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	1	36,003	3	1,222,891	22	2,707,991
Group Annuities															
27. Fixed	0	0	0					0	0	0	0	0	0	760	6	19,421
28. Indexed								0	0	0						
29. Variable with guarantees								0	0	0						
30. Variable without guarantees								0	0	0						
31. Life contingent payout								0	0	0	0	0	(1)	(75,093)	50	1,960,239
32. Other								0	0	0	0	0	0	0	0	0
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0	(1)	(74,333)	56	1,979,660
Accident and Health															
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	0	0	0
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	0	0	0
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	0	0	0
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	0	0	0
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
47. Total	0	0	0	0	0	0	0	0	0	0	1	36,003	2	1,148,558	81	4,705,652

(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: $ .....0 Group: $ ..... Total: $ 0

(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 $ .....

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0435 BUSINESS IN THE STATE OF U.S. Virgin Islands DURING THE YEAR 2024 NAIC Company Code 63312

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							0					0
2. Whole	0						0	0	0	0		0
3. Term	1,269						0	0	0	0		0
4. Indexed							0					0
5. Universal	0						0	0	0	0		0
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other							0					0
11. Total Individual Life	1,269	0	0	0	0	0	0	0	0	0	0	0
Group Life												
12. Whole							0	0	0	0		0
13. Term							0	0	0	0		0
14. Universal							0	0	0	0		0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other							0					0
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed	0						0	387		3,879		4,266
21. Indexed	0						0	0		171,856		171,856
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout	0						0	0		0		0
25. Other							0					0
26. Total Individual Annuities	0	0	0	0	0	0	0	387	0	175,735	0	176,122
Group Annuities												
27. Fixed	0						0	0		13,416		13,416
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout	0						0	2,712		0		2,712
32. Other							0					0
33. Total Group Annuities	0	0	0	0	0	0	0	2,712	0	13,416	0	16,128
Accident and Health												
34. Comprehensive individual (d)							0	XXX	XXX	XXX		0
35. Comprehensive group (d)							0	XXX	XXX	XXX		0
36. Medicare Supplement (d)	0						0	XXX	XXX	XXX	0	0
37. Vision only (d)							0	XXX	XXX	XXX		0
38. Dental only (d)							0	XXX	XXX	XXX		0
39. Federal Employees Health Benefits Plan (d)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)	(e)						0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)							0	XXX	XXX	XXX		0
42. Credit A&H							0	XXX	XXX	XXX		0
43. Disability income (d)	0						0	XXX	XXX	XXX		0
44. Long-term care (d)	0						0	XXX	XXX	XXX	0	0
45. Other health (d)	0						0	XXX	XXX	XXX		0
46. Total Accident and Health	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
47. Total	1,269 (c)	0	0	0	0	0	0	3,098	0	189,151	0	192,250

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

NAIC Group Code 0435 BUSINESS IN THE STATE OF U.S. Virgin Islands DURING THE YEAR 2024 NAIC Company Code 63312

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year							22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year		23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life															
1. Industrial								0	0	0						
2. Whole	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3. Term	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3	1,350,000
4. Indexed								0	0	0						
5. Universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6. Universal with secondary guarantees								0	0	0						
7. Variable								0	0	0						
8. Variable universal								0	0	0						
9. Credit								0	0	0						
10. Other								0	0	0						
11. Total Individual Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3	1,350,000
Group Life															
12. Whole	0	0	0					0	0	0	0	0	0	0	0	0
13. Term								0	0	0						
14. Universal								0	0	0						
15. Variable								0	0	0						
16. Variable universal								0	0	0						
17. Credit								0	0	0						(a)
18. Other								0	0	0						
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities															
20. Fixed	0	0	0					0	0	0	0	0	0	12,310	12	390,973
21. Indexed	0	0	0					0	0	0	0	0	(1)	(136,892)	4	642,333
22. Variable with guarantees								0	0	0						
23. Variable without guarantees								0	0	0						
24. Life contingent payout	0	0	0					0	0	0	0	0	0	0	0	0
25. Other								0	0	0	0	0	0	0	0	0
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0	(1)	(124,582)	16	1,033,306
Group Annuities															
27. Fixed	0	0	0					0	0	0	0	0	(1)	(13,816)	3	62,870
28. Indexed								0	0	0						
29. Variable with guarantees								0	0	0						
30. Variable without guarantees								0	0	0						
31. Life contingent payout								0	0	0	0	0	0	(1,327)	1	42,739
32. Other								0	0	0	0	0	0	0	0	0
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0	(1)	(15,143)	4	105,609
Accident and Health															
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	0	0	0
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	0	0	0
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	0	0	0
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	0	0	0
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
47. Total	0	0	0	0	0	0	0	0	0	0	0	0	(2)	(139,725)	23	2,488,914

(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: $ .....0 Group: $ ..... Total: $ 0

(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 $ .....

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0435 BUSINESS IN THE STATE OF Northern Mariana Islands DURING THE YEAR 2024 NAIC Company Code 63312

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							0					0
2. Whole	0						0	0	0	0		0
3. Term	0						0	0	0	0		0
4. Indexed							0					0
5. Universal	0						0	0	0	0		0
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other							0					0
11. Total Individual Life	0	0	0	0	0	0	0	0	0	0	0	0
Group Life												
12. Whole							0	0	0	0		0
13. Term							0	0	0	0		0
14. Universal							0	0	0	0		0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other							0					0
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed	0						0	0		0		0
21. Indexed	0						0	0		0		0
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout	0						0	0		0		0
25. Other							0					0
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities												
27. Fixed	0						0	0		0		0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout	0						0	0		0		0
32. Other							0					0
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d)							0	XXX	XXX	XXX		0
35. Comprehensive group (d)							0	XXX	XXX	XXX		0
36. Medicare Supplement (d)	0						0	XXX	XXX	XXX	0	0
37. Vision only (d)							0	XXX	XXX	XXX		0
38. Dental only (d)							0	XXX	XXX	XXX		0
39. Federal Employees Health Benefits Plan (d)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)	(e)						0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)							0	XXX	XXX	XXX		0
42. Credit A&H							0	XXX	XXX	XXX		0
43. Disability income (d)	0						0	XXX	XXX	XXX		0
44. Long-term care (d)	0						0	XXX	XXX	XXX	0	0
45. Other health (d)	0						0	XXX	XXX	XXX		0
46. Total Accident and Health	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
47. Total	0 (c)	0	0	0	0	0	0	0	0	0	0	0

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

NAIC Group Code 0435 BUSINESS IN THE STATE OF Northern Mariana Islands DURING THE YEAR 2024 NAIC Company Code 63312

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year							22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year		23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life															
1. Industrial								0	0	0						
2. Whole	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3. Term	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4. Indexed								0	0	0						
5. Universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6. Universal with secondary guarantees								0	0	0						
7. Variable								0	0	0						
8. Variable universal								0	0	0						
9. Credit								0	0	0						
10. Other								0	0	0						
11. Total Individual Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Life															
12. Whole	0	0	0					0	0	0	0	0	0	0	0	0
13. Term								0	0	0						
14. Universal								0	0	0						
15. Variable								0	0	0						
16. Variable universal								0	0	0						
17. Credit								0	0	0						(a)
18. Other								0	0	0						
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities															
20. Fixed	0	0	0					0	0	0	0	0	0	0	0	0
21. Indexed	0	0	0					0	0	0	0	0	0	0	0	0
22. Variable with guarantees								0	0	0						
23. Variable without guarantees								0	0	0						
24. Life contingent payout	0	0	0					0	0	0	0	0	0	0	0	0
25. Other								0	0	0	0	0	0	0	0	0
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities															
27. Fixed	0	0	0					0	0	0	0	0	0	0	0	0
28. Indexed								0	0	0						
29. Variable with guarantees								0	0	0						
30. Variable without guarantees								0	0	0						
31. Life contingent payout								0	0	0	0	0	0	0	0	0
32. Other								0	0	0	0	0	0	0	0	0
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health															
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	0	0	0
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	0	0	0
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	0	0	0
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	0	0	0
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
47. Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

(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: $ .....0 Group: $ ..... Total: $ 0

(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 $ .....

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0435 BUSINESS IN THE STATE OF Canada DURING THE YEAR 2024 NAIC Company Code 63312

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members: 3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	Claims and Benefits Paid: 8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial							0					0
2. Whole	0						0	0	0	0		0
3. Term	0						0	0	0	0		0
4. Indexed							0					0
5. Universal	0						0	0	0	0		0
6. Universal with secondary guarantees							0					0
7. Variable							0					0
8. Variable universal							0					0
9. Credit							0					0
10. Other							0					0
11. Total Individual Life	0	0	0	0	0	0	0	0	0	0	0	0
Group Life												
12. Whole							0	0	0	0		0
13. Term							0	0	0	0		0
14. Universal							0	0	0	0		0
15. Variable							0					0
16. Variable universal							0					0
17. Credit							0					0
18. Other							0					0
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed	0						0	0		0		0
21. Indexed	0						0	0		4,298		4,298
22. Variable with guarantees							0					0
23. Variable without guarantees							0					0
24. Life contingent payout	0						0	0		0		0
25. Other							0					0
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	4,298	0	4,298
Group Annuities												
27. Fixed	0						0	0		0		0
28. Indexed							0					0
29. Variable with guarantees							0					0
30. Variable without guarantees							0					0
31. Life contingent payout	0						0	0		0		0
32. Other							0					0
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health												
34. Comprehensive individual (d)							0	XXX	XXX	XXX		0
35. Comprehensive group (d)							0	XXX	XXX	XXX		0
36. Medicare Supplement (d)	0						0	XXX	XXX	XXX	0	0
37. Vision only (d)							0	XXX	XXX	XXX		0
38. Dental only (d)							0	XXX	XXX	XXX		0
39. Federal Employees Health Benefits Plan (d)							0	XXX	XXX	XXX		0
40. Title XVIII Medicare (d)	(e)						0	XXX	XXX	XXX		0
41. Title XIX Medicaid (d)							0	XXX	XXX	XXX		0
42. Credit A&H							0	XXX	XXX	XXX		0
43. Disability income (d)	0						0	XXX	XXX	XXX		0
44. Long-term care (d)	0						0	XXX	XXX	XXX	0	0
45. Other health (d)	0						0	XXX	XXX	XXX		0
46. Total Accident and Health	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
47. Total	0 (c)	0	0	0	0	0	0	0	0	4,298	0	4,298

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

NAIC Group Code 0435 BUSINESS IN THE STATE OF Canada DURING THE YEAR 2024 NAIC Company Code 63312

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year							22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year		23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life															
1. Industrial								0	0	0						
2. Whole	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3. Term	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4. Indexed								0	0	0						
5. Universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6. Universal with secondary guarantees								0	0	0						
7. Variable								0	0	0						
8. Variable universal								0	0	0						
9. Credit								0	0	0						
10. Other								0	0	0						
11. Total Individual Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Life															
12. Whole	0	0	0					0	0	0	0	0	0	0	0	0
13. Term								0	0	0						
14. Universal								0	0	0						
15. Variable								0	0	0						
16. Variable universal								0	0	0						
17. Credit								0	0	0						(a)
18. Other								0	0	0						
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities															
20. Fixed	0	0	0					0	0	0	0	0	0	0	0	0
21. Indexed	0	0	0					0	0	0	0	0	0	0	0	0
22. Variable with guarantees								0	0	0						
23. Variable without guarantees								0	0	0						
24. Life contingent payout	0	0	0					0	0	0	0	0	0	0	0	0
25. Other								0	0	0	0	0	0	0	0	0
26. Total Individual Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Group Annuities															
27. Fixed	0	0	0					0	0	0	0	0	0	0	0	0
28. Indexed								0	0	0						
29. Variable with guarantees								0	0	0						
30. Variable without guarantees								0	0	0						
31. Life contingent payout								0	0	0	0	0	0	0	0	0
32. Other								0	0	0	0	0	0	0	0	0
33. Total Group Annuities	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident and Health															
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	0	0	0
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	0	0	0
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	0	0	0
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	0	0	0
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
47. Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

(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: $ .....0 Group: $ ..... Total: $ 0

(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 $ .....

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0435 BUSINESS IN THE STATE OF Other Aliens DURING THE YEAR 2024 NAIC Company Code 63312

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members: 3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	Claims and Benefits Paid: 8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial	0	0	0	0	0	0	0	0	0	0	0	0
2. Whole	0	0	0	0	0	0	0	0	0	4,938	0	4,938
3. Term	24,646	0	0	0	0	0	0	0	0	0	0	0
4. Indexed	0	0	0	0	0	0	0	0	0	0	0	0
5. Universal	57,711	0	0	0	0	0	0	0	0	2,683	0	2,683
6. Universal with secondary guarantees	0	0	0	0	0	0	0	0	0	0	0	0
7. Variable	0	0	0	0	0	0	0	0	0	0	0	0
8. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0
9. Credit	0	0	0	0	0	0	0	0	0	0	0	0
10. Other	0	0	0	0	0	0	0	0	0	0	0	0
11. Total Individual Life	82,357	0	0	0	0	0	0	0	0	7,621	0	7,621
Group Life												
12. Whole	0	0	0	0	0	0	0	0	0	0	0	0
13. Term	0	0	0	0	0	0	0	0	0	0	0	0
14. Universal	0	0	0	0	0	0	0	0	0	0	0	0
15. Variable	0	0	0	0	0	0	0	0	0	0	0	0
16. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0
17. Credit	0	0	0	0	0	0	0	0	0	0	0	0
18. Other	0	0	0	0	0	0	0	0	0	0	0	0
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0
Individual Annuities												
20. Fixed	176,321	0	0	0	0	0	0	2,497,072	0	286,522	0	2,783,594
21. Indexed	0	0	0	0	0	0	0	643,028	0	1,202,476	0	1,845,505
22. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0
23. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0
24. Life contingent payout	0	0	0	0	0	0	0	17,167	0	0	0	17,167
25. Other	0	0	0	0	0	0	0	0	0	0	0	0
26. Total Individual Annuities	176,321	0	0	0	0	0	0	3,157,268	0	1,488,998	0	4,646,266
Group Annuities												
27. Fixed	0	0	0	0	0	0	0	31,928	0	16,574	0	48,503
28. Indexed	0	0	0	0	0	0	0	0	0	0	0	0
29. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0
30. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0
31. Life contingent payout	187,157	0	0	0	0	0	0	147,825	0	0	0	147,825
32. Other	0	0	0	0	0	0	0	0	0	0	0	0
33. Total Group Annuities	187,157	0	0	0	0	0	0	179,754	0	16,574	0	196,328
Accident and Health												
34. Comprehensive individual (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
35. Comprehensive group (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
36. Medicare Supplement (d)	2,960	0	0	0	0	0	0	XXX	XXX	XXX	0	0
37. Vision only (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
38. Dental only (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
39. Federal Employees Health Benefits Plan (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
40. Title XVIII Medicare (d)	0 (e)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
41. Title XIX Medicaid (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
42. Credit A&H	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
43. Disability income (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
44. Long-term care (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
45. Other health (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
46. Total Accident and Health	2,960	0	0	0	0	0	0	XXX	XXX	XXX	0	0
47. Total	448,795 (c)	0	0	0	0	0	0	3,337,021	0	1,513,193	0	4,850,214

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

NAIC Group Code 0435 BUSINESS IN THE STATE OF Other Aliens DURING THE YEAR 2024 NAIC Company Code 63312

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits										Policy Exhibit					
	13	Claims Settled During Current Year								22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life																
1. Industrial	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2. Whole	0	0	0	0	0	0	0	0	0	0	0	0	0	3	2	1,023
3. Term	0	0	0	0	0	0	0	0	0	0	0	0	(3)	(575,000)	12	3,611,000
4. Indexed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5. Universal	101,000	0	0	0	0	0	0	0	0	101,000	0	0	0	118,479	16	2,593,597
6. Universal with secondary guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
7. Variable	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
8. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9. Credit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
11. Total Individual Life	101,000	0	0	0	0	0	0	0	0	101,000	0	0	(3)	(456,518)	30	6,205,620
Group Life																
12. Whole	0	0	0	0	0	0	0	0	0	0	0	0	(1)	(2,425)	4	4,053
13. Term	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
14. Universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15. Variable	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
17. Credit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0 (a)
18. Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
19. Total Group Life	0	0	0	0	0	0	0	0	0	0	0	0	(1)	(2,425)	4	4,053
Individual Annuities																
20. Fixed	3,270,394	1	2,128,668	0	0	0	0	1	2,128,668	1,141,726	0	0	758	112,669,520	937	129,287,804
21. Indexed	3,041,077	0	642,617	0	0	0	0	0	642,617	2,398,460	0	0	1,917	246,458,184	2,124	275,672,717
22. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
23. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
24. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0	20	855,944	24	1,082,594
25. Other	0	0	0	0	0	0	0	0	0	0	1	25,611	119	7,295,444	151	9,771,555
26. Total Individual Annuities	6,311,471	1	2,771,285	0	0	0	0	1	2,771,285	3,540,186	1	25,611	2,814	367,279,093	3,236	415,814,670
Group Annuities																
27. Fixed	33,843	1	31,928	0	0	0	0	1	31,928	2,535	0	0	49	2,921,923	94	3,702,822
28. Indexed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
29. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
30. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
31. Life contingent payout	0	0	0	0	0	0	0	0	0	0	0	0	66	3,806,794	99	6,787,140
32. Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
33. Total Group Annuities	33,843	1	31,928	0	0	0	0	1	31,928	2,535	0	0	115	6,728,717	193	10,489,962
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
47. Total	6,446,314	2	2,803,213	0	0	0	0	2	2,803,213	3,643,721	1	25,611	2,925	373,548,867	3,463	432,514,305

(a) Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year $ 0 , current year $ 0 Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year $ 0 , current year $ 0

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: 0 2) covering number of lives: 0 3) face amount $ 0

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: $ 0 Group: $ 0 Total: $ 0

(d) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $ 0

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE MASSMUTUAL ASCEND LIFE INSURANCE COMPANY

LIFE INSURANCE (STATE PAGE)[b]

NAIC Group Code 0435 BUSINESS IN THE STATE OF Grand Total DURING THE YEAR 2024 NAIC Company Code 63312

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members: 3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	Claims and Benefits Paid: 8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial	0	0	0	0	0	0	0	0	0	0	0	0
2. Whole	1,508,019	0	0	0	0	0	0	2,180,900	20,934	258,134	0	2,459,967
3. Term	11,443,459	0	0	0	0	0	0	11,590,827	2,416,737	225,226	0	14,232,790
4. Indexed	0	0	0	0	0	0	0	0	0	0	0	0
5. Universal	6,316,157	0	0	0	0	0	0	8,778,450	0	3,298,176	0	12,076,626
6. Universal with secondary guarantees	0	0	0	0	0	0	0	0	0	0	0	0
7. Variable	0	0	0	0	0	0	0	0	0	0	0	0
8. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0
9. Credit	0	0	0	0	0	0	0	0	0	0	0	0
10. Other	0	0	0	0	0	0	0	0	0	0	0	0
11. Total Individual Life	19,267,635	0	0	0	0	0	0	22,550,177	2,437,670	3,781,536	0	28,769,383
Group Life												
12. Whole	0	0	0	0	0	0	0	802,632	13,887	4,064	0	820,583
13. Term	0	0	0	0	0	0	0	22,118	0	0	0	22,118
14. Universal	0	0	0	0	0	0	0	0	0	0	0	0
15. Variable	0	0	0	0	0	0	0	0	0	0	0	0
16. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0
17. Credit	0	0	0	0	0	0	0	0	0	0	0	0
18. Other	0	0	0	0	0	0	0	0	0	0	0	0
19. Total Group Life	0	0	0	0	0	0	0	824,750	13,887	4,064	0	842,701
Individual Annuities												
20. Fixed	3,139,302,021	0	0	0	0	0	0	577,137,021	0	1,449,161,428	0	2,026,298,449
21. Indexed	5,904,418,026	0	0	0	0	0	0	728,357,041	0	4,950,556,847	0	5,678,913,889
22. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0
23. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0
24. Life contingent payout	21,634,214	0	0	0	0	0	0	50,505,704	0	1,220,356	0	51,726,060
25. Other	0	0	0	0	0	0	0	0	0	0	0	0
26. Total Individual Annuities	9,065,354,261	0	0	0	0	0	0	1,355,999,766	0	6,400,938,632	0	7,756,938,397
Group Annuities												
27. Fixed	4,830,786	0	0	0	0	0	0	10,554,560	0	68,666,674	0	79,221,234
28. Indexed	0	0	0	0	0	0	0	0	0	0	0	0
29. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0
30. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0
31. Life contingent payout	78,421	0	0	0	0	0	0	65,353,928	0	1,100,697	0	66,454,625
32. Other	0	0	0	0	0	0	0	0	0	0	0	0
33. Total Group Annuities	4,909,207	0	0	0	0	0	0	75,908,488	0	69,767,371	0	145,675,859
Accident and Health												
34. Comprehensive individual (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
35. Comprehensive group (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
36. Medicare Supplement (d)	1,583,845	0	0	0	0	0	0	XXX	XXX	XXX	1,139,728	1,139,728
37. Vision only (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
38. Dental only (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
39. Federal Employees Health Benefits Plan (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
40. Title XVIII Medicare (d)	0 (e)	0	0	0	0	0	0	XXX	XXX	XXX	0	0
41. Title XIX Medicaid (d)	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
42. Credit A&H	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
43. Disability income (d)	982	0	0	0	0	0	0	XXX	XXX	XXX	7,130	7,130
44. Long-term care (d)	2,486,695	0	0	0	0	0	0	XXX	XXX	XXX	3,335,119	3,335,119
45. Other health (d)	2,036	0	0	0	0	0	0	XXX	XXX	XXX	0	0
46. Total Accident and Health	4,073,558	0	0	0	0	0	0	XXX	XXX	XXX	4,481,977	4,481,977
47. Total	9,093,604,661 (c)	0	0	0	0	0	0	1,455,283,180	2,451,557	6,474,491,602	4,481,977	7,936,708,317

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

NAIC Group Code 0435 BUSINESS IN THE STATE OF Grand Total DURING THE YEAR 2024 NAIC Company Code 63312

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits									Policy Exhibit					
	13	Claims Settled During Current Year							22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year		23	24	25	26	27	28
	Incurred During Current Year	14 Number of Pols/ Certs	15 Amount	16 Number of Pols/ Certs	17 Amount	18 Number of Pols/ Certs	19 Amount	20 Number of Pols/ Certs	21 Amount	Unpaid December 31, Current Year	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount	Number of Pols/ Certs	Amount
Individual Life															
1. Industrial	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2. Whole	2,171,290	414	2,419,191	0	0	0	0	414	2,419,191	167,044	25	4,775,000	(513)	(5,790,282)	6,457	65,140,597
3. Term	14,976,524	80	13,932,324	0	0	0	0	80	13,932,324	3,800,000	0	105,000	(1,010)	(394,806,621)	9,572	2,445,915,520
4. Indexed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5. Universal	9,329,712	86	8,678,450	0	0	0	0	86	8,678,450	2,072,817	0	40,000	(328)	(47,323,084)	6,607	974,162,183
6. Universal with secondary guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
7. Variable	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
8. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9. Credit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
11. Total Individual Life	26,477,525	580	25,029,965	0	0	0	0	580	25,029,965	6,039,861	25	4,920,000	(1,851)	(447,919,988)	22,636	3,485,218,300
Group Life															
12. Whole	828,755	138	816,519	0	0	0	0	138	816,519	42,024	0	0	(149)	(770,754)	1,997	10,167,199
13. Term	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
14. Universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15. Variable	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16. Variable universal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
17. Credit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0 (a)
18. Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
19. Total Group Life	828,755	138	816,519	0	0	0	0	138	816,519	42,024	0	0	(149)	(770,754)	1,997	10,167,199
Individual Annuities															
20. Fixed	423,567,284	4,468	437,345,995	0	0	0	0	4,468	437,345,995	90,504,114	17,973	3,109,350,084	(17,117)	(1,371,290,257)	144,335	16,116,054,185
21. Indexed	680,515,446	5,977	703,781,769	0	0	0	0	5,977	703,781,769	154,883,272	35,921	5,820,953,235	(41,835)	(3,658,466,332)	241,451	31,642,760,592
22. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
23. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
24. Life contingent payout	4,252,081	121	4,252,081	0	0	0	0	121	4,252,081	0	418	44,618,853	(421)	(36,082,951)	4,148	324,213,768
25. Other	0	0	0	0	0	0	0	0	0	0	1,575	116,559,068	(1,791)	(113,481,267)	9,049	404,540,448
26. Total Individual Annuities	1,108,334,810	10,566	1,145,379,844	0	0	0	0	10,566	1,145,379,844	245,387,385	55,887	9,091,481,240	(61,164)	(5,179,320,808)	398,983	48,487,568,993
Group Annuities															
27. Fixed	5,920,188	307	10,265,849	0	0	0	0	307	10,265,849	2,395,825	0	0	(1,819)	(46,716,306)	27,739	757,978,452
28. Indexed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
29. Variable with guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
30. Variable without guarantees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
31. Life contingent payout	0	0	0	0	0	0	0	0	0	0	1	47,192	(609)	(46,560,456)	17,649	849,311,805
32. Other	0	0	0	0	0	0	0	0	0	0	0	0	(12)	(134,459)	35	831,206
33. Total Group Annuities	5,920,188	307	10,265,849	0	0	0	0	307	10,265,849	2,395,825	1	47,192	(2,440)	(93,411,221)	45,423	1,608,121,463
Accident and Health															
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	(72)	(262,369)	287	1,580,879
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	(2)	(214)	6	982
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	(37)	5,581	1,219	2,888,863
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	(3)	94	25	2,038
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	(114)	(256,908)	1,537	4,472,762
47. Total	1,141,561,278	11,591	1,181,492,178	0	0	0	0	11,591	1,181,492,178	253,865,095	55,913	9,096,448,432	(65,718)	(5,721,679,679)	470,576	53,595,548,716

(a) Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year $ 0 , current year $ 0 Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year $ 0 , current year $ 0

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: 0 2) covering number of lives: 0 3) face amount $ 0

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: $ 18,387,557 Group: $ 0 Total: $ 18,387,557

(d) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $ 0

FORM FOR CALCULATING THE INTEREST MAINTENANCE RESERVE

INTEREST MAINTENANCE RESERVE

		1 Amount
1.	Reserve as of December 31, Prior Year	(271,533,895)
2.	Current year's realized pre-tax capital gains/(losses) of $ (148,323,500) transferred into the reserve net of taxes of $ (26,624,953)	(121,698,547)
3.	Adjustment for current year's liability gains/(losses) released from the reserve	0
4.	Balance before reduction for amount transferred to Summary of Operations (Line 1 + Line 2 + Line 3)	(393,232,442)
5.	Current year's amortization released to Summary of Operations (Amortization, Line 1, Column 4)	(34,885,007)
6.	Reserve as of December 31, current year (Line 4 minus Line 5)	(358,347,434)

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	(15,811,155)	(19,073,852)	0	(34,885,007)
2. 2025	(19,277,190)	(26,470,111)	0	(45,747,302)
3. 2026	(24,847,812)	(20,449,666)	0	(45,297,478)
4. 2027	(29,953,017)	(16,190,570)	0	(46,143,587)
5. 2028	(29,887,781)	(11,792,103)	0	(41,679,884)
6. 2029	(26,166,902)	(7,039,442)	0	(33,206,344)
7. 2030	(21,171,544)	(4,307,248)	0	(25,478,793)
8. 2031	(15,840,749)	(3,757,021)	0	(19,597,770)
9. 2032	(10,236,059)	(3,120,329)	0	(13,356,388)
10. 2033	(4,608,519)	(2,515,656)	0	(7,124,175)
11. 2034	(2,220,972)	(1,804,430)	0	(4,025,402)
12. 2035	(2,536,740)	(1,369,541)	0	(3,906,281)
13. 2036	(2,805,334)	(1,196,476)	0	(4,001,810)
14. 2037	(3,192,578)	(1,011,744)	0	(4,204,322)
15. 2038	(3,244,680)	(823,387)	0	(4,068,067)
16. 2039	(3,582,405)	(610,391)	0	(4,192,796)
17. 2040	(3,747,425)	(444,332)	0	(4,191,757)
18. 2041	(4,047,547)	(336,546)	0	(4,384,093)
19. 2042	(4,159,406)	(219,414)	0	(4,378,820)
20. 2043	(4,492,580)	(96,693)	0	(4,589,273)
21. 2044	(4,667,691)	35,373	0	(4,632,318)
22. 2045	(4,792,405)	105,051	0	(4,687,354)
23. 2046	(4,970,104)	110,679	0	(4,859,426)
24. 2047	(5,320,687)	112,378	0	(5,208,308)
25. 2048	(5,462,601)	117,834	0	(5,344,767)
26. 2049	(5,054,231)	123,119	0	(4,931,112)
27. 2050	(4,026,286)	113,894	0	(3,912,392)
28. 2051	(2,957,491)	90,329	0	(2,867,162)
29. 2052	(1,888,989)	66,765	0	(1,822,223)
30. 2053	(563,013)	41,237	0	(521,776)
31. 2054 and Later		13,746	0	13,746
32. Total (Lines 1 to 31)	(271,533,895)	(121,698,547)	0	(393,232,442)

ASSET VALUATION RESERVE

	Default Component			Equity Component			
	1 Other Than Mortgage Loans	2 Mortgage Loans	3 Total (Cols. 1 + 2)	4 Common Stock	5 Real Estate and Other Invested Assets	6 Total (Cols. 4 + 5)	7 Total Amount (Cols. 3 + 6)
1. Reserve as of December 31, prior year	278,732,602	34,814,027	313,546,629	50,442,475	164,440,208	214,882,682	528,429,311
2. Realized capital gains/(losses) net of taxes - General Account	(72,195,957)	(149,009)	(72,344,966)	21,292,133	(46,364,980)	(25,072,847)	(97,417,813)
3. Realized capital gains/(losses) net of taxes - Separate Accounts			0			0	0
4. Unrealized capital gains/(losses) net of deferred taxes - General Account	11,748,186	597,619	12,345,805	51,178,917	(8,409,075)	42,769,842	55,115,647
5. Unrealized capital gains/(losses) net of deferred taxes - Separate Accounts			0			0	0
6. Capital gains credited/(losses charged) to contract benefits, payments or reserves			0			0	0
7. Basic contribution	93,130,312	12,272,815	105,403,128	0	1,839,071	1,839,071	107,242,199
8. Accumulated balances (Lines 1 through 5 - 6 + 7)	311,415,144	47,535,452	358,950,596	122,913,525	111,505,224	234,418,749	593,369,345
9. Maximum reserve	450,830,279	44,196,558	495,026,836	56,842,627	438,981,751	495,824,379	990,851,215
10. Reserve objective	280,826,522	33,606,813	314,433,335	56,690,958	437,078,249	493,769,207	808,202,541
11. 20% of (Line 10 - Line 8)	(6,117,724)	(2,785,728)	(8,903,452)	(13,244,513)	65,114,605	51,870,092	42,966,639
12. Balance before transfers (Lines 8 + 11)	305,297,419	44,749,724	350,047,143	109,669,011	176,619,829	286,288,840	636,335,984
13. Transfers	553,167	(553,167)	0	(52,826,385)	52,826,385	0	0
14. Voluntary contribution			0			0	0
15. Adjustment down to maximum/up to zero			0			0	0
16. Reserve as of December 31, current year (Lines 12 + 13 + 14 + 15)	305,850,586	44,196,557	350,047,143	56,842,626	229,446,214	286,288,840	636,335,984

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

Line Number	NAIC Designation	Description	1 Book/Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	Basic Contribution 5 Factor	Basic Contribution 6 Amount (Cols.4 x 5)	Reserve Objective 7 Factor	Reserve Objective 8 Amount (Cols. 4 x 7)	Maximum Reserve 9 Factor	Maximum Reserve 10 Amount (Cols. 4 x 9)
		LONG-TERM BONDS										
1.		Exempt Obligations	168,629,958	XXX	XXX	168,629,958	0.0000	0	0.0000	0	0.0000	0
2.1	1	NAIC Designation Category 1.A	6,704,379,001	XXX	XXX	6,704,379,001	0.0002	1,340,876	0.0007	4,693,065	0.0013	8,715,693
2.2	1	NAIC Designation Category 1.B	1,082,204,439	XXX	XXX	1,082,204,439	0.0004	432,882	0.0011	1,190,425	0.0023	2,489,070
2.3	1	NAIC Designation Category 1.C	2,894,589,786	XXX	XXX	2,894,589,786	0.0006	1,736,754	0.0018	5,210,262	0.0035	10,131,064
2.4	1	NAIC Designation Category 1.D	1,477,820,357	XXX	XXX	1,477,820,357	0.0007	1,034,474	0.0022	3,251,205	0.0044	6,502,410
2.5	1	NAIC Designation Category 1.E	1,550,988,929	XXX	XXX	1,550,988,929	0.0009	1,395,890	0.0027	4,187,670	0.0055	8,530,439
2.6	1	NAIC Designation Category 1.F	4,404,114,185	XXX	XXX	4,404,114,185	0.0011	4,844,526	0.0034	14,973,988	0.0068	29,947,976
2.7	1	NAIC Designation Category 1.G	3,732,369,625	XXX	XXX	3,732,369,625	0.0014	5,225,317	0.0042	15,675,952	0.0085	31,725,142
2.8		Subtotal NAIC 1 (2.1+2.2+2.3+2.4+2.5+2.6+2.7)	21,846,466,322	XXX	XXX	21,846,466,322	XXX	16,010,719	XXX	49,182,567	XXX	98,041,794
3.1	2	NAIC Designation Category 2.A	3,515,345,798	XXX	XXX	3,515,345,798	0.0021	7,382,226	0.0063	22,146,679	0.0105	36,911,131
3.2	2	NAIC Designation Category 2.B	6,621,543,835	XXX	XXX	6,621,543,835	0.0025	16,553,860	0.0076	50,323,733	0.0127	84,093,607
3.3	2	NAIC Designation Category 2.C	3,366,016,837	XXX	XXX	3,366,016,837	0.0036	12,117,661	0.0108	36,352,982	0.0180	60,588,303
3.4		Subtotal NAIC 2 (3.1+3.2+3.3)	13,502,906,470	XXX	XXX	13,502,906,470	XXX	36,053,746	XXX	108,823,394	XXX	181,593,041
4.1	3	NAIC Designation Category 3.A	414,624,183	XXX	XXX	414,624,183	0.0069	2,860,907	0.0183	7,587,623	0.0262	10,863,154
4.2	3	NAIC Designation Category 3.B	255,708,035	XXX	XXX	255,708,035	0.0099	2,531,510	0.0264	6,750,692	0.0377	9,640,193
4.3	3	NAIC Designation Category 3.C	442,463,100	XXX	XXX	442,463,100	0.0131	5,796,267	0.0350	15,486,209	0.0500	22,123,155
4.4		Subtotal NAIC 3 (4.1+4.2+4.3)	1,112,795,318	XXX	XXX	1,112,795,318	XXX	11,188,683	XXX	29,824,523	XXX	42,626,502
5.1	4	NAIC Designation Category 4.A	134,181,658	XXX	XXX	134,181,658	0.0184	2,468,943	0.0430	5,769,811	0.0615	8,252,172
5.2	4	NAIC Designation Category 4.B	196,387,924	XXX	XXX	196,387,924	0.0238	4,674,033	0.0555	10,899,530	0.0793	15,573,562
5.3	4	NAIC Designation Category 4.C	195,599,033	XXX	XXX	195,599,033	0.0310	6,063,570	0.0724	14,161,370	0.1034	20,224,940
5.4		Subtotal NAIC 4 (5.1+5.2+5.3)	526,168,615	XXX	XXX	526,168,615	XXX	13,206,545	XXX	30,830,711	XXX	44,050,674
6.1	5	NAIC Designation Category 5.A	85,600,279	XXX	XXX	85,600,279	0.0472	4,040,333	0.0846	7,241,784	0.1410	12,069,639
6.2	5	NAIC Designation Category 5.B	140,209,991	XXX	XXX	140,209,991	0.0663	9,295,922	0.1188	16,656,947	0.1980	27,761,578
6.3	5	NAIC Designation Category 5.C	13,997,048	XXX	XXX	13,997,048	0.0836	1,170,153	0.1498	2,096,758	0.2496	3,493,663
6.4		Subtotal NAIC 5 (6.1+6.2+6.3)	239,807,318	XXX	XXX	239,807,318	XXX	14,506,409	XXX	25,995,488	XXX	43,324,881
7.	6	NAIC 6	111,432,692	XXX	XXX	111,432,692	0.0000	0	0.2370	26,409,548	0.2370	26,409,548
8.		Total Unrated Multi-class Securities Acquired by Conversion		XXX	XXX	0	XXX	0	XXX	0	XXX	0
9.		Total Long-Term Bonds (1+2.8+3.4+4.4+5.4+6.4+7+8)	37,508,206,693	XXX	XXX	37,508,206,693	XXX	90,966,102	XXX	271,066,231	XXX	436,046,439
		PREFERRED STOCKS										
10.	1	Highest Quality	15,000,000	XXX	XXX	15,000,000	0.0005	7,500	0.0016	24,000	0.0033	49,500
11.	2	High Quality	251,479,903	XXX	XXX	251,479,903	0.0021	528,108	0.0064	1,609,471	0.0106	2,665,687
12.	3	Medium Quality	7,279,914	XXX	XXX	7,279,914	0.0099	72,071	0.0263	191,462	0.0376	273,725
13.	4	Low Quality		XXX	XXX	0	0.0245	0	0.0572	0	0.0817	0
14.	5	Lower Quality	8,323,982	XXX	XXX	8,323,982	0.0630	524,411	0.1128	938,945	0.1880	1,564,909
15.	6	In or Near Default	15,791,961	XXX	XXX	15,791,961	0.0000	0	0.2370	3,742,695	0.2370	3,742,695
16.		Affiliated Life with AVR		XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
17.		Total Preferred Stocks (Sum of Lines 10 through 16)	297,875,760	XXX	XXX	297,875,760	XXX	1,132,090	XXX	6,506,573	XXX	8,296,515

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

Line Number	NAIC Designation	Description	1 Book/Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	Basic Contribution 5 Factor	Basic Contribution 6 Amount (Cols.4 x 5)	Reserve Objective 7 Factor	Reserve Objective 8 Amount (Cols. 4 x 7)	Maximum Reserve 9 Factor	Maximum Reserve 10 Amount (Cols. 4 x 9)
		SHORT-TERM BONDS										
18.		Exempt Obligations		XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
19.1	1	NAIC Designation Category 1.A		XXX	XXX	0	0.0002	0	0.0007	0	0.0013	0
19.2	1	NAIC Designation Category 1.B		XXX	XXX	0	0.0004	0	0.0011	0	0.0023	0
19.3	1	NAIC Designation Category 1.C		XXX	XXX	0	0.0006	0	0.0018	0	0.0035	0
19.4	1	NAIC Designation Category 1.D	254,160,655	XXX	XXX	254,160,655	0.0007	177,912	0.0022	559,153	0.0044	1,118,307
19.5	1	NAIC Designation Category 1.E	49,999,490	XXX	XXX	49,999,490	0.0009	45,000	0.0027	134,999	0.0055	274,997
19.6	1	NAIC Designation Category 1.F		XXX	XXX	0	0.0011	0	0.0034	0	0.0068	0
19.7	1	NAIC Designation Category 1.G		XXX	XXX	0	0.0014	0	0.0042	0	0.0085	0
19.8		Subtotal NAIC 1 (19.1+19.2+19.3+19.4+19.5+19.6+19.7)	304,160,145	XXX	XXX	304,160,145	XXX	222,912	XXX	694,152	XXX	1,393,304
20.1	2	NAIC Designation Category 2.A	59,223,587	XXX	XXX	59,223,587	0.0021	124,370	0.0063	373,109	0.0105	621,848
20.2	2	NAIC Designation Category 2.B	12,569,671	XXX	XXX	12,569,671	0.0025	31,424	0.0076	95,529	0.0127	159,635
20.3	2	NAIC Designation Category 2.C		XXX	XXX	0	0.0036	0	0.0108	0	0.0180	0
20.4		Subtotal NAIC 2 (20.1+20.2+20.3)	71,793,258	XXX	XXX	71,793,258	XXX	155,794	XXX	468,638	XXX	781,482
21.1	3	NAIC Designation Category 3.A		XXX	XXX	0	0.0069	0	0.0183	0	0.0262	0
21.2	3	NAIC Designation Category 3.B		XXX	XXX	0	0.0099	0	0.0264	0	0.0377	0
21.3	3	NAIC Designation Category 3.C		XXX	XXX	0	0.0131	0	0.0350	0	0.0500	0
21.4		Subtotal NAIC 3 (21.1+21.2+21.3)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
22.1	4	NAIC Designation Category 4.A		XXX	XXX	0	0.0184	0	0.0430	0	0.0615	0
22.2	4	NAIC Designation Category 4.B		XXX	XXX	0	0.0238	0	0.0555	0	0.0793	0
22.3	4	NAIC Designation Category 4.C		XXX	XXX	0	0.0310	0	0.0724	0	0.1034	0
22.4		Subtotal NAIC 4 (22.1+22.2+22.3)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
23.1	5	NAIC Designation Category 5.A		XXX	XXX	0	0.0472	0	0.0846	0	0.1410	0
23.2	5	NAIC Designation Category 5.B		XXX	XXX	0	0.0663	0	0.1188	0	0.1980	0
23.3	5	NAIC Designation Category 5.C		XXX	XXX	0	0.0836	0	0.1498	0	0.2496	0
23.4		Subtotal NAIC 5 (23.1+23.2+23.3)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
24.	6	NAIC 6		XXX	XXX	0	0.0000	0	0.2370	0	0.2370	0
25.		Total Short-Term Bonds (18+19.8+20.4+21.4+22.4+23.4+24)	375,953,403	XXX	XXX	375,953,403	XXX	378,706	XXX	1,162,790	XXX	2,174,787
		DERIVATIVE INSTRUMENTS										
26.		Exchange Traded	382,372,066	XXX	XXX	382,372,066	0.0005	191,186	0.0016	611,795	0.0033	1,261,828
27.	1	Highest Quality	15,866,289	XXX	XXX	15,866,289	0.0005	7,933	0.0016	25,386	0.0033	52,359
28.	2	High Quality		XXX	XXX	0	0.0021	0	0.0064	0	0.0106	0
29.	3	Medium Quality		XXX	XXX	0	0.0099	0	0.0263	0	0.0376	0
30.	4	Low Quality		XXX	XXX	0	0.0245	0	0.0572	0	0.0817	0
31.	5	Lower Quality		XXX	XXX	0	0.0630	0	0.1128	0	0.1880	0
32.	6	In or Near Default		XXX	XXX	0	0.0000	0	0.2370	0	0.2370	0
33.		Total Derivative Instruments	398,238,355	XXX	XXX	398,238,355	XXX	199,119	XXX	637,181	XXX	1,314,187
34.		Total (Lines 9 + 17 + 25 + 33)	38,580,274,211	XXX	XXX	38,580,274,211	XXX	92,676,017	XXX	279,372,776	XXX	447,831,928

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

Line Number	NAIC Designation	Description	1 Book/Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	Basic Contribution		Reserve Objective		Maximum Reserve	
							5 Factor	6 Amount (Cols.4 x 5)	7 Factor	8 Amount (Cols. 4 x 7)	9 Factor	10 Amount (Cols. 4 x 9)
		MORTGAGE LOANS										
		In Good Standing:										
35.		Farm Mortgages - CM1 - Highest Quality			XXX	0	0.0011	0	0.0057	0	0.0074	0
36.		Farm Mortgages - CM2 - High Quality			XXX	0	0.0040	0	0.0114	0	0.0149	0
37.		Farm Mortgages - CM3 - Medium Quality			XXX	0	0.0069	0	0.0200	0	0.0257	0
38.		Farm Mortgages - CM4 - Low Medium Quality			XXX	0	0.0120	0	0.0343	0	0.0428	0
39.		Farm Mortgages - CM5 - Low Quality			XXX	0	0.0183	0	0.0486	0	0.0628	0
40.		Residential Mortgages - Insured or Guaranteed	374,248,821		XXX	374,248,821	0.0003	112,275	0.0007	261,974	0.0011	411,674
41.		Residential Mortgages - All Other	2,863,382,448		XXX	2,863,382,448	0.0015	4,295,074	0.0034	9,735,500	0.0046	13,171,559
42.		Commercial Mortgages - Insured or Guaranteed	0		XXX	0	0.0003	0	0.0007	0	0.0011	0
43.		Commercial Mortgages - All Other - CM1 - Highest Quality	398,405,620		XXX	398,405,620	0.0011	438,246	0.0057	2,270,912	0.0074	2,948,202
44.		Commercial Mortgages - All Other - CM2 - High Quality	977,072,865		XXX	977,072,865	0.0040	3,908,291	0.0114	11,138,631	0.0149	14,558,386
45.		Commercial Mortgages - All Other - CM3 - Medium Quality	509,989,780		XXX	509,989,780	0.0069	3,518,929	0.0200	10,199,796	0.0257	13,106,737
46.		Commercial Mortgages - All Other - CM4 - Low Medium Quality			XXX	0	0.0120	0	0.0343	0	0.0428	0
47.		Commercial Mortgages - All Other - CM5 - Low Quality			XXX	0	0.0183	0	0.0486	0	0.0628	0
		Overdue, Not in Process:										
48.		Farm Mortgages			XXX	0	0.0480	0	0.0868	0	0.1371	0
49.		Residential Mortgages - Insured or Guaranteed			XXX	0	0.0006	0	0.0014	0	0.0023	0
50.		Residential Mortgages - All Other			XXX	0	0.0029	0	0.0066	0	0.0103	0
51.		Commercial Mortgages - Insured or Guaranteed			XXX	0	0.0006	0	0.0014	0	0.0023	0
52.		Commercial Mortgages - All Other			XXX	0	0.0480	0	0.0868	0	0.1371	0
		In Process of Foreclosure:										
53.		Farm Mortgages			XXX	0	0.0000	0	0.1942	0	0.1942	0
54.		Residential Mortgages - Insured or Guaranteed			XXX	0	0.0000	0	0.0046	0	0.0046	0
55.		Residential Mortgages - All Other			XXX	0	0.0000	0	0.0149	0	0.0149	0
56.		Commercial Mortgages - Insured or Guaranteed			XXX	0	0.0000	0	0.0046	0	0.0046	0
57.		Commercial Mortgages - All Other			XXX	0	0.0000	0	0.1942	0	0.1942	0
58.		Total Schedule B Mortgages (Sum of Lines 35 through 57)	5,123,099,534	0	XXX	5,123,099,534	XXX	12,272,815	XXX	33,606,813	XXX	44,196,558
59.		Schedule DA Mortgages			XXX	0	0.0034	0	0.0114	0	0.0149	0
60.		Total Mortgage Loans on Real Estate (Lines 58 + 59)	5,123,099,534	0	XXX	5,123,099,534	XXX	12,272,815	XXX	33,606,813	XXX	44,196,558

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

Line Number	NAIC Designation	Description	1 Book/Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	Basic Contribution 5 Factor	Basic Contribution 6 Amount (Cols.4 x 5)	Reserve Objective 7 Factor	Reserve Objective 8 Amount (Cols. 4 x 7)	Maximum Reserve 9 Factor	Maximum Reserve 10 Amount (Cols. 4 x 9)
		COMMON STOCK										
1.		Unaffiliated - Public	138,268,159	XXX	XXX	138,268,159	0.0000	0	0.2431 (a)	33,612,989	0.2431 (a)	33,612,989
2.		Unaffiliated - Private	116,320,608	XXX	XXX	116,320,608	0.0000	0	0.1945	22,624,358	0.1945	22,624,358
3.		Federal Home Loan Bank	42,130,525	XXX	XXX	42,130,525	0.0000	0	0.0061	256,996	0.0097	408,666
4.		Affiliated - Life with AVR	481,045,854	XXX	XXX	481,045,854	0.0000	0	0.0000	0	0.0000	0
		Affiliated - Investment Subsidiary:										
5.		Fixed Income - Exempt Obligations				0	XXX		XXX		XXX	
6.		Fixed Income - Highest Quality				0	XXX		XXX		XXX	
7.		Fixed Income - High Quality				0	XXX		XXX		XXX	
8.		Fixed Income - Medium Quality				0	XXX		XXX		XXX	
9.		Fixed Income - Low Quality				0	XXX		XXX		XXX	
10.		Fixed Income - Lower Quality				0	XXX		XXX		XXX	
11.		Fixed Income - In/Near Default				0	XXX		XXX		XXX	
12.		Unaffiliated Common Stock - Public				0	0.0000	0	0.1580 (a)	0	0.1580 (a)	0
13.		Unaffiliated Common Stock - Private				0	0.0000	0	0.1945	0	0.1945	0
14.		Real Estate				0	(b)	0	(b)	0	(b)	0
15.		Affiliated - Certain Other (See SVO Purposes and Procedures Manual)		XXX	XXX	0	0.0000	0	0.1580	0	0.1580	0
16.		Affiliated - All Other	1,010,867	XXX	XXX	1,010,867	0.0000	0	0.1945	196,614	0.1945	196,614
17.		Total Common Stock (Sum of Lines 1 through 16)	778,776,013	0	0	778,776,013	XXX	0	XXX	56,690,958	XXX	56,842,627
		REAL ESTATE										
18.		Home Office Property (General Account only)				0	0.0000	0	0.0912	0	0.0912	0
19.		Investment Properties				0	0.0000	0	0.0912	0	0.0912	0
20.		Properties Acquired in Satisfaction of Debt				0	0.0000	0	0.1337	0	0.1337	0
21.		Total Real Estate (Sum of Lines 18 through 20)	0	0	0	0	XXX	0	XXX	0	XXX	0
		OTHER INVESTED ASSETS INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF BONDS										
22.		Exempt Obligations		XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
23.	1	Highest Quality		XXX	XXX	0	0.0005	0	0.0016	0	0.0033	0
24.	2	High Quality		XXX	XXX	0	0.0021	0	0.0064	0	0.0106	0
25.	3	Medium Quality		XXX	XXX	0	0.0099	0	0.0263	0	0.0376	0
26.	4	Low Quality		XXX	XXX	0	0.0245	0	0.0572	0	0.0817	0
27.	5	Lower Quality		XXX	XXX	0	0.0630	0	0.1128	0	0.1880	0
28.	6	In or Near Default	56,393,030	XXX	XXX	56,393,030	0.0000	0	0.2370	13,365,148	0.2370	13,365,148
29.		Total with Bond Characteristics (Sum of Lines 22 through 28)	56,393,030	XXX	XXX	56,393,030	XXX	0	XXX	13,365,148	XXX	13,365,148

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

Line Number	NAIC Designation	Description	1 Book/Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	Basic Contribution 5 Factor	Basic Contribution 6 Amount (Cols.4 x 5)	Reserve Objective 7 Factor	Reserve Objective 8 Amount (Cols. 4 x 7)	Maximum Reserve 9 Factor	Maximum Reserve 10 Amount (Cols. 4 x 9)
		INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF PREFERRED STOCKS										
30.	1	Highest Quality	190,787,726	XXX	XXX	190,787,726	0.0005	95,394	0.0016	305,260	0.0033	629,599
31.	2	High Quality	51,036,117	XXX	XXX	51,036,117	0.0021	107,176	0.0064	326,631	0.0106	540,983
32.	3	Medium Quality		XXX	XXX	0	0.0099	0	0.0263	0	0.0376	0
33.	4	Low Quality		XXX	XXX	0	0.0245	0	0.0572	0	0.0817	0
34.	5	Lower Quality	16,590	XXX	XXX	16,590	0.0630	1,045	0.1128	1,871	0.1880	3,119
35.	6	In or Near Default		XXX	XXX	0	0.0000	0	0.2370	0	0.2370	0
36.		Affiliated Life with AVR		XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
37.		Total with Preferred Stock Characteristics (Sum of Lines 30 through 36)	241,840,433	XXX	XXX	241,840,433	XXX	203,615	XXX	633,763	XXX	1,173,701
		INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF MORTGAGE LOANS										
		In Good Standing Affiliated:										
38.		Mortgages - CM1 - Highest Quality			XXX	0	0.0011	0	0.0057	0	0.0074	0
39.		Mortgages - CM2 - High Quality	64,063,890		XXX	64,063,890	0.0040	256,256	0.0114	730,328	0.0149	954,552
40.		Mortgages - CM3 - Medium Quality	198,823,066		XXX	198,823,066	0.0069	1,371,879	0.0200	3,976,461	0.0257	5,109,753
41.		Mortgages - CM4 - Low Medium Quality			XXX	0	0.0120	0	0.0343	0	0.0428	0
42.		Mortgages - CM5 - Low Quality			XXX	0	0.0183	0	0.0486	0	0.0628	0
43.		Residential Mortgages - Insured or Guaranteed			XXX	0	0.0003	0	0.0007	0	0.0011	0
44.		Residential Mortgages - All Other		XXX	XXX	0	0.0015	0	0.0034	0	0.0046	0
45.		Commercial Mortgages - Insured or Guaranteed			XXX	0	0.0003	0	0.0007	0	0.0011	0
		Overdue, Not in Process Affiliated:										
46.		Farm Mortgages			XXX	0	0.0480	0	0.0868	0	0.1371	0
47.		Residential Mortgages - Insured or Guaranteed			XXX	0	0.0006	0	0.0014	0	0.0023	0
48.		Residential Mortgages - All Other			XXX	0	0.0029	0	0.0066	0	0.0103	0
49.		Commercial Mortgages - Insured or Guaranteed			XXX	0	0.0006	0	0.0014	0	0.0023	0
50.		Commercial Mortgages - All Other			XXX	0	0.0480	0	0.0868	0	0.1371	0
		In Process of Foreclosure Affiliated:										
51.		Farm Mortgages			XXX	0	0.0000	0	0.1942	0	0.1942	0
52.		Residential Mortgages - Insured or Guaranteed			XXX	0	0.0000	0	0.0046	0	0.0046	0
53.		Residential Mortgages - All Other			XXX	0	0.0000	0	0.0149	0	0.0149	0
54.		Commercial Mortgages - Insured or Guaranteed			XXX	0	0.0000	0	0.0046	0	0.0046	0
55.		Commercial Mortgages - All Other			XXX	0	0.0000	0	0.1942	0	0.1942	0
56.		Total Affiliated (Sum of Lines 38 through 55)	262,886,956	0	XXX	262,886,956	XXX	1,628,135	XXX	4,706,790	XXX	6,064,305
57.		Unaffiliated - In Good Standing With Covenants			XXX	0	(c)	0	(c)	0	(c)	0
58.		Unaffiliated - In Good Standing Defeased With Government Securities			XXX	0	0.0011	0	0.0057	0	0.0074	0
59.		Unaffiliated - In Good Standing Primarily Senior			XXX	0	0.0040	0	0.0114	0	0.0149	0
60.		Unaffiliated - In Good Standing All Other	1,061,144		XXX	1,061,144	0.0069	7,322	0.0200	21,223	0.0257	27,271
61.		Unaffiliated - Overdue, Not in Process			XXX	0	0.0480	0	0.0868	0	0.1371	0
62.		Unaffiliated - In Process of Foreclosure			XXX	0	0.0000	0	0.1942	0	0.1942	0
63.		Total Unaffiliated (Sum of Lines 57 through 62)	1,061,144	0	XXX	1,061,144	XXX	7,322	XXX	21,223	XXX	27,271
64.		Total with Mortgage Loan Characteristics (Lines 56 + 63)	263,948,100	0	XXX	263,948,100	XXX	1,635,457	XXX	4,728,013	XXX	6,091,576

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

Line Number	NAIC Designation	Description	1 Book/Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	Basic Contribution 5 Factor	Basic Contribution 6 Amount (Cols.4 x 5)	Reserve Objective 7 Factor	Reserve Objective 8 Amount (Cols. 4 x 7)	Maximum Reserve 9 Factor	Maximum Reserve 10 Amount (Cols. 4 x 9)
		INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF COMMON STOCK										
65.		Unaffiliated Public		XXX	XXX	0	0.0000	0	0.1580 (a)	0	0.1580 (a)	0
66.		Unaffiliated Private	734,187,391	XXX	XXX	734,187,391	0.0000	0	0.1945	142,799,448	0.1945	142,799,448
67.		Affiliated Life with AVR		XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
68.		Affiliated Certain Other (See SVO Purposes & Procedures Manual)		XXX	XXX	0	0.0000	0	0.1580	0	0.1580	0
69.		Affiliated Other - All Other	1,205,648,015	XXX	XXX	1,205,648,015	0.0000	0	0.1945	234,498,539	0.1945	234,498,539
70.		Total with Common Stock Characteristics (Sum of Lines 65 through 69)	1,939,835,406	XXX	XXX	1,939,835,406	XXX	0	XXX	377,297,986	XXX	377,297,986
		INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF REAL ESTATE										
71.		Home Office Property (General Account only)				0	0.0000	0	0.0912	0	0.0912	0
72.		Investment Properties	131,192,707		38,122,403	169,315,110	0.0000	0	0.0912	15,441,538	0.0912	15,441,538
73		Properties Acquired in Satisfaction of Debt				0	0.0000	0	0.1337	0	0.1337	0
74.		Total with Real Estate Characteristics (Sum of Lines 71 through 73)	131,192,707	0	38,122,403	169,315,110	XXX	0	XXX	15,441,538	XXX	15,441,538
		LOW INCOME HOUSING TAX CREDIT INVESTMENTS										
75.		Guaranteed Federal Low Income Housing Tax Credit	0			0	0.0003	0	0.0006	0	0.0010	0
76.		Non-guaranteed Federal Low Income Housing Tax Credit	0			0	0.0063	0	0.0120	0	0.0190	0
77.		Guaranteed State Low Income Housing Tax Credit	0			0	0.0003	0	0.0006	0	0.0010	0
78.		Non-guaranteed State Low Income Housing Tax Credit	0			0	0.0063	0	0.0120	0	0.0190	0
79.		All Other Low Income Housing Tax Credit	0			0	0.0273	0	0.0600	0	0.0975	0
80.		Total LIHTC (Sum of Lines 75 through 79)	0	0	0	0	XXX	0	XXX	0	XXX	0
		RESIDUAL TRANCHES OR INTERESTS										
81.		Fixed Income Instruments - Unaffiliated	24,990,041	XXX	XXX	24,990,041	0.0000	0	0.1580	3,948,427	0.1580	3,948,427
82.		Fixed Income Instruments - Affiliated	21,276,299	XXX	XXX	21,276,299	0.0000	0	0.1580	3,361,655	0.1580	3,361,655
83.		Common Stock - Unaffiliated	0	XXX	XXX	0	0.0000	0	0.1580	0	0.1580	0
84.		Common Stock - Affiliated	0	XXX	XXX	0	0.0000	0	0.1580	0	0.1580	0
85.		Preferred Stock - Unaffiliated	0	XXX	XXX	0	0.0000	0	0.1580	0	0.1580	0
86.		Preferred Stock - Affiliated	0	XXX	XXX	0	0.0000	0	0.1580	0	0.1580	0
87.		Real Estate - Unaffiliated	0			0	0.0000	0	0.1580	0	0.1580	0
88.		Real Estate - Affiliated	0			0	0.0000	0	0.1580	0	0.1580	0
89.		Mortgage Loans - Unaffiliated	0	XXX	XXX	0	0.0000	0	0.1580	0	0.1580	0
90.		Mortgage Loans - Affiliated	0	XXX	XXX	0	0.0000	0	0.1580	0	0.1580	0
91.		Other - Unaffiliated	0	XXX	XXX	0	0.0000	0	0.1580	0	0.1580	0
92.		Other - Affiliated	0	XXX	XXX	0	0.0000	0	0.1580	0	0.1580	0
93.		Total Residual Tranches or Interests (Sum of Lines 81 through 92)	46,266,341	0	0	46,266,341	XXX	0	XXX	7,310,082	XXX	7,310,082
		ALL OTHER INVESTMENTS										
94.		NAIC 1 Working Capital Finance Investments		XXX		0	0.0000	0	0.0042	0	0.0042	0
95.		NAIC 2 Working Capital Finance Investments		XXX		0	0.0000	0	0.0137	0	0.0137	0
96.		Other Invested Assets - Schedule BA	115,833,666	XXX		115,833,666	0.0000	0	0.1580	18,301,719	0.1580	18,301,719
97.		Other Short-Term Invested Assets - Schedule DA		XXX		0	0.0000	0	0.1580	0	0.1580	0
98.		Total All Other (Sum of Lines 94, 95, 96 and 97)	115,833,666	XXX	0	115,833,666	XXX	0	XXX	18,301,719	XXX	18,301,719
99.		Total Other Invested Assets - Schedules BA & DA (Sum of Lines 29, 37, 64, 70, 74, 80, 93 and 98)	2,795,309,683	0	38,122,403	2,833,432,086	XXX	1,839,071	XXX	437,078,249	XXX	438,981,751

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

Asset Valuation Reserve - Replications (Synthetic) Assets

N O N E

Schedule F - Claims

N O N E

SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT

PART 1 - ANALYSIS OF UNDERWRITING OPERATIONS

		Total		Comprehensive (Hospital and Medical) Individual		Comprehensive (Hospital and Medical) Group		Medicare Supplement		Vision Only		Dental Only		Federal Employees Health Benefits Plan	
		1 Amount	2 %	3 Amount	4 %	5 Amount	6 %	7 Amount	8 %	9 Amount	10 %	11 Amount	12 %	13 Amount	14 %
1.	Premiums written	2,855,851	XXX		XXX		XXX		XXX		XXX		XXX		XXX
2.	Premiums earned	2,906,606	XXX		XXX		XXX		XXX		XXX		XXX		XXX
3.	Incurred claims	6,947,659	239.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
4.	Cost containment expenses	0	0.0		0.0		0.0		0.0		0.0		0.0		0.0
5.	Incurred claims and cost containment expenses (Lines 3 and 4)	6,947,659	239.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
6.	Increase in contract reserves	261,958	9.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
7.	Commissions (a)	516,069	17.8		0.0		0.0		0.0		0.0		0.0		0.0
8.	Other general insurance expenses	0	0.0		0.0		0.0		0.0		0.0		0.0		0.0
9.	Taxes, licenses and fees	0	0.0		0.0		0.0		0.0		0.0		0.0		0.0
10.	Total other expenses incurred	516,069	17.8	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
11.	Aggregate write-ins for deductions	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
12.	Gain from underwriting before dividends or refunds	(4,819,080)	(165.8)	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
13.	Dividends or refunds	0	0.0		0.0		0.0		0.0		0.0		0.0		0.0
14.	Gain from underwriting after dividends or refunds	(4,819,080)	(165.8)	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
	DETAILS OF WRITE-INS														
1101.															
1102.															
1103.															
1198.	Summary of remaining write-ins for Line 11 from overflow page	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
1199.	Totals (Lines 1101 through 1103 plus 1198)(Line 11 above)	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

		Medicare Title XVIII		Medicaid Title XIX		Credit A&H		Disability Income		Long-Term Care		Other Health	
		15 Amount	16 %	17 Amount	18 %	19 Amount	20 %	21 Amount	22 %	23 Amount	24 %	25 Amount	26 %
1.	Premiums written		XXX		XXX		XXX		XXX	2,855,851	XXX		XXX
2.	Premiums earned		XXX		XXX		XXX		XXX	2,906,606	XXX		XXX
3.	Incurred claims	0	0.0	0	0.0	0	0.0	0	0.0	6,947,659	239.0	0	0.0
4.	Cost containment expenses		0.0		0.0		0.0		0.0		0.0		0.0
5.	Incurred claims and cost containment expenses (Lines 3 and 4)	0	0.0	0	0.0	0	0.0	0	0.0	6,947,659	239.0	0	0.0
6.	Increase in contract reserves	0	0.0	0	0.0	0	0.0	0	0.0	261,958	9.0	0	0.0
7.	Commissions (a)		0.0		0.0		0.0		0.0	516,069	17.8		0.0
8.	Other general insurance expenses		0.0		0.0		0.0		0.0		0.0		0.0
9.	Taxes, licenses and fees		0.0		0.0		0.0		0.0		0.0		0.0
10.	Total other expenses incurred	0	0.0	0	0.0	0	0.0	0	0.0	516,069	17.8	0	0.0
11.	Aggregate write-ins for deductions	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
12.	Gain from underwriting before dividends or refunds	0	0.0	0	0.0	0	0.0	0	0.0	(4,819,080)	(165.8)	0	0.0
13.	Dividends or refunds		0.0		0.0		0.0		0.0		0.0		0.0
14.	Gain from underwriting after dividends or refunds	0	0.0	0	0.0	0	0.0	0	0.0	(4,819,080)	(165.8)	0	0.0
	DETAILS OF WRITE-INS												
1101.													
1102.													
1103.													
1198.	Summary of remaining write-ins for Line 11 from overflow page	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
1199.	Totals (Lines 1101 through 1103 plus 1198)(Line 11 above)	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

(a) Includes $ ..... reported as "Contract, membership and other fees retained by agents."

SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT (Continued)

PART 2. - RESERVES AND LIABILITIES

	1 Total	2 Comprehensive (Hospital and Medical) Individual	3 Comprehensive (Hospital and Medical) Group	4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Medicare Title XVIII	9 Medicaid Title XIX	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health
A. Premium Reserves:													
1. Unearned premiums	685,092											685,092	
2. Advance premiums	13,131											13,131	
3. Reserve for rate credits	0												
4. Total premium reserves, current year	698,223	0	0	0	0	0	0	0	0	0	0	698,223	0
5. Total premium reserves, prior year	742,340	0	0	0	0	0	0	0	0	0	0	742,340	0
6. Increase in total premium reserves	(44,117)	0	0	0	0	0	0	0	0	0	0	(44,117)	0
B. Contract Reserves:													
1. Additional reserves (a)	38,155,861											38,155,861	
2. Reserve for future contingent benefits	0												
3. Total contract reserves, current year	38,155,861	0	0	0	0	0	0	0	0	0	0	38,155,861	0
4. Total contract reserves, prior year.	37,893,903	0	0	0	0	0	0	0	0	0	0	37,893,903	0
5. Increase in contract reserves	261,958	0	0	0	0	0	0	0	0	0	0	261,958	0
C. Claim Reserves and Liabilities:													
1. Total current year	16,155,563	0	0	0	0	0	0	0	0	0	0	16,155,563	0
2. Total prior year	14,121,809	0	0	0	0	0	0	0	0	0	0	14,121,809	0
3. Increase	2,033,754	0	0	0	0	0	0	0	0	0	0	2,033,754	0

PART 3. - TEST OF PRIOR YEAR'S CLAIM RESERVES AND LIABILITIES

	1 Total	2 Comprehensive (Hospital and Medical) Individual	3 Comprehensive (Hospital and Medical) Group	4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Medicare Title XVIII	9 Medicaid Title XIX	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health
1. Claims paid during the year:													
1.1 On claims incurred prior to current year	4,154,297											4,154,297	
1.2 On claims incurred during current year	759,608											759,608	
2. Claim reserves and liabilities, December 31, current year:													
2.1 On claims incurred prior to current year	9,956,495											9,956,495	
2.2 On claims incurred during current year	6,199,068											6,199,068	
3. Test:													
3.1 Lines 1.1 and 2.1	14,110,792	0	0	0	0	0	0	0	0	0	0	14,110,792	0
3.2 Claim reserves and liabilities, December 31, prior year	14,121,809	0	0	0	0	0	0	0	0	0	0	14,121,809	0
3.3 Line 3.1 minus Line 3.2	(11,017)	0	0	0	0	0	0	0	0	0	0	(11,017)	0

PART 4. - REINSURANCE

	1 Total	2 Comprehensive (Hospital and Medical) Individual	3 Comprehensive (Hospital and Medical) Group	4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Medicare Title XVIII	9 Medicaid Title XIX	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health
A. Reinsurance Assumed:													
1. Premiums written	2,855,851											2,855,851	
2. Premiums earned	2,906,607											2,906,607	
3. Incurred claims	6,947,661											6,947,661	
4. Commissions	516,069											516,069	
B. Reinsurance Ceded:													
1. Premiums written	4,455,851			1,586,548							1,612	2,865,720	1,971
2. Premiums earned	4,469,150			1,593,258							1,641	2,872,243	2,008
3. Incurred claims	5,572,446			1,141,167							6,083	4,425,218	(22)
4. Commissions	136,735			8,478								128,218	39

(a) Includes $ ..... premium deficiency reserve.

SCHEDULE H - PART 5 - HEALTH CLAIMS

	1 Comprehensive (Hospital and Medical) Individual	2 Comprehensive (Hospital and Medical) Group	3 Medicare Supplement	4 Vision Only	5 Dental Only	6 Federal Employees Health Benefits Plan	7 Medicare Title XVIII	8 Medicaid Title XIX	9 Credit A&H	10 Disability Income	11 Long-Term Care	12 Other Health	13 Total
A. Direct:													
1. Incurred claims			1,141,167							6,083	4,425,218	(22)	5,572,446
2. Beginning claim reserves and liabilities			149,067							43,062	8,832,195	507	9,024,831
3. Ending claim reserves and liabilities			150,506							42,015	9,922,295	485	10,115,301
4. Claims paid	0	0	1,139,728	0	0	0	0	0	0	7,130	3,335,118	0	4,481,976
B. Assumed Reinsurance:													
1. Incurred claims											6,947,661		6,947,661
2. Beginning claim reserves and liabilities											14,121,809		14,121,809
3. Ending claim reserves and liabilities											16,155,563		16,155,563
4. Claims paid	0	0	0	0	0	0	0	0	0	0	4,913,907	0	4,913,907
C. Ceded Reinsurance:													
1. Incurred claims			1,141,167							6,083	4,425,218	(22)	5,572,446
2. Beginning claim reserves and liabilities			149,067							43,062	8,832,195	507	9,024,831
3. Ending claim reserves and liabilities			150,506							42,015	9,922,295	485	10,115,301
4. Claims paid	0	0	1,139,728	0	0	0	0	0	0	7,130	3,335,118	0	4,481,976
D. Net:													
1. Incurred claims	0	0	0	0	0	0	0	0	0	0	6,947,661	0	6,947,661
2. Beginning claim reserves and liabilities	0	0	0	0	0	0	0	0	0	0	14,121,809	0	14,121,809
3. Ending claim reserves and liabilities	0	0	0	0	0	0	0	0	0	0	16,155,563	0	16,155,563
4. Claims paid	0	0	0	0	0	0	0	0	0	0	4,913,907	0	4,913,907
E. Net Incurred Claims and Cost Containment Expenses:													
1. Incurred claims and cost containment expenses	0	0	0	0	0	0	0	0	0	0	6,947,659	0	6,947,659
2. Beginning reserves and liabilities											14,121,809		14,121,809
3. Ending reserves and liabilities											16,155,563		16,155,563
4. Paid claims and cost containment expenses	0	0	0	0	0	0	0	0	0	0	4,913,905	0	4,913,905

SCHEDULE S - PART 1 - SECTION 1

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsured	5 Domiciliary Jurisdiction	6 Type of Reinsurance Assumed	7 Type of Business Assumed	8 Amount of In Force at End of Year	9 Reserve	10 Premiums	11 Reinsurance Payable on Paid and Unpaid Losses	12 Modified Coinsurance Reserve	13 Funds Withheld Under Coinsurance
0399999. Total General Account - U.S. Affiliates							0	0	0	0	0	0
0699999. Total General Account - Non-U.S. Affiliates							0	0	0	0	0	0
0799999. Total General Account - Affiliates							0	0	0	0	0	0
71404	47-0463747	10/31/2015	Continental General Insurance Company	TX	CO/I	FA	0	429,686	0			
71404	47-0463747	10/31/2015	Continental General Insurance Company	TX	CO/I	OL	1,851,059	893,319	98,492	33,319		
71404	47-0463747	10/31/2015	Continental General Insurance Company	TX	CO/G	FA	0	975,729	11,840			
65722	63-0343428	08/31/2012	Loyal American Life Insurance Company	OH	CO/I	FA	0	54,189,288	141,054	524,289		
65722	63-0343428	08/31/2012	Loyal American Life Insurance Company	OH	CO/I	OL	202,645,986	88,582,841	1,993,134	2,466,626		
61727	34-0970995	08/31/2012	Cigna National Health Insurance Company	OH	CO/I	FA	0	3,175,107	25,996	45,516		
61727	34-0970995	08/31/2012	Cigna National Health Insurance Company	OH	CO/I	OL	6,828,782	1,018,227	158,936	40,290		
67903	23-1335885	08/31/2012	Provident American Life & Health Insurance Company	OH	CO/I	OL	3,600,112	1,809,512	262,045	50,364		
88366	59-2760189	08/31/2012	American Retirement Life Insurance Company	OH	CO/I	OL	916,771	660,965	0	3,000		
65722	63-0343428	01/01/2007	Loyal American Life Insurance Company	OH	CO/I	IA	0	8,820,274	0	16,615		
62200	95-2496321	06/30/2011	Accordia Life and Annuity Company	IA	CO/I	FA	0	2,257,880	0	38,071		
62200	95-2496321	06/30/2011	Accordia Life and Annuity Company	IA	CO/I	OL	2,177,406	1,727,614	0	64,042		
0899999. General Account - U.S. Non-Affiliates							218,020,116	164,540,442	2,691,497	3,282,132	0	0
1099999. Total General Account - Non-Affiliates							218,020,116	164,540,442	2,691,497	3,282,132	0	0
1199999. Total General Account							218,020,116	164,540,442	2,691,497	3,282,132	0	0
1499999. Total Separate Accounts - U.S. Affiliates							0	0	0	0	0	0
1799999. Total Separate Accounts - Non-U.S. Affiliates							0	0	0	0	0	0
1899999. Total Separate Accounts - Affiliates							0	0	0	0	0	0
2199999. Total Separate Accounts - Non-Affiliates							0	0	0	0	0	0
2299999. Total Separate Accounts							0	0	0	0	0	0
2399999. Total U.S. (Sum of 0399999, 0899999, 1499999 and 1999999)							218,020,116	164,540,442	2,691,497	3,282,132	0	0
2499999. Total Non-U.S. (Sum of 0699999, 0999999, 1799999 and 2099999)							0	0	0	0	0	0
9999999 - Totals							218,020,116	164,540,442	2,691,497	3,282,132	0	0

SCHEDULE S - PART 1 - SECTION 2

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsured	5 Domiciliary Jurisdiction	6 Type of Reinsurance Assumed	7 Type of Business Assumed	8 Premiums	9 Unearned Premiums	10 Reserve Liability Other Than for Unearned Premiums	11 Reinsurance Payable on Paid and Unpaid Losses	12 Modified Coinsurance Reserve	13 Funds Withheld Under Coinsurance
0399999. Total - U.S. Affiliates							0	0	0	0	0	0
0699999. Total - Non-U.S. Affiliates							0	0	0	0	0	0
0799999. Total - Affiliates							0	0	0	0	0	0
71404	47-0463747	10/31/2015	Continental General Insurance Company	TX	QA/I	LTC	2,844,998	683,926	53,406,968	672,606		
71404	47-0463747	10/31/2015	Continental General Insurance Company	TX	QA/G	LTC	10,853	1,166	231,660	191		
0899999. U.S. Non-Affiliates							2,855,851	685,092	53,638,628	672,797	0	0
1099999. Total - Non-Affiliates							2,855,851	685,092	53,638,628	672,797	0	0
1199999. Total U.S. (Sum of 0399999 and 0899999)							2,855,851	685,092	53,638,628	672,797	0	0
1299999. Total Non-U.S. (Sum of 0699999 and 0999999)							0	0	0	0	0	0
9999999 - Totals							2,855,851	685,092	53,638,628	672,797	0	0

SCHEDULE S - PART 2

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Paid Losses	7 Unpaid Losses
0399999. Total Life and Annuity - U.S. Affiliates					0	0
00000	AA-3191494	02/01/2022	Martello Re Limited	BMU		65,031,053
0599999. Life and Annuity - Non-U.S. Affiliates - Other					0	65,031,053
0699999. Total Life and Annuity - Non-U.S. Affiliates					0	65,031,053
0799999. Total Life and Annuity - Affiliates					0	65,031,053
68713	84-0499703	01/01/1998	Security Life of Denver Insurance Company	CO	25,000	187,500
68713	84-0499703	01/01/2000	Security Life of Denver Insurance Company	CO	181,745	1,952,050
68713	84-0499703	01/01/1998	Security Life of Denver Insurance Company	CO	0	133,157
68713	84-0499703	01/01/2003	Security Life of Denver Insurance Company	CO	3,325	0
68276	48-1024691	01/01/1998	Employers Reassurance Corporation	KS	0	60,435
88340	59-2859797	12/31/2002	Hannover Life Reassurance Company of America	FL	12,500	187,500
88340	59-2859797	12/31/2002	Hannover Life Reassurance Company of America	FL		161,012
82627	06-0839705	04/01/2023	Swiss Re Life and Health of America	MO	145,156	217,750
82627	06-0839705	04/01/2023	Swiss Re Life and Health of America	MO	12,500	227,700
82627	06-0839705	04/01/2023	Swiss Re Life and Health of America	MO	1,675	
93572	43-1235868	01/01/1998	RGA Reinsurance Company	MO	12,500	187,500
65722	63-0343428	08/31/2012	Loyal American Life Insurance Company	OH	147,245	
88340	59-2859797	08/31/2012	Hannover Life Reassurance Company of America	FL		1,838,200
82627	06-0839705	01/01/1973	Swiss Re Life and Health of America	MO	10,000	
67989	46-0260270	09/01/1996	American Memorial Life Insurance Company	SD	119,433	144,797
84824	04-6145677	05/07/2020	Commonwealth Annuity and Life Insurance Company	MA		9,431,130
84824	04-6145677	10/01/2020	Commonwealth Annuity and Life Insurance Company	MA		20,583,769
0899999. Life and Annuity - U.S. Non-Affiliates					671,079	35,312,500
1099999. Total Life and Annuity - Non-Affiliates					671,079	35,312,500
1199999. Total Life and Annuity					671,079	100,343,553
1499999. Total Accident and Health - U.S. Affiliates					0	0
1799999. Total Accident and Health - Non-U.S. Affiliates					0	0
1899999. Total Accident and Health - Affiliates					0	0
65722	63-0343428	08/31/2012	Loyal American Life Insurance Company	OH		152,309
71404	47-0463747	10/31/2015	Continental General Insurance Company	TX		368,525
1999999. Accident and Health - U.S. Non-Affiliates					0	520,834
2199999. Total Accident and Health - Non-Affiliates					0	520,834
2299999. Total Accident and Health					0	520,834
2399999. Total U.S. (Sum of 0399999, 0899999, 1499999 and 1999999)					671,079	35,833,334
2499999. Total Non-U.S. (Sum of 0699999, 0999999, 1799999 and 2099999)					0	65,031,053
9999999 Totals - Life, Annuity and Accident and Health					671,079	100,864,387

SCHEDULE S - PART 3 - SECTION 1

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

1	2	3	4	5	6	7	8	Reserve Credit Taken		11	Outstanding Surplus Relief		14	15
								9	10		12	13		
NAIC Company Code	ID Number	Effective Date	Name of Company	Domiciliary Jurisdiction	Type of Reinsurance Ceded	Type of Business Ceded	Amount in Force at End of Year	Current Year	Prior Year	Premiums	Current Year	Prior Year	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
0399999. Total General Account - Authorized U.S. Affiliates							0	0	0	0	0	0	0	0
0699999. Total General Account - Authorized Non-U.S. Affiliates							0	0	0	0	0	0	0	0
0799999. Total General Account - Authorized Affiliates							0	0	0	0	0	0	0	0
68276	48-1024691	01/01/1998	Employers Reassurance Corporation	KS	CO/I	OL	29,321,899	93,509	86,304	200,151				
86258	13-2572994	07/01/1999	General Re Life Corporation	CT	CO/I	OL	0	20,854	23,446	6,054				
86258	13-2572994	10/01/2003	General Re Life Corporation	CT	YRT/I	OL	149,673	407	362	7,304				
88340	59-2859797	01/01/1998	Hannover Life Reassurance Company of America	FL	CO/I	OL	46,070,269	438,433	604,471	179,989				
88340	59-2859797	01/01/2000	Hannover Life Reassurance Company of America	FL	CO/I	XXXL	650,000	16,362	16,817	0				
88340	59-2859797	12/31/2002	Hannover Life Reassurance Company of America	FL	CO/I	OL	498,862,993	52,833,233	55,139,937	3,253,046				
88340	59-2859797	10/01/2003	Hannover Life Reassurance Company of America	FL	YRT/I	OL	22,663,114	22,678	19,841	198,667				
88099	75-1608507	11/09/2004	Optimum Re Insurance Company	TX	YRT/I	OL	881,031	1,130	1,026	38,109				
93572	43-1235868	01/01/1998	RGA Reinsurance Company	MO	CO/I	OL	37,737,452	1,711,984	540,614	138,858				
93572	43-1235868	01/01/2003	RGA Reinsurance Company	MO	CO/I	XXXL	32,268,939	1,658,406	1,883,860	10,241				
93572	43-1235868	10/01/2003	RGA Reinsurance Company	MO	YRT/I	OL	1,728,426	4,784	3,651	31,144				
68713	84-0499703	01/01/1998	Security Life of Denver Insurance Company	CO	YRT/I	OL	36,493,322	51,218	48,734	699,455				
68713	84-0499703	01/01/1999	Security Life of Denver Insurance Company	CO	CO/I	OL	51,477,897	1,139,776	1,295,239	252,403				
68713	84-0499703	04/01/1999	Security Life of Denver Insurance Company	CO	CO/I	OL	455,000	5,809	6,605	14,598				
68713	84-0499703	01/01/2000	Security Life of Denver Insurance Company	CO	CO/I	XXXL	595,599,253	35,189,915	36,789,844	2,276,247				
68713	84-0499703	01/01/2003	Security Life of Denver Insurance Company	CO	CO/I	XXXL	35,548,596	1,688,895	1,912,194	61,368				
82627	06-0839705	01/01/1998	Swiss Re Life & Health America Inc	MO	CO/I	OL	31,837,452	322,740	500,591	130,348				
82627	06-0839705	01/01/1998	Swiss Re Life & Health America Inc	MO	YRT/I	OL	15,225,645	17,842	14,917	134,344				
82627	06-0839705	04/01/2023	Swiss Re Life & Health America Inc	MO	CO/I	OL	297,975,978	17,407,079	18,208,243	1,143,697				
82627	06-0839705	04/01/2023	Swiss Re Life & Health America Inc	MO	CO/I	OL	2,406,372	14,321	15,607	36,556				
82627	06-0839705	04/01/2023	Swiss Re Life & Health America Inc	MO	CO/I	OL	1,200,733	14,005	13,650	23,006				
87572	23-2038295	01/01/2003	Scottish Re US Inc.	DE	CO/I	XXXL	0	0	0	(1,095,600)				
86231	39-0989781	01/01/2003	Transamerica Life Insurance Company	IA	CO/I	XXXL	129,075,740	6,633,624	7,535,442	41,034				
64688	75-6020048	10/01/2003	SCOR Global Life Americas Reinsurance Company	DE	YRT/I	OL	1,371,138	4,937	7,879	28,324				
84824	04-6145677	05/07/2020	Commonwealth Annuity and Life Insurance Company	MA	CO/I	IA	0	2,063,304,941	1,595,620,679	497,071,373				
84824	04-6145677	10/01/2020	Commonwealth Annuity and Life Insurance Company	MA	CO/I	IA	0	2,713,762,355	3,581,133,772	4,361,281				
66346	58-0828824	01/01/2006	Munich American Reassurance Company	GA	CO/I	OL	0	0	0	24,910				
88340	59-2859797	08/31/2012	Hannover Life Reassurance Company of America	FL	CO/I	OL	61,212,548	73,510,437	76,450,554	1,534,115				
88099	75-1608507	01/01/1982	Optimum Re Insurance Company	TX	YRT/I	OL	50,000	1,514	1,404	1,660				
82627	06-0839705	01/01/1961	Swiss Re Life & Health America Inc.	MO	OTH/I	OL	0	0	0	7				
82627	06-0839705	01/01/1961	Swiss Re Life & Health America Inc.	MO	YRT/I	OL	75,000	1,691	1,567	1,288				
82627	06-0839705	01/01/1979	Swiss Re Life & Health America Inc.	MO	CO/I	OL	6,047,020	222,091	244,759	28,848				
82627	06-0839705	01/01/1979	Swiss Re Life & Health America Inc.	MO	OTH/I	OL	0	24,714	26,072	0				
64688	75-6020048	01/01/1982	SCOR Global Life Americas Reinsurance Company	DE	MCO/I	OL	948,000	11	11	6,553			446,615	
67989	46-0260270	09/01/1996	American Memorial Life Insurance Company	SD	CO/I	FA	0	1,895,835	2,126,093					
67989	46-0260270	09/01/1996	American Memorial Life Insurance Company	SD	CO/G	FA	0	1,434,965	1,508,435					
67989	46-0260270	09/01/1996	American Memorial Life Insurance Company	SD	CO/I	OL	8,928,078	6,788,822	7,408,023					
67989	46-0260270	09/01/1996	American Memorial Life Insurance Company	SD	CO/G	OL	9,115,431	6,971,533	7,453,684					
0899999. General Account - Authorized U.S. Non-Affiliates							1,955,376,999	4,987,210,850	5,396,644,327	510,839,378	0	0	446,615	0
1099999. Total General Account - Authorized Non-Affiliates							1,955,376,999	4,987,210,850	5,396,644,327	510,839,378	0	0	446,615	0
1199999. Total General Account Authorized							1,955,376,999	4,987,210,850	5,396,644,327	510,839,378	0	0	446,615	0
1499999. Total General Account - Unauthorized U.S. Affiliates							0	0	0	0	0	0	0	0
1799999. Total General Account - Unauthorized Non-U.S. Affiliates							0	0	0	0	0	0	0	0
1899999. Total General Account - Unauthorized Affiliates							0	0	0	0	0	0	0	0
2199999. Total General Account - Unauthorized Non-Affiliates							0	0	0	0	0	0	0	0
2299999. Total General Account Unauthorized							0	0	0	0	0	0	0	0
2599999. Total General Account - Certified U.S. Affiliates							0	0	0	0	0	0	0	0
2899999. Total General Account - Certified Non-U.S. Affiliates							0	0	0	0	0	0	0	0
2999999. Total General Account - Certified Affiliates							0	0	0	0	0	0	0	0
3299999. Total General Account - Certified Non-Affiliates							0	0	0	0	0	0	0	0
3399999. Total General Account Certified							0	0	0	0	0	0	0	0
3699999. Total General Account - Reciprocal Jurisdiction U.S. Affiliates							0	0	0	0	0	0	0	0

SCHEDULE S - PART 3 - SECTION 1

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

1	2	3	4	5	6	7	8	Reserve Credit Taken		11	Outstanding Surplus Relief		14	15
								9	10		12	13		
NAIC Company Code	ID Number	Effective Date	Name of Company	Domiciliary Jurisdiction	Type of Reinsurance Ceded	Type of Business Ceded	Amount in Force at End of Year	Current Year	Prior Year	Premiums	Current Year	Prior Year	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
00000	AA-3191494	02/01/2022	Martello Re Limited	BMU	COFW/I	FA		1,999,541,034	2,675,148,305	28,811,219				1,973,207,111
00000	AA-3191494	02/01/2022	Martello Re Limited	BMU	COFW/I	IA		5,259,332,076	7,098,935,619	3,294,215				5,190,066,757
00000	AA-3191494	02/01/2022	Martello Re Limited	BMU	COFW/I	OA		128,896,650	124,123,265	0				127,199,084
3899999. General Account - Reciprocal Jurisdiction Non-U.S. Affiliates - Other							0	7,387,769,760	9,898,207,189	32,105,434	0	0	0	7,290,472,952
3999999. Total General Account - Reciprocal Jurisdiction Non-U.S. Affiliates							0	7,387,769,760	9,898,207,189	32,105,434	0	0	0	7,290,472,952
4099999. Total General Account - Reciprocal Jurisdiction Affiliates							0	7,387,769,760	9,898,207,189	32,105,434	0	0	0	7,290,472,952
4399999. Total General Account - Reciprocal Jurisdiction Non-Affiliates							0	0	0	0	0	0	0	0
4499999. Total General Account Reciprocal Jurisdiction							0	7,387,769,760	9,898,207,189	32,105,434	0	0	0	7,290,472,952
4599999. Total General Account Authorized, Unauthorized, Reciprocal Jurisdiction and Certified							1,955,376,999	12,374,980,610	15,294,851,516	542,944,812	0	0	446,615	7,290,472,952
4899999. Total Separate Accounts - Authorized U.S. Affiliates							0	0	0	0	0	0	0	0
5199999. Total Separate Accounts - Authorized Non-U.S. Affiliates							0	0	0	0	0	0	0	0
5299999. Total Separate Accounts - Authorized Affiliates							0	0	0	0	0	0	0	0
5599999. Total Separate Accounts - Authorized Non-Affiliates							0	0	0	0	0	0	0	0
5699999. Total Separate Accounts Authorized							0	0	0	0	0	0	0	0
5999999. Total Separate Accounts - Unauthorized U.S. Affiliates							0	0	0	0	0	0	0	0
6299999. Total Separate Accounts - Unauthorized Non-U.S. Affiliates							0	0	0	0	0	0	0	0
6399999. Total Separate Accounts - Unauthorized Affiliates							0	0	0	0	0	0	0	0
6699999. Total Separate Accounts - Unauthorized Non-Affiliates							0	0	0	0	0	0	0	0
6799999. Total Separate Accounts Unauthorized							0	0	0	0	0	0	0	0
7099999. Total Separate Accounts - Certified U.S. Affiliates							0	0	0	0	0	0	0	0
7399999. Total Separate Accounts - Certified Non-U.S. Affiliates							0	0	0	0	0	0	0	0
7499999. Total Separate Accounts - Certified Affiliates							0	0	0	0	0	0	0	0
7799999. Total Separate Accounts - Certified Non-Affiliates							0	0	0	0	0	0	0	0
7899999. Total Separate Accounts Certified							0	0	0	0	0	0	0	0
8199999. Total Separate Accounts - Reciprocal Jurisdiction U.S. Affiliates							0	0	0	0	0	0	0	0
8499999. Total Separate Accounts - Reciprocal Jurisdiction Non-U.S. Affiliates							0	0	0	0	0	0	0	0
8599999. Total Separate Accounts - Reciprocal Jurisdiction Affiliates							0	0	0	0	0	0	0	0
8899999. Total Separate Accounts - Reciprocal Jurisdiction Non-Affiliates							0	0	0	0	0	0	0	0
8999999. Total Separate Accounts Reciprocal Jurisdiction							0	0	0	0	0	0	0	0
9099999. Total Separate Accounts Authorized, Unauthorized, Reciprocal Jurisdiction and Certified							0	0	0	0	0	0	0	0
9199999. Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3699999, 4199999, 4899999, 5399999, 5999999, 6499999, 7099999, 7599999, 8199999 and 8699999)							1,955,376,999	4,987,210,850	5,396,644,327	510,839,378	0	0	446,615	0
9299999. Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2899999, 3199999, 3999999, 4299999, 5199999, 5499999, 6299999, 6599999, 7399999, 7699999, 8499999 and 8799999)							0	7,387,769,760	9,898,207,189	32,105,434	0	0	0	7,290,472,952
9999999 - Totals							1,955,376,999	12,374,980,610	15,294,851,516	542,944,812	0	0	446,615	7,290,472,952

SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9	10	Outstanding Surplus Relief		13	14
										11	12		
NAIC Company Code	ID Number	Effective Date	Name of Company	Domiciliary Jurisdiction	Type of Reinsurance Ceded	Type of Business Ceded	Premiums	Unearned Premiums (Estimated)	Reserve Credit Taken Other than for Unearned Premiums	Current Year	Prior Year	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
0399999. Total General Account - Authorized U.S. Affiliates							0	0	0	0	0	0	0
0699999. Total General Account - Authorized Non-U.S. Affiliates							0	0	0	0	0	0	0
0799999. Total General Account - Authorized Affiliates							0	0	0	0	0	0	0
71404	47-0463747	01/01/2009	Continental General Insurance Company	TX	QA/I	LTC	2,771,458	770,120	51,066,839				
71404	47-0463747	01/01/2009	Continental General Insurance Company	TX	QA/G	LTC	94,261	10,669	5,261,679				
65722	63-0343428	08/31/2012	Loyal American Life Insurance Company	OH	OTH/I	A	702	214	1,895				
65722	63-0343428	08/31/2012	Loyal American Life Insurance Company	OH	OTH/I	LTDI	1,612	567	41,834				
65722	63-0343428	08/31/2012	Loyal American Life Insurance Company	OH	OTH/I	MS	1,586,548	78,885	1,055,933				
65722	63-0343428	08/31/2012	Loyal American Life Insurance Company	OH	OTH/I	OM	1,269	419	13,781				
0899999. General Account - Authorized U.S. Non-Affiliates							4,455,850	860,874	57,441,961	0	0	0	0
1099999. Total General Account - Authorized Non-Affiliates							4,455,850	860,874	57,441,961	0	0	0	0
1199999. Total General Account Authorized							4,455,850	860,874	57,441,961	0	0	0	0
1499999. Total General Account - Unauthorized U.S. Affiliates							0	0	0	0	0	0	0
1799999. Total General Account - Unauthorized Non-U.S. Affiliates							0	0	0	0	0	0	0
1899999. Total General Account - Unauthorized Affiliates							0	0	0	0	0	0	0
2199999. Total General Account - Unauthorized Non-Affiliates							0	0	0	0	0	0	0
2299999. Total General Account Unauthorized							0	0	0	0	0	0	0
2599999. Total General Account - Certified U.S. Affiliates							0	0	0	0	0	0	0
2899999. Total General Account - Certified Non-U.S. Affiliates							0	0	0	0	0	0	0
2999999. Total General Account - Certified Affiliates							0	0	0	0	0	0	0
3299999. Total General Account - Certified Non-Affiliates							0	0	0	0	0	0	0
3399999. Total General Account Certified							0	0	0	0	0	0	0
3699999. Total General Account - Reciprocal Jurisdiction U.S. Affiliates							0	0	0	0	0	0	0
3999999. Total General Account - Reciprocal Jurisdiction Non-U.S. Affiliates							0	0	0	0	0	0	0
4099999. Total General Account - Reciprocal Jurisdiction Affiliates							0	0	0	0	0	0	0
4399999. Total General Account - Reciprocal Jurisdiction Non-Affiliates							0	0	0	0	0	0	0
4499999. Total General Account Reciprocal Jurisdiction							0	0	0	0	0	0	0
4599999. Total General Account Authorized, Unauthorized, Reciprocal Jurisdiction and Certified							4,455,850	860,874	57,441,961	0	0	0	0
4899999. Total Separate Accounts - Authorized U.S. Affiliates							0	0	0	0	0	0	0
5199999. Total Separate Accounts - Authorized Non-U.S. Affiliates							0	0	0	0	0	0	0
5299999. Total Separate Accounts - Authorized Affiliates							0	0	0	0	0	0	0
5599999. Total Separate Accounts - Authorized Non-Affiliates							0	0	0	0	0	0	0
5699999. Total Separate Accounts Authorized							0	0	0	0	0	0	0
5999999. Total Separate Accounts - Unauthorized U.S. Affiliates							0	0	0	0	0	0	0
6299999. Total Separate Accounts - Unauthorized Non-U.S. Affiliates							0	0	0	0	0	0	0
6399999. Total Separate Accounts - Unauthorized Affiliates							0	0	0	0	0	0	0
6699999. Total Separate Accounts - Unauthorized Non-Affiliates							0	0	0	0	0	0	0
6799999. Total Separate Accounts Unauthorized							0	0	0	0	0	0	0
7099999. Total Separate Accounts - Certified U.S. Affiliates							0	0	0	0	0	0	0
7399999. Total Separate Accounts - Certified Non-U.S. Affiliates							0	0	0	0	0	0	0
7499999. Total Separate Accounts - Certified Affiliates							0	0	0	0	0	0	0
7799999. Total Separate Accounts - Certified Non-Affiliates							0	0	0	0	0	0	0
7899999. Total Separate Accounts Certified							0	0	0	0	0	0	0
8199999. Total Separate Accounts - Reciprocal Jurisdiction U.S. Affiliates							0	0	0	0	0	0	0
8499999. Total Separate Accounts - Reciprocal Jurisdiction Non-U.S. Affiliates							0	0	0	0	0	0	0
8599999. Total Separate Accounts - Reciprocal Jurisdiction Affiliates							0	0	0	0	0	0	0
8899999. Total Separate Accounts - Reciprocal Jurisdiction Non-Affiliates							0	0	0	0	0	0	0
8999999. Total Separate Accounts Reciprocal Jurisdiction							0	0	0	0	0	0	0
9099999. Total Separate Accounts Authorized, Unauthorized, Reciprocal Jurisdiction and Certified							0	0	0	0	0	0	0
9199999. Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3699999, 4199999, 4899999, 5399999, 5999999, 6499999, 7099999, 7599999, 8199999 and 8699999)							4,455,850	860,874	57,441,961	0	0	0	0
9299999. Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2899999, 3199999, 3999999, 4299999, 5199999, 5499999, 6299999, 6599999, 7399999, 7699999, 8499999 and 8799999)							0	0	0	0	0	0	0
9999999 - Totals							4,455,850	860,874	57,441,961	0	0	0	0

Schedule S - Part 4

N O N E

Schedule S - Part 4 - Bank Footnote

N O N E

Schedule S - Part 5

N O N E

Schedule S - Part 5 - Bank Footnote

N O N E

SCHEDULE S - PART 6

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

		1 2024	2 2023	3 2022	4 2021	5 2020
	A. OPERATIONS ITEMS					
1.	Premiums and annuity considerations for life and accident and health contracts	547,401	275,619	14,584,804	774,396	6,717,488
2.	Commissions and reinsurance expense allowances	(49,129)	70,234	496,787	(50,838)	(26,623)
3.	Contract claims	463,750	538,376	645,173	165,253	96,053
4.	Surrender benefits and withdrawals for life contracts	3,666,721	3,722,630	2,268,715	648,827	219,717
5.	Dividends to policyholders and refunds to members	149	161	176	183	190
6.	Reserve adjustments on reinsurance ceded	0	0	0	0	0
7.	Increase in aggregate reserve for life and accident and health contracts	2,914,638	3,366,927	11,926,055	186,928	5,973,186
	B. BALANCE SHEET ITEMS					
8.	Premiums and annuity considerations for life and accident and health contracts deferred and uncollected	32	11	25	16	32
9.	Aggregate reserves for life and accident and health contracts	12,433,283	15,225,216	18,719,613	6,687,740	6,500,988
10.	Liability for deposit-type contracts	129,760	124,863	118,878	256	79
11.	Contract claims unpaid	100,864	137,635	164,652	52,308	38,332
12.	Amounts recoverable on reinsurance	671	2,547	1,961	2,745	4,067
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	0	0	0	0	0
17.	Offset for reinsurance with Certified Reinsurers					0
	C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
18.	Funds deposited by and withheld from (F)	0	0	11,246,343	0	0
19.	Letters of credit (L)	0	0	0	0	0
20.	Trust agreements (T)	0	0	0	0	0
21.	Other (O)	0	0	1,430,954	0	0
	D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
22.	Multiple Beneficiary Trust					0
23.	Funds deposited by and withheld from (F)					0
24.	Letters of credit (L)					0
25.	Trust agreements (T)					0
26.	Other (O)					0

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)	50,820,589,759	39,651,523	50,860,241,282
2.	Reinsurance (Line 16)	154,857,816	(154,857,816)	0
3.	Premiums and considerations (Line 15)	4,492,537	31,843	4,524,380
4.	Net credit for ceded reinsurance	XXX	5,358,358,782	5,358,358,782
5.	All other admitted assets (balance)	1,416,143,455		1,416,143,455
6.	Total assets excluding Separate Accounts (Line 26)	52,396,083,567	5,243,184,332	57,639,267,899
7.	Separate Account assets (Line 27)	984,163,451		984,163,451
8.	Total assets (Line 28)	53,380,247,018	5,243,184,332	58,623,431,350
	LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
9.	Contract reserves (Lines 1 and 2)	36,543,314,101	12,303,523,123	48,846,837,224
10.	Liability for deposit-type contracts (Line 3)	786,618,885	129,760,322	916,379,207
11.	Claim reserves (Line 4)	160,973,968	100,864,386	261,838,354
12.	Policyholder dividends/member refunds/reserves (Lines 5 through 7)	0		0
13.	Premium & annuity considerations received in advance (Line 8)	158,663	27,168	185,831
14.	Other contract liabilities (Line 9)	855,692		855,692
15.	Reinsurance in unauthorized companies (Line 24.02 minus inset amount)	0	0	0
16.	Funds held under reinsurance treaties with unauthorized reinsurers (Line 24.03 minus inset amount)	0		0
17.	Reinsurance with Certified Reinsurers (Line 24.02 inset amount)	0		0
18.	Funds held under reinsurance treaties with Certified Reinsurers (Line 24.03 inset amount)			0
19.	All other liabilities (balance)	10,677,885,965	(7,290,990,667)	3,386,895,298
20.	Total liabilities excluding Separate Accounts (Line 26)	48,169,807,274	5,243,184,332	53,412,991,606
21.	Separate Account liabilities (Line 27)	984,163,451		984,163,451
22.	Total liabilities (Line 28)	49,153,970,725	5,243,184,332	54,397,155,057
23.	Capital & surplus (Line 38)	4,226,276,293	XXX	4,226,276,293
24.	Total liabilities, capital & surplus (Line 39)	53,380,247,018	5,243,184,332	58,623,431,350
	NET CREDIT FOR CEDED REINSURANCE			
25.	Contract reserves	12,303,523,123		
26.	Claim reserves	100,864,386		
27.	Policyholder dividends/reserves	0		
28.	Premium & annuity considerations received in advance	27,168		
29.	Liability for deposit-type contracts	129,760,322		
30.	Other contract liabilities	0		
31.	Reinsurance ceded assets	154,857,816		
32.	Other ceded reinsurance recoverables	(39,651,523)		
33.	Total ceded reinsurance recoverables	12,649,381,292		
34.	Premiums and considerations	31,843		
35.	Reinsurance in unauthorized companies	0		
36.	Funds held under reinsurance treaties with unauthorized reinsurers	0		
37.	Reinsurance with Certified Reinsurers	0		
38.	Funds held under reinsurance treaties with Certified Reinsurers	0		
39.	Other ceded reinsurance payables/offsets	7,290,990,667		
40.	Total ceded reinsurance payable/offsets	7,291,022,510		
41.	Total net credit for ceded reinsurance	5,358,358,782		

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	206,879	141,041,071		12,787	0	141,260,737
2. Alaska	AK	5,793	6,180,534			0	6,186,327
3. Arizona	AZ	422,895	174,165,034		13,311	313,245	174,914,485
4. Arkansas	AR	141,338	68,434,353		1,348	372,084	68,949,123
5. California	CA	4,097,021	1,059,641,349	345	10,554	1,287,352	1,065,036,621
6. Colorado	CO	193,113	116,989,811		72,487	0	117,255,411
7. Connecticut	CT	285,737	171,470,570	61	2,519	624,578	172,383,465
8. Delaware	DE	39,289	26,548,030			0	26,587,319
9. District of Columbia	DC	21,738	6,465,345			0	6,487,083
10. Florida	FL	1,436,292	859,065,779	82	32,133	1,594,937	862,129,223
11. Georgia	GA	624,005	272,988,506		67,259	278,987	273,958,757
12. Hawaii	HI	205,615	79,807,527			76,086	80,089,228
13. Idaho	ID	71,020	46,732,507		8,483	0	46,812,010
14. Illinois	IL	509,790	313,112,833		84,889	587,628	314,295,140
15. Indiana	IN	139,928	205,032,100		1,693	187,869	205,361,590
16. Iowa	IA	119,760	64,725,233		8,113	182,069	65,035,175
17. Kansas	KS	90,812	47,261,907		63,357	0	47,416,076
18. Kentucky	KY	141,832	73,292,240			0	73,434,072
19. Louisiana	LA	198,596	152,073,708		4,531	0	152,276,835
20. Maine	ME	65,624	35,859,195		3,238	0	35,928,057
21. Maryland	MD	427,741	229,399,064		(3,895)	60,690	229,883,600
22. Massachusetts	MA	389,465	180,861,267			1,660,278	182,911,010
23. Michigan	MI	219,361	330,065,622			692,458	330,977,441
24. Minnesota	MN	386,141	141,310,165		5,252	45,578	141,747,136
25. Mississippi	MS	103,550	42,606,557		2,932	0	42,713,039
26. Missouri	MO	262,727	463,526,282		108,402	773,519	464,670,930
27. Montana	MT	6,444	6,669,996			0	6,676,440
28. Nebraska	NE	111,206	34,840,145		60,030	0	35,011,381
29. Nevada	NV	245,746	69,667,801	357		0	69,913,904
30. New Hampshire	NH	52,308	43,746,620		44,352	1,358,044	45,201,324
31. New Jersey	NJ	467,458	389,492,288	144	3,303	2,519,990	392,483,183
32. New Mexico	NM	298,725	25,894,100			11,035	26,203,860
33. New York	NY	99,148	36,383,321		12,163	0	36,494,632
34. North Carolina	NC	910,744	373,437,619		1,094,351	551,725	375,994,439
35. North Dakota	ND	45,364	19,874,647			0	19,920,011
36. Ohio	OH	323,916	385,262,456		767	887,090	386,474,229
37. Oklahoma	OK	472,651	43,543,127		3,073	51,969	44,070,820
38. Oregon	OR	86,507	80,785,522		64,247	216,207	81,152,483
39. Pennsylvania	PA	1,019,607	517,721,401		6,300	2,306,380	521,053,688
40. Rhode Island	RI	43,519	66,896,721		4,040	0	66,944,280
41. South Carolina	SC	320,341	251,976,618		16,747	784,286	253,097,992
42. South Dakota	SD	53,178	18,027,655			0	18,080,833
43. Tennessee	TN	342,657	237,996,344		105,940	71,724	238,516,665
44. Texas	TX	1,959,827	429,454,791		7,417	110,345	431,532,380
45. Utah	UT	87,142	61,593,419			0	61,680,561
46. Vermont	VT	33,136	15,051,431		20,367	0	15,104,934
47. Virginia	VA	688,688	240,633,977		178,847	0	241,501,512
48. Washington	WA	299,532	185,717,029	(7)	167,847	400,334	186,584,735
49. West Virginia	WV	106,948	39,795,096			93,248	39,995,292
50. Wisconsin	WI	209,893	179,533,135		197,513	287,822	180,228,363
51. Wyoming	WY	20,728	7,212,142			0	7,232,870
52. American Samoa	AS	0	0			0	0
53. Guam	GU	72,056	0			0	72,056
54. Puerto Rico	PR	478	36,000			0	36,478
55. U.S. Virgin Islands	VI	1,269	0			0	1,269
56. Northern Mariana Islands	MP	0	0			0	0
57. Canada	CAN	0	0			0	0
58. Aggregate Other Alien	OT	82,356	363,478			0	445,834
59. Total		19,267,634	9,070,263,468	982	2,486,697	18,387,557	9,110,406,338

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 *
0435	Massachusetts Mut Life Ins Co	65935	04-1590850	3848388			Massachusetts Mutual Life Insurance Company (MMLIC)	MA	UIP	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MMLIC		
0435	Massachusetts Mut Life Ins Co	93432	06-1041383				C.M. Life Insurance Company	CT	IA	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MMLIC		
0435	Massachusetts Mut Life Ins Co	70416	43-0581430				MML Bay State Life Insurance Company	CT	IA	C.M. Life Insurance Company	Ownership	100.000	MMLIC		
0000							CML Special Situations Investor LLC	DE	NIA	C.M. Life Insurance Company	Ownership	100.000	MMLIC		
0000							CM Life Mortgage Lending LLC	DE	NIA	C.M. Life Insurance Company	Ownership	100.000	MMLIC		
0000							CML Mezzanine Investor III, LLC	DE	NIA	C.M. Life Insurance Company	Ownership	100.000	MMLIC		
0000							CML Global Capabilities LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MMLIC		
0000							MM Global Capabilities I LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MMLIC		
0000							MassMutual Global Business Services India LLP	IND	NIA	MM Global Capabilities I LLC	Ownership	100.000	MMLIC		
0000							MM Global Capabilities (Netherlands) B.V.	NLD	NIA	MM Global Capabilities I LLC	Ownership	100.000	MMLIC		
0000							MassMutual Global Business Services Romania S.R.L.	ROU	NIA	MM Global Capabilities (Netherlands) B.V.	Ownership	100.000	MMLIC		
0000							MM Global Capabilities II LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MMLIC		
0000							MM Global Capabilities III LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MMLIC		
0000							MM/Barings Multifamily TEBS 2020 LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MMLIC		
0000			04-1590850				Berkshire Way LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MMLIC		
0000							MML Special Situations Investor LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MMLIC		
0000			47-5322979				Timberland Forest Holding LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MMLIC		
0000			47-5322979				Timberland Forest Holding LLC	DE	NIA	C.M. Life Insurance Company	Influence	0.000	MMLIC		
0000			47-5322979				Timberland Forest Holding LLC	DE	NIA	Wood Creek Capital Management LLC	Management	0.000	MMLIC		
0000							Lyme Adirondack Forest Company, LLC	DE	NIA	Timberland Forest Holding LLC	Ownership	100.000	MMLIC		
0000							Lyme Adirondack Timberlands I, LLC	DE	NIA	Lyme Adirondack Forest Company, LLC	Ownership	100.000	MMLIC		
0000							Lyme Adirondack Timberlands II, LLC	DE	NIA	Lyme Adirondack Forest Company, LLC	Ownership	100.000	MMLIC		
0000							Lyme Adirondack Timber Sales, LLC	DE	NIA	Lyme Adirondack Forest Company, LLC	Ownership	100.000	MMLIC		
0000			04-1590850				MSP-SC, LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MMLIC		
0000			04-1590850				Insurance Road LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MMLIC		
0000			04-1590850				MassMutual Trad Private Equity LLC	DE	NIA	Insurance Road LLC	Ownership	100.000	MMLIC		
0000			04-1590850				MassMutual Intellectual Property LLC	DE	NIA	Insurance Road LLC	Ownership	100.000	MMLIC		
0000							Trad Investments I LLC	DE	NIA	Insurance Road LLC	Ownership	100.000	MMLIC		
0000							ITPSHolding LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MMLIC		
0000							HITPS LLC	DE	NIA	ITPS Holding LLC	Ownership	100.000	MMLIC		
0000							EM Opportunities LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MMLIC		
0000							MassMutual MCAM Insurance Company, Inc.	VT	NIA	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MMLIC		
0000							MassMutual Ventures US IV GP, LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	99.000	MMLIC		
0000							MassMutual Ventures US IV GP, LLC	DE	NIA	Massachusetts Mutual Ascend	Ownership	1.000	MMLIC		

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 *
0000							MassMutual Ventures US IV, L.P.	DE	NIA	MassMutual Ventures US IV GP, LLC	Management	100.000	MMLIC		
0000							MassMutual Ventures US IV LLC	DE	NIA	MassMutual Ventures US IV, L.P.	Ownership	100.000	MMLIC		
0000							MassMutual Ventures Europe/APAC I GP, LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MMLIC		
0000							MassMutual Ventures Europe/APAC I GP, L.P.	CYM	NIA	MassMutual Ventures Europe/APAC I GP, LLC	Management	100.000	MMLIC		
0000							MassMutual Ventures Europe/APAC I L.P.	CYM	NIA	MassMutual Ventures Europe/APAC I GP, L.P.	Management	100.000	MMLIC		
0000							MassMutual Ventures Southeast Asia III LLC	DE	NIA	MassMutual Ventures Europe/APAC I L.P.	Ownership	100.000	MMLIC		
0000							MMV Digital I LLC	CYM	NIA	MassMutual Ventures Southeast Asia III LLC	Ownership	100.000	MMLIC		
0000							Counterpointe Sustainable Advisors LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MMLIC		
0000							CSA Intermediate Holdco LLC	DE	NIA	Counterpointe Sustainable Advisors LLC	Ownership	100.000	MMLIC		
0000							Counterpointe Trust Services LLC	DE	NIA	CSA Intermediate Holdco LLC	Ownership	100.000	MMLIC		
0000							CP PACE LLC	DE	NIA	CSA Intermediate Holdco LLC	Ownership	100.000	MMLIC		
0000							Counterpointe Titling Trust	DE	NIA	CP PACE LLC	Ownership	100.000	MMLIC		
0000							CSA Employee Services Company LLC	DE	NIA	CSA Intermediate Holdco LLC	Ownership	100.000	MMLIC		
0000							Counterpointe Sustainable Real Estate II LLC	DE	NIA	CSA Intermediate Holdco LLC	Ownership	100.000	MMLIC		
0000							Counterpointe Energy Solutions II LLC	DE	NIA	CSA Intermediate Holdco LLC	Ownership	100.000	MMLIC		
0000							Counterpointe Energy Solutions (CA) II LLC	DE	NIA	Counterpointe Energy Solutions II LLC	Ownership	100.000	MMLIC		
0000							Counterpointe Energy Solutions (FL) II LLC	DE	NIA	Counterpointe Energy Solutions II LLC	Ownership	100.000	MMLIC		
0000							Counterpointe Energy Solutions (IL) LLC	DE	NIA	Counterpointe Energy Solutions II LLC	Ownership	100.000	MMLIC		
0000							Loop-Counterpointe PACE LLC	DE	NIA	Counterpointe Energy Solutions (IL) LLC	Ownership	100.000	MMLIC		
0000							Counterpointe Energy Services LLC	DE	NIA	CSA Intermediate Holdco LLC	Ownership	100.000	MMLIC		
0000							Counterpointe Investment Management LLC	DE	NIA	CSA Intermediate Holdco LLC	Ownership	100.000	MMLIC		
0000							CSA Incentive Holdco LLC	DE	NIA	Counterpointe Sustainable Advisors LLC	Ownership	100.000	MMLIC		
0000			27-0105644				Jefferies Finance LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	50.000	MMLIC		1
0000							JFIN GP Adviser LLC	DE	NIA	Jefferies Finance LLC	Ownership	100.000	MMLIC		
0000							Jefferies MM Lending LLC	DE	NIA	Jefferies Finance LLC	Ownership	100.000	MMLIC		
0000							Green SPE LLC	DE	NIA	Jefferies Finance LLC	Ownership	100.000	MMLIC		
0000							Apex Credit Partners LLC	DE	NIA	Green SPE LLC	Ownership	100.000	MMLIC		
0000							Apex GP I LLC	DE	NIA	Apex Credit Partners LLC	Ownership	100.000	MMLIC		
0000							Apex Securitized Income Fund LP	DE	NIA	Apex GP I LLC	Ownership	100.000	MMLIC		
0000							Jefferies Credit Partners LLC	DE	NIA	Jefferies Finance LLC	Ownership	100.000	MMLIC		
0000							Jefferies Credit Management LLC	DE	NIA	Jefferies Credit Partners LLC	Ownership	100.000	MMLIC		
0000							JCM GP I LLC	DE	NIA	Jefferies Credit Management LLC	Ownership	100.000	MMLIC		
0000							JCM H-2 Credit Fund GP LLC	DE	NIA	Jefferies Credit Management LLC	Ownership	100.000	MMLIC		
0000							JCP Direct Lending CLO 2022 LLC	DE	NIA	Jefferies Credit Partners LLC	Ownership	9.900	MMLIC		
0000							Jefferies Direct Lending Europe SCSp SICAV-RAIF	LUX	NIA	Jefferies Credit Partners LLC	Ownership	9.900	MMLIC		
0000							Jefferies Credit Management Holdings LLC	DE	NIA	Jefferies Credit Partners LLC	Ownership	9.900	MMLIC		
0000							JDLF GP (Europe) S.a.r.l	LUX	NIA	Jefferies Credit Partners LLC	Ownership	100.000	MMLIC		
0000							JFAM GP LLC	DE	NIA	Jefferies Credit Partners LLC	Ownership	100.000	MMLIC		
0000							JFAM GP LP	DE	NIA	Jefferies Credit Partners LLC	Ownership	100.000	MMLIC		
0000							Jefferies Direct Lending Fund C LP	DE	NIA	JFAM GP LP	Ownership	100.000	MMLIC		
0000							Jefferies DLF C Holdings LLC	DE	NIA	Jefferies Direct Lending Fund C LLC	Ownership	100.000	MMLIC		
0000							Jefferies Direct Lending Fund C SPE LLC	DE	NIA	Jefferies DLF C Holdings LLC	Ownership	100.000	MMLIC		
0000							JDLF II GP LLC	DE	NIA	Jefferies Credit Partners LLC	Ownership	100.000	MMLIC		

SCHEDULE Y

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0000							JDLF II GP LP	DE	NIA	JDLF II GP LLC	Ownership	100.000	MMLIC		
0000							Jefferies Direct Lending Fund II C LP	DE	NIA	JDLF II GP LP	Ownership	100.000	MMLIC		
0000							Jefferies DLF 2 C Holdings LLC	DE	NIA	Jefferies Direct Lending Fund II C LP	Ownership	100.000	MMLIC		
0000							Jefferies Direct Lending Fund II C SPE LLC	DE	NIA	Jefferies DLF 2 C Holdings LLC	Ownership	100.000	MMLIC		
0000							JDLF III GP LLC	DE	NIA	Jefferies Credit Partners LLC	Ownership	100.000	MMLIC		
0000							JDLF III GP LP	DE	NIA	JDLF III GP LLC	Ownership	100.000	MMLIC		
0000							Jefferies Direct Lending Fund III C LP	DE	NIA	JDLF III GP LP	Ownership	100.000	MMLIC		
0000							JCP Direct Lending CLO 2023-1 LLC	DE	NIA	Jefferies Credit Partners LLC	Ownership	100.000	MMLIC		
0000							JCP Direct Lending CLO 2023 Ltd.	JEY	NIA	JCP Direct Lending CLO 2023 Ltd.	Ownership	100.000	MMLIC		
0000							JCP GP I LLC	DE	NIA	Jefferies Credit Partners LLC	Ownership	100.000	MMLIC		
0000							Jefferies M Super Private Credit Fund GP LLC	DE	NIA	Jefferies Credit Partners LLC	Ownership	100.000	MMLIC		
0000							Jefferies Credit Partners Europe Limited	GBR	NIA	Jefferies Credit Partners LLC	Ownership	100.000	MMLIC		
0000							Jefferies Private Credit BDC Inc.	MD	NIA	Jefferies Finance LLC	Ownership	100.000	MMLIC		
0000							JCP Funding 2024 LLC	DE	NIA	Jefferies Finance LLC	Ownership	100.000	MMLIC		
0000							Jefferies Senior Lending LLC	DE	NIA	Jefferies Finance LLC	Ownership	100.000	MMLIC		
0000							JFIN Revolver Holdings LLC	DE	NIA	Jefferies Finance LLC	Ownership	100.000	MMLIC		
0000							JFIN Revolver Holdings II LLC	DE	NIA	Jefferies Finance LLC	Ownership	100.000	MMLIC		
0000							JFIN Co-Issuer Corporation	DE	NIA	Jefferies Finance LLC	Ownership	100.000	MMLIC		
0000							JFIN Europe GP, S.a.r.l.	LUX	NIA	Jefferies Finance LLC	Ownership	100.000	MMLIC		
0000							Jefferies Finance Europe, S.L.P.	LUX	NIA	JFIN Europe GP, S.a.r.l.	Ownership	100.000	MMLIC		
0000							Jefferies Finance Europe, SCSp	LUX	NIA	JFIN Europe GP, S.a.r.l.	Ownership	100.000	MMLIC		
0000							Jefferies Finance Business Credit LLC	DE	NIA	Jefferies Finance LLC	Ownership	100.000	MMLIC		
0000							JFIN Business Credit Fund I LLC	DE	NIA	Jefferies Finance Business Credit LLC	Ownership	100.000	MMLIC		
0000							JFIN Funding 2021 LLC	DE	NIA	Jefferies Finance LLC	Ownership	100.000	MMLIC		
0000							JSPCS MM LLC	DE	NIA	Jefferies Finance LLC	Ownership	100.000	MMLIC		
0000							JFIN LC Fund LLC	DE	NIA	Jefferies Finance LLC	Ownership	100.000	MMLIC		
0000							JFIN Revolver CLO 2017 Ltd.	CYM	NIA	Jefferies Finance LLC	Ownership	100.000	MMLIC		
0000							JFIN Revolver CLO 2017-III Ltd.	CYM	NIA	Jefferies Finance LLC	Ownership	100.000	MMLIC		
0000							JFIN Revolver CLO 2018 Ltd.	CYM	NIA	Jefferies Finance LLC	Ownership	100.000	MMLIC		
0000							JFIN Revolver CLO 2019 Ltd.	CYM	NIA	Jefferies Finance LLC	Ownership	100.000	MMLIC		
0000							JFIN Revolver CLO 2019-II Ltd.	CYM	NIA	Jefferies Finance LLC	Ownership	100.000	MMLIC		
0000							JFIN Revolver CLO 2020 Ltd.	CYM	NIA	Jefferies Finance LLC	Ownership	100.000	MMLIC		
0000							JFIN Revolver CLO 2021-II Ltd.	CYM	NIA	Jefferies Finance LLC	Ownership	100.000	MMLIC		
0000							JFIN Revolver CLO 2021-V Ltd.	CYM	NIA	Jefferies Finance LLC	Ownership	100.000	MMLIC		
0000							JFIN Revolver CLO 2022-II Ltd.	CYM	NIA	Jefferies Finance LLC	Ownership	100.000	MMLIC		
0000							JFIN Revolver CLO 2022-III Ltd.	CYM	NIA	Jefferies Finance LLC	Ownership	100.000	MMLIC		
0000							JFIN Revolver CLO 2022-IV Ltd.	CYM	NIA	Jefferies Finance LLC	Ownership	100.000	MMLIC		
0000							JFIN Revolver CLO 2024-I Ltd.	DE	NIA	Jefferies Finance LLC	Ownership	100.000	MMLIC		
0000							JFIN Revolver CLO 2022-IV LLC	CYM	NIA	Jefferies Finance LLC	Ownership	100.000	MMLIC		
0000							JFIN Revolver Fund, L.P.	DE	NIA	Jefferies Finance LLC	Ownership	90.000	MMLIC		
0000							JFIN Revolver Funding 2021 Ltd.	DE	NIA	Jefferies Finance LLC	Ownership	100.000	MMLIC		
0000							JFIN Revolver Funding 2021 III Ltd.	DE	NIA	Jefferies Finance LLC	Ownership	100.000	MMLIC		
0000							JFIN Revolver Funding 2021 IV Ltd.	DE	NIA	Jefferies Finance LLC	Ownership	100.000	MMLIC		
0000							JFIN Revolver Funding 2022-I Ltd.	BMU	NIA	Jefferies Finance LLC	Ownership	100.000	MMLIC		
0000							JFIN Revolver SPE1 2022 LLC	DE	NIA	Jefferies Finance LLC	Ownership	100.000	MMLIC		
0000							JFIN Revolver SPE3 2022 LLC	DE	NIA	Jefferies Finance LLC	Ownership	100.000	MMLIC		
0000							JFIN Revolver SPE4 2022 LLC	DE	NIA	Jefferies Finance LLC	Ownership	100.000	MMLIC		
0000							JFIN Revolver SPE4 2022 Ltd.	DE	NIA	Jefferies Finance LLC	Ownership	100.000	MMLIC		

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
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0000							JCP Private Loan Management GP LLC	DE	NIA	Jefferies Finance LLC	Ownership	100.000	MMLIC		
0000							JCP Private Loan Management LP	DE	NIA	JCP Private Loan Management GP LLC	Ownership	100.000	MMLIC		
0000							JF CEI Holdings 1 LLC	DE	NIA	Jefferies Finance LLC	Ownership	100.000	MMLIC		
0000							JF CEI Holdings 2 LLC	DE	NIA	JF CEI Holdings 1 LLC	Ownership	100.000	MMLIC		
0000							Apex Credit Holdings LLC	DE	NIA	Jefferies Finance LLC	Ownership	100.000	MMLIC		
0000							JFIN CLO 2012 Ltd.	CYM	NIA	Apex Credit Holdings LLC	Ownership	100.000	MMLIC		
0000							JFIN CLO 2013 Ltd.	CYM	NIA	Apex Credit Holdings LLC	Ownership	100.000	MMLIC		
0000							JFIN CLO 2014 Ltd.	CYM	NIA	Apex Credit Holdings LLC	Ownership	100.000	MMLIC		
0000							JFIN CLO 2014-II Ltd.	CYM	NIA	Apex Credit Holdings LLC	Ownership	100.000	MMLIC		
0000							JFIN CLO 2015 Ltd.	CYM	NIA	Apex Credit Holdings LLC	Ownership	100.000	MMLIC		
0000							JFIN CLO 2015-II Ltd.	CYM	NIA	Apex Credit Holdings LLC	Ownership	85.000	MMLIC		
0000							JFIN CLO 2016 Ltd.	CYM	NIA	Apex Credit Holdings LLC	Ownership	100.000	MMLIC		
0000							JFIN CLO 2017 Ltd.	CYM	NIA	Apex Credit Holdings LLC	Ownership	100.000	MMLIC		
0000							JFIN CLO 2017-II Ltd.	CYM	NIA	Apex Credit Holdings LLC	Ownership	100.000	MMLIC		
0000							Tomorrow Parent, LLC	DE	NIA	Jefferies Finance LLC	Ownership	100.000	MMLIC		
0000							Custom Ecology Holdco, LLC	DE	NIA	Jefferies Finance LLC	Ownership	100.000	MMLIC		
0000			86-2294635				Glidepath Holdings Inc.	DE	UDP	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MMLIC		
0435	Massachusetts Mut Life Ins Co	63312	13-1935920				MassMutual Ascend Life Insurance Company	OH	RE	Glidepath Holdings Inc.	Ownership	100.000	MMLIC		
0000			31-1422717				AAG Insurance Agency, LLC	KY	NIA	MassMutual Ascend Life Insurance Company	Ownership	100.000	MMLIC		
0435	Massachusetts Mut Life Ins Co	93661	31-1021738				Annuity Investors Life Insurance Company	OH	DS	MassMutual Ascend Life Insurance Company	Ownership	100.000	MMLIC		
0000			31-1395344				MM Ascend Life Investor Services, LLC	OH	NIA	MassMutual Ascend Life Insurance Company	Ownership	100.000	MMLIC		
0000							MM Ascend Mortgage Lending LLC	DE	DS	MassMutual Ascend Life Insurance Company	Ownership	100.000	MMLIC		
0000							MM Vine Street LLC	DE	DS	MassMutual Ascend Life Insurance Company	Ownership	100.000	MMLIC		
0000			26-3260520				Manhattan National Holding, LLC	OH	DS	MassMutual Ascend Life Insurance Company	Ownership	100.000	MMLIC		
0435	Massachusetts Mut Life Ins Co	67083	45-0252531				Manhattan National Life Insurance Company	OH	DS	Manhattan National Holding LLC	Ownership	100.000	MMLIC		
0000							MassMutual Mortgage Lending LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MMLIC		
0000			04-1590850				MM Copper Hill Road LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MMLIC		
0000							MMV CTF I GP LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MMLIC		
0000							MassMutual Ventures Climate Technology Fund I LP	DE	NIA	MMV CTF I GP LLC	Management	100.000	MMLIC		
0000							MM Direct Private Investments Holding LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MMLIC		
0000							MM Direct Private Investments UK Limited	GBR	NIA	MM Direct Private Investments Holding LLC	Ownership	100.000	MMLIC		
0000							DPI-ACRES Capital LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MMLIC		
0000							DPI-ARES Mortgage Lending LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MMLIC		
0000							MM Investment Holding	CYM	NIA	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MMLIC		
0000							MMIH Bond Holdings LLC	DE	NIA	MM Investment Holding	Ownership	99.610	MMLIC		
0000			26-0073611				MassMutual Asset Finance LLC	DE	NIA	C.M. Life Insurance Company	Ownership	0.400	MMLIC		
0000			26-0073611				MassMutual Asset Finance LLC	DE	NIA	MM Investment Holding	Ownership	99.600	MMLIC		
0000			32-0546197				MMAF Equipment Finance LLC 2017-B	DE	NIA	MassMutual Asset Finance LLC	Ownership	100.000	MMLIC		
0000			83-3722640				MMAF Equipment Finance LLC 2019-A	DE	NIA	MassMutual Asset Finance LLC	Ownership	100.000	MMLIC		
0000							MMAF Equipment Finance LLC 2019-B	DE	NIA	MassMutual Asset Finance LLC	Ownership	100.000	MMLIC		
0000							MMAF Equipment Finance LLC 2020-A	DE	NIA	MassMutual Asset Finance LLC	Ownership	100.000	MMLIC		

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)	*
0000							MMAF Equipment Finance LLC 2020-B	DE	NIA	MassMutual Asset Finance LLC	Ownership	100.000	MMLIC		
0000							MMAF Equipment Finance LLC 2021-A	DE	NIA	MassMutual Asset Finance LLC	Ownership	100.000	MMLIC		
0000							MMAF Equipment Finance LLC 2022-A	DE	NIA	MassMutual Asset Finance LLC	Ownership	100.000	MMLIC		
0000							MMAF Equipment Finance LLC 2022-B	DE	NIA	MassMutual Asset Finance LLC	Ownership	100.000	MMLIC		
0000							MMAF Equipment Finance LLC 2023-A	DE	NIA	MassMutual Asset Finance LLC	Ownership	100.000	MMLIC		
0000							MMAF Equipment Finance LLC 2024-A	DE	NIA	MassMutual Asset Finance LLC	Ownership	100.000	MMLIC		
0000			04-2443240				MML Management Corporation	MA	NIA	MM Investment Holding	Ownership	100.000	MMLIC	YES	
0000			04-3548444				MassMutual International Holding MSC, Inc.	MA	NIA	MML Management Corporation	Ownership	100.000	MMLIC		
0000			04-3341767				MassMutual Holding MSC, Inc.	MA	NIA	MML Management Corporation	Ownership	100.000	MMLIC		
0000							MML CM LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MMLIC		
0000							Blueprint Income LLC	NY	NIA	MML CM LLC	Ownership	100.000	MMLIC		
0000							Flourish Holding Company LLC	DE	NIA	MML CM LLC	Ownership	100.000	MMLIC		
0000							Flourish Insurance Agency LLC	DE	NIA	Flourish Holding Company LLC	Ownership	100.000	MMLIC		
0000							Flourish Digital Assets LLC	DE	NIA	Flourish Holding Company LLC	Ownership	100.000	MMLIC		
0000							Flourish Financial LLC	DE	NIA	Flourish Holding Company LLC	Ownership	100.000	MMLIC		
0000							Flourish Technologies LLC	DE	NIA	Flourish Holding Company LLC	Ownership	100.000	MMLIC		
0000			04-3356880				MML Distributors LLC	MA	NIA	Massachusetts Mutual Life Insurance Company	Ownership	99.000	MMLIC		
0000			04-3356880				MML Distributors LLC	MA	NIA	MassMutual Holding LLC	Ownership	1.000	MMLIC		
0000							MML Investment Advisers, LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MMLIC		
0000			46-3238013				MML Strategic Distributors, LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MMLIC		
0000			06-1563535	2881445			MassMutual Private Wealth & Trust, FSB	CT	NIA	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MMLIC	YES	
0000			04-1590850				MML Private Placement Investment Company I, LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MMLIC		
0000			04-1590850				MML Private Equity Fund Investor LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MMLIC		
0000			04-1590850				MML Private Equity Fund Investor LLC	DE	NIA	Baring Asset Management Limited	Management	0.000	MMLIC		
0000			04-1590850				MM Private Equity Intercontinental LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MMLIC		
0000			45-2738137				Pioneers Gate LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MMLIC		
0000			04-2854319	2392316			MassMutual Holding LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MMLIC	YES	
0000			37-1732913				Fern Street LLC	DE	NIA	MassMutual Holding LLC	Ownership	100.000	MMLIC		
0000							Low Carbon Energy Holding	GBR	NIA	MassMutual Holding LLC	Ownership	49.000	MMLIC		
0000							Sleeper Street LLC	DE	NIA	MassMutual Holding LLC	Ownership	100.000	MMLIC		
0000			46-2252944				Haven Life Insurance Agency, LLC	DE	NIA	MassMutual Holding LLC	Ownership	100.000	MMLIC		
0000			82-2932156				GASL Holdings LLC	DE	NIA	MassMutual Holding LLC	Ownership	11.260	MMLIC		
0000			82-2932156				GASL Holdings LLC	DE	NIA	Barings LLC	Board	0.000	MMLIC		
0000			36-4868350				Barings Asset-Based Income Fund (US) LP	DE	NIA	MassMutual Holding LLC	Ownership/Influence	11.400	MMLIC		
0000			36-4868350				Barings Asset-Based Income Fund (US) LP	DE	NIA	C.M. Life Insurance Company	Ownership/Influence	1.100	MMLIC		
0000			36-4868350				Barings Asset-Based Income Fund (US) LP	DE	NIA	Barings LLC	Management	0.000	MMLIC		
0000							Barings Perpetual European Direct Lending Fund	LUX	NIA	Massachusetts Mutual Life Insurance Company	Ownership/Influence	81.610	MMLIC		
0000							Barings Perpetual European Direct Lending Fund	LUX	NIA	Barings LLC	Influence	0.000	MMLIC		

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 *
0000			88-0916548				Barings Emerging Generation Fund II	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership/Influence	55.800	MMLIC		
0000			88-0916548				Barings Emerging Generation Fund II	DE	NIA	Barings LLC	Influence	0.000	MMLIC		
0000			98-1206017				Babson Capital Global Special Situation Credit Fund 2	DE	NIA	MassMutual Holding LLC	Ownership/Influence	25.600	MMLIC		
0000			98-1206017				Babson Capital Global Special Situation Credit Fund 2	DE	NIA	C.M. Life Insurance Company	Ownership	1.600	MMLIC		
0000			98-1206017				Babson Capital Global Special Situation Credit Fund 2	DE	NIA	Barings LLC	Management	0.000	MMLIC		
0000			82-3867745				Barings Global Real Assets Fund LP	DE	NIA	MassMutual Holding LLC	Ownership/Influence	22.800	MMLIC		
0000			82-3867745				Barings Global Real Assets Fund LP	DE	NIA	C.M. Life Insurance Company	Ownership	10.160	MMLIC		
0000			82-3867745				Barings Global Real Assets Fund LP	DE	NIA	Barings LLC	Management	0.000	MMLIC		
0000							Barings Global Special Situations Credit Fund 3	LUX	NIA	MassMutual Holding LLC	Ownership/Influence	18.100	MMLIC		
0000							Barings Global Special Situations Credit Fund 3	LUX	NIA	Barings LLC	Management	0.000	MMLIC		
0000			06-1597528				MassMutual Assignment Company	NC	NIA	MassMutual Holding LLC	Ownership	100.000	MMLIC		
0000			04-1590850				MassMutual Capital Partners LLC	DE	NIA	MassMutual Holding LLC	Ownership	100.000	MMLIC		
0000			46-4255307				Marco Hotel LLC	DE	NIA	MassMutual Holding LLC	Ownership	100.000	MMLIC		
0000			45-3623262				HB Naples Golf Owner LLC	DE	NIA	MassMutual Holding LLC	Ownership	100.000	MMLIC		
0000			82-4411267				RB Apartments LLC	DE	NIA	MassMutual Holding LLC	Ownership	100.000	MMLIC		
0000							Intermodal Holding II LLC	DE	NIA	MassMutual Holding LLC	Ownership	100.000	MMLIC		
0000							MassMutual Ventures Holding LLC	DE	NIA	MassMutual Holding LLC	Ownership	100.000	MMLIC		
0000							Crane Venture Partners LLP	GBR	NIA	MassMutual Ventures Holding LLC	Ownership	33.000	MMLIC		
0000							MassMutual Ventures Management LLC	DE	NIA	MassMutual Ventures Holding LLC	Ownership	100.000	MMLIC		
0000							MassMutual Ventures SEA Management Private Limited	DE	NIA	MassMutual Ventures Management LLC	Ownership	100.000	MMLIC		
0000							MMV UK/SEA Limited	GBR	NIA	MassMutual Ventures SEA Management Private Limited	Ownership	100.000	MMLIC		
0000							MassMutual Ventures India Private Limited	IND	NIA	MassMutual Ventures SEA Management Private Limited	Ownership	100.000	MMLIC		
0000							MassMutual Ventures Southeast Asia I LLC	DE	NIA	MassMutual Ventures Holding LLC	Ownership	100.000	MMLIC		
0000							MassMutual Ventures Southeast Asia II LLC	DE	NIA	MassMutual Ventures Holding LLC	Ownership	100.000	MMLIC		
0000							MassMutual Ventures UK LLC	DE	NIA	MassMutual Ventures Holding LLC	Ownership	100.000	MMLIC		
0000			47-1296410				MassMutual Ventures US I LLC	DE	NIA	MassMutual Ventures Holding LLC	Ownership	100.000	MMLIC		
0000							MassMutual Ventures US II LLC	DE	NIA	MassMutual Ventures Holding LLC	Ownership	100.000	MMLIC		
0000							MassMutual Ventures US III LLC	DE	NIA	MassMutual Ventures Holding LLC	Ownership	100.000	MMLIC		
0000							MM Catalyst Fund LLC	DE	NIA	MassMutual Holding LLC	Ownership	100.000	MMLIC		
0000							MM Catalyst Fund II LLC	DE	NIA	MassMutual Holding LLC	Ownership	100.000	MMLIC		
0000			04-1590850				MM Rothesay Holdco US LLC	DE	NIA	MassMutual Holding LLC	Ownership	100.000	MMLIC		
0000							Rothesay Limited	GBR	NIA	MM Rothesay Holdco US LLC	Ownership	47.600	MMLIC		
0000							Rothesay Mortgages Limited	GBR	NIA	Rothesay Limited	Ownership	100.000	MMLIC		
0000							Rothesay Life Plc	GBR	NIA	Rothesay Limited	Ownership	100.000	MMLIC		
0000							Rothesay MA No.1 Limited	GBR	NIA	Rothesay Life PLC	Ownership	100.000	MMLIC		
0000							Rothesay MA No.3 Limited	GBR	NIA	Rothesay Life PLC	Ownership	100.000	MMLIC		
0000							Rothesay MA No.4 Limited	GBR	NIA	Rothesay Life PLC	Ownership	100.000	MMLIC		
0000							LT Mortgage Financing Limited	GBR	NIA	Rothesay Life PLC	Ownership	100.000	MMLIC		
0000							Rothesay Property Partnership 1 LLP	GBR	NIA	Rothesay Life PLC	Ownership	100.000	MMLIC		
0000							Rothesay Foundation	GBR	NIA	Rothesay Limited	Ownership	100.000	MMLIC		
0000							Rothesay Pensions Management Limited	GBR	NIA	Rothesay Limited	Ownership	100.000	MMLIC		

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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0000							Rothesay Asset Management UK Limited	GBR	NIA	Rothesay Limited	Ownership	100.000	MMLIC		
0000							Rothesay Asset Management Australia Pty Ltd	AUS	NIA	Rothesay Asset Management UK Limited	Ownership	100.000	MMLIC		
0000							Rothesay Asset Management North America LLC	DE	NIA	Rothesay Asset Management UK Limited	Ownership	100.000	MMLIC		
0000			04-1590850				MML Investors Services, LLC	MA	NIA	MassMutual Holding LLC	Ownership	100.000	MMLIC		
0000			04-1590850				MML Insurance Agency, LLC	MA	NIA	MML Investors Services, LLC	Ownership	100.000	MMLIC		
0000			47-1466022				LifeScore Labs, LLC	MA	NIA	MassMutual Holding LLC	Ownership	100.000	MMLIC		
0000			45-4000072				MM Asset Management Holding LLC	MA	NIA	MassMutual Holding LLC	Ownership	100.000	MMLIC		
0000			51-0504477				Barings LLC	MA	NIA	MassMutual Holding LLC	Ownership	100.000	MMLIC		
0000			98-0524271				Baring Asset Management (Asia) Holdings Limited	HKG	NIA	Barings LLC	Ownership	100.000	MMLIC		
0000			98-0457465				Baring International Fund Managers (Bermuda) Limited	BMU	NIA	Baring Asset Management (Asia) Holdings Limited	Ownership	100.000	MMLIC		
0000			98-0457463				Baring Asset Management (Asia) Limited	HKG	NIA	Baring Asset Management (Asia) Holdings Limited	Ownership	100.000	MMLIC		
0000							Baring Asset Management Korea Limited	KOR	NIA	Baring Asset Management (Asia) Limited	Ownership	100.000	MMLIC		
0000							Barings Investment Management (Shanghai) Limited	HKG	NIA	Baring Asset Management (Asia) Limited	Ownership	100.000	MMLIC		
0000							Barings Overseas Investment Fund Management (Shanghai) Limited	HKG	NIA	Barings Investment Management (Shanghai) Limited	Ownership	100.000	MMLIC		
0000			98-0457707				Baring SICE (Taiwan) Limited	TWN	NIA	Baring Asset Management (Asia) Holdings Limited	Ownership	100.000	MMLIC		
0000							Barings Singapore Pte. Ltd.	SGP	NIA	Baring Asset Management (Asia) Holdings Limited	Ownership	100.000	MMLIC		
0000			98-0236449				Barings Japan Limited	JPN	NIA	Baring Asset Management (Asia) Holdings Limited	Ownership	100.000	MMLIC		
0000							Barings Australia Holding Company Pty Ltd	AUS	NIA	Baring Asset Management (Asia) Holdings Limited	Ownership	100.000	MMLIC		
0000							Barings Australia Pty Ltd	AUS	NIA	Barings Australia Holding Company Pty Ltd	Ownership	100.000	MMLIC		
0000							Barings Australia Real Estate Holdings Pty Ltd	AUS	NIA	Barings LLC	Ownership	100.000	MMLIC		
0000			14-0045656				Barings Australia Real Estate Pty Ltd	AUS	NIA	Barings Australia Real Estate Holdings Pty Ltd	Ownership	100.000	MMLIC		
0000			98-0457456				Barings Australia Property Partners Holdings Pty Ltd	AUS	NIA	Barings Australia Real Estate Pty Ltd	Ownership	100.000	MMLIC		
0000							Barings Australia Asset Management Pty Ltd	AUS	NIA	Barings Australia Property Partners Holdings Pty Ltd	Ownership	100.000	MMLIC		
0000							Barings Australia Property Partners Pty Ltd	AUS	NIA	Barings Australia Property Partners Holdings Pty Ltd	Ownership	100.000	MMLIC		
0000							Barings Australia Structured Finance Holdings Pty Ltd	AUS	NIA	Barings LLC	Ownership	100.000	MMLIC		
0000							Barings Australia Structured Finance Pty Ltd	AUS	NIA	Barings Australia Structured Finance Holdings Pty Ltd	Ownership	100.000	MMLIC		
0000							Gryphon Capital Partners Pty Ltd	AUS	NIA	Barings Australia Structured Finance Pty Ltd	Ownership	100.000	MMLIC		
0000							Gryphon Capital Management Pty Ltd	AUS	NIA	Gryphon Capital Partners Pty Ltd	Ownership	100.000	MMLIC		
0000							Gryphon Capital Investments Pty Ltd	AUS	NIA	Gryphon Capital Partners Pty Ltd	Ownership	100.000	MMLIC		
0000			80-0875475				Barings Finance LLC	DE	NIA	Barings LLC	Ownership	100.000	MMLIC		
0000							BCF Europe Funding Limited	IRL	NIA	Barings Finance LLC	Ownership	100.000	MMLIC		
0000							BCF Senior Funding I LLC	DE	NIA	Barings Finance LLC	Ownership	100.000	MMLIC		
0000							BCF Senior Funding I Designated Activity Company	IRL	NIA	Barings Finance LLC	Ownership	100.000	MMLIC		
0000							Barings Real Estate Acquisitions LLC	DE	NIA	Barings LLC	Ownership	100.000	MMLIC		

SCHEDULE Y

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0000			04-3238351				Barings Securities LLC	DE	NIA	Barings LLC	Ownership	100.000	MMLIC		
0000			98-0437588				Barings Guernsey Limited	GGY	NIA	Barings LLC	Ownership	100.000	MMLIC		
0000							Barings Europe Limited	GBR	NIA	Barings Guernsey Limited	Ownership	100.000	MMLIC		
0000							Barings Asset Management Spain SL	ESP	NIA	Barings Europe Limited	Ownership	100.000	MMLIC		
0000							Baring France SAS	FRA	NIA	Barings Europe Limited	Ownership	100.000	MMLIC		
0000							Baring International Fund Managers (Ireland) Limited	IRL	NIA	Barings Europe Limited	Ownership	100.000	MMLIC		
0000							Barings GmbH	DEU	NIA	Barings Europe Limited	Ownership	100.000	MMLIC		
0000							Barings Italy S.r.l.	ITA	NIA	Barings Europe Limited	Ownership	100.000	MMLIC		
0000							Barings Sweden AB	SWE	NIA	Barings Europe Limited	Ownership	100.000	MMLIC		
0000							Barings Netherlands B.V.	NLD	NIA	Barings Europe Limited	Ownership	100.000	MMLIC		
0000			98-0432153				Barings (U.K.) Limited	GBR	NIA	Barings Europe Limited	Ownership	100.000	MMLIC		
0000							Barings Switzerland Sàrl	CHE	NIA	Barings Europe Limited	Ownership	100.000	MMLIC		
0000			98-0241935				Baring Asset Management Limited	GBR	NIA	Barings Europe Limited	Ownership	100.000	MMLIC		
0000							Barings European Direct Lending 1 GP LLP	GBR	NIA	Baring Asset Management Limited	Ownership	100.000	MMLIC		
0000			98-0457328				Baring International Investment Limited	GBR	NIA	Baring Asset Management Limited	Ownership	100.000	MMLIC		
0000			98-0457586				Baring Fund Managers Limited	GBR	NIA	Baring Asset Management Limited	Ownership	100.000	MMLIC		
0000							BCGSS 2 GP LLP	GBR	NIA	Baring Fund Managers Limited	Ownership	100.000	MMLIC		
0000			98-0457578				Baring Investment Services Limited	GBR	NIA	Baring Asset Management Limited	Ownership	100.000	MMLIC		
0000							Barings Core Fund Feeder I GP S.à.r.l.	LUX	NIA	Baring Asset Management Limited	Ownership	100.000	MMLIC		
0000							Barings Investment Fund (LUX) GP S.à. r.l .	LUX	NIA	Baring Asset Management Limited	Ownership	100.000	MMLIC		
0000							Barings BME GP S.à.r.l.	GBR	NIA	Baring Asset Management Limited	Ownership	100.000	MMLIC		
0000							Barings GPC GP S.à. r.l .	LUX	NIA	Baring Asset Management Limited	Ownership	100.000	MMLIC		
0000							Barings European Core Property Fund GP Sàrl	GBR	NIA	Baring Asset Management Limited	Ownership	100.000	MMLIC		
0000							Barings Umbrella Fund (LUX) GP S.à.r.l.	LUX	NIA	Baring Asset Management Limited	Ownership	100.000	MMLIC		
0000							GPLF4(S) GP S.à r. l	LUX	NIA	Baring Asset Management Limited	Ownership	100.000	MMLIC		
0000							PREIF Holdings Limited Partnership	GBR	NIA	Baring Asset Management Limited	Ownership	100.000	MMLIC		
0000							BMC Holdings DE LLC	DE	NIA	Barings LLC	Ownership	100.000	MMLIC		
0000			04-3238351	3456895			Barings Real Estate Advisers Inc.	CA	NIA	Barings LLC	Ownership	100.000	MMLIC		
0000			81-4065378				Remington L & W Holdings LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership/Influence	45.400	MMLIC		
0000			81-4065378				Remington L & W Holdings LLC	DE	NIA	Barings LLC	Influence	0.000	MMLIC		
0000							Aland Royalty GP, LLC	DE	NIA	Barings LLC	Ownership	100.000	MMLIC		
0000							Alaska Future Fund GP, LLC	DE	NIA	Barings LLC	Ownership	100.000	MMLIC		
0000							BAI Funds SLP, LLC	DE	NIA	Barings LLC	Ownership	100.000	MMLIC		
0000							BAI GP, LLC	DE	NIA	Barings LLC	Ownership	100.000	MMLIC		
0000							Baring Asset-Based Income Fund (US) GP, LLC	DE	NIA	Barings LLC	Ownership	100.000	MMLIC		
0000							Barings Infiniti Fund Management LLC	DE	NIA	Barings LLC	Ownership	100.000	MMLIC		
0000							Barings New Jersey Emerging Manager Program GP, LLC	DE	NIA	Barings LLC	Ownership	100.000	MMLIC		
0000							Barings Hotel Opportunity Venture I GP, LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MMLIC		
0000							Baring Investment Series LLC	DE	NIA	Barings LLC	Ownership	100.000	MMLIC		
0000							Barings Emerging Generation Fund GP, LLC	DE	NIA	Barings LLC	Ownership	100.000	MMLIC		
0000							Barings Emerging Generation Fund GP II, LLC	DE	NIA	Barings LLC	Ownership	100.000	MMLIC		
0000							Barings ERS PE Emerging Manager III GP, LLC	DE	NIA	Barings LLC	Ownership	100.000	MMLIC		
0000							Barings FC III LLC	DE	NIA	Barings LLC	Ownership	100.000	MMLIC		
0000			04-1590850				Barings Global Investment Funds (U.S.) Management LLC	DE	NIA	Barings LLC	Ownership	100.000	MMLIC		
0000							Barings CLO Investment Partners GP, LLC	DE	NIA	Barings LLC	Ownership	100.000	MMLIC		

SCHEDULE Y

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0000							Barings Core Property Fund GP LLC	DE	NIA	Barings LLC	Ownership	100.000	MMLIC		
0000							Barings Direct Lending GP Ltd.	CYM	NIA	Barings LLC	Ownership	100.000	MMLIC		
0000							Barings Direct Investments LLC	DE	NIA	Barings LLC	Ownership	100.000	MMLIC		
0000							Barings Diversified Residential Fund GP LLC	DE	NIA	Barings LLC	Ownership	100.000	MMLIC		
0000							Barings Global Energy Infrastructure Advisors, LLC	DE	NIA	Barings LLC	Ownership	100.000	MMLIC		
0000							Barings Capital Solutions Perpetual Fund GP LLC	DE	NIA	Barings LLC	Ownership	100.000	MMLIC		
0000							Barings Centre Street CLO Equity Partnership GP, LLC	DE	NIA	Barings LLC	Ownership	100.000	MMLIC		
0000			88-3792609				Barings Centre Street CLO Equity Partnership LP	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership/Influence	21.600	MMLIC		
0000			88-3792609				Barings Centre Street CLO Equity Partnership LP	DE	NIA	Barings LLC	Management	0.000	MMLIC		
0000							Barings Global Real Assets Fund GP, LLC	DE	NIA	Barings LLC	Ownership	100.000	MMLIC		
0000							Barings GPSF LLC	DE	NIA	Barings LLC	Ownership	100.000	MMLIC		
0000							Barings North American Private Loan Fund Management, LLC	DE	NIA	Barings LLC	Ownership	100.000	MMLIC		
0000							Barings North American Private Loan Fund II Management, LLC	DE	NIA	Barings LLC	Ownership	100.000	MMLIC		
0000							Barings North American Private Loan Fund III Management, LLC	DE	NIA	Barings LLC	Ownership	100.000	MMLIC		
0000							Barings Global Special Situations Credit Fund 4 GP (Delaware) LLC	DE	NIA	Barings LLC	Ownership	100.000	MMLIC		
0000							Barings - MM Revolver Fund GP LLC	DE	NIA	Barings LLC	Ownership	100.000	MMLIC		
0000							Barings Real Estate European Value Add Fund II Feeder LLC	CYM	NIA	Barings LLC	Ownership	100.000	MMLIC		
0000							Barings SBIC II GP, LLC	DE	NIA	Barings LLC	Ownership	100.000	MMLIC		
0000							Barings SEM GP LLC	DE	NIA	Barings LLC	Ownership	100.000	MMLIC		
0000							BMT RE Debt Fund GP LLC	DE	NIA	Barings LLC	Ownership	100.000	MMLIC		
0000			84-5063008				Barings Small Business Fund LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	30.930	MMLIC		
0000			84-5063008				Barings Small Business Fund LLC	DE	NIA	Barings LLC	Management	0.000	MMLIC		
0000							Barings TYIDF2 Rated Feeder GP LLC	DE	NIA	Barings LLC	Ownership	100.000	MMLIC		
0000							Barings TYIDF2 Rated Feeder, L.P.	DE	NIA	Barings LLC	Ownership	100.000	MMLIC		
0000							BCLF GP LLC	DE	NIA	Barings LLC	Ownership	100.000	MMLIC		
0000			98-0536233				Benton Street Advisors, Inc.	CYM	NIA	Barings LLC	Ownership	100.000	MMLIC		
0000							Barings Active Passive Equity Direct EAFE LLC	DE	NIA	Barings LLC	Ownership	100.000	MMLIC		
0000							BHOVI Incentive LLC	DE	NIA	Barings LLC	Ownership	100.000	MMLIC		
0000							BIG Real Estate Incentive I LLC	DE	NIA	Barings LLC	Ownership	100.000	MMLIC		
0000							BIG Real Estate Incentive II LLC	DE	NIA	Barings LLC	Ownership	100.000	MMLIC		
0000							BRECS VII GP LLC	DE	NIA	Barings LLC	Ownership	100.000	MMLIC		
0000							BREDIF GP LLC	DE	NIA	Barings LLC	Ownership	100.000	MMLIC		
0000							CPF Springing Member, LLC	DE	NIA	Barings LLC	Ownership	100.000	MMLIC		
0000							CREA-MA Reorganization Trust	DE	NIA	Barings LLC	Ownership	100.000	MMLIC		
0000							CREF X GP LLC	DE	NIA	Barings LLC	Ownership	100.000	MMLIC		
0000			04-1590850				Great Lakes III GP, LLC	DE	NIA	Barings LLC	Ownership	100.000	MMLIC		
0000							Lake Jackson LLC	DE	NIA	Barings LLC	Ownership	100.000	MMLIC		
0000							Barings Emerging Markets Blended Fund I GP, LLC	DE	NIA	Barings LLC	Ownership	100.000	MMLIC		

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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0000							Barings EPLF4 Rated Feeder GP LLC	DE	NIA	Barings LLC	Ownership	100.000	MMLIC		
0000			41-2280126				Mezzco III LLC	DE	NIA	Barings LLC	Ownership	99.300	MMLIC		
0000			80-0920285				Mezzco IV LLC	DE	NIA	Barings LLC	Ownership	99.300	MMLIC		
0000							Mezzco Australia II LLC	DE	NIA	Barings LLC	Ownership	100.000	MMLIC		
0000							RECSA-NY GP LLC	DE	NIA	Barings LLC	Ownership	100.000	MMLIC		
0000			98-1624360				Barings CLO 2022-I	CYM	NIA	Barings LLC	Influence	0.000	MMLIC		
0000							Barings CLO 2022-II	CYM	NIA	Barings LLC	Influence	0.000	MMLIC		
0000							Amherst Long Term Holdings, LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	24.500	MMLIC		
0000							Enroll Confidently, Inc.	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	25.000	MMLIC		
0000			04-3313782				MassMutual International LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MMLIC	YES	
0000							MassMutual Solutions LLC	DE	NIA	MassMutual International LLC	Ownership	100.000	MMLIC		
0000							Yunfeng Financial Group Limited	HKG	NIA	MassMutual International LLC	Ownership	24.900	MMLIC		
0000			27-3576835				MassMutual External Benefits Group LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MMLIC		
0000							Stillings Street LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MMLIC		
0000							5301 Wisconsin Avenue Associates, LLC	DC	NIA	Massachusetts Mutual Life Insurance Company	Ownership	99.000	MMLIC		
0000							5301 Wisconsin Avenue GP, LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MMLIC		
0000			04-1590850				100 w. 3rd Street LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MMLIC		
0000			82-2432216				300 South Tryon Hotel LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MMLIC		
0000			04-1590850				300 South Tryon LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MMLIC		
0000							Almack Mezzanine Fund II Unleveraged LP	GBR	NIA	Massachusetts Mutual Life Insurance Company	Ownership/Influence	72.900	MMLIC		
0000							Barings Affordable Housing Mortgage Fund I LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MMLIC		
0000							Barings Affordable Housing Mortgage Fund I LLC	DE	NIA	Barings LLC	Management	0.000	MMLIC		
0000			61-1902329				Barings Affordable Housing Mortgage Fund II LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MMLIC		
0000			61-1902329				Barings Affordable Housing Mortgage Fund II LLC	DE	NIA	Barings LLC	Management	0.000	MMLIC		
0000			85-3036663				Barings Affordable Housing Mortgage Fund III LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MMLIC		
0000			85-3036663				Barings Affordable Housing Mortgage Fund III LLC	DE	NIA	Barings LLC	Management	0.000	MMLIC		
0000							Barings Construction Lending Fund LP	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	85.710	MMLIC		
0000							Barings Construction Lending Fund LP	DE	NIA	Massachusetts Mutual Ascend	Management	10.000	MMLIC		
0000							12-18 West 55th Street Predevelopment, LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	90.200	MMLIC		
0000							21 West 86th LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	96.240	MMLIC		
0000							Barings Diversified Residential Fund LP	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MMLIC		

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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0000							Barings Emerging Generation Fund II LP	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	39.700	MMLIC		
0000			84-3784245				Barings Emerging Generation Fund, LP	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	37.550	MMLIC		
0000			84-3784245				Barings Emerging Generation Fund, LP	DE	NIA	Barings LLC	Management	0.000	MMLIC		
0000							Barings Emerging Markets Corporate Bond Fund	IRL	NIA	Massachusetts Mutual Life Insurance Company	Ownership/Influence	0.000	MMLIC		
0000							Barings Emerging Markets Corporate Bond Fund	IRL	NIA	Barings LLC	Ownership	64.400	MMLIC		
0000							Barings Hotel Opportunity Venture I LP	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership/Influence	65.000	MMLIC		
0000							Barings Hotel Opportunity Venture I LP	DE	NIA	Barings LLC	Management	0.000	MMLIC		
0000							Barings Miller Investment Trust	AUS	NIA	Massachusetts Mutual Life Insurance Company	Ownership/Influence	76.430	MMLIC		
0000							Barings Miller Investment Trust	AUS	NIA	MassMutual Ascend Life Insurance Company	Influence	0.000	MMLIC		
0000			85-3449260				Barings Real Estate Debt Income Fund LP	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership/Influence	55.190	MMLIC		
0000			85-3449260				Barings Real Estate Debt Income Fund LP	DE	NIA	C.M. Life Insurance Company	Influence	0.000	MMLIC		
0000			85-3449260				Barings Real Estate Debt Income Fund LP	DE	NIA	Barings LLC	Management	0.000	MMLIC		
0000							Barings Real Estate European Value Add I SCSp	GBR	NIA	Massachusetts Mutual Life Insurance Company	Ownership/Influence	44.000	MMLIC		
0000							Barings Real Estate European Value Add I SCSp	GBR	NIA	C.M. Life Insurance Company	Ownership	4.900	MMLIC		
0000							Barings Real Estate European Value Add I SCSp	GBR	NIA	Barings LLC	Management	0.000	MMLIC		
0000							Barings Small Business Fund, L.P.	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	33.600	MMLIC		
0000							Barings U.S. High Yield Fund	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	30.090	MMLIC		
0000							Barings-MM Revolver Fund LP	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership/Influence	86.000	MMLIC		
0000							Barings-MM Revolver Fund LP	DE	NIA	MM Ascend	Ownership/Influence	14.000	MMLIC		
0000							Beauty Brands Acquisition LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	32.630	MMLIC		
0000							Beauty Brands Acquisition Intermediate LLC	DE	NIA	Beauty Brands Acquisition LLC	Ownership	100.000	MMLIC		
0000							Forma Brands, LLC	DE	NIA	Beauty Brands Acquisition Intermediate LLC	Ownership	100.000	MMLIC		
0000			45-2632610				Cornerstone Permanent Mortgage Fund LLC	MA	NIA	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MMLIC		
0000			45-2632610				Cornerstone Permanent Mortgage Fund LLC	MA	NIA	Barings LLC	Management	0.000	MMLIC		
0000							CREA Ridge Apartments, LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MMLIC		
0000							Euro Real Estate Holdings Herleshausen LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	47.500	MMLIC		
0000							London Office JV Holdings LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MMLIC		
0000							Riverwalk MM Member, LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MMLIC		
0000			83-0560183				Aland Royalty Holdings LP	DE	NIA	MassMutual Holding LLC	Ownership/Influence	26.700	MMLIC		
0000			83-0560183				Aland Royalty Holdings LP	DE	NIA	Barings LLC	Management	0.000	MMLIC		

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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0000			81-2244465				Chassis Acquisition Holding LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership/Influence	30.000	MMLIC		
0000			81-4258759				CRA Aircraft Holding LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership/Influence	15.900	MMLIC		
0000			81-4258759				CRA Aircraft Holding LLC	DE	NIA	Barings LLC	Influence	0.000	MMLIC		
0000							EIP Holdings I, LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership/Influence	29.000	MMLIC		
0000			46-5460309				Red Lake Ventures, LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership/Influence	31.520	MMLIC		
0000			46-5460309				Red Lake Ventures, LLC	DE	NIA	Barings LLC	Influence	0.000	MMLIC		
0000			46-0687392				Validus Holding Company LLC	DE	NIA	Barings LLC	Ownership	40.440	MMLIC		
0000							SBNP SIA III LLC	DE	NIA	Barings LLC	Ownership	100.000	MMLIC		
0000							MM Speedway El Paso Member LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MMLIC		
0000							Barings European Real Estate Debt Income Fund	LUX	NIA	Massachusetts Mutual Life Insurance Company	Ownership/Influence	46.500	MMLIC		
0000							Barings European Real Estate Debt Income Fund	LUX	NIA	Barings LLC	Influence	0.000	MMLIC		
0000			37-1506417				Babson Capital Loan Strategies Fund, L.P.	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership/Influence	76.630	MMLIC		
0000			37-1506417				Babson Capital Loan Strategies Fund, L.P.	DE	NIA	C.M. Life Insurance Company	Ownership	3.800	MMLIC		
0000			37-1506417				Babson Capital Loan Strategies Fund, L.P.	DE	NIA	Barings LLC	Management	0.000	MMLIC		
0000							Barings US High Yield Bond Fund	IRL	NIA	Massachusetts Mutual Life Insurance Company	Ownership/Influence	0.000	MMLIC		
0000							Barings US High Yield Bond Fund	IRL	NIA	Barings LLC	Management	0.000	MMLIC		
0000							Babson CLO Ltd. 2015-I	CYM	NIA	Barings LLC	Influence	0.000	MMLIC		2
0000							Babson CLO Ltd. 2015-II	CYM	NIA	Barings LLC	Influence	0.000	MMLIC		3
0000							Barings CLO 2018-IV	CYM	NIA	Barings LLC	Influence	0.000	MMLIC		
0000			98-1473665				Barings CLO 2019-II	CYM	NIA	Barings LLC	Influence	0.000	MMLIC		
0000							Barings CLO 2019-III	CYM	NIA	Barings LLC	Influence	0.000	MMLIC		
0000							Barings CLO 2019-IV	CYM	NIA	Barings LLC	Influence	0.000	MMLIC		
0000							Barings CLO 2020-I	CYM	NIA	Barings LLC	Influence	0.000	MMLIC		
0000							Barings CLO 2020-III	CYM	NIA	Barings LLC	Influence	0.000	MMLIC		
0000							Barings CLO 2020-IV	CYM	NIA	Barings LLC	Influence	0.000	MMLIC		
0000							Barings CLO 2021-I	CYM	NIA	Barings LLC	Influence	0.000	MMLIC		
0000							Barings CLO 2021-II	CYM	NIA	Barings LLC	Influence	0.000	MMLIC		
0000							Barings CLO 2021-III	CYM	NIA	Barings LLC	Influence	0.000	MMLIC		
0000							Barings CLO 2024-II	CYM	NIA	Barings LLC	Influence	0.000	MMLIC		
0000							Babson Euro CLO 2015-I BV	NLD	NIA	Barings LLC	Influence	0.000	MMLIC		
0000			36-037260H				Barings Euro CLO 2019-I BV	IRL	NIA	Barings LLC	Influence	0.000	MMLIC		
0000							Barings Euro CLO 2019-II BV	IRL	NIA	Barings LLC	Influence	0.000	MMLIC		
0000							Barings Euro CLO 2020-I DAC	IRL	NIA	Barings LLC	Influence	0.000	MMLIC		
0000			37-15576VH				Barings Euro CLO 2021-I DAC	IRL	NIA	Barings LLC	Influence	0.000	MMLIC		
0000							Barings Euro CLO 2021-II DAC	IRL	NIA	Barings LLC	Influence	0.000	MMLIC		
0000							Barings Euro CLO 2021-III DAC	IRL	NIA	Barings LLC	Influence	0.000	MMLIC		
0000							Barings Euro CLO 2023-II DAC	IRL	NIA	Barings LLC	Influence	0.000	MMLIC		
0000			98-1332384				Barings Global Energy Infrastructure Fund I LP	CYM	NIA	Massachusetts Mutual Life Insurance Company	Ownership/Influence	99.300	MMLIC		
0000							Barings Global Special Situations Credit 4 Delaware	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	66.400	MMLIC		

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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0000							Barings Global Special Situations Credit 4 Delaware	DE	NIA	C.M. Life Insurance Company	Ownership	3.500	MMLIC		
0000							Barings Global Special Situations Credit 4 Delaware	DE	NIA	Barings LLC	Management	0.000	MMLIC		
0000							Barings Global Special Situations Credit 4 LUX	LUX	NIA	Massachusetts Mutual Life Insurance Company	Ownership	11.500	MMLIC		
0000							Barings Global Special Situations Credit 4 LUX	LUX	NIA	C.M. Life Insurance Company	Ownership	0.600	MMLIC		
0000							Barings Global Special Situations Credit 4 LUX	LUX	NIA	Barings LLC	Management	0.000	MMLIC		
0000							Barings Europe Select Fund	IRL	NIA	Barings LLC	Management	0.000	MMLIC		
0000			87-0977058				Barings Hotel Opportunity Venture	CT	NIA	Massachusetts Mutual Life Insurance Company	Ownership/Influence	36.500	MMLIC		
0000			87-0977058				Barings Hotel Opportunity Venture	CT	NIA	Barings LLC	Management	0.000	MMLIC		
0000			86-3661023				Barings Innovations & Growth Real Estate Fund	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	29.700	MMLIC		
0000			86-3661023				Barings Innovations & Growth Real Estate Fund	DE	NIA	C.M. Life Insurance Company	Ownership	0.400	MMLIC		
0000							Barings Middle Market CLO 2017-I Ltd & LLC	CYM	NIA	Barings LLC	Influence	0.000	MMLIC		
0000			98-1612604				Barings Middle Market CLO Ltd 2021-I	CYM	NIA	Barings LLC	Influence	0.000	MMLIC		
0000							Barings Middle Market CLO Ltd 2023-I	BMU	NIA	Barings LLC	Influence	0.000	MMLIC		
0000							Barings Middle Market CLO Ltd 2023-II	BMU	NIA	Barings LLC	Influence	0.000	MMLIC		
0000							Barings Euro Middle Market CLO 2024-1 DAC	IRL	NIA	Barings LLC	Influence	0.000	MMLIC		
0000							Barings Middle Market Loan Partners 1	CYM	NIA	Barings LLC	Influence	0.000	MMLIC		
0000							Barings Middle Market Loan Partners 2	CYM	NIA	Barings LLC	Influence	0.000	MMLIC		
0000							Barings Loan Partners 5	CYM	NIA	Barings LLC	Influence	0.000	MMLIC		
0000			98-1332384				Barings RE Credit Strategies VII LP	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership/Influence	34.690	MMLIC		
0000			98-1332384				Barings RE Credit Strategies VII LP	DE	NIA	Baring Asset Management Limited	Management	0.000	MMLIC		
0000			98-1567942				Barings Target Yield Infrastructure Debt Fund	LUX	NIA	Massachusetts Mutual Life Insurance Company	Ownership	18.870	MMLIC		
0000			98-1567942				Barings Target Yield Infrastructure Debt Fund	LUX	NIA	Baring Asset Management Limited	Management	0.000	MMLIC		
0000			81-0841854				Barings CLO Investment Partners LP	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership/Influence	95.640	MMLIC		
0000			81-0841854				Barings CLO Investment Partners LP	DE	NIA	Barings LLC	Management	0.000	MMLIC		
0000							Barings Euro Value Add II (BREEVA II)	LUX	NIA	Massachusetts Mutual Life Insurance Company	Ownership/Influence	26.200	MMLIC		
0000							Barings Euro Value Add II (BREEVA II)	LUX	NIA	C.M. Life Insurance Company	Ownership	2.300	MMLIC		
0000							Barings Euro Value Add II (BREEVA II)	LUX	NIA	Barings LLC	Management	0.000	MMLIC		
0000			87-1262754				Barings Transportation Fund LP	DE	NIA	MassMutual Holding LLC	Ownership/Influence	5.200	MMLIC		
0000			87-1262754				Barings Transportation Fund LP	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	16.500	MMLIC		
0000							Braemar Energy Ventures I, L.P.	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership/Influence	98.500	MMLIC		
0000							Braemar Energy Ventures I, L.P.	DE	NIA	C.M. Life Insurance Company	Ownership	1.500	MMLIC		
0000							Braemar Energy Ventures I, L.P.	DE	NIA	Barings LLC	Management	0.000	MMLIC		
0000							Barings European Core Property Fund SCSp	LUX	NIA	MassMutual Holding LLC	Ownership/Influence	12.500	MMLIC		
0000							Barings European Core Property Fund SCSp	LUX	NIA	C.M. Life Insurance Company	Ownership	0.800	MMLIC		
0000							Barings European Core Property Fund SCSp	LUX	NIA	Barings Real Estate Advisers LLC	Management	0.000	MMLIC		

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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0000			46-5001122				Barings European Private Loan Fund III A	LUX	NIA	Massachusetts Mutual Life Insurance Company	Ownership	45.500	MMLIC		
0000			38-4059932				Benchmark 2018-B2 Mortgage Trust	NY	NIA	Barings LLC	Influence	0.000	MMLIC		
0000							Benchmark 2018-B4	NY	NIA	Barings LLC	Influence	0.000	MMLIC		
0000			38-4096530				Benchmark 2018-B8	NY	NIA	Barings LLC	Influence	0.000	MMLIC		
0000			20-5578089				Barings Core Property Fund LP	DE	NIA	MassMutual Holding LLC	Ownership/Influence	27.700	MMLIC		
0000			20-5578089				Barings Core Property Fund LP	DE	NIA	Barings Real Estate Advisers LLC	Management	0.000	MMLIC		
0000			04-1590850				DPI Acres Capital SPV LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MMLIC		
0000			04-1590850				DPI-ARES Mortgage Lending SPV, LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MMLIC		
0000							E2E Affordable Housing Debt Fund LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership/Influence	100.000	MMLIC		
0000			98-1607033				GIA EU Holdings - Emerson JV Sarl	LUX	NIA	Massachusetts Mutual Life Insurance Company	Ownership/Influence	62.400	MMLIC		
0000			98-1607033				GIA EU Holdings - Emerson JV Sarl	LUX	NIA	Barings LLC	Management	0.000	MMLIC		
0000			38-4041011				JPMCC Commercial Mortgage Securities Trust 2017-JP7	NY	NIA	Barings LLC	Influence	0.000	MMLIC		
0000			38-4032059				JPMDB Commercial Mortgage Securities Trust 2017-C5	NY	NIA	Barings LLC	Influence	0.000	MMLIC		
0000							Martello Re Feeder LP	DE	NIA	MassMutual Holding LLC	Ownership	44.000	MMLIC		
0000							Martello Re LP	DE	NIA	Martello Re Feeder LP	Ownership	54.000	MMLIC		
0000							Martello Re Holding Limited LLC	DE	NIA	Martello Re LP	Ownership	100.000	MMLIC		
0000							Martello Re Limited	BMU	NIA	Martello Re Holding Limited LLC	Ownership	100.000	MMLIC		
0000							Martello Re Services Company	DE	NIA	Martello Re Holding Limited LLC	Ownership	100.000	MMLIC		
0000			04-1590850				Miami Douglas Three MM, LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MMLIC		
0000			87-4021641				MM BIG Peninsula Co-Invest Member LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	27.000	MMLIC		
0000			87-4021641				MM BIG Peninsula Co-Invest Member LLC	DE	NIA	C.M. Life Insurance Company	Ownership	0.800	MMLIC		
0000			04-1590850				MM Direct Private Invetment Holding	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MMLIC		
0000							MM CM Holding LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MMLIC		
0000			81-3000420				MM Debt Participations LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership/Influence	100.000	MMLIC		
0000			81-3000420				MM Debt Participations LLC	DE	NIA	Barings LLC	Management	0.000	MMLIC		
0000			04-1590850				MM MD1 Station Member LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	50.000	MMLIC		
0000			04-1590850				MM MD1 Station Member LLC	DE	NIA	C.M. Life Insurance Company	Ownership	3.100	MMLIC		
0000			92-3857084				Barings Capital Solutions Perpetual Fund (DE) LP	DE	NIA	Barings LLC	Influence	0.000	MMLIC		
0000							Barings Capital Solutions Perpetual Fund (LUX)	LUX	NIA	Barings LLC	Influence	0.000	MMLIC		
0000							Barings Income Navigator Fund	IRL	NIA	Barings LLC	Influence	0.000	MMLIC		
0000							Barings Capital Solutions Perpetual Fund (CA), LP	CYM	NIA	Barings LLC	Influence	0.000	MMLIC		
0000							Barings Global Investment Grade Credit Fund	IRL	NIA	Massachusetts Mutual Life Insurance Company	Ownership	42.400	MMLIC		
0000							Barings Global Investment Grade Credit Fund	IRL	NIA	Barings LLC	Management	0.000	MMLIC		
0000			04-1590850				MM MD2 Station Member LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	47.000	MMLIC		

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 *
0000			04-1590850				MM MD2 Station Member LLC	DE	NIA	C.M. Life Insurance Company	Ownership	3.100	MMLIC		
0000			04-1590850				MMV Climate Technology Fund GP	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	99.000	MMLIC		
0000			04-1590850				MMV Climate Technology Fund GP	DE	NIA	Massachusetts Mutual Ascend	Ownership	1.000	MMLIC		
0000							MM REED District Landco Member LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MMLIC		
0000			04-1590850				MM Sedona Vortex Investor LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	80.300	MMLIC		
0000			04-1590850				MM Sedona Vortex Investor LLC	DE	NIA	Massachusetts Mutual Ascend	Ownership	19.690	MMLIC		
0000			04-1590850				MM Subline Borrower LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MMLIC		
0000							MM The Gilman Member LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MMLIC		
0000							SBNP SIA IV LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	99.000	MMLIC		
0000			04-1590850				Washington Pine LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MMLIC		
0000			35-2553915				Ten Fan Pier Boulevard LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MMLIC		
0000			41-2280127				Tower Square Capital Partners III, L.P.	DE	NIA	Barings LLC	Management	0.000	MMLIC		
0000			41-2280127				Tower Square Capital Partners III, L.P.	DE	NIA	MassMutual Holding LLC	Ownership/Influence	20.100	MMLIC		
0000			41-2280129				Tower Square Capital Partners IIIA, L.P.	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership/Influence	100.000	MMLIC		
0000			41-2280129				Tower Square Capital Partners IIIA, L.P.	DE	NIA	Barings LLC	Management	0.000	MMLIC		
0000			04-1590850				Trailside MM Member LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	66.970	MMLIC		
0000			04-1590850				Trailside MM Member LLC	DE	NIA	C.M. Life Insurance Company	Ownership	7.380	MMLIC		
0000			83-1325764				Washington Gateway Two LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	95.570	MMLIC		
0000			83-1325764				Washington Gateway Two LLC	DE	NIA	C.M. Life Insurance Company	Ownership	6.720	MMLIC		
0000			32-0574045				Washington Gateway Three LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	95.230	MMLIC		
0000							MALIC Debt Participations LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MMLIC		
0000							Invesco Ltd	BMU	NIA	MM Asset Management Holding LLC	Ownership	18.100	MMLIC		
0000							Babson Capital Loan Strategies Master Fund LP	CYM	NIA	Barings LLC	Management	0.000	MMLIC		
0000							Barings China Aggregate Bond Private Securities Investment Fund	CHN	NIA	Barings LLC	Management	0.000	MMLIC		
0000			47-3790192				Barings Global High Yield Fund	MA	NIA	Barings LLC	Management	0.000	MMLIC		
0000			71-1018134				Great Lakes II LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	0.750	MMLIC		
0000			71-1018134				Great Lakes II LLC	DE	NIA	C.M. Life Insurance Company	Ownership	0.320	MMLIC		
0000			04-1590850				Wood Creek Venture Fund LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	40.000	MMLIC		
0000							Barings California Mortgage Fund IV	CA	NIA	Massachusetts Mutual Life Insurance Company	Ownership/Influence	99.200	MMLIC		
0000							Barings California Mortgage Fund IV	CA	NIA	Barings LLC	Influence	0.000	MMLIC		
0000							Barings Umbrella Fund LUX SCSp SICAV RAIF	LUX	NIA	Massachusetts Mutual Life Insurance Company	Ownership	24.960	MMLIC		
0000							Barings Umbrella Fund LUX SCSp SICAV RAIF	LUX	NIA	C.M. Life Insurance Company	Ownership	2.300	MMLIC		

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 *
0000			82-2285211				Calgary Railway Holding LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	90.000	MMLIC		
0000			82-3307907				Cornbrook PRS Holdings LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MMLIC		
0000			95-4207717				Cornerstone California Mortgage Fund I LLC	CA	NIA	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MMLIC		
0000			95-4207717				Cornerstone California Mortgage Fund II LLC	CA	NIA	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MMLIC		
0000			95-4207717				Cornerstone California Mortgage Fund III LLC	CA	NIA	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MMLIC		
0000			56-2630592				Cornerstone Fort Pierce Development LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	90.000	MMLIC		
0000			56-2630592				Cornerstone Fort Pierce Development LLC	DE	NIA	C.M. Life Insurance Company	Ownership	5.900	MMLIC		
0000			61-1750537				Cornerstone Permanent Mortgage Fund II	MA	NIA	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MMLIC		
0000			61-1750537				Cornerstone Permanent Mortgage Fund II	MA	NIA	Barings LLC	Management	0.000	MMLIC		
0000							Cornerstone Permanent Mortgage Fund III LLC	MA	NIA	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MMLIC		
0000			61-1793735				Cornerstone Permanent Mortgage Fund IV	MA	NIA	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MMLIC		
0000			20-0348173				CREA/PPC Venture LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	28.520	MMLIC		
0000			82-2783393				Danville Riverwalk Venture, LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	94.400	MMLIC		
0000			04-1590850				Euro Real Estate Holdings LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	50.000	MMLIC		
0000			20-3347091				Fan Pier Development LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	65.000	MMLIC		
0000			20-3347091				Fan Pier Development LLC	DE	NIA	C.M. Life Insurance Company	Ownership	5.850	MMLIC		
0000			04-1590850				GIA EU Holdings LLC - Avalon Spain	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MMLIC		
0000			04-1590850				GIA EU Holdings LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	95.000	MMLIC		
0000			81-5360103				Landmark Manchester Holdings LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MMLIC		
0000			13-1935920				MMLIC Debt Participations LLC	DE	NIA	Massachusetts Mutual Ascend	Ownership	100.000	MMLIC		
0000			04-1590850				MM Brookhaven Member LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	95.000	MMLIC		
0000			04-1590850				MM Ascend Mtg. Lending LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MMLIC		
0000			04-1590850				MM Kannapolis Industrial Member LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	87.080	MMLIC		
0000			04-1590850				MM Kannapolis Industrial Member LLC	DE	NIA	Massachusetts Mutual Ascend	Ownership	12.920	MMLIC		
0000			04-1590850				MM East South Crossing Member LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	95.000	MMLIC		
0000			04-1590850				MM Horizon Savannah Member LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	95.000	MMLIC		
0000			04-1590850				MM Horizon Savannah Member LLC	DE	NIA	C.M. Life Insurance Company	Ownership	3.700	MMLIC		
0000			04-1590850				MM Horizon Savannah Member II LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	4.430	MMLIC		
0000			04-1590850				MM Horizon Savannah Member II LLC	DE	NIA	C.M. Life Insurance Company	Ownership	0.180	MMLIC		
0000			04-1590850				MM Horizon Savannah Member II LLC	DE	NIA	Massachusetts Mutual Ascend	Ownership	0.380	MMLIC		

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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0000			04-1590850				MM Ironhead Commerce Center	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	75.250	MMLIC		
0000			04-1590850				MM Ironhead Commerce Center	DE	NIA	Massachusetts Mutual Ascend	Ownership	19.800	MMLIC		
0000							BRAVA5 MM Investor LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MMLIC		
0000							BRAVA5 MALIC Investor LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	0.000	MMLIC		
0000							BRAVA5 MALIC Investor LLC	DE	NIA	MM Ascend	Ownership	100.000	MMLIC		
0000							MM Ironhead Commerce Center Member LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MMLIC		
0000							MM 425 Montgomery Member LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MMLIC		
0000							MM Century Square LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MMLIC		
0000							MM Horizon Savannah Member III LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MMLIC		
0000							MM Liberty Centre LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MMLIC		
0000			04-1590850				MM National Self-Storage Program Member LLC	DE	NIA	C.M. Life Insurance Company	Ownership	98.000	MMLIC		
0000			04-1590850				MM Liberty Centre Member LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	68.180	MMLIC		
0000			04-1590850				MM Century Square Member LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	68.560	MMLIC		
0000			04-1590850				MM Century Square Member LLC	DE	NIA	C.M. Life Insurance Company	Ownership	3.120	MMLIC		
0000			04-1590850				MM 1370 AVE OF AM LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	90.000	MMLIC		
0000			04-1590850				MM 1370 AVE OF AM LLC	DE	NIA	C.M. Life Insurance Company	Ownership	3.330	MMLIC		
0000			04-1590850				MM 1400 E 4th Street Member LLC	DE	NIA	C.M. Life Insurance Company	Ownership	96.000	MMLIC		
0000			80-0948028				One Harbor Shore LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	94.990	MMLIC		
0000			80-0948028				One Harbor Shore LLC	DE	NIA	C.M. Life Insurance Company	Ownership	6.030	MMLIC		
0000			04-1590850				Paco France Logistics LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MMLIC		
0000							Salomon Brothers Commercial Mortgage Trust 2001-MM	DE	NIA	Barings Real Estate Advisers LLC	Influence	0.000	MMLIC		
0000			81-5273574				Three PW Office Holding LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	95.100	MMLIC		
0000			04-1590850				Trailside MM Member II LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	67.000	MMLIC		
0000			82-3250684				Unna, Dortmund Holding LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MMLIC		
0000			45-5401109				Washington Gateway Apartments Venture LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	95.000	MMLIC		
0000			45-5401109				Washington Gateway Apartments Venture LLC	DE	NIA	C.M. Life Insurance Company	Ownership	5.000	MMLIC		
0000			88-3861481				West 37th Street Hotel LLC	DE	NIA	Massachusetts Mutual Life Insurance Company	Ownership	93.800	MMLIC		
0000			88-3861481				West 37th Street Hotel LLC	DE	NIA	C.M. Life Insurance Company	Ownership	6.200	MMLIC		
0000			26-3229251		0000927972	OQ	MassMutual Premier Strategic Emerging Markets Fund	MA	NIA	Massachusetts Mutual Life Insurance Company	Ownership	57.140	MMLIC		
0000			42-1710935		0000916053	OQ	MassMutual Select Mid-Cap Value Fund	MA	NIA	Massachusetts Mutual Life Insurance Company	Ownership	61.400	MMLIC		

SCHEDULE Y

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0000			02-0769954		0000916053	OQ	MassMutual Select Small Capital Value Equity Fund	MA	NIA	Massachusetts Mutual Life Insurance Company	Influence	0.000	MMLIC		
0000			04-3584140		0000916053	OQ	MassMutual Select Small Company Value Fund	MA	NIA	Massachusetts Mutual Life Insurance Company	Ownership	41.460	MMLIC		
0000			82-3347422		0000916053	OQ	MassMutual Select T. Rowe Price Retirement 2005 Fund	MA	NIA	Massachusetts Mutual Life Insurance Company	Ownership	33.280	MMLIC		
0000			82-3355639		0000916053	OQ	MassMutual Select T. Rowe Price Retirement 2010 Fund	MA	NIA	Massachusetts Mutual Life Insurance Company	Influence	0.000	MMLIC		
0000			82-3382389		0000916053	OQ	MassMutual Select T. Rowe Price Retirement 2015 Fund	MA	NIA	Massachusetts Mutual Life Insurance Company	Influence	0.000	MMLIC		
0000			82-3396442		0000916053	OQ	MassMutual Select T. Rowe Price Retirement 2020 Fund	MA	NIA	Massachusetts Mutual Life Insurance Company	Influence	0.000	MMLIC		
0000			82-3417420		0000916053	OQ	MassMutual Select T. Rowe Price Retirement 2025 Fund	MA	NIA	Massachusetts Mutual Life Insurance Company	Influence	0.000	MMLIC		
0000			82-3430358		0000916053	OQ	MassMutual Select T. Rowe Price Retirement 2030 Fund	MA	NIA	Massachusetts Mutual Life Insurance Company	Influence	0.000	MMLIC		
0000			82-3439837		0000916053	OQ	MassMutual Select T. Rowe Price Retirement 2035 Fund	MA	NIA	Massachusetts Mutual Life Insurance Company	Influence	0.000	MMLIC		
0000			82-3451779		0000916053	OQ	MassMutual Select T. Rowe Price Retirement 2040 Fund	MA	NIA	Massachusetts Mutual Life Insurance Company	Influence	0.000	MMLIC		
0000			82-3472295		0000916053	OQ	MassMutual Select T. Rowe Price Retirement 2045 Fund	MA	NIA	Massachusetts Mutual Life Insurance Company	Influence	0.000	MMLIC		
0000			82-3481715		0000916053	OQ	MassMutual Select T. Rowe Price Retirement 2050 Fund	MA	NIA	Massachusetts Mutual Life Insurance Company	Influence	0.000	MMLIC		
0000			82-3502011		0000916053	OQ	MassMutual Select T. Rowe Price Retirement 2055 Fund	MA	NIA	Massachusetts Mutual Life Insurance Company	Influence	0.000	MMLIC		
0000			82-3525148		0000916053	OQ	MassMutual Select T. Rowe Price Retirement 2060 Fund	MA	NIA	Massachusetts Mutual Life Insurance Company	Influence	0.000	MMLIC		
0000			82-3533944		0000916053	OQ	MassMutual Select T. Rowe Price Retirement Balanced Fund	MA	NIA	Massachusetts Mutual Life Insurance Company	Influence	0.000	MMLIC		
0000			46-4257056				MML Series International Equity Fund	MA	NIA	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MMLIC		
0000			47-3529636				MML Series II Dynamic Bond Fund	MA	NIA	Massachusetts Mutual Life Insurance Company	Influence	0.000	MMLIC		
0000			47-3544629				MML Series II Equity Rotation Fund	MA	NIA	Massachusetts Mutual Life Insurance Company	Ownership	91.370	MMLIC		
0000			27-1933389		0000916053	OQ	MassMutual RetireSMART 2035 Fund	MA	NIA	Massachusetts Mutual Life Insurance Company	Ownership	3.000	MMLIC		
0000			27-1932769		0000916053	OQ	MassMutual RetireSMART 2045 Fund	MA	NIA	Massachusetts Mutual Life Insurance Company	Ownership	4.990	MMLIC		
0000			46-3289207		0000916053	OQ	MassMutual RetireSMART 2055 Fund	MA	NIA	Massachusetts Mutual Life Insurance Company	Ownership	19.410	MMLIC		
0000			47-5326235		0000916053	OQ	MassMutual RetireSMART 2060 Fund	MA	NIA	Massachusetts Mutual Life Insurance Company	Ownership	37.640	MMLIC		
0000			45-1618155		0000916053	OQ	MassMutual 20/80 Allocation Fund	MA	NIA	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MMLIC		
0000			45-1618222		0000916053	OQ	MML SER INVT FD II ISHARES 80/20 ALLOCATION FD	MA	NIA	Massachusetts Mutual Life Insurance Company	Ownership	30.760	MMLIC		
0000			03-0532464		0000916053	OQ	MassMutual RetireSMART In Retirement Fund	MA	NIA	Massachusetts Mutual Life Insurance Company	Ownership	8.350	MMLIC		
0000			45-1618262		0000916053	OQ	MassMutual 40/60 Allocation Fund	MA	NIA	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MMLIC		

SCHEDULE Y

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0000			45-1618046		0000916053	OQ	MassMutual 60/40 Allocation Fund	MA	NIA	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MMLIC		
0000			45-1618046		0000916053	OQ	MassMutual ishares 60/40 Allocation Fund	MA	NIA	Massachusetts Mutual Life Insurance Company	Ownership	51.990	MMLIC		
0000			04-3212054		0000916053	OQ	MassMutual Balanced Fund	MA	NIA	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MMLIC		
0000			04-3556992		0000916053	OQ	MassMutual Blue Chip Growth Fund	MA	NIA	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MMLIC		
0000			04-3277549		0000916053	OQ	MassMutual Core Bond Fund	MA	NIA	Massachusetts Mutual Life Insurance Company	Ownership	3.860	MMLIC		
0000			04-3539084		0000916053	OQ	MassMutual Disciplined Growth Fund	MA	NIA	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MMLIC		
0000			04-3539083		0000916053	OQ	MassMutual Disciplined Value Fund	MA	NIA	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MMLIC		
0000			01-0821120		0000916053	OQ	MassMutual Diversified Value Fund	MA	NIA	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MMLIC		
0000			04-3512590		0000916053	OQ	MassMutual Equity Opportunities Fund	MA	NIA	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MMLIC		
0000			03-0532475		0000916053	OQ	MassMutual Inflation-Protected and Income Fund	MA	NIA	Massachusetts Mutual Life Insurance Company	Ownership	96.020	MMLIC		
0000			04-3512596		0000916053	OQ	MassMutual Mid Cap Growth Fund	MA	NIA	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MMLIC		
0000			04-3464165		0000916053	OQ	MassMutual Premier Diversified Bond Fund	MA	NIA	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MMLIC		
0000			92-1441036		0000916053	OQ	MassMutual RetireSMART by JPMorgan 2065 Fund	MA	NIA	Massachusetts Mutual Life Insurance Company	Ownership	87.890	MMLIC		
0000			45-1618222		0000916053	OQ	MassMutual Select 80/20 Allocation Fund	MA	NIA	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MMLIC		
0000			04-3557000		0000916053	OQ	MassMutual Select Overseas Fund	MA	NIA	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MMLIC		
0000			92-1427882		0000916053	OQ	MassMutual Select T Rowe Price Retirement 2065 Fund	MA	NIA	Massachusetts Mutual Life Insurance Company	Ownership	20.700	MMLIC		
0000			04-3464205		0000916053	OQ	MassMutual Small Cap Growth Equity Fund	MA	NIA	Massachusetts Mutual Life Insurance Company	Ownership	60.260	MMLIC		
0000			04-3424705		0000916053	OQ	MassMutual Small Cap Opportunities Fund	MA	NIA	Massachusetts Mutual Life Insurance Company	Ownership	7.830	MMLIC		
0000			02-0769954		0000916053	OQ	MassMutual Small Cap Value Equity Fund	MA	NIA	Massachusetts Mutual Life Insurance Company	Ownership	100.000	MMLIC		
0000			93-4168848		0000916053	OQ	MassMutual Clinton Municipal Credit Opportunities Fund	MA	NIA	Massachusetts Mutual Life Insurance Company	Ownership	0.000	MMLIC		
0000			93-4190918		0000916053	OQ	MassMutual Clinton Municipal Fund	MA	NIA	Massachusetts Mutual Life Insurance Company	Ownership	0.000	MMLIC		
0000			93-4193313		0000916053	OQ	MassMutual Clinton Short-Term Municipal Fund	MA	NIA	Massachusetts Mutual Life Insurance Company	Ownership	0.000	MMLIC		

Asterisk	Explanation
1	Massachusetts Mutual Life Insurance Company owns 14.23% of the affiliated debt of Jefferies Finance LLC
2	Debt investors own .5% and includes only Great Lakes III, L.P.
3	Debt investors own .2% and includes only Great Lakes III, L.P.

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)
65935	04-1590850	Massachusetts Mutual Life Insurance Company (MMLIC)	1,481,859,486	(3,723,696,395)	(939,395,945)	0	0	0		0	(3,181,232,853)	(62,419,191)
93432	06-1041383	C.M. Life Insurance Company	(166,578,348)	(21,230,548)	0	0	0	0		0	(187,808,896)	23,434,024
70416	43-0581430	MML Bay State Life Insurance Company	(23,000,000)	0	0	0	0	0		0	(23,000,000)	7,699,803
63312	13-1935920	MassMutual Ascend Life Insurance Company	(100,000,000)	1,332,271,543	0	0	0	0		0	1,232,271,543	0
		Babson CLO Ltd. 2016-I	0	(41,535)	0	0	0	0		0	(41,535)	0
		Barings Affordable Housing Mortgage Fund I LLC	(3,928,441)	(551,559)	0	0	0	0		0	(4,480,000)	0
	61-1902329	Barings Affordable Housing Mortgage Fund II LLC	(4,922,290)	(1,129,710)	0	0	0	0		0	(6,052,000)	0
	85-3036663	Barings Affordable Housing Mortgage Fund III LLC	(2,480,311)	53,914,311	0	0	0	0		0	51,434,000	0
	36-4868350	Barings Asset-Based Income Fund (US) LP	(13,516)	537,237	0	0	0	0		0	523,721	0
		Barings California Mortgage Fund IV	(808,777)	55,375,795	0	0	0	0		0	54,567,018	0
	88-3792609	Barings Centre Street CLO Equity Partnership LP	(2,295,591)	27,250,679	0	0	0	0		0	24,955,089	0
		Barings CLO 2019-III	0	225,000	0	0	0	0		0	225,000	0
		Barings CLO 2020-II	0	130,412	0	0	0	0		0	130,412	0
		Barings CLO 2020-III	0	(25,377,097)	0	0	0	0		0	(25,377,097)	0
		Barings CLO 2020-IV	0	1,109,376	0	0	0	0		0	1,109,376	0
		Barings CLO 2021-I	0	(593,542)	0	0	0	0		0	(593,542)	0
		Barings CLO 2021-III	0	(140,962)	0	0	0	0		0	(140,962)	0
		Barings CLO 2022-II	0	70,130	0	0	0	0		0	70,130	0
	81-0841854	Barings CLO Investment Partners LP	(5,353,813)	(16,280,280)	0	0	0	0		0	(21,634,093)	0
		Barings Construction Lending Fund LP	0	4,400,864	0	0	0	0		0	4,400,864	0
		Barings Diversified Residential Fund LP	0	9,185,625	0	0	0	0		0	9,185,625	0
	84-3784245	Barings Emerging Generation Fund, LP	(2,294,016)	2,714,586	0	0	0	0		0	420,570	0
		Barings Euro CLO 2019-II BV	0	381,979	0	0	0	0		0	381,979	0
		Barings Euro CLO 2020-I DAC	0	(64,540)	0	0	0	0		0	(64,540)	0
	37-15576VH	Barings Euro CLO 2021-I DAC	0	(282,452)	0	0	0	0		0	(282,452)	0
		Barings Euro CLO 2021-II DAC	0	(405,381)	0	0	0	0		0	(405,381)	0
		Barings European Core Property Fund SCSp	292,806	6,307,803	0	0	0	0		0	6,600,609	0
	46-5001122	Barings European Private Loan Fund III A	(5,946,839)	210,833	0	0	0	0		0	(5,736,006)	0
		Barings European Real Estate Debt Income Fund	(10,369,169)	(775,315)	0	0	0	0		0	(11,144,484)	0
	98-1332384	Barings Global Energy Infrastructure Fund I LP	0	(3,374,110)	0	0	0	0		0	(3,374,110)	0
	82-3867745	Barings Global Real Assets Fund LP	(298,172)	(5,520,822)	0	0	0	0		0	(5,818,994)	0
		Barings Global Special Situations Credit 4 LUX	(2,048,439)	(4,764,169)	0	0	0	0		0	(6,812,608)	0
	87-0977058	Barings Hotel Opportunity Venture	0	4,100,000	0	0	0	0		0	4,100,000	0
	86-3661023	Barings Innovations & Growth Real Estate Fund	0	17,179,544	0	0	0	0		0	17,179,544	0
		Barings Loan Partners 5	0	42,850,000	0	0	0	0		0	42,850,000	0

SCHEDULE Y

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
		Barings Middle Market CLO 2017-I Ltd & LLC	0	(46,897)	0	0	0	0		0	(46,897)	0
		Barings Middle Market CLO 2019-I	0	1,140,513	0	0	0	0		0	1,140,513	0
	98-1612604	Barings Middle Market CLO Ltd 2021-I	0	(2,699,205)	0	0	0	0		0	(2,699,205)	0
	04-1590850	Barings Miller Investment Trust	0	28,546,321	0	0	0	0		0	28,546,321	0
		Barings Perpetual European Direct Lending Fund	(15,332,286)	15,871,990	0	0	0	0		0	539,704	0
	98-1332384	Barings RE Credit Strategies VII LP	0	(22,053,106)	0	0	0	0		0	(22,053,106)	0
	85-3449260	Barings Real Estate Debt Income Fund LP	(27,086,289)	62,434,911	0	0	0	0		0	35,348,622	0
		Barings Real Estate European Value Add I SCSp	0	36,244,701	0	0	0	0		0	36,244,701	0
		Barings Small Business Fund, L.P.	(1,193,779)	5,000,001	0	0	0	0		0	3,806,222	0
	98-1567942	Barings Target Yield Infrastructure Debt Fund	(163,259)	(6,209,436)	0	0	0	0		0	(6,372,695)	0
	87-1262754	Barings Transportation Fund LP	(152,140)	0	0	0	0	0		0	(152,140)	0
		Barings Umbrella Fund LUX SCSp SICAV RAIF	0	57,733,693	0	0	0	0		0	57,733,693	0
		Barings US High Yield Bond Fund	(115,548)	0	0	0	0	0		0	(115,548)	0
		Braemar Energy Ventures I, L.P.	4,292,985	(4,292,985)	0	0	0	0		0	0	0
	81-2244465	Chassis Acquisition Holding LLC	(1,440,271)	0	0	0	0	0		0	(1,440,271)	0
		CML Special Situations Investor LLC	(186,220)	(264,196)	0	0	0	0		0	(450,416)	0
	82-3307907	Cornbrook PRS Holdings LLC	0	313,350	0	0	0	0		0	313,350	0
	95-4207717	Cornerstone California Mortgage Fund I LLC	(3,680,512)	(1,811,924)	0	0	0	0		0	(5,492,436)	0
	95-4207717	Cornerstone California Mortgage Fund II LLC	(2,823,040)	(955,429)	0	0	0	0		0	(3,778,468)	0
	95-4207717	Cornerstone California Mortgage Fund III LLC	(3,870,112)	(1,797,386)	0	0	0	0		0	(5,667,498)	0
	56-2630592	Cornerstone Fort Pierce Development LLC	0	165,102	0	0	0	0		0	165,102	0
	61-1750537	Cornerstone Permanent Mortgage Fund II	(3,964,879)	(973,121)	0	0	0	0		0	(4,938,000)	0
		Cornerstone Permanent Mortgage Fund III LLC	(4,612,358)	(752,642)	0	0	0	0		0	(5,365,000)	0
	61-1793735	Cornerstone Permanent Mortgage Fund IV	(5,280,441)	(396,559)	0	0	0	0		0	(5,677,000)	0
	45-2632610	Cornerstone Permanent Mortgage Fund LLC	(4,854,397)	(665,603)	0	0	0	0		0	(5,520,000)	0
	81-4258759	CRA Aircraft Holding LLC	(4,142,180)	(8,497,820)	0	0	0	0		0	(12,640,000)	0
	82-2783393	Danville Riverwalk Venture, LLC	0	617,500	0	0	0	0		0	617,500	0
	04-1590850	DPI Acres Capital SPV LLC	201,051	134,630,726	0	0	0	0		0	134,831,777	0
	04-1590850	DPI-ARES Mortgage Lending SPV, LLC	0	300,000,000	0	0	0	0		0	300,000,000	0
		E2E Affordable Housing Debt Fund LLC	0	(601,032)	0	0	0	0		0	(601,032)	0
		Euro Real Estate Holdings Herleshausen LLC	0	14,678,406	0	0	0	0		0	14,678,406	0
	04-1590850	Euro Real Estate Holdings LLC	(7,049,572)	6,395,335	0	0	0	0		0	(654,237)	0
	04-1590850	GIA EU Holdings LLC	0	44,274,543	0	0	0	0		0	44,274,543	0
	86-2294635	Glidepath Holdings Inc.	0	1,134,896,245	0	0	0	0		0	1,134,896,245	0
	71-1018134	Great Lakes II LLC	(21,079)	0	0	0	0	0		0	(21,079)	0

SCHEDULE Y

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

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....	04-1590850	Insurance Road LLC	(199,000,000)	44,771,333	0	0	0	0	.....	0	(154,228,667)	0
....	27-0105644	Jefferies Finance LLC	0	(630,592)	0	0	0	0	.....	0	(630,592)	0
....	81-5360103	Landmark Manchester Holdings LLC	0	7,431,007	0	0	0	0	.....	0	7,431,007	0
....	45-1618155	MassMutual 20/80 Allocation Fund	(6,949)	0	0	0	0	0	.....	0	(6,949)	0
....	45-1618262	MassMutual 40/60 Allocation Fund	(9,042)	0	0	0	0	0	.....	0	(9,042)	0
....	45-1618046	MassMutual 60/40 Allocation Fund	(11,946)	0	0	0	0	0	.....	0	(11,946)	0
....	04-3212054	MassMutual Balanced Fund	(7,479)	0	0	0	0	0	.....	0	(7,479)	0
....	04-3556992	MassMutual Blue Chip Growth Fund	(43,605)	0	0	0	0	0	.....	0	(43,605)	0
....	04-3277549	MassMutual Core Bond Fund	(4,469)	0	0	0	0	0	.....	0	(4,469)	0
....	04-3539084	MassMutual Disciplined Growth Fund	(24,823)	0	0	0	0	0	.....	0	(24,823)	0
....	04-3539083	MassMutual Disciplined Value Fund	(18,225)	0	0	0	0	0	.....	0	(18,225)	0
....	01-0821120	MassMutual Diversified Value Fund	(46,992)	0	0	0	0	0	.....	0	(46,992)	0
....	04-3512590	MassMutual Equity Opportunities Fund	(17,503)	0	0	0	0	0	.....	0	(17,503)	0
....	04-3512589	MassMutual Growth Opportunities Fund	(27,337)	0	0	0	0	0	.....	0	(27,337)	0
....	04-2854319	MassMutual Holding LLC	(783,234,460)	(1,781,381)	0	0	0	0	.....	0	(785,015,841)	0
....	03-0532475	MassMutual Inflation-Protected and Income Fund	(2,915)	0	0	0	0	0	.....	0	(2,915)	0
....	04-3313782	MassMutual International LLC	0	(657,758)	0	0	0	0	.....	0	(657,758)	0
....	04-3512596	MassMutual Mid Cap Growth Fund	(20,702)	0	0	0	0	0	.....	0	(20,702)	0
....	.....	MassMutual Mortgage Lending LLC	0	15,379,121	0	0	0	0	.....	0	15,379,121	0
....	04-3464165	MassMutual Premier Diversified Bond Fund .	(5,261)	0	0	0	0	0	.....	0	(5,261)	0
....	51-0529328	MassMutual Premier Main Street Fund	(58,077)	0	0	0	0	0	.....	0	(58,077)	0
....	26-3229251	MassMutual Premier Strategic Emerging Markets Fund	(119)	0	0	0	0	0	.....	0	(119)	0
....	06-1563535	MassMutual Private Wealth & Trust, FSB	(5,000,000)	0	0	0	0	0	.....	0	(5,000,000)	0
....	27-1933389	MassMutual RetireSMART 2035 Fund	(7,659)	0	0	0	0	0	.....	0	(7,659)	0
....	46-3289207	MassMutual RetireSMART 2055 Fund	(94,217)	0	0	0	0	0	.....	0	(94,217)	0
....	47-5326235	MassMutual RetireSMART 2060 Fund	(1,107,557)	0	0	0	0	0	.....	0	(1,107,557)	0
....	92-1441036	MassMutual RetireSMART by JPMorgan 2065 Fund	(17,632)	0	0	0	0	0	.....	0	(17,632)	0
....	03-0532464	MassMutual RetireSMART In Retirement Fund	(4,982)	0	0	0	0	0	.....	0	(4,982)	0
....	45-1618222	MassMutual Select 80/20 Allocation Fund ..	(13,786)	0	0	0	0	0	.....	0	(13,786)	0
....	04-3512593	MASSMUTUAL SELECT FUNDAMENTAL GROWTH FUND	(37,038)	0	0	0	0	0	.....	0	(37,038)	0
....	04-3584138	MassMutual Select Fundamental Value Fund	(24,643)	0	0	0	0	0	.....	0	(24,643)	0
....	42-1710935	MassMutual Select Mid-Cap Value Fund	(59,698)	0	0	0	0	0	.....	0	(59,698)	0
....	04-3557000	MassMutual Select Overseas Fund	(9,020)	0	0	0	0	0	.....	0	(9,020)	0
....	04-3584140	MassMutual Select Small Company Value Fund	(7,837)	0	0	0	0	0	.....	0	(7,837)	0
....	92-1427882	MassMutual Select T Rowe Price Retirement 2065 Fund	(18,629)	0	0	0	0	0	.....	0	(18,629)	0
....	82-3347422	MassMutual Select T. Rowe Price Retirement 2005 Fund	(1,725)	0	0	0	0	0	.....	0	(1,725)	0
....	04-3464205	MassMutual Small Cap Growth Equity Fund ..	(6,151)	0	0	0	0	0	.....	0	(6,151)	0

SCHEDULE Y

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

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	04-3424705	MassMutual Small Cap Opportunities Fund	(13,901)	0	0	0	0	0		0	(13,901)	0
	02-0769954	MassMutual Small Cap Value Equity Fund	(24,141)	0	0	0	0	0		0	(24,141)	0
	26-0099965	MassMutual Strategic Bond Fund	(4,118)	0	0	0	0	0		0	(4,118)	0
		MassMutual Ventures US IV GP, LLC	0	74,763	0	0	0	0		0	74,763	0
		MassMutual Ventures US IV, L.P.	0	1,819,882	0	0	0	0		0	1,819,882	0
	04-1590850	Miami Douglas Three MM, LLC	0	1,713,686	0	0	0	0		0	1,713,686	0
	04-1590850	MM 1370 AVE OF AM LLC	0	145,879,995	0	0	0	0		0	145,879,995	0
	04-1590850	MM 1400 E 4th Street Member LLC	0	354,251	0	0	0	0		0	354,251	0
	31-1395344	MM Ascend Life Investor Services, LLC	0	950,000	0	0	0	0		0	950,000	0
	87-4021641	MM BIG Peninsula Co-Invest Member LLC	0	4,227,271	0	0	0	0		0	4,227,271	0
	04-1590850	MM Century Square Member LLC	0	35,843,750	0	0	0	0		0	35,843,750	0
		MM CM Holding LLC	0	(3,000,000)	0	0	0	0		0	(3,000,000)	0
	04-1590850	MM Copper Hill Road LLC	0	1,861,715	0	0	0	0		0	1,861,715	0
	04-1590850	MM Horizon Savannah Member II LLC	0	16,974,170	0	0	0	0		0	16,974,170	0
	04-1590850	MM Horizon Savannah Member LLC	0	29,320,634	0	0	0	0		0	29,320,634	0
		MM INVESTMENT HOLDING	0	0	939,395,945	0	0	0		0	939,395,945	0
	04-1590850	MM Ironhead Commerce Center	0	15,979,931	0	0	0	0		0	15,979,931	0
	04-1590850	MM Kannapolis Industrial Member LLC	0	872,879	0	0	0	0		0	872,879	0
	04-1590850	MM Liberty Centre Member LLC	0	17,138,000	0	0	0	0		0	17,138,000	0
	04-1590850	MM National Self-Storage Program Member LLC	0	22,810,819	0	0	0	0		0	22,810,819	0
	04-1590850	MM Private Equity Intercontinental LLC	(108)	(23,474,427)	0	0	0	0		0	(23,474,535)	0
	04-1590850	MM Rothesay Holdco US LLC	0	514,848	0	0	0	0		0	514,848	0
	04-1590850	MM Sedona Vortex Investor LLC	0	12,844,932	0	0	0	0		0	12,844,932	0
	04-1590850	MM Subline Borrower LLC	(225,700)	0	0	0	0	0		0	(225,700)	0
		MM The Gilman Member LLC	0	8,410,231	0	0	0	0		0	8,410,231	0
		MM/Barings Multifamily TEBS 2020 LLC	(22,489,000)	(19,514,719)	0	0	0	0		0	(42,003,719)	0
		MML Investment Advisers, LLC	(45,494,480)	0	0	0	0	0		0	(45,494,480)	0
	04-1590850	MML Private Equity Fund Investor LLC	(5,415,703)	(20,863,539)	0	0	0	0		0	(26,279,243)	0
	45-1618222	MML SER INVT FD II ISHARES 80/20 ALLOCATION FD	(2,197,010)	0	0	0	0	0		0	(2,197,010)	0
	46-4257056	MML Series International Equity Fund	(6,529)	0	0	0	0	0		0	(6,529)	0
	04-1590850	MMV Climate Technology Fund GP	0	4,930,200	0	0	0	0		0	4,930,200	0
	80-0948028	One Harbor Shore LLC	0	37,155,245	0	0	0	0		0	37,155,245	0
	04-1590850	Paco France Logistics LLC	0	890,117	0	0	0	0		0	890,117	0
	81-4065378	Remington L & W Holdings LLC	(3,013,938)	(4,196,576)	0	0	0	0		0	(7,210,514)	0
		Rothesay Life Plc	0	0	0	0	0	0		0	0	31,285,364
		Sleeper Street LLC	0	33,687,909	0	0	0	0		0	33,687,909	0
	47-5322979	Timberland Forest Holding LLC	0	(296,000)	0	0	0	0		0	(296,000)	0
	41-2280129	Tower Square Capital Partners IIIA, L.P.	0	(544,472)	0	0	0	0		0	(544,472)	0
	04-1590850	Trailside MM Member II LLC	0	11,506,468	0	0	0	0		0	11,506,468	0
	04-1590850	Trailside MM Member LLC	0	(1,502,810)	0	0	0	0		0	(1,502,810)	0
	82-3250684	Unna, Dortmund Holding LLC	(296,117)	40,401	0	0	0	0		0	(255,716)	0
	45-5401109	Washington Gateway Apartments Venture LLC	0	3,678,529	0	0	0	0		0	3,678,529	0

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)
.....	32-0574045	Washington Gateway Three LLC	0	265,174	0	0	0	0	.....	0	265,174	0
.....	83-1325764	Washington Gateway Two LLC	0	(6,418,441)	0	0	0	0	.....	0	(6,418,441)	0
.....	04-1590850	Washington Pine LLC	0	56,749,106	0	0	0	0	.....	0	56,749,106	0
.....	88-3861481	West 37th Street Hotel LLC	(2,209,023)	3,891,049	0	0	0	0	.....	0	1,682,026	0
9999999 Control Totals			0	0	0	0	0	0	XXX	0	0	0

SCHEDULE Y

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

1 Insurers in Holding Company	2 Owners with Greater Than 10% Ownership	3 Ownership Percentage Column 2 of Column 1	4 Granted Disclaimer of Control\ Affiliation of Column 2 Over Column 1 (Yes/No)	5 Ultimate Controlling Party	6 U.S. Insurance Groups or Entities Controlled by Column 5	7 Ownership Percentage (Column 5 of Column 6)	8 Granted Disclaimer of Control\ Affiliation of Column 5 Over Column 6 (Yes/No)
Massachusetts Mutual Life Insurance Company	Massachusetts Mutual Life Insurance Company	100.000	NO	Massachusetts Mutual Life Insurance Company	Massachusetts Mutual Life Insurance Company	100.000	NO
C.M. Life Insurance Company	Massachusetts Mutual Life Insurance Company	100.000	NO	Massachusetts Mutual Life Insurance Company	Massachusetts Mutual Life Insurance Company	100.000	NO
MML Bay State Life Insurance Company	C.M. Life Insurance Company	100.000	NO	Massachusetts Mutual Life Insurance Company	Massachusetts Mutual Life Insurance Company	100.000	NO
MassMutual Ascend Life Insurance Company	Glidepath Holdings Inc.	100.000	NO	Massachusetts Mutual Life Insurance Company	Massachusetts Mutual Life Insurance Company	100.000	NO
Annuity Investors Life Insurance Company	MassMutual Ascend Life Insurance Company	100.000	NO	Massachusetts Mutual Life Insurance Company	Massachusetts Mutual Life Insurance Company	100.000	NO
Manhattan National Life Insurance Company	Manhattan National Holding LLC	100.000	NO	Massachusetts Mutual Life Insurance Company	Massachusetts Mutual Life Insurance Company	100.000	NO

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

REQUIRED FILINGS

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

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

SUPPLEMENTAL FILINGS

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

	MARCH FILING	
10.	Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1? (Not applicable to fraternal benefit societies)	NO
11.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	YES
12.	Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC by March 1?	NO
13.	Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 to Exhibit 5 be filed with the state of domicile and electronically with the NAIC by March 1?	YES
14.	Will the actuarial opinion on non-guaranteed elements as required in interrogatory #3 to Exhibit 5 be filed with the state of domicile and electronically with the NAIC by March 1?	YES
15.	Will the actuarial opinion on X-Factors be filed with the state of domicile and electronically with the NAIC by March 1?	YES
16.	Will the actuarial opinion on Separate Accounts Funding Guaranteed Minimum Benefit be filed with the state of domicile and electronically with the NAIC by March 1?	NO
17.	Will the actuarial opinion on Synthetic Guaranteed Investment Contracts be filed with the state of domicile and electronically with the NAIC by March 1?	NO
18.	Will the Reasonableness of Assumptions Certification required by Actuarial Guideline XXXV be filed with the state of domicile and electronically with the NAIC by March 1?	NO
19.	Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXV be filed with the state of domicile and electronically with the NAIC by March 1?	YES
20.	Will the Reasonableness of Assumptions Certification for Implied Guaranteed Rate Method required by Actuarial Guideline XXXVI be filed with the state of domicile and electronically with the NAIC by March 1?	NO
21.	Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Average Market Value) be filed with the state of domicile and electronically with the NAIC by March 1?	NO
22.	Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Market Value) be filed with the state of domicile and electronically with the NAIC by March 1?	NO
23.	Will the C-3 RBC Certifications required under C-3 Phase I be filed with the state of domicile and electronically with the NAIC by March 1?	YES
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?	YES
25.	Will the Actuarial Certifications Related to Annuity Nonforfeiture Ongoing Compliance for Equity Indexed Annuities be filed with the state of domicile and electronically with the NAIC by March 1?	NO

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

26.	Will the actuarial opinion required by the Modified Guaranteed Annuity Model Regulation be filed with the state of domicile and electronically with the NAIC by March 1?	NO
27.	Will the Actuarial Certification regarding the use of 2001 Preferred Class Tables required by the Model Regulation Permitting the Recognition of Preferred Mortality Tables for Use in Determining Minimum Reserve Liabilities be filed with the state of domicile and electronically with the NAIC by March 1?	NO
28.	Will the Worker's Compensation Carve-Out Supplement be filed by March 1? (Not applicable to fraternal benefit societies)	NO
29.	Will Supplemental Schedule O be filed with the state of domicile and the NAIC by March 1?	YES
30.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	NO
31.	Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	NO
32.	Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	NO
33.	Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?	NO
34.	Will the VM-20 Reserves Supplement be filed with the state of domicile and the NAIC by March 1?	YES
35.	Will the Health Supplement be filed with the state of domicile and the NAIC by March 1?	YES
36.	Will the Market Conduct Annual Statement (MCAS) Premium Exhibit for Year be filed with appropriate jurisdictions and with the NAIC by March 1?	YES
	APRIL FILING	
37.	Will the confidential Regulatory Asset Adequacy Issues Summary (RAAIS) required by the Valuation Manual be filed with the state of domicile by April 1?	YES
38.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	YES
39.	Will the Credit Insurance Experience Exhibit be filed with the state of domicile and the NAIC by April 1? (Not applicable to fraternal benefit societies)	NO
40.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?	YES
41.	Will the Supplemental Health Care Exhibit (Parts 1 and 2) be filed with the state of domicile and the NAIC by April 1?	NO
42.	Will the confidential Actuarial Memorandum required by Actuarial Guideline XXXVIII 8D be filed with the state of domicile by April 30?	NO
43.	Will the Supplemental Term and Universal Life Insurance Reinsurance Exhibit be filed with the state of domicile and the NAIC by April 1?	YES
44.	Will the Variable Annuities Supplement be filed with the state of domicile and the NAIC by April 1?	YES
45.	Will the confidential Executive Summary of the PBR Actuarial Report be filed with the state of domicile by April 1?	YES
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?	YES
	AUGUST FILING	
48.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	YES

Explanations:

10. The data for this supplement is not required to be filed.
12. The data for this supplement is not required to be filed.
16. The data for this supplement is not required to be filed.
17. The data for this supplement is not required to be filed.
18. The data for this supplement is not required to be filed.
20. The data for this supplement is not required to be filed.
21. The data for this supplement is not required to be filed.
22. The data for this supplement is not required to be filed.
25. The data for this supplement is not required to be filed.
26. The data for this supplement is not required to be filed.
27. The data for this supplement is not required to be filed.
28. The data for this supplement is not required to be filed.
30. The data for this supplement is not required to be filed.
31. The data for this supplement is not required to be filed.
32. The data for this supplement is not required to be filed.
33. The data for this supplement is not required to be filed.
39. The data for this supplement is not required to be filed.
41. The data for this supplement is not required to be filed.
42. The data for this supplement is not required to be filed.
46. The data for this supplement is not required to be filed.

Bar Codes:

10. SIS Stockholder Information Supplement [Document Identifier 420]

12. Trusteed Surplus Statement [Document Identifier 490]

16. Actuarial Opinion on Separate Accounts Funding Guaranteed Minimum Benefit [Document Identifier 443]

17. Actuarial Opinion on Synthetic Guaranteed Investment Contracts [Document Identifier 444]

18. Reasonableness of Assumptions Certification required by Actuarial Guideline XXXV [Document Identifier 445]

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

21. Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI [Document Identifier 448]

22. Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Market Value) [Document Identifier 449]

25. Actuarial Certifications Related to Annuity Nonforfeiture Ongoing Compliance for Equity Indexed Annuities [Document Identifier 452]

26. Modified Guaranteed Annuity Model Regulation [Document Identifier 453]

27. Actuarial Certification regarding the use of 2001 Preferred Class Tables required by the Model Regulation Permitting the Recognition of Preferred Mortality Tables for Use in Determining Minimum Reserve Liabilities [Document Identifier 454]

28. Workers' Compensation Carve-Out Supplement [Document Identifier 495]

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

30. Medicare Part D Coverage Supplement [Document Identifier 365]

31. Relief from the five-year rotation requirement for lead audit partner [Document Identifier 224]

32. Relief from the one-year cooling off period for independent CPA [Document Identifier 225]

33. Relief from the Requirements for Audit Committees [Document Identifier 226]

39. Credit Insurance Experience Exhibit [Document Identifier 230]

41. Supplemental Health Care Exhibit (Parts 1 and 2) [Document Identifier 216]

42. Actuarial Memorandum Required by Actuarial Guideline XXXVIII 8D [Document Identifier 435]

46. Life Summary of the PBR Actuarial Report [Document Identifier 458]

OVERFLOW PAGE FOR WRITE-INS

Additional Write-ins for Assets Line11

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 Net Admitted Assets
1104.			0	
1105.			0	
1197. Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0

Additional Write-ins for Assets Line 25

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 Net Admitted Assets
2504.			0	
2505. Accounts receivable	25,309,759	7,031,905	18,277,854	6,495,920
2597. Summary of remaining write-ins for Line 25 from overflow page	25,309,759	7,031,905	18,277,854	6,495,920

Additional Write-ins for Summary of Operations Line 8.3

	1 Current Year	2 Prior Year
08.304. Miscellaneous income	2,356,664	54,818
08.397. Summary of remaining write-ins for Line 8.3 from overflow page	2,356,664	54,818

OVERFLOW PAGE FOR WRITE-INS

Additional Write-ins for Analysis of Operations - Summary Line 8.3

	1 Total	2 Individual Life	3 Group Life	4 Individual Annuities	5 Group Annuities	6 Accident and Health	7 Fraternal	8 Other Lines of Business	9 YRT Mortality Risk Only
08.304. Miscellaneous income	2,356,662			2,272,413	84,249				
08.397. Summary of remaining write-ins for Line 8.3 from overflow page	2,356,662	0	0	2,272,413	84,249	0	0	0	0

Additional Write-ins for Analysis of Operations - Individual Annuities Line 8.3

	1	Deferred				6	7
		2	3	4	5		
	Total	Fixed Annuities	Indexed Annuities	Variable Annuities with Guarantees	Variable Annuities Without Guarantees	Life Contingent Payout (Immediate and Annuitizations)	Other Annuities
08.304. Miscellaneous income	2,272,413	862,099	1,394,007			16,307	
08.305. Adjustment to IMR for reinsurance	0						
08.397. Summary of remaining write-ins for Line 8.3 from overflow page	2,272,413	862,099	1,394,007	0	0	16,307	0

Additional Write-ins for Analysis of Operations - Group Annuities Line 8.3

	1	Deferred				6	7
		2	3	4	5		
	Total	Fixed Annuities	Indexed Annuities	Variable Annuities with Guarantees	Variable Annuities Without Guarantees	Life Contingent Payout (Immediate and Annuitizations)	Other Annuities
08.304. Miscellaneous income	84,249	22,727				61,522	
08.397. Summary of remaining write-ins for Line 8.3 from overflow page	84,249	22,727	0	0	0	61,522	0

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SUPPLEMENT FOR THE YEAR 2024 OF THE MASSMUTUAL ASCEND LIFE INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF Alabama
NAIC Group Code 0435 NAIC Company Code 63312
ADDRESS (City, State and Zip Code) Cincinnati , OH 45202
Person Completing This Exhibit
Title Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2021				Policies Issued in 2022; 2023; 2024			
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Character-istics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
YES	1MSPD0001	D	NO	0034000	03/11/2004			05/31/2010	MEDICARE SUPPLEMENT	5,151	5,537	107.5	1	0	0	0.0	0
YES	1MSPF0001	F	NO	0034000	03/11/2004			05/31/2010	MEDICARE SUPPLEMENT	5,964	4,388	73.6	1	0	0	0.0	0
YES	1MSPG0001	G	NO	0034000	03/11/2004			05/31/2010	MEDICARE SUPPLEMENT	6,012	5,699	94.8	1	0	0	0.0	0
0199999. Total Experience on Individual Policies										17,127	15,625	91.2	3	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717
   2.2 Contact Person and Phone Number: David Brosig 186-645-9427-2
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717
   3.2 Contact Person and Phone Number: David Brosig 186-645-9427-2
4. Explain any policies identified above as policy type "O".

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SUPPLEMENT FOR THE YEAR 2024 OF THE MASSMUTUAL ASCEND LIFE INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF Colorado
NAIC Group Code 0435 NAIC Company Code 63312
ADDRESS (City, State and Zip Code) Cincinnati , OH 45202
Person Completing This Exhibit
Title Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2021				Policies Issued in 2022; 2023; 2024			
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Character-istics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
YES	1MSPF0001	F	NO	0034060	12/24/2007			05/31/2010	MEDICARE SUPPLEMENT	5,376	1,295	24.1	1	0	0	0.0	0
0199999. Total Experience on Individual Policies										5,376	1,295	24.1	1	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717
   2.2 Contact Person and Phone Number: David Brosig 186-645-9427-2
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717
   3.2 Contact Person and Phone Number: David Brosig 186-645-9427-2
4. Explain any policies identified above as policy type "O".

360.CO

SUPPLEMENT FOR THE YEAR 2024 OF THE MASSMUTUAL ASCEND LIFE INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF Florida
NAIC Group Code 0435 NAIC Company Code 63312
ADDRESS (City, State and Zip Code) Cincinnati , OH 45202
Person Completing This Exhibit
Title Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2021				Policies Issued in 2022; 2023; 2024			
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Character-istics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
YES	1MSPC0001	C	NO	0034060	10/19/2006	10/16/2009			MEDICARE SUPPLEMENT	8,465	2,179	25.7	2	0	0	0.0	0
YES	1MSPD0001	D	NO	0034060	10/19/2006	10/16/2009			MEDICARE SUPPLEMENT	73,011	102,241	140.0	23	0	0	0.0	0
YES	1MSPF0001	F	NO	0034060	10/19/2006	10/16/2009			MEDICARE SUPPLEMENT	105,631	98,732	93.5	30	0	0	0.0	0
YES	1MSPG0001	G	NO	0034060	10/19/2006	10/16/2009			MEDICARE SUPPLEMENT	48,775	53,725	110.1	16	0	0	0.0	0
0199999. Total Experience on Individual Policies										235,883	256,877	108.9	71	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717
   2.2 Contact Person and Phone Number: David Brosig 186-645-9427-2
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717
   3.2 Contact Person and Phone Number: David Brosig 186-645-9427-2
4. Explain any policies identified above as policy type "O".

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SUPPLEMENT FOR THE YEAR 2024 OF THE MASSMUTUAL ASCEND LIFE INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF Georgia
NAIC Group Code 0435 NAIC Company Code 63312
ADDRESS (City, State and Zip Code) Cincinnati , OH 45202
Person Completing This Exhibit
Title Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2021				Policies Issued in 2022; 2023; 2024			
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Character-istics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
YES	1MSPD0001	D	NO	0034060	02/25/2004			05/31/2010	MEDICARE SUPPLEMENT	4,785	936	19.6	1	0	0	0.0	0
YES	1MSPG0001	G	NO	0034060	02/25/2004			05/31/2010	MEDICARE SUPPLEMENT	9,535	3,909	41.0	2	0	0	0.0	0
0199999. Total Experience on Individual Policies										14,320	4,845	33.8	3	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717
   2.2 Contact Person and Phone Number: David Brosig 186-645-9427-2
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717
   3.2 Contact Person and Phone Number: David Brosig 186-645-9427-2
4. Explain any policies identified above as policy type "O".

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SUPPLEMENT FOR THE YEAR 2024 OF THE MASSMUTUAL ASCEND LIFE INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF Illinois
NAIC Group Code 0435 NAIC Company Code 63312
ADDRESS (City, State and Zip Code) Cincinnati , OH 45202
Person Completing This Exhibit
Title Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2021				Policies Issued in 2022; 2023; 2024			
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Character-istics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
YES	1MSPF0001	F	NO	0034060	02/09/2004			05/31/2010	MEDICARE SUPPLEMENT	28,028	13,018	46.4	4	0	0	0.0	0
0199999. Total Experience on Individual Policies										28,028	13,018	46.4	4	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717
   2.2 Contact Person and Phone Number: David Brosig 186-645-9427-2
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717
   3.2 Contact Person and Phone Number: David Brosig 186-645-9427-2
4. Explain any policies identified above as policy type "O".

360.IL

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SUPPLEMENT FOR THE YEAR 2024 OF THE MASSMUTUAL ASCEND LIFE INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF Indiana
NAIC Group Code 0435 NAIC Company Code 63312
ADDRESS (City, State and Zip Code) Cincinnati , OH 45202
Person Completing This Exhibit
Title Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2021				Policies Issued in 2022; 2023; 2024			
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Character-istics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
YES	1MSPD0001	D	NO	0034000	12/14/2007			05/31/2010	MEDICARE SUPPLEMENT	32,060	18,287	57.0	8	0	0	0.0	0
YES	1MSPF0001	F	NO	0034000	12/14/2007			05/31/2010	MEDICARE SUPPLEMENT	73,206	70,077	95.7	16	0	0	0.0	0
YES	1MSPG0001	G	NO	0034000	12/14/2007			05/31/2010	MEDICARE SUPPLEMENT	17,781	5,749	32.3	4	0	0	0.0	0
0199999. Total Experience on Individual Policies										123,046	94,113	76.5	28	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717
   2.2 Contact Person and Phone Number: David Brosig 186-645-9427-2
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717
   3.2 Contact Person and Phone Number: David Brosig 186-645-9427-2
4. Explain any policies identified above as policy type "O".

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SUPPLEMENT FOR THE YEAR 2024 OF THE MASSMUTUAL ASCEND LIFE INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF Iowa
NAIC Group Code 0435 NAIC Company Code 63312
ADDRESS (City, State and Zip Code) Cincinnati , OH 45202
Person Completing This Exhibit
Title Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2021			14	Policies Issued in 2022; 2023; 2024			18
										11	Incurred Claims			15	Incurred Claims		
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Character-istics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
YES	1MSPF0001	F	NO	0034000	02/24/2004			05/31/2010	MEDICARE SUPPLEMENT	94,485	94,093	99.6	13	0	0	0.0	0
0199999. Total Experience on Individual Policies										94,485	94,093	99.6	13	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717
   2.2 Contact Person and Phone Number: David Brosig 186-645-9427-2
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717
   3.2 Contact Person and Phone Number: David Brosig 186-645-9427-2
4. Explain any policies identified above as policy type "O".

6 3 3 1 2 2 0 2 4 3 6 0 1 7 1 0 0

SUPPLEMENT FOR THE YEAR 2024 OF THE MASSMUTUAL ASCEND LIFE INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF Kansas
NAIC Group Code 0435 NAIC Company Code 63312
ADDRESS (City, State and Zip Code) Cincinnati , OH 45202
Person Completing This Exhibit
Title Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2021				Policies Issued in 2022; 2023; 2024			
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Character-istics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
YES	1MSPF0001	F	NO	0034060	12/19/2007			05/31/2010	MEDICARE SUPPLEMENT	52,714	24,235	46.0	7	0	0	0.0	0
YES	1MSPG0001	G	NO	0034060	12/19/2007			05/31/2010	MEDICARE SUPPLEMENT	18,347	23,006	125.4	3	0	0	0.0	0
0199999. Total Experience on Individual Policies										71,061	47,241	66.5	10	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717
   2.2 Contact Person and Phone Number: David Brosig 186-645-9427-2
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717
   3.2 Contact Person and Phone Number: David Brosig 186-645-9427-2
4. Explain any policies identified above as policy type "O".

360.KS

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

SUPPLEMENT FOR THE YEAR 2024 OF THE MASSMUTUAL ASCEND LIFE INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF Kentucky
NAIC Group Code 0435 NAIC Company Code 63312
ADDRESS (City, State and Zip Code) Cincinnati , OH 45202
Person Completing This Exhibit
Title Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2021				Policies Issued in 2022; 2023; 2024			
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Character-istics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
YES	1MSPD0001	D	NO	0034060	02/26/2004			05/31/2010	MEDICARE SUPPLEMENT	1,174	508	43.3	0	0	0	0.0	0
YES	1MSPF0001	F	NO	0034060	02/26/2004			05/31/2010	MEDICARE SUPPLEMENT	106,473	112,660	105.8	13	0	0	0.0	0
YES	1MSPG0001	G	NO	0034060	02/26/2004			05/31/2010	MEDICARE SUPPLEMENT	15,086	3,788	25.1	3	0	0	0.0	0
0199999. Total Experience on Individual Policies										122,733	116,956	95.3	16	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717
   2.2 Contact Person and Phone Number: David Brosig 186-645-9427-2
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717
   3.2 Contact Person and Phone Number: David Brosig 186-645-9427-2
4. Explain any policies identified above as policy type "O".

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

SUPPLEMENT FOR THE YEAR 2024 OF THE MASSMUTUAL ASCEND LIFE INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF Michigan.....
NAIC Group Code 0435 ..... NAIC Company Code 63312 .....
ADDRESS (City, State and Zip Code) Cincinnati , OH 45202 .....
Person Completing This Exhibit .....
Title ..... Telephone Number .....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2021				Policies Issued in 2022; 2023; 2024			
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Character-istics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
   .....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717 .....
   2.2 Contact Person and Phone Number: David Brosig 186-645-9427-2 .....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717 .....
   3.2 Contact Person and Phone Number: David Brosig 186-645-9427-2 .....
4. Explain any policies identified above as policy type "O". .....

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

SUPPLEMENT FOR THE YEAR 2024 OF THE MASSMUTUAL ASCEND LIFE INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF Missouri
NAIC Group Code 0435 NAIC Company Code 63312
ADDRESS (City, State and Zip Code) Cincinnati , OH 45202
Person Completing This Exhibit
Title Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2021				Policies Issued in 2022; 2023; 2024			
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Character-istics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
YES	1MSPF0001	F	NO	0034060	10/22/2007			05/31/2010	MEDICARE SUPPLEMENT	47,924	36,230	75.6	12	0	0	0.0	0
0199999. Total Experience on Individual Policies										47,924	36,230	75.6	12	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717
   2.2 Contact Person and Phone Number: David Brosig 186-645-9427-2
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717
   3.2 Contact Person and Phone Number: David Brosig 186-645-9427-2
4. Explain any policies identified above as policy type "O".

360.MO

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SUPPLEMENT FOR THE YEAR 2024 OF THE MASSMUTUAL ASCEND LIFE INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF Nebraska
NAIC Group Code 0435 NAIC Company Code 63312
ADDRESS (City, State and Zip Code) Cincinnati , OH 45202
Person Completing This Exhibit
Title Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2021				Policies Issued in 2022; 2023; 2024			
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Character-istics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
YES	1MSPF0001	F	NO	0034000	10/18/2007			05/31/2010	MEDICARE SUPPLEMENT	11,626	3,267	28.1	2	0	0	0.0	0
YES	1MSPG0001	G	NO	0034000	10/18/2007			05/31/2010	MEDICARE SUPPLEMENT	12	(334)	(2,813.9)	0	0	0	0.0	0
0199999. Total Experience on Individual Policies										11,638	2,933	25.2	2	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717
   2.2 Contact Person and Phone Number: David Brosig 186-645-9427-2
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717
   3.2 Contact Person and Phone Number: David Brosig 186-645-9427-2
4. Explain any policies identified above as policy type "O".

360.NE

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

SUPPLEMENT FOR THE YEAR 2024 OF THE MASSMUTUAL ASCEND LIFE INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF Nevada
NAIC Group Code 0435 NAIC Company Code 63312
ADDRESS (City, State and Zip Code) Cincinnati , OH 45202
Person Completing This Exhibit
Title Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2021				Policies Issued in 2022; 2023; 2024			
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Character-istics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
YES	1MSPG0001	G	NO	0034000	09/26/2008			05/31/2010	MEDICARE SUPPLEMENT	7,005	519	7.4	1	0	0	0.0	0
0199999. Total Experience on Individual Policies										7,005	519	7.4	1	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717
   2.2 Contact Person and Phone Number: David Brosig 186-645-9427-2
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717
   3.2 Contact Person and Phone Number: David Brosig 186-645-9427-2
4. Explain any policies identified above as policy type "O".

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

SUPPLEMENT FOR THE YEAR 2024 OF THE MASSMUTUAL ASCEND LIFE INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF New Hampshire
NAIC Group Code 0435 NAIC Company Code 63312
ADDRESS (City, State and Zip Code) Cincinnati , OH 45202
Person Completing This Exhibit
Title Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2021				Policies Issued in 2022; 2023; 2024			
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Character-istics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
YES	1MSPD0001	D	NO	0034060	12/06/2007			05/31/2010	MEDICARE SUPPLEMENT	4,656	3,506	75.3	1	0	0	0.0	0
YES	1MSPF0001	F	NO	0034060	12/06/2007			05/31/2010	MEDICARE SUPPLEMENT	10,748	4,824	44.9	2	0	0	0.0	0
0199999. Total Experience on Individual Policies										15,404	8,330	54.1	3	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717
   2.2 Contact Person and Phone Number: David Brosig 186-645-9427-2
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717
   3.2 Contact Person and Phone Number: David Brosig 186-645-9427-2
4. Explain any policies identified above as policy type "O".

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

SUPPLEMENT FOR THE YEAR 2024 OF THE MASSMUTUAL ASCEND LIFE INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF North Carolina
NAIC Group Code 0435 NAIC Company Code 63312
ADDRESS (City, State and Zip Code) Cincinnati , OH 45202
Person Completing This Exhibit
Title Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2021				Policies Issued in 2022; 2023; 2024			
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Character-istics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
YES	1MSPF0001	F	NO	0034060	02/26/2004			05/31/2010	MEDICARE SUPPLEMENT	142,469	87,338	61.3	19	0	0	0.0	0
YES	1MSPG0001	G	NO	0034000	02/26/2004			05/31/2010	MEDICARE SUPPLEMENT	45,920	13,575	29.6	7	0	0	0.0	0
0199999. Total Experience on Individual Policies										188,389	100,913	53.6	26	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717
   2.2 Contact Person and Phone Number: David Brosig 186-645-9427-2
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717
   3.2 Contact Person and Phone Number: David Brosig 186-645-9427-2
4. Explain any policies identified above as policy type "O".

360.NC

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

SUPPLEMENT FOR THE YEAR 2024 OF THE MASSMUTUAL ASCEND LIFE INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF Ohio
NAIC Group Code 0435 NAIC Company Code 63312
ADDRESS (City, State and Zip Code) Cincinnati , OH 45202
Person Completing This Exhibit
Title Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2021				Policies Issued in 2022; 2023; 2024			
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Character-istics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
YES	1MSPC0001	C	NO	0034000	01/23/2004			05/31/2010	MEDICARE SUPPLEMENT	7,581	1,264	16.7	1	0	0	0.0	0
YES	1MSPD0001	D	NO	0034000	01/23/2004			05/31/2010	MEDICARE SUPPLEMENT	20,525	2,007	9.8	3	0	0	0.0	0
YES	1MSPF0001	F	NO	0034000	01/23/2004			05/31/2010	MEDICARE SUPPLEMENT	27,172	12,309	45.3	4	0	0	0.0	0
YES	1MSPG0001	G	NO	0034000	01/23/2004			05/31/2010	MEDICARE SUPPLEMENT	21	(546)	(2,645.9)	0	0	0	0.0	0
0199999. Total Experience on Individual Policies										55,298	15,033	27.2	8	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717
   2.2 Contact Person and Phone Number: David Brosig 186-645-9427-2
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717
   3.2 Contact Person and Phone Number: David Brosig 186-645-9427-2
4. Explain any policies identified above as policy type "O".

6 3 3 1 2 2 0 2 4 3 6 0 3 7 1 0 0

SUPPLEMENT FOR THE YEAR 2024 OF THE MASSMUTUAL ASCEND LIFE INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF Oklahoma
NAIC Group Code 0435 NAIC Company Code 63312
ADDRESS (City, State and Zip Code) Cincinnati , OH 45202
Person Completing This Exhibit
Title Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2021				Policies Issued in 2022; 2023; 2024			
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Character-istics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
YES	1MSPF0001	F	NO	0034000	04/26/2004			05/31/2010	MEDICARE SUPPLEMENT	65,333	34,551	52.9	9	0	0	0.0	0
YES	1MSPG0001	G	NO	0034000	04/26/2004			05/31/2010	MEDICARE SUPPLEMENT	14,228	15,829	111.3	3	0	0	0.0	0
0199999. Total Experience on Individual Policies										79,560	50,380	63.3	12	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717
   2.2 Contact Person and Phone Number: David Brosig 186-645-9427-2
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717
   3.2 Contact Person and Phone Number: David Brosig 186-645-9427-2
4. Explain any policies identified above as policy type "O".

360.OK

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

SUPPLEMENT FOR THE YEAR 2024 OF THE MASSMUTUAL ASCEND LIFE INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF Oregon
NAIC Group Code 0435 NAIC Company Code 63312
ADDRESS (City, State and Zip Code) Cincinnati , OH 45202
Person Completing This Exhibit
Title Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2021				Policies Issued in 2022; 2023; 2024			
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Character-istics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
YES	1MSPF0001	F	NO	0034060	01/09/2008			05/31/2010	MEDICARE SUPPLEMENT	13,252	6,885	52.0	2	0	0	0.0	0
0199999. Total Experience on Individual Policies										13,252	6,885	52.0	2	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717
   2.2 Contact Person and Phone Number: David Brosig 186-645-9427-2
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717
   3.2 Contact Person and Phone Number: David Brosig 186-645-9427-2
4. Explain any policies identified above as policy type "O".

360.OR

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

SUPPLEMENT FOR THE YEAR 2024 OF THE MASSMUTUAL ASCEND LIFE INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF Pennsylvania
NAIC Group Code 0435 NAIC Company Code 63312
ADDRESS (City, State and Zip Code) Cincinnati , OH 45202
Person Completing This Exhibit
Title Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2021				Policies Issued in 2022; 2023; 2024			
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Character-istics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
YES	1MSPD0001	D	NO	0034060	09/30/2008			05/31/2010	MEDICARE SUPPLEMENT	3,072	356	11.6	1	0	0	0.0	0
YES	1MSPF0001	F	NO	0034060	09/30/2008			05/31/2010	MEDICARE SUPPLEMENT	6,979	14,208	203.6	2	0	0	0.0	0
0199999. Total Experience on Individual Policies										10,051	14,563	144.9	3	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717
   2.2 Contact Person and Phone Number: David Brosig 186-645-9427-2
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717
   3.2 Contact Person and Phone Number: David Brosig 186-645-9427-2
4. Explain any policies identified above as policy type "O".

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

SUPPLEMENT FOR THE YEAR 2024 OF THE MASSMUTUAL ASCEND LIFE INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF South Carolina
NAIC Group Code 0435 NAIC Company Code 63312
ADDRESS (City, State and Zip Code) Cincinnati , OH 45202
Person Completing This Exhibit
Title Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2021				Policies Issued in 2022; 2023; 2024			
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Character-istics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
YES	1MSPF0001	F	NO	0034000	02/18/2004			05/31/2010	MEDICARE SUPPLEMENT	82,195	66,622	81.1	11	0	0	0.0	0
YES	1MSPG0001	G	NO	0034000	02/18/2004			05/31/2010	MEDICARE SUPPLEMENT	93,576	42,969	45.9	15	0	0	0.0	0
0199999. Total Experience on Individual Policies										175,771	109,591	62.3	26	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717
   2.2 Contact Person and Phone Number: David Brosig 186-645-9427-2
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717
   3.2 Contact Person and Phone Number: David Brosig 186-645-9427-2
4. Explain any policies identified above as policy type "O".

360.SC

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

SUPPLEMENT FOR THE YEAR 2024 OF THE MASSMUTUAL ASCEND LIFE INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF Tennessee
NAIC Group Code 0435 NAIC Company Code 63312
ADDRESS (City, State and Zip Code) Cincinnati , OH 45202
Person Completing This Exhibit
Title Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2021				Policies Issued in 2022; 2023; 2024			
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Character-istics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
YES	1MSPF0001	F	NO	0034060	02/13/2004			05/31/2010	MEDICARE SUPPLEMENT	62,100	28,240	45.5	9	0	0	0.0	0
YES	1MSPG0001	G	NO	0034060	02/13/2004			05/31/2010	MEDICARE SUPPLEMENT	10,665	8,067	75.6	2	0	0	0.0	0
0199999. Total Experience on Individual Policies										72,765	36,307	49.9	11	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717
   2.2 Contact Person and Phone Number: David Brosig 186-645-9427-2
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717
   3.2 Contact Person and Phone Number: David Brosig 186-645-9427-2
4. Explain any policies identified above as policy type "O".

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

SUPPLEMENT FOR THE YEAR 2024 OF THE MASSMUTUAL ASCEND LIFE INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF Texas
NAIC Group Code 0435 NAIC Company Code 63312
ADDRESS (City, State and Zip Code) Cincinnati , OH 45202
Person Completing This Exhibit
Title Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2021				Policies Issued in 2022; 2023; 2024			
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Character-istics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
YES	1MSPA0001	A	NO	0034060	01/09/2004			05/31/2010	MEDICARE SUPPLEMENT	6,973	5,152	73.9	2	0	0	0.0	0
YES	1MSPF0001	F	NO	0034000	01/09/2004			05/31/2010	MEDICARE SUPPLEMENT	56,776	20,812	36.7	8	0	0	0.0	0
YES	1MSPG0001	G	NO	0034000	01/09/2004			05/31/2010	MEDICARE SUPPLEMENT	25,703	13,724	53.4	4	0	0	0.0	0
0199999. Total Experience on Individual Policies										89,453	39,689	44.4	14	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717
   2.2 Contact Person and Phone Number: David Brosig 186-645-9427-2
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717
   3.2 Contact Person and Phone Number: David Brosig 186-645-9427-2
4. Explain any policies identified above as policy type "O".

360.TX

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

SUPPLEMENT FOR THE YEAR 2024 OF THE MASSMUTUAL ASCEND LIFE INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF Utah
NAIC Group Code 0435 NAIC Company Code 63312
ADDRESS (City, State and Zip Code) Cincinnati , OH 45202
Person Completing This Exhibit
Title Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2021				Policies Issued in 2022; 2023; 2024			
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Character-istics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
YES	1MSPF0001	F	NO	0034000	01/24/2008			05/31/2010	MEDICARE SUPPLEMENT	23,026	11,715	50.9	4	0	0	0.0	0
YES	1MSPG0001	G	NO	0034000	01/24/2008			05/31/2010	MEDICARE SUPPLEMENT	15,387	2,368	15.4	3	0	0	0.0	0
0199999. Total Experience on Individual Policies										38,413	14,083	36.7	7	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717
   2.2 Contact Person and Phone Number: David Brosig 186-645-9427-2
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717
   3.2 Contact Person and Phone Number: David Brosig 186-645-9427-2
4. Explain any policies identified above as policy type "O".

360.UT

6 3 3 1 2 2 0 2 4 3 6 0 4 7 1 0 0

SUPPLEMENT FOR THE YEAR 2024 OF THE MASSMUTUAL ASCEND LIFE INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF Virginia
NAIC Group Code 0435 NAIC Company Code 63312
ADDRESS (City, State and Zip Code) Cincinnati , OH 45202
Person Completing This Exhibit
Title Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2021				Policies Issued in 2022; 2023; 2024			
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Character-istics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
YES	1MSPF0001	F	NO	0034000	02/04/2009			05/31/2010	MEDICARE SUPPLEMENT	20,686	6,048	29.2	3	0	0	0.0	0
0199999. Total Experience on Individual Policies										20,686	6,048	29.2	3	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717
   2.2 Contact Person and Phone Number: David Brosig 186-645-9427-2
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717
   3.2 Contact Person and Phone Number: David Brosig 186-645-9427-2
4. Explain any policies identified above as policy type "O".

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

SUPPLEMENT FOR THE YEAR 2024 OF THE MASSMUTUAL ASCEND LIFE INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF West Virginia
NAIC Group Code 0435 NAIC Company Code 63312
ADDRESS (City, State and Zip Code) Cincinnati , OH 45202
Person Completing This Exhibit
Title Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2021				Policies Issued in 2022; 2023; 2024			
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Character-istics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
YES	1MSPF0001	F	NO	0034000	10/29/2007			05/31/2010	MEDICARE SUPPLEMENT	6,121	497	8.1	1	0	0	0.0	0
0199999. Total Experience on Individual Policies										6,121	497	8.1	1	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717
   2.2 Contact Person and Phone Number: David Brosig 186-645-9427-2
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717
   3.2 Contact Person and Phone Number: David Brosig 186-645-9427-2
4. Explain any policies identified above as policy type "O".

360.WV

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

SUPPLEMENT FOR THE YEAR 2024 OF THE MASSMUTUAL ASCEND LIFE INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF Wisconsin
NAIC Group Code 0435 NAIC Company Code 63312
ADDRESS (City, State and Zip Code) Cincinnati , OH 45202
Person Completing This Exhibit
Title Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2021				Policies Issued in 2022; 2023; 2024			
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Character-istics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
YES	1MSP-WI	0	NO	0034060	03/30/2009			05/31/2010	MEDICARE SUPPLEMENT	46,449	55,104	118.6	7	0	0	0.0	0
0199999. Total Experience on Individual Policies										46,449	55,104	118.6	7	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717
   2.2 Contact Person and Phone Number: David Brosig 186-645-9427-2
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address: 11200 Lakeline Blvd Suite 100 Austin , TX 78717
   3.2 Contact Person and Phone Number: David Brosig 186-645-9427-2
4. Explain any policies identified above as policy type "O".

VM-20 Reserves Supplement - Part 1A

N O N E

VM-20 Reserves Supplement - Part 1B

N O N E

SUPPLEMENT FOR THE YEAR 2024 OF THE MASSMUTUAL ASCEND LIFE INSURANCE COMPANY

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 [X] No [ ]

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

   2.1 NAIC Adopted VM [X]

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

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

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

   .....

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

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

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

   .....

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

   2022. The company confirms that it meets the criteria for utilizing an ongoing statment of exemption. .....

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? ..... Yes [ ] No [X]

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

.....

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

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

.....

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

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

SUPPLEMENT FOR THE YEAR 2024 OF THE MASSMUTUAL ASCEND LIFE INSURANCE COMPANY

SCHEDULE O SUPPLEMENT

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

Of The MASSMUTUAL ASCEND LIFE INSURANCE COMPANY
ADDRESS (City, State and Zip Code) Cincinnati , OH 45202
NAIC Group Code 0435 NAIC Company Code 63312 Employer's Identification Number (FEIN) 13-1935920

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	0	0	0	0	
2. 2020	5	0			
3. 2021	XXX	(5)			
4. 2022	XXX	XXX			
5. 2023	XXX	XXX	XXX		
6. 2024	XXX	XXX	XXX	XXX	

Section B - Other Accident and Health

1. Prior	3,574	8,874	8,790	10,417	11,973
2. 2020	294	1,158	1,742	2,066	2,243
3. 2021	XXX	413	1,160	1,878	2,578
4. 2022	XXX	XXX	173	931	1,425
5. 2023	XXX	XXX	XXX	638	1,865
6. 2024	XXX	XXX	XXX	XXX	760

Section C - Credit Accident and Health

1. Prior					
2. 2020					
3. 2021	XXX				
4. 2022	XXX	XXX			
5. 2023	XXX	XXX	XXX		
6. 2024	XXX	XXX	XXX	XXX	

NONE

Section D -

1. Prior					
2. 2020					
3. 2021	XXX				
4. 2022	XXX	XXX			
5. 2023	XXX	XXX	XXX		
6. 2024	XXX	XXX	XXX	XXX	

NONE

Section E -

1. Prior					
2. 2020					
3. 2021	XXX				
4. 2022	XXX	XXX			
5. 2023	XXX	XXX	XXX		
6. 2024	XXX	XXX	XXX	XXX	

NONE

Section F -

1. Prior					
2. 2020					
3. 2021	XXX				
4. 2022	XXX	XXX			
5. 2023	XXX	XXX	XXX		
6. 2024	XXX	XXX	XXX	XXX	

NONE

Section G -

1. Prior					
2. 2020					
3. 2021	XXX				
4. 2022	XXX	XXX			
5. 2023	XXX	XXX	XXX		
6. 2024	XXX	XXX	XXX	XXX	

NONE

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

SCHEDULE O SUPPLEMENT

SUPPLEMENTAL SCHEDULE O - PART 2

Development of Incurred Losses

($000 Omitted)

Section A - Group Accident and Health

Years in Which Losses Were Incurred	Net Amounts Paid for Cost Containment Expenses				
	1 2020	2 2021	3 2022	4 2023	5 2024
1. Prior					
2. 2020					
3. 2021	XXX				
4. 2022	XXX	XXX			
5. 2023	XXX	XXX	XXX		
6. 2024	XXX	XXX	XXX	XXX	

NONE

Section B - Other Accident and Health

Years in Which Losses Were Incurred	Net Amounts Paid for Cost Containment Expenses				
	1 2020	2 2021	3 2022	4 2023	5 2024
1. Prior					
2. 2020					
3. 2021	XXX				
4. 2022	XXX	XXX			
5. 2023	XXX	XXX	XXX		
6. 2024	XXX	XXX	XXX	XXX	

NONE

Section C - Credit Accident and Health

Years in Which Losses Were Incurred	Net Amounts Paid for Cost Containment Expenses				
	1 2020	2 2021	3 2022	4 2023	5 2024
1. Prior					
2. 2020					
3. 2021	XXX				
4. 2022	XXX	XXX			
5. 2023	XXX	XXX	XXX		
6. 2024	XXX	XXX	XXX	XXX	

NONE

Section D -

Years in Which Losses Were Incurred	Net Amounts Paid for Cost Containment Expenses				
	1 2020	2 2021	3 2022	4 2023	5 2024
1. Prior					
2. 2020					
3. 2021	XXX				
4. 2022	XXX	XXX			
5. 2023	XXX	XXX	XXX		
6. 2024	XXX	XXX	XXX	XXX	

NONE

Section E -

Years in Which Losses Were Incurred	Net Amounts Paid for Cost Containment Expenses				
	1 2020	2 2021	3 2022	4 2023	5 2024
1. Prior					
2. 2020					
3. 2021	XXX				
4. 2022	XXX	XXX			
5. 2023	XXX	XXX	XXX		
6. 2024	XXX	XXX	XXX	XXX	

NONE

Section F -

Years in Which Losses Were Incurred	Net Amounts Paid for Cost Containment Expenses				
	1 2020	2 2021	3 2022	4 2023	5 2024
1. Prior					
2. 2020					
3. 2021	XXX				
4. 2022	XXX	XXX			
5. 2023	XXX	XXX	XXX		
6. 2024	XXX	XXX	XXX	XXX	

NONE

Section G -

Years in Which Losses Were Incurred	Net Amounts Paid for Cost Containment Expenses				
	1 2020	2 2021	3 2022	4 2023	5 2024
1. Prior					
2. 2020					
3. 2021	XXX				
4. 2022	XXX	XXX			
5. 2023	XXX	XXX	XXX		
6. 2024	XXX	XXX	XXX	XXX	

NONE

SCHEDULE O SUPPLEMENT

SUPPLEMENTAL SCHEDULE O - PART 3

Development of Incurred Losses

($000 Omitted)

Section A - Group Accident and Health

Years in Which Losses Were Incurred	Sum of Net Cumulative Amount Paid Policyholders and Claim Liability and Reserve Outstanding at End of Year				
	1 2020	2 2021	3 2022	4 2023	5 2024
1. 2020	854	0	0	XXX	XXX
2. 2021	XXX	(4)	0	0	XXX
3. 2022	XXX	XXX	2	0	0
4. 2023	XXX	XXX	XXX	3	0
5. 2024	XXX	XXX	XXX	XXX	4

Section B - Other Accident and Health

1. 2020	3,082	2,921	2,548	XXX	XXX
2. 2021	XXX	3,684	2,950	3,785	XXX
3. 2022	XXX	XXX	4,150	2,796	2,785
4. 2023	XXX	XXX	XXX	5,392	5,095
5. 2024	XXX	XXX	XXX	XXX	6,955

Section C - Credit Accident and Health

1. 2020				XXX	XXX
2. 2021	XXX				XXX
3. 2022	XXX				
4. 2023	XXX	XXX	XXX		
5. 2024	XXX	XXX	XXX	XXX	

NONE

Section D -

1. 2020				XXX	XXX
2. 2021	XXX				XXX
3. 2022	XXX				
4. 2023	XXX	XXX	XXX		
5. 2024	XXX	XXX	XXX	XXX	

NONE

Section E -

1. 2020				XXX	XXX
2. 2021	XXX				XXX
3. 2022	XXX				
4. 2023	XXX	XXX	XXX		
5. 2024	XXX	XXX	XXX	XXX	

NONE

Section F -

1. 2020				XXX	XXX
2. 2021	XXX				XXX
3. 2022	XXX				
4. 2023	XXX	XXX	XXX		
5. 2024	XXX	XXX	XXX	XXX	

NONE

Section G -

1. 2020				XXX	XXX
2. 2021	XXX				XXX
3. 2022	XXX				
4. 2023	XXX	XXX	XXX		
5. 2024	XXX	XXX	XXX	XXX	

NONE

SCHEDULE O SUPPLEMENT

SUPPLEMENTAL SCHEDULE O - PART 4

Development of Incurred Losses

($000 Omitted)

Section A - Group Accident and Health

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

NONE

Section B - Other Accident and Health

1. 2020					
2. 2021	XXX				
3. 2022	XXX	XXX			
4. 2023	XXX	XXX	XXX		
5. 2024	XXX	XXX	XXX	XXX	

NONE

Section C - Credit Accident and Health

1. 2020					
2. 2021	XXX				
3. 2022	XXX	XXX			
4. 2023	XXX	XXX	XXX		
5. 2024	XXX	XXX	XXX	XXX	

NONE

Section D -

1. 2020					
2. 2021	XXX				
3. 2022	XXX	XXX			
4. 2023	XXX	XXX	XXX		
5. 2024	XXX	XXX	XXX	XXX	

NONE

Section E -

1. 2020					
2. 2021	XXX				
3. 2022	XXX	XXX			
4. 2023	XXX	XXX	XXX		
5. 2024	XXX	XXX	XXX	XXX	

NONE

Section F -

1. 2020					
2. 2021	XXX				
3. 2022	XXX	XXX			
4. 2023	XXX	XXX	XXX		
5. 2024	XXX	XXX	XXX	XXX	

NONE

Section G -

1. 2020					
2. 2021	XXX				
3. 2022	XXX	XXX			
4. 2023	XXX	XXX	XXX		
5. 2024	XXX	XXX	XXX	XXX	

NONE

SUPPLEMENTAL SCHEDULE O - PART 5

($000 OMITTED)

Reserve and Liability Methodology - Exhibits 6 and 8

Line of Business	1 Methodology	2 Amount
1. Industrial Life		
2. Ordinary Life	Standard Factor	6,705
3. Individual Annuity	Standard Factor	151,172
4. Supplementary Contracts		
5. Credit Life		
6. Group Life	Standard Factor	25
7. Group Annuities	Standard Factor	2,399
8 Group Accident and Health	Other	4
9 Credit Accident and Health		
10. Other Accident and Health	Other	16,152
11. Total		176,457

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SUPPLEMENT FOR THE YEAR 2024 OF THE MASSMUTUAL ASCEND LIFE INSURANCE COMPANY

HEALTH SUPPLEMENTS

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

Of The MASSMUTUAL ASCEND LIFE INSURANCE COMPANY .....
ADDRESS (City, State and Zip Code) Cincinnati , OH 45202 .....
NAIC Group Code 0435 ..... NAIC Company Code 63312 ..... Employer's ID Number 13-1935920 .....

SUPPLEMENT FOR THE YEAR 2024 OF THE MASSMUTUAL ASCEND LIFE INSURANCE COMPANY

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
			2	3											
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
1.	Net premium income	8,551,179,527											2,855,851		8,548,323,676
2.	Change in unearned premium reserves and reserve for rate credit	0													
3.	Fee-for-service (net of $ ..... medical expenses)	0													XXX
4.	Risk revenue	0													XXX
5.	Aggregate write-ins for other health care related revenues	136,735	0	0	8,478	0	0	0	0	0	0	0	128,218	39	XXX
6.	Aggregate write-ins for other non-health care related revenues	13,586,409	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	13,586,409
7.	Total revenues (Lines 1 to 6)	8,564,902,671	0	0	8,478	0	0	0	0	0	0	0	2,984,069	39	8,561,910,085
8.	Hospital/medical benefits	4,424,019			1,139,728							7,130	3,277,161		XXX
9.	Other professional services	0													XXX
10.	Outside referrals	0													XXX
11.	Emergency room and out-of-area	0													XXX
12.	Prescription drugs	0													XXX
13.	Aggregate write-ins for other hospital and medical	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX
14.	Incentive pool, withhold adjustments and bonus amounts	0													XXX
15.	Subtotal (Lines 8 to 14)	4,424,019	0	0	1,139,728	0	0	0	0	0	0	7,130	3,277,161	0	XXX
16.	Net reinsurance recoveries	(540,062)			1,139,728							7,130	(1,686,920)		XXX
17.	Total medical and hospital (Lines 15 minus 16)	4,964,081	0	0	0	0	0	0	0	0	0	0	4,964,081	0	XXX
18.	Non-health claims (net)	3,732,061,711	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,732,061,711
19.	Claims adjustment expenses including $ ..... cost containment expenses	464,395,630			8,478							0	644,287	39	463,742,826
20.	General administrative expenses	218,164,241													218,164,241
21.	Increase in reserves for accident and health contracts	2,497,299											2,497,299		XXX
22.	Increase in reserves for life contracts	6,849,541,565	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	6,849,541,565
23.	Total underwriting deductions (Lines 17 to 22)	11,271,624,527	0	0	8,478	0	0	0	0	0	0	0	8,105,667	39	11,263,510,343
24.	Net underwriting gain or (loss) (Line 7 minus Line 23)	(2,706,721,856)	0	0	0	0	0	0	0	0	0	0	(5,121,598)	0	(2,701,600,258)
	DETAILS OF WRITE-INS														
0501.	Commissions and expense allowances on reinsurance ceded	136,735			8,478							0	128,218	39	XXX
0502.															XXX
0503.															XXX
0598.	Summary of remaining write-ins for Line 5 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX
0599.	Totals (Lines 0501 through 0503 plus 0598) (Line 5 above)	136,735	0	0	8,478	0	0	0	0	0	0	0	128,218	39	XXX
0601.	Commissions and expense allowances on reinsurance ceded	(49,266,090)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	(49,266,090)
0602.	Contractual rider fee income	42,691,252	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	42,691,252
0603.	Charges and fees for deposit-type contracts	10,489,669	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	10,489,669
0698.	Summary of remaining write-ins for Line 6 from overflow page	9,671,578	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	9,671,578
0699.	Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	13,586,409	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	13,586,409
1301.															XXX
1302.															XXX
1303.															XXX
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX
1399.	Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX

SUPPLEMENT FOR THE YEAR 2024 OF THE MASSMUTUAL ASCEND LIFE INSURANCE COMPANY

OVERFLOW PAGE FOR WRITE-INS

Additional Write-ins for Analysis of Operations Line 6

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
0604. Interest on company-owned life insurance	6,686,809	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	6,686,809
0605. Reinsurance experience refund	628,107	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	628,107
0606. Miscellaneous income	2,356,662	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,356,662
0697. Summary of remaining write-ins for Line 6 from overflow page	9,671,578	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	9,671,578

Health Supplement - Exhibit 3 - Health Care Receivables

N O N E

Health Supplement - Exhibit 3A - Health Care Receivables Collected and Accrued

N O N E

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

SUPPLEMENT FOR THE YEAR 2024 OF THE MASSMUTUAL ASCEND LIFE INSURANCE COMPANY

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 0435 NAIC Company Code 63312

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

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

SUPPLEMENT FOR THE YEAR 2024 OF THE MASSMUTUAL ASCEND LIFE INSURANCE COMPANY

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: Alaska

NAIC Group Code 0435 NAIC Company Code 63312

MCAS LINE OF BUSINESS	MCAS Reportable Premium/Considerations (Yes/No)
1. Disability Income	NO
2. Health	NO
3. Homeowners	NO
4. Individual Annuity	YES
5. Individual Life	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

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

SUPPLEMENT FOR THE YEAR 2024 OF THE MASSMUTUAL ASCEND LIFE INSURANCE COMPANY

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 0435 NAIC Company Code 63312

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

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

SUPPLEMENT FOR THE YEAR 2024 OF THE MASSMUTUAL ASCEND LIFE INSURANCE COMPANY

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: Arkansas

NAIC Group Code 0435 NAIC Company Code 63312

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

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

SUPPLEMENT FOR THE YEAR 2024 OF THE MASSMUTUAL ASCEND LIFE INSURANCE COMPANY

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: California

NAIC Group Code 0435 NAIC Company Code 63312

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

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

SUPPLEMENT FOR THE YEAR 2024 OF THE MASSMUTUAL ASCEND LIFE INSURANCE COMPANY

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: Colorado

NAIC Group Code 0435 NAIC Company Code 63312

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

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SUPPLEMENT FOR THE YEAR 2024 OF THE MASSMUTUAL ASCEND LIFE INSURANCE COMPANY

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: Connecticut

NAIC Group Code 0435 NAIC Company Code 63312

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

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

SUPPLEMENT FOR THE YEAR 2024 OF THE MASSMUTUAL ASCEND LIFE INSURANCE COMPANY

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: Delaware

NAIC Group Code 0435 NAIC Company Code 63312

MCAS LINE OF BUSINESS	MCAS Reportable Premium/Considerations (Yes/No)
1. Disability Income	NO
2. Health	NO
3. Homeowners	NO
4. Individual Annuity	YES
5. Individual Life	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

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

SUPPLEMENT FOR THE YEAR 2024 OF THE MASSMUTUAL ASCEND LIFE INSURANCE COMPANY

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: District of Columbia

NAIC Group Code 0435 NAIC Company Code 63312

MCAS LINE OF BUSINESS	MCAS Reportable Premium/Considerations (Yes/No)
1. Disability Income	NO
2. Health	NO
3. Homeowners	NO
4. Individual Annuity	YES
5. Individual Life	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

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

SUPPLEMENT FOR THE YEAR 2024 OF THE MASSMUTUAL ASCEND LIFE INSURANCE COMPANY

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: Florida

NAIC Group Code 0435 NAIC Company Code 63312

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

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

SUPPLEMENT FOR THE YEAR 2024 OF THE MASSMUTUAL ASCEND LIFE INSURANCE COMPANY

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 0435 NAIC Company Code 63312

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

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

SUPPLEMENT FOR THE YEAR 2024 OF THE MASSMUTUAL ASCEND LIFE INSURANCE COMPANY

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: Hawaii

NAIC Group Code 0435 NAIC Company Code 63312

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

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

SUPPLEMENT FOR THE YEAR 2024 OF THE MASSMUTUAL ASCEND LIFE INSURANCE COMPANY

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: Idaho

NAIC Group Code 0435 NAIC Company Code 63312

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

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

SUPPLEMENT FOR THE YEAR 2024 OF THE MASSMUTUAL ASCEND LIFE INSURANCE COMPANY

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: Illinois

NAIC Group Code 0435 NAIC Company Code 63312

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

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

SUPPLEMENT FOR THE YEAR 2024 OF THE MASSMUTUAL ASCEND LIFE INSURANCE COMPANY

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 0435 NAIC Company Code 63312

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

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

SUPPLEMENT FOR THE YEAR 2024 OF THE MASSMUTUAL ASCEND LIFE INSURANCE COMPANY

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: Iowa

NAIC Group Code 0435 NAIC Company Code 63312

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

6 3 3 1 2 2 0 2 4 6 0 0 1 7 1 0 0

SUPPLEMENT FOR THE YEAR 2024 OF THE MASSMUTUAL ASCEND LIFE INSURANCE COMPANY

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: Kansas

NAIC Group Code 0435 NAIC Company Code 63312

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

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

SUPPLEMENT FOR THE YEAR 2024 OF THE MASSMUTUAL ASCEND LIFE INSURANCE COMPANY

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: Kentucky

NAIC Group Code 0435 NAIC Company Code 63312

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

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

SUPPLEMENT FOR THE YEAR 2024 OF THE MASSMUTUAL ASCEND LIFE INSURANCE COMPANY

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 0435 NAIC Company Code 63312

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

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

SUPPLEMENT FOR THE YEAR 2024 OF THE MASSMUTUAL ASCEND LIFE INSURANCE COMPANY

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: Maine

NAIC Group Code 0435 NAIC Company Code 63312

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

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

SUPPLEMENT FOR THE YEAR 2024 OF THE MASSMUTUAL ASCEND LIFE INSURANCE COMPANY

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 0435 NAIC Company Code 63312

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

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

SUPPLEMENT FOR THE YEAR 2024 OF THE MASSMUTUAL ASCEND LIFE INSURANCE COMPANY

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: Massachusetts

NAIC Group Code 0435 NAIC Company Code 63312

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

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SUPPLEMENT FOR THE YEAR 2024 OF THE MASSMUTUAL ASCEND LIFE INSURANCE COMPANY

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 0435 NAIC Company Code 63312

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

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

SUPPLEMENT FOR THE YEAR 2024 OF THE MASSMUTUAL ASCEND LIFE INSURANCE COMPANY

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: Minnesota

NAIC Group Code 0435 NAIC Company Code 63312

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

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

SUPPLEMENT FOR THE YEAR 2024 OF THE MASSMUTUAL ASCEND LIFE INSURANCE COMPANY

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 0435 NAIC Company Code 63312

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

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

SUPPLEMENT FOR THE YEAR 2024 OF THE MASSMUTUAL ASCEND LIFE INSURANCE COMPANY

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 0435 NAIC Company Code 63312

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

6 3 3 1 2 2 0 2 4 6 0 0 2 7 1 0 0

SUPPLEMENT FOR THE YEAR 2024 OF THE MASSMUTUAL ASCEND LIFE INSURANCE COMPANY

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: Montana

NAIC Group Code 0435 NAIC Company Code 63312

MCAS LINE OF BUSINESS	MCAS Reportable Premium/Considerations (Yes/No)
1. Disability Income	NO
2. Health	NO
3. Homeowners	NO
4. Individual Annuity	YES
5. Individual Life	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

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

SUPPLEMENT FOR THE YEAR 2024 OF THE MASSMUTUAL ASCEND LIFE INSURANCE COMPANY

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: Nebraska

NAIC Group Code 0435 NAIC Company Code 63312

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

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

SUPPLEMENT FOR THE YEAR 2024 OF THE MASSMUTUAL ASCEND LIFE INSURANCE COMPANY

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: Nevada

NAIC Group Code 0435 NAIC Company Code 63312

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

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

SUPPLEMENT FOR THE YEAR 2024 OF THE MASSMUTUAL ASCEND LIFE INSURANCE COMPANY

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: New Hampshire

NAIC Group Code 0435 NAIC Company Code 63312

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

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

SUPPLEMENT FOR THE YEAR 2024 OF THE MASSMUTUAL ASCEND LIFE INSURANCE COMPANY

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: New Jersey

NAIC Group Code 0435 NAIC Company Code 63312

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

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

SUPPLEMENT FOR THE YEAR 2024 OF THE MASSMUTUAL ASCEND LIFE INSURANCE COMPANY

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: New Mexico

NAIC Group Code 0435 NAIC Company Code 63312

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

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

SUPPLEMENT FOR THE YEAR 2024 OF THE MASSMUTUAL ASCEND LIFE INSURANCE COMPANY

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 0435 NAIC Company Code 63312

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

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

SUPPLEMENT FOR THE YEAR 2024 OF THE MASSMUTUAL ASCEND LIFE INSURANCE COMPANY

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 Dakota

NAIC Group Code 0435 NAIC Company Code 63312

MCAS LINE OF BUSINESS	MCAS Reportable Premium/Considerations (Yes/No)
1. Disability Income	NO
2. Health	NO
3. Homeowners	NO
4. Individual Annuity	YES
5. Individual Life	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

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

SUPPLEMENT FOR THE YEAR 2024 OF THE MASSMUTUAL ASCEND LIFE INSURANCE COMPANY

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 0435 NAIC Company Code 63312

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

6 3 3 1 2 2 0 2 4 6 0 0 3 7 1 0 0

SUPPLEMENT FOR THE YEAR 2024 OF THE MASSMUTUAL ASCEND LIFE INSURANCE COMPANY

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: Oklahoma

NAIC Group Code 0435 NAIC Company Code 63312

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

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

SUPPLEMENT FOR THE YEAR 2024 OF THE MASSMUTUAL ASCEND LIFE INSURANCE COMPANY

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: Oregon

NAIC Group Code 0435 NAIC Company Code 63312

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

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

SUPPLEMENT FOR THE YEAR 2024 OF THE MASSMUTUAL ASCEND LIFE INSURANCE COMPANY

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 0435 NAIC Company Code 63312

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

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

SUPPLEMENT FOR THE YEAR 2024 OF THE MASSMUTUAL ASCEND LIFE INSURANCE COMPANY

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: Rhode Island

NAIC Group Code 0435 NAIC Company Code 63312

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

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

SUPPLEMENT FOR THE YEAR 2024 OF THE MASSMUTUAL ASCEND LIFE INSURANCE COMPANY

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: South Carolina

NAIC Group Code 0435 NAIC Company Code 63312

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

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

SUPPLEMENT FOR THE YEAR 2024 OF THE MASSMUTUAL ASCEND LIFE INSURANCE COMPANY

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: South Dakota

NAIC Group Code 0435 NAIC Company Code 63312

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

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

SUPPLEMENT FOR THE YEAR 2024 OF THE MASSMUTUAL ASCEND LIFE INSURANCE COMPANY

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 0435 NAIC Company Code 63312

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

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

SUPPLEMENT FOR THE YEAR 2024 OF THE MASSMUTUAL ASCEND LIFE INSURANCE COMPANY

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 0435 NAIC Company Code 63312

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

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SUPPLEMENT FOR THE YEAR 2024 OF THE MASSMUTUAL ASCEND LIFE INSURANCE COMPANY

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 0435 NAIC Company Code 63312

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

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

SUPPLEMENT FOR THE YEAR 2024 OF THE MASSMUTUAL ASCEND LIFE INSURANCE COMPANY

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: Vermont

NAIC Group Code 0435 NAIC Company Code 63312

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

6 3 3 1 2 2 0 2 4 6 0 0 4 7 1 0 0

SUPPLEMENT FOR THE YEAR 2024 OF THE MASSMUTUAL ASCEND LIFE INSURANCE COMPANY

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 0435 NAIC Company Code 63312

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

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

SUPPLEMENT FOR THE YEAR 2024 OF THE MASSMUTUAL ASCEND LIFE INSURANCE COMPANY

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: Washington

NAIC Group Code 0435 NAIC Company Code 63312

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

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

SUPPLEMENT FOR THE YEAR 2024 OF THE MASSMUTUAL ASCEND LIFE INSURANCE COMPANY

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: West Virginia

NAIC Group Code 0435 NAIC Company Code 63312

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

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

SUPPLEMENT FOR THE YEAR 2024 OF THE MASSMUTUAL ASCEND LIFE INSURANCE COMPANY

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 0435 NAIC Company Code 63312

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

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

SUPPLEMENT FOR THE YEAR 2024 OF THE MASSMUTUAL ASCEND LIFE INSURANCE COMPANY

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: Wyoming

NAIC Group Code 0435 NAIC Company Code 63312

MCAS LINE OF BUSINESS	MCAS Reportable Premium/Considerations (Yes/No)
1. Disability Income	NO
2. Health	NO
3. Homeowners	NO
4. Individual Annuity	YES
5. Individual Life	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

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

SUPPLEMENT FOR THE YEAR 2024 OF THE MASSMUTUAL ASCEND LIFE INSURANCE COMPANY

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: Puerto Rico

NAIC Group Code 0435 NAIC Company Code 63312

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